TRANSITIONAL AGED YOUTH WITH BARRIERS

Supports Needed to Achieve Self-Sufficiency

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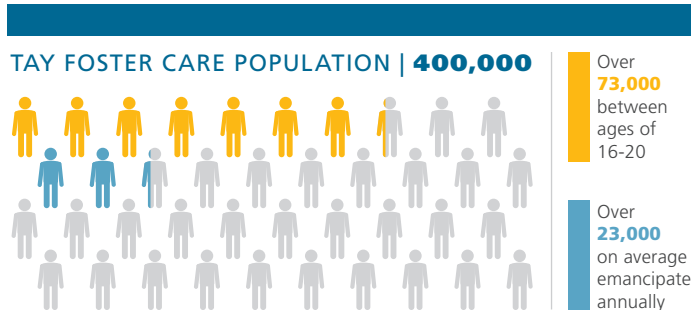
EXECUTIVE SUMMARY

There is a population of youth in today's foster care system who require specialized attention to guide them toward a path of self-sufficiency. These are known as Transitional Aged Youth (TAY) and by definition, include youth between the ages of 16 and 24 who are in transition from state custody or foster care. The successful integration of any TAY population into society requires support. According to some researchers, the typical youth is not expected to reach self-sufficiency until the age of 26 and receives, on average, $44,500 in parental support after age 18. So for youth in foster care, it is no wonder that this transition can be an exceedingly rocky one. This is due, to some degree, to the lack of a coordinated support system which would normally assist foster youth in the absence of parental figures. In general, foster youth in this age group are often at risk for homelessness, increased incidents of juvenile justice involvement, higher levels of unemployment, and a lack of post-secondary education.

By looking at the foundation of federal legislation which currently supports state and local agency TAY service administration, states can continue to find ways to improve service delivery as well as develop proactive approaches to assist their transitional aged foster youth with barriers to succeed as they transition to adulthood. From the perspective of the youth, failure to take appropriate action in support of their transition can have life-long implications that affect their ability to attend college, earn a decent wage, and have appropriate health care coverage. Therefore, drawing from the intent of the legislation as well as from the experiences of the child welfare agencies and federal programs implementing TAY support programs, this paper offers recommendations aimed at helping agencies take a more collaborative, outcome-based and person-centered approach to providing TAY services in the five federal program areas identified as most critical to youth reaching self-sufficiency: 1) Social Supports; 2) Health Care Coverage; 3) Employment Initiatives; 4) Housing Supports; and 5) Post-Secondary Education Opportunities.

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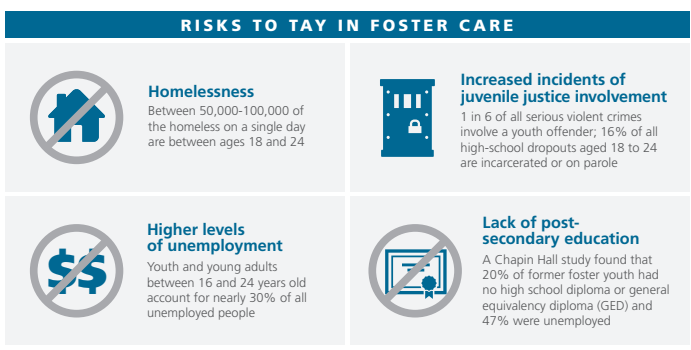
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POPULATION OVERVIEW

Transitional Aged Youth (TAY) are a population receiving a lot of scrutiny in social service circles due to the many changes in federal and state legislation targeted at improving the long-term self-sufficiency of this group of dependents. By definition, TAY are between the ages of 16 and 24 and in transition from state custody or foster care, although the population may include youth as young as 14 and as old as 26. General statistics surrounding this population of youth are shown below[1].

TAY FOSTER CARE POPULATION | **400,000**

Over **73,000** between ages of 16-20

Over **23,000** on average emancipate annually

Due to legislation such as the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), many states are now able to access federal funding in order to extend a youth's eligibility to remain in foster care past the age of 18. This has resulted in a growing need to ensure that an increasing number of teens and young adults have access to a support system for their transition out of foster care and into adulthood.

The successful integration of any TAY population into society requires support. According to some researchers, the typical youth is not expected to reach self-sufficiency until the age of 26 and receives, on average, $44,500 in parental support after age 18 (Delgado, 2007). So for youth in foster care, it is no wonder that this transition can be an exceedingly rocky one. This is due, to some degree, to the lack of a coordinated support system which would normally assist foster youth in the absence of parental figures. In general, foster youth in this age group are often at risk for homelessness, increased incidents of juvenile justice involvement, higher levels of unemployment, and a lack of post-secondary education. Much research has been done to document these hardships, as illustrated below[2].

RISKS TO TAY IN FOSTER CARE

Homelessness
Between 50,000-100,000 of the homeless on a single day are between ages 18 and 24

Increased incidents of juvenile justice involvement
1 in 6 of all serious violent crimes involve a youth offender; 16% of all high-school dropouts aged 18 to 24 are incarcerated or on parole

Higher levels of unemployment
Youth and young adults between 16 and 24 years old account for nearly 30% of all unemployed people

Lack of post-secondary education
A Chapin Hall study found that 20% of former foster youth had no high school diploma or general equivalency diploma (GED) and 47% were unemployed

Youth With Barriers

As may be expected, because of these risks, a significant subset of this TAY population are those in foster care with accompanying barriers to self-sufficiency including disabilities. These youth are even more at risk as they move toward emancipation from care. Researchers have found that youth with disabilities are four times more likely to be adjudicated by the juvenile court system than their counterparts of the same age without disabilities (Gagnon & Richards, 2008). In addition, the incidents of adult poverty are three times higher for young adults with disabilities than for their peers. (National Collaborative on Workforce and Disability, n.d.). These types of barriers such as disabling conditions, poverty, and homelessness are additional factors that can have a significant negative impact on a youth's likelihood of employment into adulthood (Hemmeter, 2014).

For decades, child welfare agencies have been tasked with finding ways to provide transitional living support services to TAY on their case loads. As the needs of this population grow and as new legislation has expanded the age at which a child may remain in care, states and local agencies have found themselves faced with a growing number of youth with needs they must serve. The responsibility to provide services to these youth is great, with far reaching consequences, if not done well. As noted, youth who transition without the proper transitional supports are at risk of homelessness, poor health, and instability which, in turn, can place a heavy burden on a state's limited resources as these youth turn into young adults. The federal government has started taking a more proactive approach to find ways of guiding child welfare agencies as they look to provide services to their youth emancipating from foster care.

The **federal program** areas of support that we will focus on in this paper are shown below.

Social Supports | Health Care Coverage | Employment Initiatives | Housing Supports | Post-Secondary Education

Each of these five program areas play an integral part in supporting all young people as they transition into adulthood. Having comprehensive, well-integrated and individualized transition plans established for youth that include each of these five areas appears to be essential, if a youth is to attain the level of self-sufficiency needed for a successful transition into adulthood. We will start by looking at a brief description of some federal programs that support these five program areas, followed by our recommendations on how states may build upon their existing programs using these targeted interventions to strengthen their own local service offerings to transitional aged youth.

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[1] AFCARS Report #20, US DHHS at http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport20.pdf
[2] Transitional Aged Youth Overview: http://findyouthinfo.gov/youth-topics/transition-age-youth/transition-age-youth-overview#references

FEDERAL PROGRAMS

1. Social Supports

SSA

Helping youth gain access to federal disability benefits and medical coverage which can remain with the youth upon exiting from care are a couple of ways agencies can assist transitional aged youth populations gain long term financial independence upon emancipation. These programs include the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefit programs administered by the Social Security Administration (SSA).

SSI/SSDI – Disability Programs

By definition, SSI is a needs-based federal income supplement program funded by general tax revenues and payable to children and adults, age 0-64 with low income/resources and a disabling condition that meets SSA's criteria. It is also payable to individuals aged 65 and older with low income/resources without regard to condition[3]. The federal benefit rate for SSI in 2014 is $721/month, with the option of state supplemental payments (SSP) in certain states, depending on the claimant's living arrangements.[4]

The SSDI program is payable to individuals who have worked and paid Social Security taxes and reached an "insured status." SSA has a calculation to determine whether or not an individual has reached this insured status, at which time benefits may be payable to the wage earner and certain members of his/her family. A youth in foster care may be eligible to receive auxiliary benefits off a deceased, disabled, or retired parent's account, if an application is made and relationship can be established with the biological relative. The average SSDI benefit for a child beneficiary off a parent's account is shown in the chart represented here.

Retired Parent
$635/mo

Deceased Parent
$817

Disabled Parent
$343

As this chart illustrates, these monthly cash benefits can have a significant impact on a youth's ability to achieve independence. Something that is not always known is that an emancipating youth with a disability may be eligible to continue to receive these auxiliary benefits past the age of 18. This is referred to as a "Disabled Adult Child" application and may include an adopted child, or, in some cases, a stepchild, grandchild, or step grandchild who is unmarried, age 18 or older, and has a disability that started before age 22.[5]

SSI and SSDI have the same definitions for disability that an adult must meet in order to receive either of these benefits: an individual must have the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.[6] A youth under the age of 18 must meet a slightly different definition of disability that also takes into consideration his/her ability to function in an age-appropriate

fashion during daily activities as a substitute to ability to work. SSA's Listing of Impairments, which may be found online,[7] describes the conditions by body system that a claimant (adult or child) may be diagnosed with to meet the definition of disability at step 3 of the Sequential Evaluation Process that disability analysts use to decide a case. Conditions may fall under physical impairments such as heart, lung or back conditions; mental impairments such as personality, anxiety or affective disorders or a combination of impairments that cause severe limitations in daily functioning. For example, a person diagnosed with Oppositional Defiant Disorder, Post Traumatic Stress Disorder, Attention Deficit Disorder, Borderline Intellectual Functioning, Developmental Disorders, Asthma, Epilepsy or any combination of the above may be eligible for SSI/SSDI benefits.

Whatever the avenue used to gain access to these federal payments, they often provide very valuable financial and social support for TAY with disabilities, including medical coverage and advocacy on part of the youth. Filing for them has become a part of some child welfare agencies' emancipation support programs.

2. Health Care Coverage

With SSI eligibility comes categorical Medicaid eligibility and with SSDI (non-auxiliary) there is usually Medicare eligibility after the appropriate waiting periods are met. However, this medical coverage is contingent upon the youth meeting SSA's strict definition of disability as well as remaining unable to work at substantial gainful activity levels. Because not all youth will want or be able to meet the criteria for SSA disability eligibility, other avenues of support for health care coverage may be more beneficial based on individual circumstances. There is a mandatory provision of The Patient Protection and Affordable Care Act (ACA) known as the Medicaid Expansion for Former Foster Care Children (FFCC) which is vital to today's Transitional Aged Youth.

Medicaid Expansion for Former Foster Care Children (FFCC)[8]

It is a mandatory requirement of the ACA that effective January 1, 2014 all former foster youth who were in foster care as of their 18th birthday are eligible for Medicaid coverage until the age of 26. Part of this provision of the law is that each state can determine if they will cover children from other states who were in foster care at age 18. Currently, eleven (11) states have decided to extend Medicaid coverage to former foster care youth, regardless of state residency upon emancipation. These states include California, Georgia, Kentucky, Louisiana, Massachusetts, Minnesota, Montana, New York, Pennsylvania, South Dakota and Wisconsin[9]. All states must provide this coverage to former foster youth emancipating within their state.

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[3] http://www.ssa.gov/ssi/
[4] http://www.ssa.gov/oact/cola/SSI.html
[5] http://www.ssa.gov/dibplan/dqualify10.htm#age22
[6] http://www.ssa.gov/disability/professionals/bluebook/general-info.htm
[7] http://www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm
[8] Patient Protection and Affordable Care Act. Pub.L. 111–148, 124 Stat. 119, H.R. 3590, enacted March 23, 2010.
[9] http://www.governing.com/topics/health-human-services/gov-states-look-enroll-former-foster-youth-medicaid.html#continued

Besides the age and custody requirements, there are no income requirements that a child has to meet in order to maintain this eligibility. The initial estimates of this population size indicate 55,000 former foster youth will enroll in Medicaid due to this new provision in 2014, with this number increasing to over 74,000 by 2017 (Federal Register, Vol. 78, No 14, Part III pg. 4672-4673)[10]. This coverage being offered to the former foster youth population differs from the alternative benefit plan described by the Centers for Medicare and Medicaid Services (CMS) as part of the adult Medicaid expansion provision under ACA. Youth who are eligible for Medicaid under the FFCC provision are eligible to receive full Medicaid benefits.

This includes benefits from the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of Medicaid until age 21. As part of the EPSDT benefits, states are required to include preventive, dental, mental health, and developmental services for youth to improve their health conditions. Older youth, after turning age 21, should then receive their state's full Medicaid benefit package for adults.
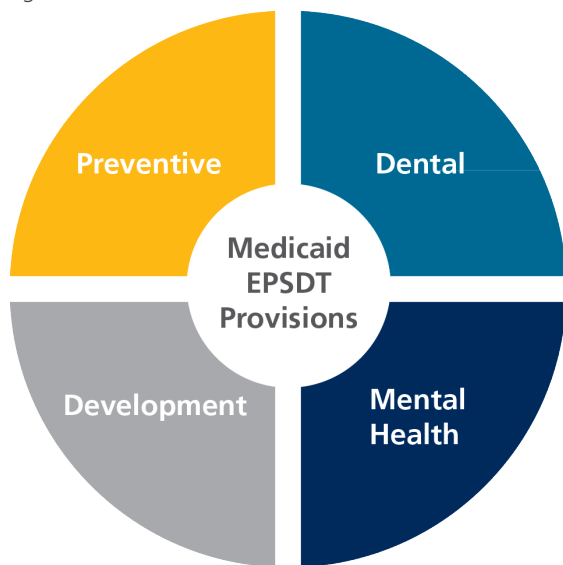
Because of the complex medical needs of many transitional aged youth, it is imperative that states and local social service agencies find a way to systematically reach out to this vulnerable population, both prior to exiting care as well as retroactively, seeking out those individuals that have already emancipated, but may not be aware of their Medicaid eligibility status. The ACA and best practices suggest enrollment for this population be as automatic and hassle-free as possible in order to be successful (Emam & Golden, 2014). States are actively seeking advice on how to initiate this enrollment process and having varying degrees of success. Because ACA allows each state to determine their own enrollment process, there is natural variability in implementation practices. Finding ways to connect states with resource across the country who are starting to implement the FFCC provision of the ACA should be one goal of human service agencies.

3. Employment Initiatives

Employment has been found to be an integral part of reaching self-sufficiency for all adults not just because of increased income, but also for the social and emotional aspects of productively contributing to society. Unfortunately, finding and sustaining employment can be very difficult for Transitional Aged Youth, especially those with a disability. According to a monthly survey conducted by the U.S. Census Bureau for the Bureau of Labor Statistics from March 2011 through May 2014 and accessible on the United States Department of Labor website[11], there is great disparity between the two groups. For example, while youth between the ages of 20-24 had the highest employment rate, peaking at 65 percent in July 2012, TAY with disabilities peaked at half that rate in June 2013 at just over 33 percent.

These statistics show why implementing employment initiatives that support full inclusion for youth with disabilities has become a priority for many human service agencies. There are various federally supported programs which are currently available to states to assist in these endeavors as well as new legislation being discussed in support of employment for the disabled. Some of these initiatives are discussed in this portion of our paper.

Vocational Rehabilitation Services[12,13]
Each state is required to have an established Vocational Rehabilitation (VR) program in place to help its residents with disabilities to achieve their employment goals. SSI/SSDI recipients are presumed automatically eligible for VR services unless they are considered so significantly disabled as to not benefit from these services. If a state does not have the funds to serve all those needing services, a state must serve those with the most significant disabilities first. While there may be cost sharing depending on the services for which a person qualifies, all individuals referred to their state VR agency are eligible for free assessments to determine VR needs: vocational counseling and guidance and referral for other services as needed. Social Security will pay state VR agencies for the cost of services provided to SSI/SSDI recipients if certain provisions are met, including the individual's sustained return to work at substantial gainful activity levels. Social Security reimbursed state VR agencies over $138 million on over 9,600 VR claims in Fiscal Year 2013.[14] If an individual SSI/SSDI recipient is working with a VR agency, he or she is automatically considered to be using his or her Ticket to Work, as described below.

Ticket to Work[15]
Individuals become eligible to participate in SSA's Ticket to Work program when they start receiving SSI and/or SSDI benefits based on disability and decide they are ready to try returning to work. Participation in the Ticket program is free and voluntary;

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[10] http://www.gpo.gov/fdsys/pkg/FR-2013-01-22/pdf/2013-00659.pdf
[11] http://www.dol.gov/odep/categories/youth/youthemployment.htm
[12] http://www.communityinclusion.org/article.php?article_id=129
[13] http://www.ssa.gov/work/vocational_rehab.html
[14] http://www.ssa.gov/work/claimsprocessing.html
[15] http://www.ssa.gov/work/overview.html#a0=0

if a beneficiary decides to participate, he or she can contact any authorized employment service provider in the area to see if the services they offer are applicable. These providers, called Employment Networks (ENs), offer specialized services such as career counseling, vocational rehabilitation, and job placement and training to assist SSI/SSDI recipients' return to work. There are hundreds of ENs in the country, with no limit to the number SSA can establish, so an individual can chose to work with the organization that best suits his or her needs.

PASS Program[16]

A Plan to Achieve Self Support (PASS) is an SSA work incentive established to let disabled individuals who are eligible for SSI set aside money and/or other resources he or she owns to pay for items or services needed to achieve a specific work goal. This can include supplies to start a business, school expenses, equipment and tools, transportation and uniform requests, just to name a few. The SSI recipient must apply to SSA to establish a PASS program and must therefore find out how much these items and services will cost, then fill out paperwork – PASS form (SSA-545-BK) – to complete a PASS. An SSI recipient can get help in setting up his/her PASS from a vocational rehabilitation (VR) counselor; an organization that helps people with disabilities; Benefits Specialists or Protection and Advocacy organizations who have contracts with SSA; Employment Networks involved in the Ticket to Work program; the local Social Security office; or anyone else willing to help him or her file the appropriate paperwork. Because SSI is based on the individual's income and resources, having a successful PASS program in place allows that person increased flexibility in achieving his or her work goals that may not otherwise be possible.

Employment First

Since 2006, states have been working to implement the Employment First concept, which calls for the full inclusion in the workplace of people with the most significant disabilities, including integrated employment where the worker earns at least minimum wage and is paid directly by the employer.[17] Over the last eight years, this concept has taken hold in several states, most recently including the four Employment First Leadership Mentor Program (EFSLMP) grant recipient States of Washington (mentor state), Iowa, Oregon and Tennessee. Each of these states is working diligently to increase the integrated employment outcomes for people with significant disabilities. Oregon included a specific focus on the improvement of integrated employment for its transitional aged youth/high school populations within its plan. These plans had implementation dates starting in January 2014, therefore outcome data is not currently available.

US Senate HELP Committee Recommendations

Senator Thomas Harkin (D-Iowa), chairman of the United States Senate Committee on Health, Education, Labor & Pensions (HELP Committee) has been working with his colleagues to ensure the youth of today with disabilities receive the supports they need to succeed in the workforce. On September 26, 2013, Senator Harkin issued a brief explaining the four areas of opportunity

lawmakers and agencies need to focus on in the coming months in order to provide support for youth with disabilities who want to work.[18] Those opportunities follow the same four federal program opportunities discussed throughout this paper, including

1. Increasing support for high school students transitioning into the workforce;
2. Improving the transition of youth with disabilities as they enter postsecondary education;
3. Changing disability benefit program assumptions that discourage young people with disabilities from working; and
4. Leveraging employer demand by correcting misconceptions about employing people with disabilities.

Finding ways to support these opportunities will enhance the ability of youth to find sustainable employment. According to the Bureau of Labor Statistics data from June 2013, there is a significant gap in the labor force participation rates for youth ages 16-35 with and without a disability. The gap has been as high as 50% (ages 24-35) and as low as 10-15% for young people age 16 to 19 (Harkin, 2013). States continue to look for new ways to narrow this gap and support their TAY into employment, including introducing legislation for these programs such as the Workforce Innovation and Opportunity Act (WIOA).

Workforce Innovation and Opportunity Act (WIOA)

Following the goals of Senator Harkin's initiative, the proposed Workforce Innovation and Opportunity Act (WIOA) of 2014 was released. It was subsequently passed by the Senate on June 25, 2014 and the House on July 9 and was signed into law by the President on July 22, 2014. This bipartisan House-Senate piece of legislation reauthorizes the nation's workforce development and adult education programs that replace the Workforce Investment Act (WIA) passed in 1998. The new WIOA is designed to help young people and adult workers prepare for work and/or further their education, find jobs, and build the skills employers are looking for in specific jobs across the country[19].

The Bill included provisions for[20]

- Increased focus on comprehensive programming for youth without a secondary school credential and who face the greatest challenges;
- Wider range of services, including transitional jobs, for low-skill, low-income adults and individuals with barriers to employment;
- Strong performance accountability provisions that reduce disincentives to serving participants who need considerable assistance; and
- Support for integrated education and training and concurrent approaches to adult education that allow for increased transitions to and success in post-secondary education.

[16] https://www.socialsecurity.gov/disabilityresearch/wi/pass.htm
[17] http://www.dol.gov/odep/topics/EmploymentFirst.htm
[18] http://www.harkin.senate.gov/documents/pdf/52446704c3501.pdf
[19] http://thehill.com/homenews/news/206783-house-senate-strike-rare-election-year-deal
[20] http://www.clasp.org/news-room/news-releases/workforce-innovation-and-opportunity-act-wioa-a-critical-step-forward-for-u-s-workers

With its increased focus on youth with barriers to employment, it appears this bill will have a significant impact on TAY, therefore, its implementation is something to watch in the coming months. The funding proposed in the bill would change from the current WIA formula of "funding as necessary" to specific funding set aside for the new WIOA programs on a yearly budgeted basis. The proposed WIOA legislation outlines funding levels in FY 2015 which are consistent with post-sequestration levels that were established under the Bipartisan Budget Act. Actual appropriations will depend on existing budget caps and mandatory budget cuts from Congress in the coming years.[21]

4. Housing Supports

Providing access to affordable, safe housing for the nation's Transitional Aged Youth is another essential aspect of establishing the basis for long-term self-sufficiency. Recent reports estimate that the number of homeless youth in the United States is over 1 million in a given year, possibly more, if runaways are counted in the numbers (Fernandes-Alcantara, 2013). Finding adequate and affordable housing for these youth is a necessity for their long term success. A recent study sponsored by the US Department of Housing and Urban Development (HUD) found that access to stabilized housing is a critical component to achieving self-sufficiency after transition for the nation's youth who are exiting foster care (Dion, 2014). Currently, there are 58 housing programs across states that focus on providing housing supports to transitional aged youth (Dion, 2014 – Table C.1). While the need for further research in this area remains, there are several national organizations working to influence federal policy meant to ensure housing supports are made available to all TAY as they emancipate from care.[22] Organizations such as the National Center for Housing and Child Welfare (NCHCW)[23] work diligently to link child welfare agencies with housing agencies to gain knowledge they will need to provide support to TAY. Below is a brief discussion of some of the federal policies that have been enacted toward this cause.

Department of Housing and Urban Development[24]
Due to the implementation of Title V, Section 504 of the Rehabilitation Act, federal law makes it illegal for an otherwise qualified individual with a disability to be excluded solely because of his or her disability from programs receiving federal financial assistance. This includes programs operated by the United States Department of Housing and Urban Development (HUD) and in essence means HUD must provide equitable housing options to the low income disabled. A person with a disability is defined as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."[25] An SSI/SSDI recipient meets this definition of disability. An SSI recipient automatically meets the low income definition and therefore is entitled to fair accommodations and treatment by public housing authorities. An SSDI recipient may or may not meet the definition of "low income", so a separate income determination is needed for an SSDI only recipient.

Public housing agencies (PHAs) authorized under state law to develop or operate housing assistance programs may apply for special funding to provide housing to the disabled. Individuals with a disability and their families must apply to their local PHA to be put on their Section 8 Housing Choice Vouchers (HCV) Program waiting list. Then, depending on the circumstances, the family may be eligible for a number of specialized vouchers to assist with their housing options. For example, the **Certain Development Vouchers**[26] program enables PHAs to provide affordable housing to non-elderly families who include a person with disabilities and who do not currently receive housing assistance in certain developments where owners establish preferences for, or restrict occupancy to, elderly families. Another HCV option is the **Family Unification Program** (FUP) voucher. Under FUP, a family who is involved with the child welfare system may be eligible for housing supports if it has no other housing options. Youth ages 18-21 who left care at or after age 16 without housing may also be eligible under this program (Dion et al, 2014).

Another HUD program for the disabled that is incorporated under the HCV program is the **Mainstream Voucher**[27] which enables families with disabled members to lease affordable private housing of their choice and includes assistance in locating suitable and accessible housing on the private market. In order to use these different waivers, a family with a disabled or TAY member must apply to be placed on the PHA's voucher waiting list. Once a family receives a voucher, it is its responsibility to find a housing option that best meets its needs. If all individual and PHA requirements are met, the PHA executes a contract with the property owner, including subsidizing the cost of housing at agreed upon levels.

There are also other programs that provide financial assistance to persons with disabilities under such provisions as Section 811 of the National Affordable Housing Act of 1990 (P.L. 101-625) as amended by the Housing and Community Development Act of 1992 (P.L. 102-550), the Rescission Act (P.L. 104-19) the American Homeownership and Opportunity Act of 2000 (P.L. 106-569), and the Frank Melville Supportive Housing Act of 2010(P.L. 111–374). As part of Section 811, HUD subsidizes rental housing with the availability of supportive services for very low- and extremely low-income adults with disabilities.[28] This program is especially important for SSI recipients, as tenants pay only 30 percent of their adjusted income for rent, making this an affordable option for them.

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[21] http://www.nationalskillscoalition.org/homepage-archive/nsc-releases-initial-analysis.html
[22] https://www.childwelfare.gov/systemwide/service_array/housing/fostercare.cfm
[23] http://www.nchcw.org/
[24] http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/disabilities/504keys
[25] http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/disabilities/inhousing
[26] http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/pwd/certain
[27] http://www.hud.gov/offices/pih/programs/hcv/pwd/mainstream.cfm
[28] http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811

Home and Community Based Services Waivers[28]

Home and Community Based Services (HCBS) waivers were created when Congress added section 1915(c) to the Social Security Act in 1983. HCBS waivers essentially added the option to a state's Medicaid rules of receiving a waiver of those rules governing institutional care provisions, which then allows recipients of the waiver more freedom of choice when determining how best to meet their daily needs. In 2005, HCBS became a formal Medicaid state plan option. Since that time, 47 states and DC are operating at least one 1915(c) waiver.

Individuals served under a state's HCBS waiver must meet the eligibility requirements of that particular waiver, which often include specific definitions of disability as well as Medicaid eligibility. For example, the State of Iowa has seven HCBS waivers:

- AIDS Waiver
- Brain Injury Waiver
- Children's Mental Health Waiver
- Elderly Waiver
- Ill and Handicapped Waiver
- Intellectual Disability Waiver
- Physical Disability Waiver

A transitional aged youth who met the disability criteria under one of these waivers would be eligible for assistance in a number of areas including such things as Adult Day Care Services, Home & Vehicle Modifications, Home Health Aide and Home Maker Services. All of these services can assist the individual in establishing a housing support system that allows for the most community inclusion and independence possible.

Reconnection Homeless Youth Act of 2008

Federal policy mandating the provision of housing supports has a sporadic history in this country which changed significantly in the mid-1970s. Congress passed the Runaway Youth Act of 1974 as part of the Juvenile Justice and Delinquency Prevention Act (P.L. 93-415), effectively placing more of a federal emphasis on assisting youth at risk for homelessness. This legislation was meant to assist youth who are outside of the juvenile justice and child welfare systems to find support. Since the enactment of this original policy, the federal Runaway and Homeless Youth Program (RHYP) has evolved and remains in existence today through numerous reauthorization laws, most recently by the Reconnecting Homeless Youth Act (P.L. 110-378) in 2008[30] (Fernandes-Alcantara, 2013). This most recent act reauthorized RHYP through FY 2013. As of the writing of this paper, it appears the President has recommended in his Budget Proposal for FY 2014 that level funding be provided to RHYA as well as the Education for Homeless Children and Youth (EHCY) programs.[31]

As most recently reauthorized through FY 2013, the RHYP consists of three distinct programs that assist youth who are at risk of homelessness, including some with a history of abuse and neglect. These programs include the following: the Basic Center Program, enacted in 1974; Transitional Living Program (TLP), enacted in 1988; and Street Outreach Program, enacted in 1994. According to a Congressional Research Service Report, the populations served by each program are as follows:

"The Basic Center Program provides temporary shelter, counseling, and after care services to runaway and homeless youth under age 18 and their families. The BCP serves approximately 40,000 to 50,000 youth per year. The Transitional Living Program is targeted to older youth ages 16 through 22 (and sometimes an older age), and serves approximately 3,500 to 4,000 youth each year. Youth who use the TLP receive longer-term housing with supportive services. The Street Outreach Program provides education, treatment, counseling, and referrals for runaway, homeless, and street youth who have been subjected to or are at risk of being subjected to sexual abuse and exploitation." (Fernandes-Alcantara, 2013)

While TAY in foster care may be served by all three programs, it is most likely this will happen after they leave foster care or at a time when they are in 'runaway' status. TLP services provide the longest-term housing options to this age group of youth. Federal TLP funding helps organizations (often non-profits) provide a combination of the following services:

- basic life-skills training, (budgeting, housekeeping, etc.);
- interpersonal skill building;
- educational preparation;
- assistance in job preparation and attainment;
- education and counseling on substance abuse;
- one-to-one mentoring; and
- mental and physical health care services.

Most states have expanded their TLP services to meet the specific needs of their local TAY populations who remain in care, but more resources are needed to serve all the youth.

Chafee Foster Care Independent Living Program for foster youth

The John H. Chafee Foster Care Independence Program (CFCIP) was enacted as part of the Foster Care Independence Act of 1999 (P.L. 106-169), which was meant to replace the 1985 federal Independent Living Program. The primary purpose of the CFCIP was to provide supports to TAY in foster care between the ages of 18-21 who are either remaining in care or looking to emancipate prior to age 22, to aid in their transition by doing these six (6) things[32]:

1. Identify youth who would benefit from support to self-sufficiency.
2. Assist these youth to obtain employment or enter into post-secondary education.
3. Give youth access to mentors who will provide emotional support.
4. Enhance youths' efforts by connecting them with additional supports.
5. Ensure youth recognize and take responsibility for their role in their own transition
6. Make education and training vouchers available to these youth.
7. Include services to youth (age 16 and above) in guardianship/ kinship or adoption placements.

[28] http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811
[28] http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html
[30] http://www.gpo.gov/fdsys/pkg/PLAW-110publ378/pdf/PLAW-110publ378.pdf
[31] http://www.endhomelessness.org/pages/youthlegislation
[32] http://greenbook.waysandmeans.house.gov/sites/greenbook.waysandmeans.house.gov/files/2012/RL34499_gb.pdf and http://www.nrcyd.ou.edu/chafee/why-created

With a budget of $140 million dollars, CFCIP is a substantial funding source for independent living programs, including housing. In fact, as part of this program, states may dedicate up to 30% of their CFCIP program budget toward room and board, which typically includes such things as food, shelter, rent, and deposits as well as utilities and the other household startup costs (Fernandes-Alcantara, 2012). Therefore, the CFCIP is a valuable resource available to states and counties when evaluating how best to provide housing support to TAY in their jurisdiction. States can benefit from leveraging their Chaffee dollars to support transition age youth in combination with the extension of foster care to age 21. Most importantly, states need to learn how to collaborate across agencies in order to avail themselves of all the possible supports in their communities and thus provide a more comprehensive suite of housing services to their youth in transition.

5. Post-Secondary Education

Providing youth with the knowledge and resources they need to succeed in achieving their higher education goals is the final area of support to be looked at within this paper. It has been found that while foster care youth may attain a high school diploma or equivalent at roughly the same rate as their peers, this is not true for post-secondary education attainment. In some cases, less than 2% of the foster care alumni population receive a bachelor's degree when compared to over 22% of the general population who did achieve a post-secondary diploma.[33] Therefore, it appears that assisting TAY in foster care to access post-secondary education support programs is a critical step on their path to self-sufficiency. Below are brief descriptions of a couple such programs.

Educational and Training Vouchers Program
Related to the prior section, part of the CFCIP, is the Educational and Training Vouchers Program (ETV) which was added to this legislation in 2002 and is administered by the U.S. Department of Health and Human Services (HHS). This portion of the CFCIP law authorizes an additional $60 million (as of 2012) for payments to States and Tribes for post-secondary educational and training vouchers for TAY age 18 and older. Vouchers of up to $5,000 per year per youth are available for post-secondary education and training for eligible youth[34]. The state responsible for the placement of a youth in foster care is tasked with providing the voucher to that youth. The vouchers may cover expenses to include the following: tuition, fees, books, transportation, computers/equipment, room and board, child care expenses, disability accommodations, work experience expenses, student loan fees or insurance premiums on the loans[35]. As many as over 17,000 youth annually have been provided these vouchers to support their educational training during transition (Fernandes-Alcantara, 2012). It is interesting to note that these monies may also be used to support housing costs (Dion, 2014).

TRIO Programs
Disadvantaged youth, including those transitioning from foster care and youth with disabilities, may be eligible for services from higher education agencies funded under a series of Federal TRIO Program (TRIO) grants[36]. These student service programs are designed to identify and provide services to youth from disadvantaged backgrounds (low-income, first generation college students and individuals with disabilities) in the seven programs shown below with their establishment dates (US DOE, 2008):

1. Upward Bound (1964)
2. Talent Search (1965)
3. Student Support Services (SSS) (1968)
4. Educational Opportunity Centers (EOCs) (1972)
5. Veterans Upward Bound (VUB) (1972)
6. Ronald E. McNair Post baccalaureate Achievement Program (MCN) (1986)
7. Upward Bound Math and Science (UBMS) (1990)

These programs are relevant because they represent a wide array of funding opportunities for agencies of higher education to service TAY emancipating from foster care into adulthood. Child welfare agencies should know the agencies in their area that receive TRIO program funds so that they may refer their TAY to them for post-secondary education services.

FAFSA
The Free Application for Federal Student Aid (FAFSA) is a tool available to all low-income youth looking to pursue post-secondary education who may need monetary support to achieve this goal. A student's expected monetary contribution to his/her education is based at least partially on family status at the time of FAFSA application. A foster youth who is either an emancipated minor or was in a legal guardianship status (with a state/county or individual at age 13 or older) may be considered "independent" so that only his/her income and assets will be counted on the FAFSA[37]. A financial aid administrator at the student's school may require the student to provide proof that he/she was in foster care at time of application. (Fernandes-Alcantara, 2012) Not having to count a parent's income and assets when applying for federal financial aid can have a significant impact on the amount of aid a TAY may be eligible for to support his/her post-secondary education goals.

Student Earned Income Exclusion
Part of the SSA work incentives offered to all SSI recipients are income disregards that may allow them to continue to receive higher cash benefits while attempting to work than if they did not avail themselves of the incentive. One such program is the Student Earned Income Exclusion. According to SSA's rules, if an SSI recipient is under the age of 22 and regularly attending school, SSA does not count up to $1,750 of that student's earned income per month when figuring the SSI payment amount. The maximum yearly exclusion is $7,060. These amounts are for the year 2014.[38] SSA usually adjusts these figures each year based on the cost-of-living. SSA applies the student earned income exclusion before the general income exclusion or the earned income exclusion provisions of its work incentives. Foster youth with disabilities who are attending school and attempting to work need to be aware of this provision in SSA's regulations.

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[33] Peter J. Pecora et al., Improving Foster Family Care: Findings from the Northwest Foster Care Alumni Study, Casey Family Programs, 2005, at www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf.
[34] http://www.acf.hhs.gov/programs/cb/resource/chafee-foster-care-program
[35] As defined in Section 132(a)(2) of the Higher Education Act
[36] http://www2.ed.gov/about/offices/list/ope/trio/index.html#competition
[37] https://studentaid.ed.gov/fafsa/filling-out/dependency
[38] https://secure.ssa.gov/apps10/poms.nsf/lnx/0500820510!opendocument

TRANSITIONAL AGED YOUTH WITH BARRIERS

OUTCOMES

The federal programs and legislation discussed in the prior section of this paper are just a few of those available to state and local child welfare agencies, funded by the federal government and established to help support TAY with barriers navigate through the maze of foster care emancipation. However, these supports are only as good as the outcomes achieved by the youth who receive them and documented by the best practices established through their use and implementation. While much research is still needed to document true evidence-based outcomes for many of them, the following section of this paper attempts to summarizes our research into this area, looking for reported outcomes and documented best practices that have evolved from these or similar projects in recent years.

National Youth in Transition Database (NYTD)

Part of the John H. Chaffee Foster Care Independence Program (CFCIP) required the Administration for Children and Families (ACF) to develop a data collection system to track the independent living services states provide to youth and develop outcome measures that may be used to assess states' performance in operating their independent living programs. Hence, ACF passed a regulation in 2008 that created the National Youth in Transition Database (NYTD) and survey program. States started data collection for NYTD in 2010, surveying youth on the following 11 outcomes: financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance.

The first set of data was submitted to NYTD in May 2011 and resulted in a report issued September 2012 which established results on two distinct groups. The first is the "served population," which includes all youth who received independent living services during FFY 2011 under the CFCIP. The second group is referred to as the "baseline population" of youth in foster care who are on or around 17 years old and receiving CFCIP independent living skill services.[39] These same baseline youth will be surveyed again at 19 and 21 years of age (referred to as the "follow up population"). Results from the first follow up survey will not be available until after the youth turn 19 in 2014 and the survey is administered,[40] however, a summary of the results from the first two populations' surveys can be seen below.

### Served Population Outcomes

- States reported information on 98,561 youth who received independent living services and 17,021 youth in foster care who participated in the NYTD survey.
- 98 percent of the youth surveyed were between the ages of 14-26.
- 16 percent of youth receiving services were adjudicated delinquent.
- 20 percent of youth receiving services were also receiving special education instruction.
- Over half of the young adults received three or more independent living services during FFY 2011

Service Provided to Youth by Category, FFY 2011
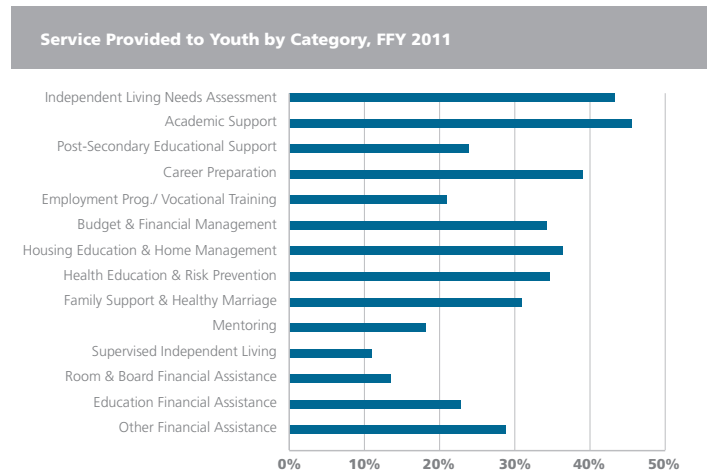
Baseline Population Outcomes

- States identified 28,318 youth age 17 during FFY 2011 eligible for NYTD survey.
- Of those eligible youth, 17,021 (or 60 percent) completed the survey.
- Fifty-seven percent (9,771) of surveyed youth also received at least one independent living service from the State in FFY 2011.

A compilation of the baseline population's receipt of independent living services is shown below. The effects of these services on future goal attainment will not be available until the next NYTD survey results are released comparing it to the follow up population results.

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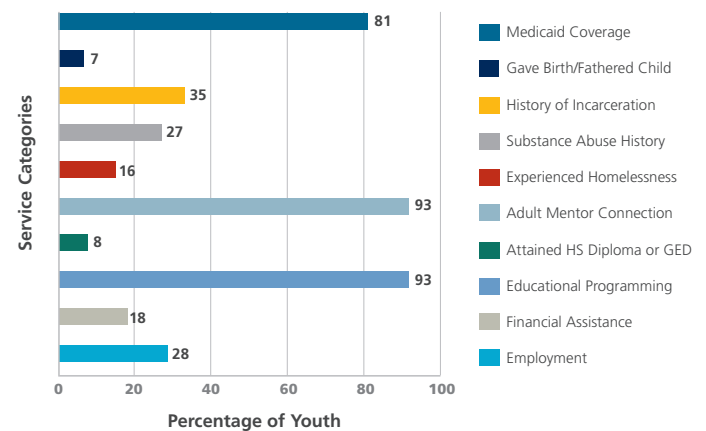
[39] All results taken from report http://www.acf.hhs.gov/sites/default/files/cb/nytd_data_brief_1.pdf
[40] http://www.acf.hhs.gov/programs/cb/resource/about-nytd?page=all

BEST PRACTICES

While results from the National Youth Transition Data surveys are not currently available, there are other national programs which have been collecting outcomes on TAY populations with barriers to self-sufficiency that can be used to inform the discussion of what best practices are currently in place in some local TAY programs. Below are brief highlights from one case study and two federal grants that recognize the value of providing increased support services to youth in an effort to improve their readiness for life after foster care which includes sustained employment.

Public Consulting Group – Case Study

Public Consulting Group (PCG) is a national provider of disability advocacy services, having worked with state and local child welfare agencies since 1989 to assist their youth to apply for federal disability benefits. PCG's Social Security Advocacy Management Services – or SSAMS™ team focuses exclusively on processing claims for disability benefits administered by the Social Security Administration (SSA). PCG works primarily through contracts with state and local public assistance (PA) and child welfare agencies to represent individuals including TAY, PA and the homeless with both physical and mental impairments file for SSI//SSDI benefits. With over 25 years of experience in this field, PCG has collected a fair amount of data in relation to TAY with barriers who are seeking financial support as a means of reaching the goal of self-sufficiency.

Below is a case study of one such TAY who has been able to use her eligibility for SSI to improve housing options and better meet her health care needs as well as work toward employment goals[41].

Ms. Tina Johnson is a 23 year old young woman who entered foster care in the state of California four days after she was born exposed to drugs in utero. She experienced 22 placements in 17 years, including multiple group homes, psychiatric hospitals, and detention centers. At 17, she was incarcerated in juvenile hall in her home county and awaiting placement in a level 14 group home, when her case worker contacted PCG. She had not been regularly attending school and was having an extremely difficult time functioning outside a highly structured therapeutic setting. Her case worker was worried about her ability to successfully transition out of foster care so he contacted PCG to screen her for a disability benefit application. Her conditions included Traumatic Brain Injury, Severe Learning Disabilities and self-injurious behavior.

Upon placement stabilization, five months following her 18th birthday, an application for Supplemental Security Income (SSI) was made on her behalf by PCG staff. After waiting seven months, during which time she changed placements once and attended a consultative exam assisted by PCG, her claim for SSI was allowed. She was found eligible for $1,086/month in SSI and State Supplemental Payments (SSP) based on her living arrangement. Her retroactive SSI for the months her claim was pending came to over $6,500, which was paid to her county of dependency on her behalf. She was able to emancipate from care a month later, moving into a former foster parent's home, knowing she had a monthly source of income that would be available to her as long as her conditions remained severe. Her plans were to enter the Job Corp and seek trial work opportunities. She was able to do this due to SSA's many work incentives such as the Ticket to Work and Plan to Achieve Self-Support, which are designed to allow people with disabilities attempt to work, while still remaining eligible for their SSI cash benefits.

As this case shows, substantial benefits can be gained by engaging in SSA's work incentives in collaboration with other supports. On a larger scale and focusing on TAY, the results of two national programs discussed below further demonstrate the importance of collaboration when providing employment supports to this population.

Youth Transition Demonstration (YTD)

Established in 2003, the YTD was used by SSA to research ways in which to improve the educational and vocational outcomes for the transitional aged youth population (in this instance ages 14–25) who were also receiving SSI and/or SSDI payments. The main premise of the program was to determine whether providing extra employment-related supports to TAY who are also eligible for federal disability benefits would "improve educational and economic outcomes during their transition to adulthood, thereby eventually reducing dependence on SSA programs." (Hemmeter, 2014) Through cooperative agreements between SSA and the YTD sites (seven original sites across the country[42] as well as three additional sites added in Phase Two[43]) the main goal was to develop collaborations at a local level that would work to remove a youth's barriers to employment through improved service provisions that crossed agency boundaries. According to SSA, those services included[44]

1. Individualized work-based experiences
2. Youth empowerment
3. Family supports
4. System linkages
5. Social and health services
6. Benefits counseling

In addition, through participation in YTD, the treatment group had access to five waivers of SSA program rules designed to allow participants to keep more of their earnings while enrolled.

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[41] Names changed to protect the personal information of the claimant.
[42] Sites were originally located in California, Colorado, Iowa, Maryland, and Mississippi, as well as two in New York. These sites changed somewhat in phase 2 of the program. (Hemmeter, 2014)
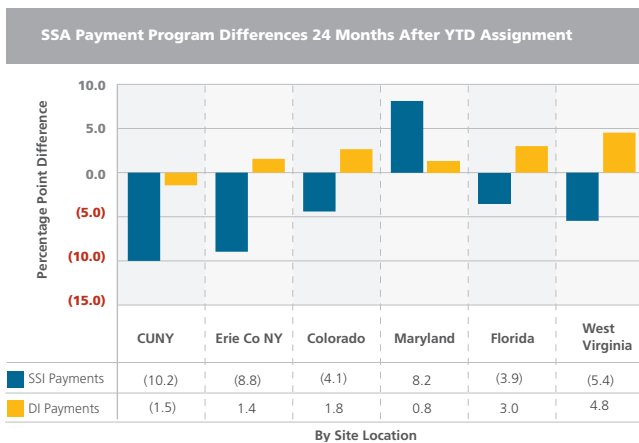[43] Phase 2 sites—Career Transition Program (CTP) in Montgom¬ery County, Maryland; Broadened Horizons, Brighter Futures (BHBF) in Miami-Dade County, Florida; and West Virginia Youth Works (Hemmeter, 2014)
[44] http://www.ssa.gov/disabilityresearch/youth.htm

The results varied in significance from one site to another, but the general consensus was that with increased access to paid employment opportunities, more collaborative employment supports such as unpaid internships, and waivers to SSA's work incentive programs, TAY with disabilities appeared more likely to find jobs and increase their wages over time than the control group without these increased supports (Hemmeter, 2014).

The main outcomes tracked in the YTD study completed by Jeffrey Hemmeter in 2014 are the youth's earnings (any income reported as wages or self-employment earnings on the Master Earnings File) and his/her SSA program payments (sum of SSI payments due and DI benefits paid) at the two year mark after enrollment in his/her respective YTD program.

SSA Payment Program Differences 24 Months After YTD Assignment

By Site Location	CUNY	Erie Co NY	Colorado	Maryland	Florida	West Virginia
SSI Payments	(10.2)	(8.8)	(4.1)	8.2	(3.9)	(5.4)
DI Payments	(1.5)	1.4	1.8	0.8	3.0	4.8

Y-axis: Percentage Point Difference, ranging from (15.0) to 10.0

SSA Program Payments – The majority of youth entering the YTD program were receiving SSI, SSDI, or both during the month of random assignment. Those who were not were generally experiencing temporary overpay¬ment issues, Continuing Disability Review (CDR), or age-18 redetermination cessations. The Maryland site was the only one of the original six that did not use SSA payment data as a source for enrollment

The chart above indicates that all sites except Maryland showed a decrease in SSI payments 24 months after YTD treatment group enrollment. Only CU NY showed SSDI decreases. This may be due to some children working and becoming eligible for SSDI. While the control group also showed some of the same results, these numbers indicate at least some sort of relationship between the receipt of independent living support services and a decrease in reliance on SSA benefits as a financial support outcome for the treatment group.[45]

Earnings – In his study, Hemmeter also looked at the percentage of YTD participants with earnings at the year one and year two mark after random assignment. The majority of the sites showed a decline in employment between years one and two. However, on average, the treatment groups showed a higher percentage of participants with any earnings in both year one and year two when compared to the control groups. This finding seems to imply a

connection between employment-related services provided by YTD to the treatment group and earnings as an outcome. Some of those services included waivers of SSA income rules to encourage work, however, more research is needed to see how much influence these waivers had on the outcomes.

Average Percentage of Participants with Any Earnings

	Year 1	Year 2
Treatment	44.15	34.3
Control	34.6	29.3

Y-axis ranges from 0 to 50
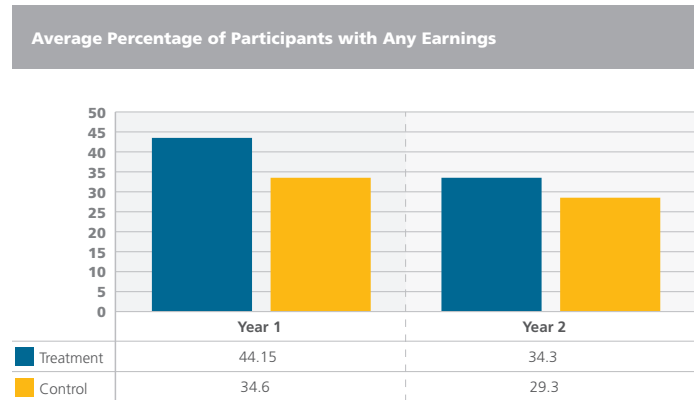
PROMISE Grants

In response to the encouraging results of the YTD program, SSA determined it needed to take a more in-depth look at transitional aged youth with disabilities and their ability to achieve long-term, gainful employment. Therefore, they issued a grant opportunity for Promoting the Readiness of Minors in Supplemental Security Income (PROMISE) in 2013. The PROMISE grant is designed to use a larger sample size and requires the model demonstration projects (MDPs) to engage and serve families as well as provide the youth with paid work experiences. Therefore, by definition, "PROMISE was created to foster improved health, education, and post-secondary outcomes for children ages 14-16 who receive Supplemental Security Income (SSI), as well as their families."[46]

Six sites were selected as MDPs, including the independent states of Arkansas, California, Maryland, New York, and Wisconsin as well as a consortium of states which includes the following: Utah, South Dakota, North Dakota, Montana, Colorado, and Arizona.[47] Due to the relative newness of this project, outcome data is not readily reviewable at this time. Continued monitoring of program results will be interesting to watch to see if it yields similar results to the YTD programs. What we do know as of the writing of this report is that since project start up, the Department of Education has identified the need for intensive technical assistance to the MDPs that will ensure the proper relationships are being built and processes are in place to create a sustainable program. To this end, a request for proposal has been issued in search of experts who can support the MDPs by providing technical assistance in these areas.[48]

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[45] Data from Hemmeter's 2014 used to create charts
[46] http://www2.ed.gov/about/inits/ed/promise/index.html
[47] http://www.ed.gov/news/press-releases/department-awards-211-million-promoting-readiness-minors-supplemental-security-i
[48] http://www2.ed.gov/programs/promise/applicant.html

RECOMMENDATIONS

As this paper has shown, by looking at the foundation of federal legislation which currently supports state and local agency TAY service administration, states can continue to find ways to improve service delivery as well as develop proactive approaches to assist their transitional aged foster youth with barriers to succeed as they transition to adulthood. Research has shown that states cannot afford to ignore the needs of TAY; to do so has significant monetary and human costs. According to Susan Golonka's 2010 report to the National Governors Association, The Transition to Adulthood: How States Can Support Older Youth in Foster Care, "Failure to take action to improve outcomes for (transitional) foster youth will cost states $5.7 billion for each cohort of youth that leave foster care in a given year."[49] Golonka breaks those costs down as follows:
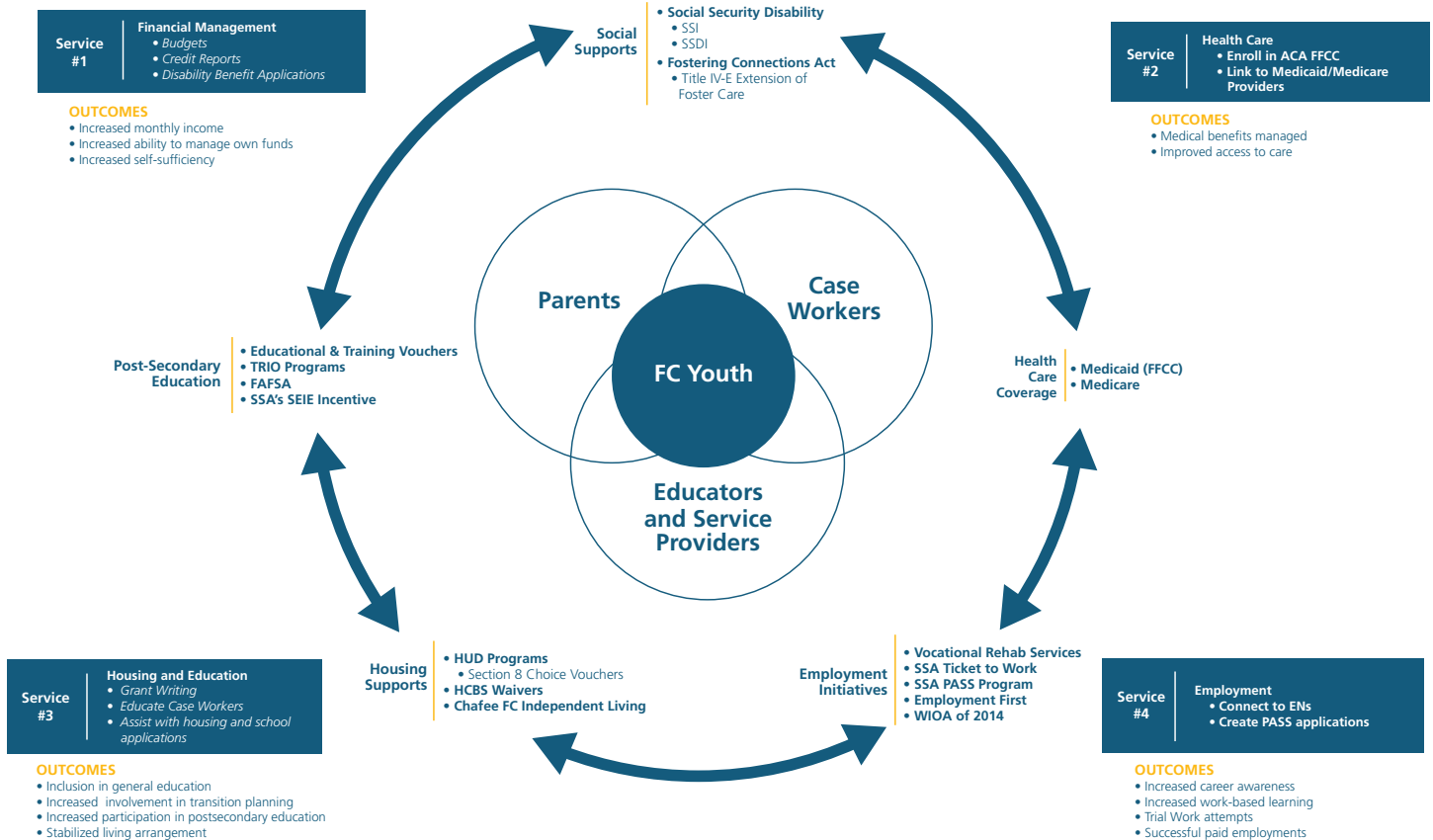
- $4.8 billion in criminal justice–related costs;
- $116 million in costs stemming from unplanned parenthood; and
- $749 million in loss of earnings due to foster youth's lower rates of educational attainment.

From the perspective of the youth, failure to take appropriate action in support of their transition can have life-long implications that affect their ability to attend college, earn a decent wage, and have appropriate health care coverage. Therefore, drawing from the intent of the legislation as well as from the experiences of the child welfare agencies and federal programs implementing TAY support programs, we offer the following recommendations. Each is aimed at helping agencies take a more collaborative, outcome-based and person-centered approach to providing TAY services. They will follow the same five federal program areas identified as most critical to youth reaching self-sufficiency: 1) Social Supports; 2) Health Care Coverage; 3) Employment Initiatives; 4) Housing Supports; and 5) Post-Secondary Education Opportunities.

A comprehensive Concept Map of this entire process is shown here to help illustrate the need for collaboration across public agencies and with multiple stakeholders. Only by working together will child welfare workers, employers, family members and educators have the most positive affect on the youth they aim to serve.

TAY with Barriers
Supports Needed to Achieve Self-Sufficiency

Service #1

Financial Management
- Budgets
- Credit Reports
- Disability Benefit Applications

OUTCOMES
- Increased monthly income
- Increased ability to manage own funds
- Increased self-sufficiency

Social Supports
- Social Security Disability
  - SSI
  - SSDI
- Fostering Connections Act
  - Title IV-E Extension of Foster Care

Service #2

Health Care
- Enroll in ACA FFCC
- Link to Medicaid/Medicare Providers

OUTCOMES
- Medical benefits managed
- Improved access to care

Post-Secondary Education
- Educational & Training Vouchers
- TRIO Programs
- FAFSA
- SSA's SEIE Incentive

Parents

Case Workers

FC Youth

Educators and Service Providers

Health Care Coverage
- Medicaid (FFCC)
- Medicare

Service #3

Housing and Education
- Grant Writing
- Educate Case Workers
- Assist with housing and school applications

OUTCOMES
- Inclusion in general education
- Increased involvement in transition planning
- Increased participation in postsecondary education
- Stabilized living arrangement

Housing Supports
- HUD Programs
  - Section 8 Choice Vouchers
- HCBS Waivers
- Chafee FC Independent Living

Employment Initiatives
- Vocational Rehab Services
- SSA Ticket to Work
- SSA PASS Program
- Employment First
- WIOA of 2014

Service #4

Employment
- Connect to ENs
- Create PASS applications

OUTCOMES
- Increased career awareness
- Increased work-based learning
- Trial Work attempts
- Successful paid employments

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[49] http://www.nga.org/files/live/sites/NGA/files/pdf/1012FOSTERCARE.PDF

Social Supports

SSA

A child welfare agency's role is to make sure youth understand their rights and responsibilities within their state and beyond when it comes to their independence and transition from foster care. In addition to identifying those youth who have barriers to employment and may meet SSA's definition of disability, best practices dictate that child welfare agencies should have a designated program established that assists youth with these complex benefit applications and teaches them the life skills they will need to manage those benefits and successfully establish independent living practices.

Financial Management and Budgets

States and local agencies need to educate youth on programs available to assist with their transition. A review of certain states' implementation of their own TAY programs has shown that their transitional aged foster youth did not feel adequately prepared for managing their own budgets and paying rent as part of an independent living program. According to one research report, "There should be some meaningful standard assessment of a youth's understanding of basic finances and budgeting prior to approval for an SILP[50]." (Delgado, 2013).

There are financial management tools available which can assist in this training process. As part of this service provision and mandated by federal legislation, states are required to obtain the credit report of each child in care who is age 16 or older on an annual basis, as well as provide the child with a copy of that report free of charge. This also includes assisting the youth with interpreting and resolving any inaccuracies in the report[51]. 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.[52] (Fernandes-Alcantara, 2012)

Health Care Coverage

Ensuring youth have access to adequate health care coverage is another critical aspect of transition services for foster youth. Child welfare agencies should be screening all TAY for potential eligibility for SSA's federal disability benefits under the SSI/SSDI programs as part of their emancipation plans. Some states, like California, have passed state law mandating this practice.[53] With SSI and SSDI allowance comes categorical eligibility for Medicaid and Medicare respectively, which is available to the youth for as long as they meet SSA's definition of disability. In addition, states are now required to implement plans to identify and reach out to all foster youth who are or were in care upon turning 18 as of January 2014, until they turn age 26 under the ACA Former Foster Care Child rules. This means states should develop and implement a strategic plan including outreach activities to find youth who have already left care and are eligible for these benefits.

In order to create a successful program, research has shown that states need to make the Medicaid enrollment process automatic, hassle-free, and continuous for youth transitioning out of foster care. Finding ways to connect states with resources across the country who are starting to implement the FFCC provision of the ACA should be one goal of human service agencies so that they may learn from previous unsuccessful efforts and implement best practices.

Employment Initiatives

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Youth with disabilities and their need for assistance when trying to obtain employment have been a concern of many advocacy groups and organizations over the last several years. The Social Security Administration (SSA) in particular has dedicated resources to multiple projects over the last ten years with the explicit goal of identifying employment and transition services that can assist youth with disabilities as they look to enter or re-enter the workforce such as YTD and PROMISE. One of the lessons learned from reviewing these projects is that collaboration between state agencies is key to providing successful TAY services to youth seeking employment. States may find they benefit from the use of Technical Assistance Centers which can help with training of staff, identification of cross agency collaboration opportunities, and the creation of policy/procedure manuals to document their processes.

In addition, helping youth with disabilities avail themselves of SSA's work incentive programs once they are receiving SSI/SSDI can be a critical component to assisting the youth achieve their work-related goals. States should consider creating a resource guide of all their local Vocational Rehabilitation (VR) agencies, Employment Networks (EN) Work Incentives Planning and Assistance (WIPA) Projects as well as their Protection and Advocacy for Beneficiaries of Social Security (PABSS) network resources. This can be done by accessing SSA's Ticket to Work site at http://www.chooseworkttw.net/resource/jsp/searchByState.jsp. Youth should be aligned with the agency which most closely matches his/her work related goals in order to assist with the Ticket to Work and related independent service plan.

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[50] SILP is a Supervised Independent Living Placement
[51] h42 U.S.C. 475(5)(I)).
[52] 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.
[53] http://www.leginfo.ca.gov/pub/07-08/bill/asm/ab_1301-1350/ab_1331_bill_20071011_chaptered.html

Housing Supports

Based on the research outlined in the previous section of this paper, there are a number of public supports for housing that may be beneficial for TAY depending on their goals and disability status. While more research is needed in this area (Dion, 2014), current studies have shown that collaboration between child welfare agencies, housing authorities, and other federal agencies can be critical in finding the best option to prevent homelessness/ precarious housing in today's TAY. By availing itself of the knowledge gained from a network of established programs, a state can build a solid program that can be personalized to meet the needs of its specific youth population and thus help these youth achieve a higher degree of self-sufficiency. In order to gain this knowledge, states need to research the housing supports available in their communities, educate their workers on these programs, and ensure youth are being referred appropriately to them, including assisting those youth with voucher applications.

In addition, once the programs are identified within its particular local, establishing the presence of SSI/SSDI eligibility of the youth can also be critical. SSI and SSDI recipient status can be verified by asking the Social Security Administration to send the disabled recipient a Benefits Planning Query (BPQY) . Every disabled recipient can get one free of charge. The BPQY confirms the individual's disability status and his/her income, which can facilitate a housing application. The BPQY is an important planning tool for a beneficiary, PASS Specialist, benefits counselor, or other person who may be developing customized services for a disability beneficiary who wants to start working or stay on the job.

Eligibility for SSI brings with it some benefits when it comes to evaluating the Federal Housing Assistance to which a youth may have access. According to Social Security's Program Operations Manual System (POMS) at SI 00830.630,
The value of any assistance paid with respect to a dwelling unit is excluded from SSI income and resources if paid under:

- *the United States Housing Act of 1937 (section 1437 et seq. of 42 U.S.C.)*
- *the National Housing Act (section 1701 et seq. of 12 U.S.C.)*
- *section 101 of the Housing and Urban Development Act of 1965 (section 1701s of 12 U.S.C., section 1451 of 42 U.S.C.);*
- *title V of the Housing Act of 1949 (section 1471 et seq. of 42 U.S.C.); or*
- *section 202(h) of the Housing Act of 1959.*

If a TAY does not receive SSI/SSDI but has disabling impairments, a referral for an SSI/SSDI application is appropriate. In many states, a TAY with disabilities receives Title IV-E payments that exclude SSI eligibility. When those IV-E payments stop, a disability application is the transition step needed most to ensure continued publicly-funded supports.

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[54] Benefits Planning Query (BPQY) - http://www.socialsecurity.gov/redbook/eng/resources-supports.htm#a0=2

Post-Secondary Education

Agencies have long understood the need for youth to have support when post-secondary education is one of their long-term emancipation goals. Case workers need to be trained on the rules associated with the FAFSA and work incentives like SSA's Student Earned Income Exclusions so that they can advise the youth on their case loads looking to use these resources.

In addition, workers need to be aware of other supports such as the Educational & Training Voucher Program and the TRIO programs so that they may refer TAY interested in post-secondary education to the proper people that can assist with these applications.

CONCLUSION

As the research indicates, state programming for Transitional Aged Youth is most effective when it is provided using a system of care approach. The approach should include identifying all available programming within the state and creating a system in which the resources and funding are leveraged to support youth who are transitioning out of the foster care system. A thorough assessment of the youth's needs using a holistic approach can drive the youth's plan for transition. The youth's transition plan should focus on his/ her identified needs, along with strategies to meet those needs. This will require collaboration between child welfare agencies, housing support agencies, vocational rehabilitation centers, employers, and post-secondary educational institutions. In addition, understanding the funding streams for these programs can provide an additional set of data to help states determine how best to support a youth in transition.

Youth transitioning out of the foster care system, especially those with disabilities, have unique needs and challenges that require careful and thoughtful planning. Absent this planning and service availability, these youth often become homeless. Compared to the general population, these youth are transitioning without parental support that is typically received by most young adults. Due to this gap in support, these youths' unique needs have to be met through supportive planning and services. Young adults need to feel empowered during the planning process. Most of these youth have been in foster care for a period of time in which they have been removed from their families' homes. These youth often do not want the constraints of government oversight as they have previously had. Engagement and youth-driven planning is therefore critical to the process of planning to achieve successful outcomes.

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