



Youth Transitioning from Foster Care: Background and Federal Programs

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October 1, 2012

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Congressional Research Service

RL34499

Summary

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

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 programs, 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 16 or 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. The plan must address the importance of designating another individual to make health care treatment decisions on behalf of the 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 likely to age out of foster care (with no lower age limit), and 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 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 (approximately 15 youth each) and have regular (approximately once a week) 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 in 2014, eligible young people who emancipate from foster care will be 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 services.

Contents

| | |
|---|----|
| Who Are Older Youth in Foster Care and Youth Aging Out of Care? | 1 |
| Resiliency of Current and Former Foster Youth..... | 3 |
| Overview of Federal Child Welfare and Other Support for Foster Youth..... | 4 |
| Federal Foster Care..... | 5 |
| Case Planning and Review | 5 |
| Title IV-E Reimbursement for Foster Care..... | 7 |
| Eligibility..... | 7 |
| Eligible Placement Setting | 9 |
| Chafee Foster Care Independence Program..... | 9 |
| Overview | 9 |
| Eligibility for CFCIP Benefits and Services..... | 10 |
| Youth Likely to Remain in Foster Care Until Age 18 | 11 |
| Youth Aging Out of Foster Care..... | 12 |
| American Indian Youth | 12 |
| The Role of Youth Participants..... | 13 |
| Program Administration | 14 |
| Chafee Education and Training Vouchers..... | 14 |
| Program Administration | 15 |
| Youth Receiving Vouchers | 15 |
| Funding for States..... | 16 |
| Hold Harmless Provision | 18 |
| Unused Funds..... | 18 |
| Training and Technical Assistance | 18 |
| National Youth in Transition Database (NYTD) | 19 |
| Evaluation of Innovative Independent Living Programs..... | 20 |
| Other Federal Support for Older Current and Former Foster Youth..... | 21 |
| Medicaid..... | 21 |
| Educational Support | 23 |
| Independent Student Status | 23 |
| TRIO Programs | 23 |
| Workforce Support | 24 |
| Workforce Investment Act Programs | 24 |
| Housing Support..... | 25 |
| Family Unification Vouchers Program..... | 25 |
| Other Support..... | 26 |

Tables

| | |
|--|----|
| Table A-1. Comparison of Outcome Domains Between Young Adults in the Midwest Study and Young Adults in the Add Health Study | 32 |
| Table B-1. FY2011 and FY2012 CFCIP General and ETV Allotments by State | 35 |

Appendixes

| | |
|---|----|
| Appendix A. Characteristics and Outcomes of Youth in or Formerly in Foster Care..... | 27 |
| Appendix B. Funding for the Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program | 35 |

This report provides background on young people 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. 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 other federal support—through other programs—for youth aging out of care in the areas of education, health care, employment, and housing. The report seeks to understand how states vary in their approaches to serving older youth in care and those who are recently emancipated. For example, approximately 15 states are known to extend foster care to youth beyond age 18. The report also intends to demonstrate that, despite negative outcomes for the group on average, many former foster youth display resiliency.

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; and **Appendix B** includes funding data for the CFCIP.

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

Children and adolescents age 17 and younger 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, usually in 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. On the last day of FY2011, approximately 138,000 youth ages 13 through 20 comprised 35% of the foster care caseload nationally.¹ Most teenagers left foster care and were reunified with their parents or primary caretakers, adopted, or placed with relatives. However, 26,286 (11%) 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 youth emancipating increased from FY2006 (9%) to FY2009 (11%), and has since remained at 11%.²

¹ U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children's Bureau, *The AFCARS Report*, #19, <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/afcars>.

² *Ibid*, *The AFCARS Report* #14, #15, #16, #17, #18, and #19. From FY2006 through FY2011, the number and share of emancipating youth was as follows: FY2006—26,517 (9%); FY2007—29,730 (10%); FY2008—29,516 (10%); FY2009—29,471 (11%); FY2010—27,854 (11%); and FY2011—26,286 (11%). Using data from 2002 through 2008 on children in foster care in 15 states, researchers have projected that the number of youth who are expected to leave foster care upon turning age 18 will likely decline between 2009 and 2013, due primarily to the decrease in the number of entries in foster care among children ages 10 through 17. Fred Wulczyn and Linda Collins, *A 5-Year Projection of the Number of Children Reaching Age 18 While in Foster Care*, University of Chicago, Chapin Hall Center for Children, 2010, <http://chapinhall.org/research/report/5-year-projection-number-children-turning-age-18-while-foster-care>.

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

The 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: less than age 1; 1 through 5; 6 through 12; and 13 through 17. The study found that teenagers made up a significant share of the foster care population; had shorter median lengths of stay relative to younger children; lived in placements other than foster family homes (i.e., residential treatment facilities, group homes, etc.); experienced more placements in their first year in care than younger children; and most often exited 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.

Data are available for those youth who were placed in out-of-home care and ultimately exited via emancipation. The data on these youth demonstrate that they have experienced challenges in transitioning to adulthood—including in the areas of mental health, education, and employment. This transition has become increasingly complex for all youth. During this period, young people cycle between attending school, working, and living independently. Many youth can rely on assistance from their families for financial and emotional supports during the transition.⁴ For older foster youth and those who have already aged out of care, this assistance is often not in place. Being in care may inherently cause instability because of multiple out-of-home placements, school transfers, and the challenge of maintaining relationships with parents and other kin. Youth may experience further instability if they cannot afford to live on their own or are unable to live with relatives or friends upon emancipation. In most states, youth may not remain in foster care beyond age 18, a time when most young people explore educational and career options. (Since FY2011, states have been authorized to seek Title IV-E foster care reimbursement to provide foster care to eligible youth ages 18 to 21.)

Research on the transition for former foster youth is limited and most of the studies on outcomes for these youth face methodological challenges—they tend to be dated; include brief follow-up periods (e.g., no more than a year after exit from care); have low response rates, non-

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 about the transition to adulthood, see CRS Report RL33975, *Vulnerable Youth: Background and Policies*, by Adrienne L. Fernandes-Alcantara.

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 Study⁶ and the Midwest Evaluation of the Adult Functioning of Former Foster Youth⁷—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 were in care at least a few years ago) and comparing these outcomes to other groups of youth, either those who aged out and/or youth in the general population.

Both studies indicate that youth who spent time in foster care during their teenage years tended to have difficulty during the transition to adulthood and beyond. The studies do not posit that foster care, per se, is associated with the challenges former foster youth face in adulthood. (In fact, children tend to have a range of challenges upon entering care.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**.

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 have obtained a high school diploma or passed the general education development (GED) test at close to the same rates as 25-to-34-year-olds generally (84.5% versus 87.3%). Further, youth in the Midwest Evaluation were just as likely as the general youth population at age 23 to report being hopeful about their future.

Current and former foster youth are also working to make improvements to the child welfare system. At hearings in the 110th Congress that focused on older youth in foster care, these young people highlighted their struggles, successes, and their advocacy work on behalf of foster

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. (Hereinafter referenced as Mark E. Courtney and Darcy Hughes Heuring, *The Transition to Adulthood for Youth ‘Aging Out’ of the Foster Care System*.)

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/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf.

⁷ Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth*: <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>,

⁸ Fred Wolczyn et al. *Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform* (New Brunswick: AldineTransaction, 2005), p. 116. (Hereinafter referenced as Wolczyn et al., *Beyond Common Sense*.)

children. At a February 27, 2008, hearing before the Ways and Means' Subcommittee on Income Security and Family Support, a foster care alumni chronicled her life in care with 11 placements through her recent graduation from college. In her testimony, she urged Congress to improve conditions for children in foster care:

I have accomplished a lot, but it is in spite of all of the uncertainty I experienced in foster care—not because of it. I want something better for the youth who are currently in the foster care system. I want them to have families to love and protect them and homes they know they can always return to. I want them to leave foster care to live with a family, a relative—someone who will be permanent in their lives. I do not want the youth currently in foster care to age-out of foster care with no family and no one to turn to for help or support.... Congress has the power to do something, and I ask you on behalf of all of my brothers and sisters who cannot be sitting here with me to do something now.⁹

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 programs, 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. Separately, the John H. Chafee Foster Care Independence Program (CFCIP) provides mandatory funding for independent living services and supports (until age 21) to youth who will likely age out of foster care without reunifying with their parents, being adopted, or being placed with relatives or other guardians; and to 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 eligible youth to cover their cost of postsecondary education (until age 23).

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 provide Medicaid coverage to eligible young people who age out of foster care.

⁹ U.S. Congress, House Ways and Means Committee, Income Security and Family Support Subcommittee, "Hearing on Improving the Child Welfare System," February 27, 2008, available at <http://waysandmeans.house.gov/hearings.asp?formmode=detail&hearing=612>.

Federal Foster Care

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.¹⁰ In most cases, the state relies on public and private entities and organizations to provide these services. The federal government plays a role in shaping state child welfare systems by providing funds and linking those funds to certain requirements.

Federal support for foster care preceded, by several decades, the creation of Title IV-E foster care under 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.

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;¹¹ 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;¹² and procedures ensuring a case review is conducted not less often than every six months by a judge or an administrative review panel, and at least once every 12 months by a judge or administrative body who must consider the child's permanency plan.¹³

Specific case plan and case review procedures pertain to older youth in care. For a child age 16 or older, the written case plan must also include a description of the programs and services that will help the child prepare for the transition to independent living.¹⁴ Permanency plan hearings, which are to be conducted at least once a year after a child enters care, must consider for children age 16 and older the services needed to help them transition to independent living.¹⁵ Further, the court or

¹⁰ 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.

¹¹ 42 U.S.C. 622(b)(17).

¹² 42 U.S.C. 675(1).

¹³ 42 U.S.C. 675(5).

¹⁴ 42 U.S.C. 675(1)(D).

¹⁵ 42 U.S.C. 675(5)(C).

administrative body conducting the hearings is to consult, in an age-appropriate manner, with the child regarding the proposed permanency or transition plan for the child.¹⁶ In addition, the state must annually obtain the credit report of each child in care who is age 16 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.¹⁷ 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 used for requesting credit reports for adults. States must request reports individually from the three reporting agencies, each of which has established procedures (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.¹⁸

States must also assist youth with developing what is known as a transition plan.¹⁹ 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. 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.²⁰ Child welfare agencies are encouraged to begin engaging youth in the transition plan process "well in advance" of the 90-day period.

¹⁶ Ibid.

¹⁷ 42 U.S.C. 475(5)(I).

¹⁸ U.S. Department of Health and Human Services, Administration on Children Youth and Families, Administration for Children and Families, Children's Bureau, *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, <http://www.acf.hhs.gov/programs/cb/resource/pi1207>.

¹⁹ 42 U.S.C. 475(5)(H).

²⁰ U.S. Department of Health and Human Services, Administration on Children Youth and Families, Administration for Children and Families, Children's Bureau, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*, ACYF-CB-PI-10-11, July 9, 2010, http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2010/pi1011.htm. (Hereinafter referenced as U.S. Department of Health and Human Services, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*.)

Title IV-E Reimbursement for Foster Care

Title IV-E currently reimburses states for a part of the cost of providing foster care to eligible children and youth, who, because of abuse or neglect (or some other reason), cannot remain in their own homes and for whom a court has consequently given care and placement responsibility to the state. Under this program, a state may seek partial federal reimbursement to “cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, and reasonable travel to the child’s home for visitation and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.”²¹ States may also seek reimbursement for related costs of administration, child placement (e.g., case planning), training, and data collection.

Under the Chafee Foster Care Independence Program (see below), states must certify that they will use Title IV-E foster care program funding (and Adoption Assistance program funding) to provide training relevant to foster parents and others (adoptive parents, workers in group homes, and case managers) to help them understand and address the issues confronting adolescents preparing for independent living and coordinating this training, where possible, with independent living programs.²² Although case planning and review procedures (described above) apply to all foster children in state care, federal reimbursement to states under Title IV-E may be made only on behalf of a child who meets multiple federal eligibility criteria,²³ including those related to the child’s removal and the income and assets of the child’s family. For purposes of this report, the most significant eligibility criteria for the federal foster care program are the child’s age and placement setting.

Eligibility

Prior to FY2011, once a child reached his or her 18th birthday, he or she was no longer eligible for federal foster care assistance. The age limitation on Title IV-E eligibility was created by the program’s eligibility link to the now-defunct Aid to Families with Dependent Children (AFDC) program.²⁴ 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.

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 makes this change by inserting a definition of “child” as it pertains to older youth in care.²⁵ This definition specifies that a state may seek reimbursement for a youth age 18 or older who is (1) completing high school or a program

²¹ 42 U.S.C. 675(4).

²² 42 U.S.C. 677(b)(3)(D).

²³ 42 U.S.C. 677.

²⁴ For additional information, see U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children’s Bureau, Section 8.3A, Question 2 of the *Child Welfare Policy Manual*. (Hereinafter referenced as U.S. Department of Health and Human Services, *Child Welfare Policy Manual*.)

²⁵ 42 U.S.C. 675(8).

leading to an equivalent credential; (2) enrolled in an institution that provides post-secondary or vocational education; (3) participating in a program or activity designed to promote, or remove barriers to, employment; or (4) employed at least 80 hours per month (i.e., part-time). States may exempt youth from these requirements due to a medical condition, as documented and updated in their case plan.

In program guidance, HHS advises that states and tribes can make remaining in care conditional upon whether youth pursue certain educational or employment pathways.²⁶ For example, extended care could be provided just to those youth enrolled in post-secondary education. Still, the guidance advises that states and tribes should “consider how [they] can provide extended assistance to youth age 18 and older to the broadest population possible consistent with the law to ensure that there are ample supports for older youth.”

As of September 2012, 17 jurisdictions amended their Title IV-E state plans with the intent to extend the maximum age of foster care and submitted these plans for HHS to review.²⁷ HHS approved plans for 14 states (Alabama, Arkansas, California, Illinois, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New York, Oregon, Tennessee, Texas, and Washington) and the District of Columbia, and was reviewing plan amendments for two other states (Indiana and West Virginia). All states with approved plan amendments, except for Nebraska, extend care until age 21; Nebraska extends care until age 19.

Except for Tennessee and Washington, states with approved plan amendments allow youth to remain in care under the four conditions listed above 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 participating in a program to address barriers to employment, or are incapable of performing these activities for medical reasons. Washington’s plan amendment limits this care to otherwise eligible youth who are completing high school or completing a program leading to an equivalent credential.

In states that extend foster care, youth ages 18 or older who emancipate from foster care may later determine, prior to their state’s optional older age, that they would like to return to care because of the challenges they face living on their own, or for other reasons. 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.²⁸ It appears that in at least a small number of states, youth are already permitted to re-enter care.

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

²⁶ U.S. Department of Health and Human Services, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*.

²⁷ This information is based on correspondence with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children’s Bureau, September 2012.

²⁸ U.S. Department of Health and Human Services, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*.

Eligible Placement Setting

Until FY2011, federal reimbursement of part of the costs of maintaining children in foster care could be sought only for children placed in foster family homes or child care institutions. As mentioned above, states have the option of seeking federal maintenance payments to support youth remaining in care up to age 20. States that take up the option are permitted to claim reimbursement for youth placed in a “supervised setting in which the individual is living independently.”²⁹ The act directs HHS to establish in regulation what qualifies as such a 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 advise that states and tribes have the discretion to develop a range of supervised independent living settings that “can be reasonably interpreted as consistent with the law, including whether or not such settings need to be licensed and any safety protocols that may be needed.” States 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; 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.³⁰

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

Chafee Foster Care Independence Program

The Chafee Foster Care Independence program (CFCIP), authorized under Section 477 Title IV-E of the Social Security Act, provides services to older youth in foster care and youth transitioning out of care.³²

Overview

The Foster Care Independence Act of 1999 (P.L. 106-169) replaced the prior-law Independent Living Program, established in 1985, with the John H. Chafee Foster Care Independence Program. The 1999 law doubled the annual mandatory funds available to states for independent living services from \$70 million to \$140 million. Youth served include those who are expected to leave foster care because they have not been placed in a permanent family before reaching the

²⁹ 42 U.S.C. 672(c).

³⁰ Fostering Connections Resource Center, *State Approaches to Providing Foster Youth with Options for Supervised Independent Living*, webinar, April 12, 2012.

³¹ 42 U.S.C. 672(c).

³² 42 U.S.C. 677.

state's legal age of majority and those who have emancipated from care (until age 21). As enacted by P.L. 106-169, the purposes of the program are to

- 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; and
- provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

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 21.³³ Room and board are not defined in statute, but they typically include food and shelter, and may include rental deposits, rent, utilities, and the cost of household startup purchases. CFCIP funds may not be used to acquire property to provide housing to current or former foster youth.³⁴ The act also required that youth in the program be actively involved in decisions about the services they receive.

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” or are “aging out of foster care.” States must also consult with American Indian tribes and provide services to tribal youth. Foster youth who are in runaway status or lose contact with their child welfare agency continue to be under the custody of the state, and therefore are eligible for services upon returning. Those youth in care who have been adjudicated through the juvenile justice system are eligible for CFCIP services as long as they are not in a detention or related facility.³⁵ (The juvenile corrections facility is responsible for all services for foster youth

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

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

³⁵ *Ibid*, Section 3.4, Question 5.

who are confined in a locked setting.) Foster children who are not citizens may be eligible for CFCIP services while under state custody.

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

The number of youth who receive independent living program assistance with CFCIP dollars and/or other independent living dollars is not systematically collected; however, as discussed further below, the number of youth receiving vouchers is available.

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

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.³⁷ Nearly all (40) of the surveyed states reported that foster youth are eligible for CFCIP-funded services regardless of their permanency plan. Further, nearly half of the states (22) said that young people who are placed with a permanent legal guardian are ineligible or are eligible under certain circumstances.

Permanency Planning

The Adoption and Safe Families Act of 1997 (ASFA, P.L. 105-89) amended Title IV-E to require that all young people in foster care have a permanency plan of reunification, adoption, placement

³⁶ Ibid, Section 3.1F, Question 2.

³⁷ Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, University of Chicago, Chapin Hall Center for Children, 2009, pp. 7-8, at <http://www.wsipp.wa.gov/pub.asp?docid=08-12-3903>. (Hereinafter referenced as Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*.)

with a relative, or legal guardianship. “Another planned permanent living arrangement” (APPLA) may be selected only if none of those goals is 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. In guidance, HHS has advised that states can pursue independent living and/or emancipation as a permanency option under APPLA on a “case-by case basis only.”³⁸

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.³⁹ 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.

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.⁴⁰

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 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.⁴¹ 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.⁴²

As of FY2010, the law permits an Indian tribe, tribal organization, or tribal consortium that receives direct funding from HHS to provide child welfare services or enters into a cooperative agreement or contract with the state to provide foster care to apply for and receive an allotment of

³⁸ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Question 3.4.

³⁹ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1B, Question 2.

⁴⁰ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1F, Question 3.

⁴¹ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1I, Question 5.

⁴² U.S. Congress, *Congressional Record*, June 25, 1999, p. H4969.

CFCIP and ETV funds directly from HHS. To be eligible, a tribal entity must be receiving Title IV-E funds to operate a foster care program (under a Title IV-E plan approved by HHS or via a cooperative agreement or contract with the state). Successful tribal applicants are to receive an allotment amount(s) out of the state's allotment for the program(s) based on the share of all children in foster care in the state under the custody of the tribal entity. Tribal entities must satisfy the CFCIP program requirements established for states, as HHS determines appropriate, and they must submit a plan to HHS that details their process for consulting with the state about their independent living or ETV programs, among other information, 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 funding.

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.⁴³ 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.⁴⁴ Some states have also established formal youth advisory boards to provide a forum for youth to become involved in issues facing youth in care and aging out of care.⁴⁵ Youth-serving organizations for current and former foster youth, such as Foster Club, provide an outlet for young people to become involved in the larger foster care community and advocate for other children in care. States are not required to utilize life skills assessments or personal responsibility contracts with youth to comply with the youth participation requirement, although some states use these tools to assist youth in making the transition to adulthood.⁴⁶

⁴³ For additional information about the positive youth development movement in youth policy, see CRS Report RL33975, *Vulnerable Youth: Background and Policies*, by Adrienne L. Fernandes-Alcantara.

⁴⁴ National Foster Care Coalition, *Frequently Asked Questions II About the Chafee Foster Care Independence Program and the Chafee Educational and Training Voucher Program*, pp. 30-31.

⁴⁵ For a list of jurisdictions with youth advisory boards, see <http://groups.fosterclub.com/>.

⁴⁶ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1A, Question 1.

Program Administration

States administer their independent living programs in a few ways. Some programs are overseen by the state independent living office, which employs an independent living coordinator and other staff. For example, in Maine the state's independent living manager oversees six specialized life skills education coordinators assigned to cover all of the state's district offices for the Department of Health and Human Services. In some states, like California, each county (or other jurisdiction) administers its own program with some oversight and support from a statewide program. Other states, including Florida, use contracted service providers to administer their programs. Many jurisdictions have partnered with private organizations to help fund and sometimes administer some aspect of their independent living programs. For example, the Jim Casey Youth Opportunities Initiative has provided funding and technical assistance to multiple cities to provide financial support and training to youth exiting care.⁴⁷

Chafee Education and Training Vouchers

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. Vouchers are available for the cost of (full-time or part-time) attendance at an institution of higher education, as defined by the Higher Education Act of 1965 (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 is not paid for by another source; expenses related to the youth's work experience in a cooperative education program; and student loan fees or insurance premiums on the loans.⁴⁸ 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).⁴⁹

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.

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.⁵⁰ In addition, a current fiscal

⁴⁷ For further information about the Jim Casey Youth Opportunities Initiative, see <http://www.jimcaseyyouth.org/communities.htm>.

⁴⁸ Section 132(a)(2) of the Higher Education Act.

⁴⁹ Section 101(a) of the Higher Education Act.

⁵⁰ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.5B, Question 1.

year's ETV funds may not be used to finance a youth's educational or vocational loans incurred prior to that current fiscal year.⁵¹

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.⁵²

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 Orphan Foundation of America or the Student Assistance Foundation.

States and counties may use ETV dollars to fund the vouchers and the costs associated with administering the program, including for salaries, expenses, and training of staff who administer the state's voucher program. States are not permitted to use Title IV-E Foster Care or Adoption Assistance program funds for administering the ETV program.⁵³ 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.⁵⁴ Several states have scholarship programs, tuition waivers, and grants for current and former foster youth that are funded through other sources.⁵⁵

Youth Receiving Vouchers

States provided vouchers to 16,400 youth in FY2007; 16,650 youth in FY2008; and 17,400 youth in FY2009. These are the most recent data available and include all states, the District of Columbia, and Puerto Rico.⁵⁶ The average value of a voucher awarded during FY2009 was \$3,000.⁵⁷

⁵¹ Ibid. Section 3.5C, Question 5.

⁵² Ibid. Section 3.5, Question 1.

⁵³ Ibid, Section 3.5C, Question 5.

⁵⁴ Ibid, Section 3.5C, Question 6.

⁵⁵ 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.

⁵⁶ This is based on correspondence with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children's Bureau, April 2012.

⁵⁷ U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, *FY2013 Justification of Estimates for Appropriations Committees*, p. 145.

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—beyond the 20% match—to provide independent living services and supports to eligible youth.⁵⁸ Of the 31 states, 22 reported that they used funds to provide services for which CFCIP dollars cannot be used.⁵⁹

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. The text box below 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.

States may use CFCIP funding to provide services listed in the CFCIP's authorizing statute. 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.⁶⁰

CFCIP and ETV funds are distributed to each state based on its proportion of the nation's children in foster care. **Table B-1** in **Appendix B** provides the CFCIP and voucher allotments for each state (and for a small number of tribes) in FY2011 and FY2012.

⁵⁸ Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, p. 14.

⁵⁹ 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.

⁶⁰ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.3E, Question 1.

CFCIP State Plan Requirements

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

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

The state must also certify that it will

- provide assistance and services to eligible former foster youth;
- use room and board payments only for youth ages 18 to 21;
- expend not more than 30% of CFCIP funds on room and board for youth ages 18 to 21;
- use funding under the Title IV-E Foster Care program and Adoption Assistance program (but not the CFCIP) to provide training to help foster parents and others understand and address the issues confronting adolescents preparing for independent living and coordinate this training, where possible, with independent living programs;
- consult widely with public and private organizations in developing the plans and give the public at least 30 days to comment on the plan;
- make every effort to coordinate independent living programs with other youth programs at the local, state, and federal levels, including independent living projects funded under the Juvenile Justice and Delinquency Prevention Act, abstinence education programs, local housing programs, programs for disabled youth, and school-to-work programs offered by high schools or local workforce agencies;
- consult each Indian tribe about the programs to be carried out under the plan, 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.

Source: Section 477 of the Social Security Act.

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 implementation of the CFCIP; however, the percentage change in funds received varies across states. This is because the distribution of funding was changed to reflect the most current state share of the national caseload (instead of their share of the 1984 caseload in all previous years).

Unused Funds

States have two years to spend their CFCIP and voucher funds. For instance, funds allotted for FY2012 may be spent in FY2012 or FY2013. 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 FY2009 (the most recent year data are available), the 50 states, Puerto Rico, and Washington, DC, were allocated a combined total of \$137.9 million in general CFCIP funds, of which \$662,419 (0.6%) was returned to the treasury by seven states. No states returned all of their funds. Also in FY2009, the 50 states, Puerto Rico, and Washington, DC, received \$44.7 million in funds for the vouchers, of which 17 states collectively returned \$1.7 million (3.9%). No states returned all of their funds.⁶¹

Training and Technical Assistance

Training and technical assistance grants for the CFCIP and ETV program are awarded competitively every five years, with non-competitive grants renewed annually. The most recent cooperative agreement was made for FY2010 through FY2014. The National Child Welfare Resource Center for Youth Development (NCWRCYD), housed at the University of Oklahoma, currently provides assistance under the grant.⁶² The NCWRCYD helps states and tribes implement their independent living programs and involve foster youth in programming and services. Training and technical assistance requests from states have involved providing assistance with more effective implementation of state CFCIP plans, including discussions around allowable expenditures of both CFCIP and ETV funds, permanency planning for adolescents, and educating the courts on laws affecting older youth, among other types of issues.⁶³ Assistance is provided through national conferences and meetings, on-site technical assistance, and information made available on the NCWRCYD website and through publications.

⁶¹ This information was provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children’s Bureau, April 2012.

⁶² For more information about the type of assistance that is provided, see <http://www.nrcys.ou.edu/yd/about.html>.

⁶³ This information was provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children’s Bureau in December 2008.

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 FY2011.⁶⁴ HHS uses NYTD to engage in two data collection and reporting activities.⁶⁵ 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.

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’s Administration for Children and Families (ACF) is to evaluate a state’s data file against data compliance standards, provided by statute. However, states will have the opportunity to submit corrected data.⁶⁶

Training and technical assistance for NYTD is provided to states through HHS; the National Child Welfare Resource Center for Youth Development (NCWRCYD) based at the University of Oklahoma; the National Resource Center for Child Welfare Data and Technology (NRCCWDT), housed at the Child Welfare League of America; and a contractor, ICF International, which was

⁶⁴ U.S. Department of Health and Human Services, “Chafee National Youth in Transition Database,” 73 *Federal Register* 10338, February 26, 2008.

⁶⁵ For additional information, you may request a copy of a Congressional Distribution Memorandum, *Chafee Foster Care Independence Act National Youth in Transition Database*, by Adrienne L. Fernandes.

⁶⁶ The data files are maintained at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell 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.

selected in September 2008. The contractor created the system that is used to receive and process states' NYTD data and provide technical assistance to states around data reporting. The Children's Bureau has annually convened national technical assistance meetings for states in each year since 2008. At the conferences, federal staff and staff from NCWRCYD and NRCCWDT have assisted states in understanding the NYTD regulation and implementation requirements. In coordination with ICF, NCWRCYD, and NRCCWDT, HHS has developed a technical assistance strategy in preparing for NYTD implementation, including a technical assistance toolkit and a series of regional and national conference calls.⁶⁷

Evaluation of Innovative Independent Living Programs⁶⁸

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 contracted with the Urban Institute and its partners to conduct an evaluation pursuant to the CFCIP, 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.

The evaluation team determined that it could use random assignment at four innovative programs in California and Massachusetts—an employment services program in Kern County, 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.⁶⁹ 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.⁷⁰ Outreach assists youth who enroll voluntarily in preparing to live independently and in having permanent connections to caring adults upon

⁶⁷ This information was provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Office of the Secretary in July 2008, December 2008, and January 2010.

⁶⁸ The body of research about the efficacy of independent living and related programs for youth in and aging out of foster care is scarce. A 2006 literature review examined studies of such programs from the 1990s through October 2005, and identified eight evaluations that had promising, but limited, findings. Paul Montgomery, Charles Donkoh, and Kristen Underhill, "Independent Living Programs for Young People Leaving the Care System: The State of the Evidence," *Children and Youth Services Review*, vol. 28, no. 12 (2006), pp. 1435-48.

⁶⁹ Additional information regarding the Multi-Site Evaluation of Foster Youth Programs is available at http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/.

⁷⁰ Mark E. Courtney et al., *Evaluation of the Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care: Final Report*, U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Office of Planning, Research and Evaluation, OPRE Report #2011-14, July 2011, http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/reports/eval_mass/eval_mass.pdf.

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 baseline characteristics of youth in both the treatment and control groups were similar, except that Outreach youth were more likely to have had prior placement in foster care and to have run away from home.⁷¹ The impact evaluation examined educational, employment, and other outcomes that can reflect how well a young person is transitioning to adulthood. Outreach youth were more likely than their counterparts in the control group to report having ever enrolled in college and they were more likely to stay enrolled. Outreach youth were also more likely to experience outcomes that were not a focus of the evaluation: youth were more likely to remain in foster care and to report receiving more help in some areas of educational assistance, employment assistance, money management, and financial assistance for housing. According to the study, remaining in care and enrolling and persisting in college appear to be strongly interrelated. In short, the Outreach youth may have been less successful on the educational front if they had not stayed in care. Youth in the program reported similar outcomes as the control group for multiple other measures. For example, Outreach youth did not report better outcomes in employment, economic well-being, housing, delinquency, pregnancy, or preparedness for various tasks associated with living on one's own.

Other Federal Support for Older Current and Former Foster Youth

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

Medicaid⁷²

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.”⁷³ 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

⁷¹ These differences were taken into account in the impact analyses.

⁷² For further information about the health care of children in foster care, see CRS Report R42378, *Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues*, by Evelyne P. Baumrucker et al.

⁷³ 42 U.S.C. 1396d(w)(1).

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 (SCHIP). Youth ages 18 to 21 in foster care who do not qualify for Medicaid or SCHIP may be eligible for Medicaid coverage through the "Ribicoff" pathway, named for the late former senator, Abraham Ribicoff. Ribicoff youth must meet the income and resource requirements for the former Aid to Families with Dependent Children (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.⁷⁴

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").⁷⁵ These youth may also be eligible for Medicaid or SCHIP coverage through waivers, known as Section 1115 waivers, that provide comprehensive coverage to categorically ineligible adults with incomes up to at least 100% of the FPL.

According to the 2008 survey by Chapin Hall of 45 states, 29 states (64.4%) have extended the Chafee option to eligible youth.⁷⁶ Of the 28 states that responded to a follow-up question about eligibility requirements, 25 states reported that to be eligible, youth must have been in foster care on their 18th birthday; 15 states reported that youth must complete an application to be eligible; one state said that youth are automatically eligible; and nine states reported other eligibility criteria. Another 14 states reported that former foster youth are eligible for SCHIP (six of the states) or Medicaid through other pathways (13 of the states). Youth are eligible for Medicaid by meeting the "medically needy" criteria (seven states); through a 100% state funded program (three states); and through other, unspecified pathways (three states). One state reported that former foster youth are not categorically eligible for Medicaid.

The Chafee option will become a moot pathway in the next few years. As part of the health care reform law, the Patient Protection and Affordable Care Act (P.L. 111-148), youth who were in foster care on their 18th birthday (or an older age allowed by the state) will be eligible under a new mandatory Medicaid pathway specifically for former foster youth until age 26 regardless of

⁷⁴ Sonja Schwartz and Melanie Glascock, *Improving Access to Health Coverage for Transitional Youth*, National Academy for State Healthy Policy, p. 5, July 2008, at http://www.nashp.org/sites/default/files/transitional_youth.pdf.

⁷⁵ For information about Medicaid eligibility pathways, see CRS Report RL33019, *Medicaid Eligibility for Adults and Children*, by Jean Hearne.

⁷⁶ Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, p. 11. A 2006 survey of state human service officials by the American Public Human Services Association (APHSA) found that 17 states reported extending Medicaid coverage to eligible youth through the Chafee option. See Sonali Patel and Martha A. Roherty, *Medicaid Access for Youth Aging Out of Foster Care*, American Public Human Services Association, 2007, at <http://www.aphsa.org/Home/Doc/Medicaid-Access-for-Youth-Aging-Out-of-Foster-Care-Rpt.pdf>. Puerto Rico was not included in this analysis.

their annual income.⁷⁷ This provision is effective January 1, 2014. HHS has not issued guidance about this pathway.⁷⁸

Educational Support⁷⁹

Independent Student Status

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.⁸⁰ 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.⁸¹ 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.

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.⁸² 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

⁷⁷ 42 U.S.C. 1396A. Youth will be eligible if they are not eligible or enrolled under existing (at the time P.L. 110-351 was passed) Medicaid mandatory eligibility groups (or described in any of the existing Medicaid mandatory eligibility groups), regardless of whether they have income that exceeds the upper income eligibility limit established under any such group. Children in foster care who are not Title IV-E eligible generally still qualify for Medicaid coverage because all states have implemented one or more mandatory or optional Medicaid eligibility categories that allow them to cover children in care regardless of their IV-E eligibility status.

⁷⁸ For further information, see CRS Report R42378, *Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues*, by Evelyne P. Baumrucker et al.

⁷⁹ 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 RL33731, *Education for the Disadvantaged: Reauthorization Issues for ESEA Title I-A Under the No Child Left Behind Act*, by Rebecca R. Skinner.

⁸⁰ 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."

⁸¹ 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).

⁸² 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.

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.⁸³ 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.⁸⁴ TRIO funds are awarded by ED on a competitive basis. In FY2012, Congress appropriated \$839.9 million to TRIO programs.⁸⁵

Separately, HEA allows additional uses of funds through the Fund for the Improvement of Postsecondary Education (FIPE) to establish demonstration projects that provide comprehensive support services for students who were in foster care (or homeless) at age 13 or older. FIPE 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. In FY2012, Congress appropriated \$3.5 million to FIPE.⁸⁶

Workforce Support

Workforce Investment Act Programs

The Workforce Investment Act authorizes job training programs to unemployed and underemployed individuals through the Department of Labor (DOL). Two of these programs—Youth Activities and Job Corps—provide job training and related services to targeted low-income vulnerable populations, including foster youth.⁸⁷ The WIA Youth Activities program focuses on preventative strategies to help in-school youth stay in school and receive occupational skills, as

⁸³ 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 Postbaccalaureate 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 Postbaccalaureate program.

⁸⁴ 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.

⁸⁵ U.S. Department of Education, *FY 2013 Department of Education Justifications of Appropriation Estimates to the Congress, Higher Education*, p. S-119, <http://www2.ed.gov/about/overview/budget/budget13/justifications/s-highered.pdf>. (Hereinafter referenced as U.S. Department of Education, *FY 2013 Department of Education Justifications of Appropriation Estimates to the Congress, Higher Education*.)

⁸⁶ U.S. Department of Education, *FY 2013 Department of Education Justifications of Appropriation Estimates to the Congress, Higher Education*, p. S-95.

⁸⁷ 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.

well as on providing training and supportive services, such as assistance with child care, for out-of-school youth. Job Corps is an educational and vocational training program that helps students learn a trade, complete their GED, and secure employment. To be eligible, foster youth must meet age and income criteria as defined under the act. Young people current or formerly in foster care may participate in Youth Activities if they are ages 14 to 21, and in Job Corps if they are ages 16 to 24 (20% of participants must be ages 22 to 24).⁸⁸ In FY2012, Congress appropriated \$824 million to Youth Activities and \$1.7 billion to Job Corps.

Housing Support

Family Unification Vouchers Program

Current and former foster youth may be eligible for housing subsidies provided through programs administered by the Department of Housing and Urban Development's (HUD) Family Unification Vouchers program (FUP vouchers). The FUP vouchers were initially created in 1990 under P.L. 101-625 for families that qualify for Section 8 tenant-based assistance and for whom the lack of adequate housing is a primary factor in the separation, or threat of imminent separation, of children from their families or in preventing the reunification of the children with their families.⁸⁹ Amendments to the program in 2000 under P.L. 106-377 made youth ages 18 to 21 who left foster care at age 16 or older eligible for the vouchers. These youth are eligible for the vouchers for up to 18 months.

FUP vouchers were initially awarded from 1992 to 2001. Over that period, approximately 39,000 vouchers were distributed.⁹⁰ Each award included five years of funding per voucher and the voucher's use was restricted to voucher-eligible families for those five years. At the end of those five years, public housing authorities (PHAs), which administer the vouchers, were eligible to convert FUP vouchers to regular Section 8 housing vouchers for low-income families. While the five-year use restrictions have expired for all family unification vouchers, some PHAs may have continued to use their original family unification vouchers for FUP-eligible families and some may have chosen to use some regular-purpose vouchers for FUP families. Congress appropriated \$20 million for new FUP vouchers in each of FY2008 and FY2009 and \$15 million in FY2010.⁹¹ 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.⁹²

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

⁸⁹ 42 U.S.C. 1437(f)(x).

⁹⁰ This information is based on correspondence with the National Center for Housing and Child Welfare, a child welfare organization, in August 2008.

⁹¹ 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.

⁹² For a list of FUP sites by state, see National Center for Housing and Child Welfare, "Cumulative List of FUP Sites," <http://www.nchcw.org/fup/sites.aspx>.

A survey of states in 2008 by Chapin Hall found that 12 states provided housing assistance through FUP vouchers, and another nine states gave youth priority access to Section 8 vouchers.⁹³ Finally, 18 states reported providing housing assistance through other housing programs, such as transitional living programs with a housing component.

Other Support

Older current and former foster youth may be eligible for housing services and related supports through the Runaway and Homeless Youth program, administered by HHS.⁹⁴ The program is 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.⁹⁵

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.

⁹³ Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, p. 13.

⁹⁴ For additional information, see CRS Report RL33785, *Runaway and Homeless Youth: Demographics and Programs*, by Adrienne L. Fernandes-Alcantara.

⁹⁵ National Alliance to End Homelessness, "Federal Funding for Youth Housing Programs," information presented at National Alliance to End Audio Conference, March 9, 2006, available at <http://naeh.org/content/article/browse/?type=24&topic=Youth>.

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 Opportunities Reconciliation Act of 1996, P.L. 104-193) to reform welfare.⁹⁶ NSCAW is gathering information associated with 5,501 children from public child welfare agencies in 92 localities across the nation. It is the first national longitudinal study of its kind and the first to relate child well-being to family characteristics, experience with the child welfare system, community environment, and other factors. The study has gathered this information at five intervals since an investigation of maltreatment was closed, even for those children who did not enter out-of-home foster care. For the fifth interval, information was collected by age cohort. One of these cohorts included 620 youth ages 18 to 21 in the sample who were ages 12 to 15 when baseline data were collected.⁹⁷ 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

⁹⁶ U.S. Department of Health and Human Services, *National Survey of Child and Adolescent Well-Being, Overview*, available, along with the NSCAW reports, at http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html.

⁹⁷ U.S. Department of Health and Human Services. *National Survey of Child and Adolescent Well-Being, Adolescents Involved with Child Welfare: A Transition to Adulthood*, April 2008, at http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/transition_adult/transition_adult.pdf.

involved with a previous child welfare investigation. Of those families, two-thirds of the abuse and neglect incidents were substantiated.

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 sexual activity 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.⁹⁸

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 six 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.

⁹⁸ Fred Wulczyn, Lijun Chen, Kristen Brunner Hislop, *Foster Care Dynamics 2000-2005: A Report from the Multistate Foster Care Data Archive*, Chapin Hall Center for Children, University of Chicago, 2007.

Although older youth tend to have shorter spells in foster care, they are more likely to re-enter care after their first exit. About 28% of youth who were discharged at ages 13 through 17 during 2000 to 2002 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%.

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.⁹⁹ 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 FY2011);¹⁰⁰ 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).¹⁰¹ 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.¹⁰² 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.

⁹⁹ 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.

¹⁰⁰ U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children’s Bureau, Children’s Bureau. *The AFCARS Report #19: Preliminary FY2011 Estimates*, <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/afcars>.

¹⁰¹ These youth were placed in care prior to the enactment of the Foster Care Independence Act (P.L. 106-169) and most entered care because of sexual abuse and other type of maltreatment, which is not a primary reason for most children entering care (though the definition of sexual abuse in the U.S. Department of Health and Human Services’ data collection system for children in foster care is not identical to the definition in this study). For additional information about the sample of youth, see pages 18 to 21 and 25 to 31 of the study.

¹⁰² In a nationally representative study of children ages 11 to 14 entering foster care, 56.1% had a clinical/borderline score on the total problem behaviors checklist. Researchers often use this list as a proxy for mental health issues. Wulczyn et al., *Beyond Common Sense*, p. 108.

- Education: While alumni have obtained a high school diploma or passed the general education development (GED) test at the same rates as 25-to-34 year olds generally (84.5% versus 87.3%), they are much less likely to have a bachelor's degree—1.8% versus 22.5% of all young people.
- Employment and finances: One-third of alumni reported living below the poverty line, which is three times the national poverty rate. Further, almost 17% were dependent on Temporary Assistance for Needy Families (TANF), compared to 3% of the general population (although the high rate of participation in Oregon and Washington could have been due, in part, to TANF rules in those states). The alumni employment rate was 80%, while the general employment rate was 95%. Other indicators show that alumni were not financially secure. One-third lacked health insurance (versus 18% of the general population) and 22% were homeless at least one day during the year after they left foster care (versus 1% of the general population who were homeless within the last year).

Midwest Evaluation on the Adult Functioning of Former Foster Youth

Few foster care alumni studies are prospective, meaning that they follow youth while in care through the time they leave care and beyond. The Midwest Evaluation is an ongoing study that tracks 600 or more (depending on the data collection wave) current and former foster youth in three states—Illinois, Iowa, and Wisconsin. All of the surveyed youth entered care prior to their 16th birthday.¹⁰³ 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 21.¹⁰⁴

The mean age of young people in the wave 5 interview was 26.1 years old and just over half (53.5%) were female.¹⁰⁵ 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.

¹⁰³ Courtney et al., *Midwest Evaluation at Age 21*.

¹⁰⁴ 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.

¹⁰⁵ Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Ages 23 and 24*, Chapin Hall Center for Children, University of Chicago, 2010, <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>.

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.¹⁰⁶

Table A-1, below, presents the outcomes for youth surveyed in wave 4 and Add Health participants surveyed at ages 23 and 24 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 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 wave 5 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% |

¹⁰⁶ 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.

| Outcome | Midwest Evaluation (Wave 5)— Former Foster Youth at Age 26 | Add Health— Youth Surveyed at Age 25 and 26 |
|---|---|--|
| 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 (nonincarcerated youth only) | 48.3% | 79.6% |
| Mean hours worked per week at current job ^a | 36.2 | 41.5 |
| 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% |

| Outcome | Midwest Evaluation (Wave 5)— Former Foster Youth at Age 26 | Add Health— Youth Surveyed at Age 25 and 26 |
|--|---|--|
| 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 |
| 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 Health Survey is statistically significant.

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

Table B-1. FY2011 and FY2012 CFCIP General and ETV Allotments by State

Excludes funding for CFCIF technical assistance and ETV set asides

| State | FY2011 | | | FY2012 | | |
|----------------------|-------------|-----------|-------------|------------|-----------|-------------|
| | CFCIP | ETV | Total | CFCIP | ETV | Total |
| Alabama | \$2,174,877 | \$725,247 | \$2,900,124 | 1,749,078 | \$583,215 | \$2,332,293 |
| Alaska | 683,316 | 227,862 | 911,178 | 588,801 | 196,331 | 785,132 |
| Arizona | 3,209,948 | 1,070,406 | 4,280,354 | 3,246,419 | 1,082,492 | 4,328,911 |
| Arkansas | 1,153,688 | 384,715 | 1,538,403 | 1,232,528 | 410,976 | 1,643,504 |
| California | 18,990,900 | 6,332,808 | 25,323,708 | 18,866,508 | 6,290,879 | 25,157,387 |
| Colorado | 2,500,762 | 833,917 | 3,334,679 | 2,281,975 | 760,906 | 3,042,881 |
| Connecticut | 1,501,971 | 500,855 | 2,002,826 | 1,458,764 | 486,413 | 1,945,177 |
| Delaware | 500,000 | 85,633 | 585,633 | 500,000 | 95,168 | 595,168 |
| District of Columbia | 1,091,992 | 222,076 | 1,314,068 | 1,091,992 | 225,219 | 1,317,211 |
| Florida | 6,045,111 | 2,015,835 | 8,060,946 | 6,130,927 | 2,044,307 | 8,175,234 |
| Georgia | 2,530,101 | 843,701 | 3,373,802 | 2,254,185 | 751,640 | 3,005,825 |
| Hawaii | 500,000 | 153,065 | 653,065 | 500,000 | 132,450 | 632,450 |
| Idaho | 500,000 | 152,119 | 652,119 | 500,000 | 159,376 | 659,376 |
| Illinois | 5,388,295 | 1,796,810 | 7,185,105 | 5,796,477 | 1,932,787 | 7,729,264 |
| Indiana | 3,923,550 | 1,308,368 | 5,231,918 | 4,013,399 | 1,338,235 | 5,351,634 |
| Iowa | 2,070,771 | 690,530 | 2,761,301 | 2,135,837 | 712,177 | 2,848,014 |
| Kansas | 1,785,308 | 595,338 | 2,380,646 | 1,944,943 | 648,525 | 2,593,468 |
| Kentucky | 2,167,937 | 722,932 | 2,890,869 | 2,282,955 | 761,233 | 3,044,188 |
| Louisiana | 1,509,859 | 503,485 | 2,013,344 | 1,455,821 | 485,432 | 1,941,253 |
| Maine | 565,888 | 173,159 | 739,047 | 565,888 | 168,533 | 734,421 |
| Maryland | 2,224,722 | 741,868 | 2,966,590 | 1,993,622 | 664,757 | 2,658,379 |
| Massachusetts | 3,044,324 | 1,015,176 | 4,059,500 | 2,928,643 | 976,532 | 3,905,175 |
| Michigan | 5,591,145 | 1,864,453 | 7,455,598 | 5,365,583 | 1,789,109 | 7,154,692 |
| Minnesota | 1,706,714 | 569,130 | 2,275,844 | 1,650,999 | 550,512 | 2,201,511 |
| Mississippi | 1,047,373 | 349,263 | 1,396,636 | 1,171,065 | 390,482 | 1,561,547 |
| Missouri | 3,126,978 | 1,042,739 | 4,169,717 | 3,230,073 | 1,077,041 | 4,307,114 |
| Montana | 517,062 | 172,422 | 689,484 | 563,301 | 187,828 | 751,129 |
| Nebraska | 1,661,642 | 562,082 | 2,223,724 | 1,726,819 | 584,088 | 2,310,907 |

Youth Transitioning from Foster Care: Background and Federal Programs

| State | FY2011 | | | FY2012 | | |
|------------------------------------|----------------------|-------------------|--------------------|--------------------|-------------------|--------------------|
| | CFCIP | ETV | Total | CFCIP | ETV | Total |
| Nevada | 1,507,650 | 502,749 | 2,010,399 | 1,571,229 | 523,913 | 2,095,142 |
| New Hampshire | 500,000 | 97,836 | 597,836 | 500,000 | 91,461 | 591,461 |
| New Jersey | 2,463,536 | 821,504 | 3,285,040 | 2,297,848 | 751,313 | 3,049,161 |
| New Mexico | 633,788 | 211,346 | 845,134 | 611,034 | 203,744 | 814,778 |
| New York | 11,585,958 | 2,944,748 | 14,530,706 | 11,585,958 | 2,919,675 | 14,505,633 |
| North Carolina | 3,011,830 | 1,004,341 | 4,016,171 | 2,886,142 | 962,360 | 3,848,502 |
| North Dakota | 500,000 | 128,764 | 628,764 | 500,000 | 117,515 | 617,515 |
| Ohio | 3,847,835 | 1,283,120 | 5,130,955 | 3,903,550 | 1,301,606 | 5,205,156 |
| Oklahoma | 2,748,409 | 916,499 | 3,664,908 | 2,568,693 | 856,509 | 3,425,202 |
| Oregon | 2,667,723 | 889,594 | 3,557,317 | 2,879,433 | 960,123 | 3,839,556 |
| Pennsylvania | 5,324,569 | 1,775,559 | 7,100,128 | 5,017,075 | 1,672,902 | 6,689,977 |
| Puerto Rico | 1,688,101 | 562,923 | 2,251,024 | 1,463,341 | 487,939 | 1,951,280 |
| Rhode Island | 666,281 | 222,182 | 888,463 | 681,977 | 227,400 | 909,377 |
| South Carolina | 1,557,810 | 519,476 | 2,077,286 | 1,466,937 | 489,138 | 1,956,075 |
| South Dakota | 500,000 | 156,116 | 656,116 | 500,000 | 161,883 | 661,883 |
| Tennessee | 2,120,931 | 707,257 | 2,828,188 | 2,188,799 | 729,837 | 2,918,636 |
| Texas | 8,418,737 | 2,807,357 | 11,226,094 | 9,465,945 | 3,156,341 | 12,622,286 |
| Utah | 870,393 | 290,246 | 1,160,639 | 943,521 | 314,609 | 1,258,130 |
| Vermont | 500,000 | 111,722 | 611,722 | 500,000 | 101,708 | 601,708 |
| Virginia | 1,869,814 | 623,518 | 2,493,332 | 1,741,231 | 580,599 | 2,321,830 |
| Washington | 3,122,620 | 1,041,286 | 4,163,906 | 3,305,814 | 1,102,296 | 4,408,110 |
| West Virginia | 1,336,663 | 445,731 | 1,782,394 | 1,339,434 | 446,623 | 1,786,057 |
| Wisconsin | 2,140,491 | 713,779 | 2,854,270 | 2,149,568 | 716,756 | 2,866,324 |
| Wyoming | 500,000 | 121,506 | 621,506 | 500,000 | 106,941 | 606,941 |
| <i>Total for States</i> | 137,797,373 | 44,555,153 | 182,352,526 | 137,794,131 | 44,469,834 | 182,263,965 |
| Tribes | 102,627 | 26,241 | 128,868 | 105,869 | 27,007 | 132,876 |
| Total for States and Tribes | \$137,900,000 | 44,581,394 | 182,481,394 | 137,900,000 | 44,496,841 | 182,396,841 |

Sources: Congressional Research Service, based on U.S. Department of Health and Human Services, Administration on Children Youth and Families, Administration for Children and Families, *FY 2013 ACF Congressional Justification, Children and Family Services Programs*, <http://transition.acf.hhs.gov/programs/olab/fy2013-congressional-justification>; and U.S. Department of Health and Human Services, Administration on Children Youth and Families, Administration for Children and Families, Children's Bureau, *Program Instruction: Guidance to States on Actions They Are Required to Take for the June 30, 2012 Submission of the Annual Progress and Services Report (APSR)*, ACYF-CB-PI-12-05, April 11, 2012, http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/pi00index.htm#2012.

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

approved by HHS or via a cooperative agreement or contract with the state). For FY2011 and FY2012, the following tribes received CFCIP funding: Prairie Band of Potawatomi (Kansas), Santee Sioux Nation (Nebraska), Confederated Tribe of Warm Springs (Oregon), and Port Gamble S'Klallam Tribe (Washington). For FY2011 and FY2012, the following tribes received ETV funding: Prairie Band of Potawatomi (Kansas), Confederated Tribe of Warm Springs (Oregon), and Port Gamble S'Klallam Tribe (Washington).