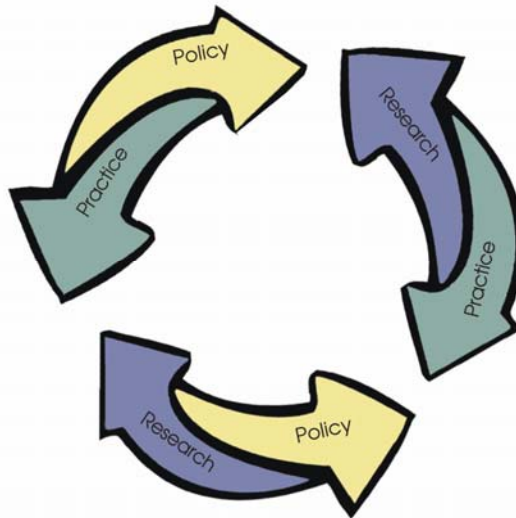


Leave No Adolescent Behind: Issues in the Transition to Adulthood

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*In collaboration with
The Institute on Community Integration
and
Children, Youth and Family Consortium*

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CONFERENCE OVERVIEW

Although semantically the teenage years end at age 19, the developmental experience of adolescence may extend well into most people's 20s. Few adolescents become independent from their parents, especially financially, at 18. Indeed, many young adults receive financial and emotional support from their families into their early 30s. Adolescent brain research also shows that, contrary to earlier assumptions about maturity, the brains of adolescents are not fully developed, and growth still occurs throughout the mid to late teenage years. Yet, many of our public policies assume adolescents in the child welfare system have the wherewithal to be on their own at 18, even though they generally have fewer resources than adolescents from stable families. Alarming statistics on the number of homeless young people who are "graduates" of the child welfare system, as well as their high rate of substance abuse, unemployment and lack of adequate access to health care, signal that a smooth transition to adulthood is not occurring for many of these young people.

Progress is being made in research, practice and policy to improve the chances that adolescents will make a successful transition to adulthood. Research at Chapin Hall at the University of Chicago has demonstrated the efficacy of allowing youth who were in foster care at age 18 to continue that connection, if they desire. These youth were more likely to be enrolled in college, more likely to have health insurance and receive needed medical care, less likely to be homeless, physically assaulted, pregnant or arrested or incarcerated.

In Cincinnati, an independent living program provides a continuum of services that responds to the changing needs of adolescents. Rather than discontinue services and kick youth who have made poor choices out of care entirely, the Lighthouse Program can move youth from more restrictive to less restrictive (or vice versa) settings, depending on their level of readiness. The program has successfully prevented the homelessness of many Ohio youth by adapting the services and level of protection to the changing needs of the youth they serve.

In the policy arena, significant progress was made in the late 1990s with the passage of the Chafee Act, which provides funds to states for transitional planning and services. The bill was passed with the help of foster youth who testified in Congress on the need for such help.

Minnesota has also made progress in addressing these issues. The Department of Human Services has accelerated its efforts to support others providing transitional services and providing informational resources on the web for youth and those who work with them. Homeless youth advocates, such as StreetWorks, are working to improve access to services for adolescents who lack sufficient family support. Family Alternatives, a foster care agency, emphasizes adolescents' strengths and includes them in innovative ways in their case planning. Ain Dah Yung Center orients itself to the needs of American Indian youth who, along with African American youth, are over-represented in the child welfare

system. The Children's Law Center of Minnesota represents many youth transitioning to adulthood, working to improve the rate of compliance with the Chafee Act's requirements. University researchers have documented the challenges facing these youth and the benefits of providing supportive assistance to youth aging out of foster care.

Despite the progress and impressive gains being made, there is a consensus that more needs to be done. Policy makers, researchers and practitioners can accomplish more together than separately. The strong response to this conference, the enthusiasm of its participants, and the positive evaluations of its presenters indicates that there are many people in Minnesota ready and able to continue to work toward improving the lives of the young people whose own families cannot adequately help them become adults.

Below are recommendations developed by Center for Advanced Studies in Child Welfare (CASCW), based on the conference presentations and discussions.

1. **Minnesota should consider extending care for all youth in foster care to age 21.** Brain research¹ and the positive results for youth in Illinois² who were allowed to continue accessing child welfare system support and services demonstrates the preventive value of this option. The costs associated with this proposal would likely be offset by savings in the criminal justice, welfare and emergency health care system. At the very least, Minnesota should extend Medical Assistance coverage for these youth to age 21.
2. **Minnesota should encourage expansion of services that allow youth to move along a continuum of more to less restrictive settings as their needs change.** While there are some limited programs of this type in the state, the experience in Ohio suggests the benefits of an approach that keeps youth from falling into homelessness and the costs (to them and society) that that can bring.³ Again, brain research, especially the early developmental trauma that many of these youth experience, supports the need for services that can be responsive to the varying levels of maturity youth may demonstrate.
3. **Minnesota is on the right track with its efforts to increase coordination among the systems dealing with youth in or at risk of involvement with the child welfare system.** Two efforts in other states that Minnesota could pursue are the aggressive efforts in Massachusetts to ensure that the education needs of foster care are met, and provisions in California law prohibiting the closure of a case until it has been demonstrated to the court that the youth has the capacity and connections to support him or herself.
4. **Utilize the experiences and knowledge that many people already have in the policy making process.** Facilitate the involvement of youth in meetings with policy makers and identify policy makers who may have experience with foster care themselves. For example, the substantial efforts by Supreme Court Justice Kathleen Blatz to increase awareness among judges of the issues children in the child welfare system face was driven in part by her experiences as a child growing

¹ See section on Adolescent Brain Development on p. 25.

² See section on The Research Perspective on p. 5.

³ See section on The Practice Perspective on p. 13.

up in a family that took in foster children. Many other lawmakers in Minnesota have such experiences in their own lives that might be drawn out and built upon as the state examines way to improve services to its youth.

5. Gather data on a regular basis on the issues and well-being of youth in the child welfare system and use it to inform policy, practice and future research.

Department of Human Services and Wilder Research provide valuable information on youth in child welfare and homeless youth. CASCW is releasing its report on the high school graduation rates of youth in the system. This information not only provides a snapshot of the current well-being of youth, it also provides a baseline against which to measure the impact of policies and programs.

Acknowledgements

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THE MORNING SESSION

Current State of Adolescents in Minnesota

Diane Benjamin, KIDS COUNT, Children's Defense Fund – Minnesota

Diane Benjamin of KIDS COUNT, Children's Defense Fund, presented current data on adolescents. She discussed issues in defining at what age adolescence ends. Benjamin presented data showing that Minnesota adolescents are doing better overall and well-being indicators are improving. She also presented statistics on two groups of youth - disconnected young adults and vulnerable youth in the foster care system - and the impact of recent budget cuts on the programs that serve them. The discussion below is based on her PowerPoint presentation.

What does it mean to be an adolescent? Do we define adolescents as a youth from age 13 to age 18 or do we incorporate youth from ages 13 all the way up until age 21? Our

society has contradicting definitions of “adolescents” and of “youth,” which are exemplified by the “milestone ages” and which afford both benefits and responsibilities. For example, one can vote at age eighteen, but not drink alcohol until twenty-one. The average age of marriage is 26 for women and 28 for men. The average age for a mother at first birth is 25.

In Minnesota, many indicators of adolescent problems have improved. Adolescent birth rates of those under 18 have decreased by 20% since 1993. Arrests for violent crimes committed by youth under age 18 are down 66% in that same period. Tobacco and alcohol use for adolescents through grade 12 have decreased: tobacco down 32% and alcohol down 9%. In the United States, teen sexual activity has decreased by 16%.

Family Support During Transition to Adulthood

On average, youth ages 18 through 34 receive \$38,000 from their parents for food, housing, education and cash). Parental time assistance averages 367 hours or nine weeks of full time help. Data shows that 61% of college students receive some financial support from parents. These statistics imply that most youth are not totally independent and benefit from parental assistance, even after age 18.

Disconnected Young Adults

Disconnected young adults are persons ages 18 through 24 who are not enrolled in school, are not working, and have no degree beyond high school. In Minnesota in 2002, there were 43,000 or 9% of young adults who fall in to this category. In the United States, there were 3.8 million or 15% of young adults considered “disconnected.”

Vulnerable Youth in Minnesota

In Minnesota in 2001, 3,130 persons ages 15 through 19 were in foster care and 1,946 juveniles were detained, incarcerated, or placed in residential facilities. In 2002, 9,761 women under age 20 were mothers, and 18% of 18 to 24 year olds were in poverty (20% nationally).

Youth Development Funding Environment (Oct. 2003- Jan. 2004)

Two thirds of nonprofits reported a decline in government support for these programs. Half reported a drop in foundation and corporate support. One-quarter of these nonprofits report that they are serving fewer youth, and 38% cite a decline in program quality.

The Research Perspective

Mark Courtney, director of Chapin Hall Center for Children at the University of Chicago

Mark Courtney of Chapin Hall presented the latest research on adolescents aging out of the foster care system. The “Midwest Evaluation of the Adult Functioning of Former Foster Youth”⁴ concludes that foster youth at age 18 have not been adequately prepared for independence. The research states that youth who are about to age out of the foster care system face incredible challenges such as educational deficits, limited employment experience and significant psychosocial problems. Courtney stressed to policymakers and practitioners that youth in the system, like most non-system youth in our society, want to remain connected to parents and siblings and that many return to their families for support after aging out. The practice implications of Courtney’s findings suggest that service providers and courts must take into account that many foster youth are not prepared to make the transition to independence at 18; that most young people appear to benefit from their connections with the child welfare system; and that connections with family are important to the transition process for this population. The discussion below is based on his PowerPoint presentation.

Purpose of the Midwest Evaluation of the Adult Functioning of Former Foster Youth study

The purpose of the study was to measure the young adult self-sufficiency of former foster youth in Illinois, Iowa, and Wisconsin, and to provide guidance to these states regarding their compliance with and implementation of the John Chafee Foster Care Independence Act.

Study Design and Sample

This study was the largest longitudinal study of foster youth making the transition to adulthood post-Foster Care Independence Act. They researched foster youth in three states who were in out-of-home care at age 17, had entered care before their 16th birthday, and had been placed in care due to abuse and/or neglect. The baseline survey data was collected from 736 youth in 2002 to 2003 with a response rate of 95.8 %. These youth were age 17 or 18 at first interview. 603 or 82 % of sample were re-interviewed in 2004 when nearly all were 19 years old. Forty-seven percent were still “in care” (nearly all in Illinois). Fifty-three percent had already been discharged. The third wave of data will be collected at age 21.

⁴ Courtney, Mark.; Dworsky, Amy (2205). Midwest Evaluation of the Adult Function of Former Foster Youth: Outcomes at Age 19, Chapin Hall Discussion Paper, Chapin Hall Center for Children at the University of Chicago.

Living Arrangements at Follow-Up

Of those youth who are still in care:

- 49.6% are in supervised independent living arrangements;
- 19.1% are living with other relatives, compared to 17.8% who are no longer in care;
- 20.2% are with unrelated foster parents, compared with 10.1% who are no longer in care;
- 6.7% are in group quarters, compared to 9% who are no longer in care;
- 4.3% have other living arrangements, compared to 17.1% who are no longer in care.

Of those youth who are no longer in care:

- 28.7% have their own place;
- 16.8% are with biological parents;
- 17.8% are with other relatives;
- 10.1% are with unrelated foster parents;
- 9.0% live in group quarters;
- 0.6% are homeless;
- 17.1% other.

Closeness to Family of Origin

When asked about how close they feel to their family of origin:

- 67% say they are very or somewhat close to their biological mother.
- 37.9% say they are very or somewhat close to their biological father.
- 71.9% say they are very or somewhat close to their grandparents.
- 86.4% say they are very or somewhat close to their siblings.

Receiving Independent Living Services

For youth who are no longer in the system, the percent of youth who receive support services like education, employment, financial management, housing, health education and youth development decreases tremendously.

Total	Still in Care	No Longer in Care	
%	%	%	
51.7	60.6	43.0	-Educational support
43.0	49.3	37.4	-Employment/vocational support
36.7	46.1	28.3	-Budget/financial management support
35.5	45.0	27.1	-Housing Services
38.3	45.7	31.8	-Health education services
21.4	29.1	14.6	-Youth development services

Health and Mental Health Services

Youth receive more health and mental health services when they are still in foster care. Youth are almost twice as likely to have health insurance when still in care. They are more likely to receive medical exams and psychological and emotional counseling and much less likely to not have received needed medical care if they are still in care.

Total	Still in Care	No Longer in Care	
%	%	%	
71.3	98.2	47.1	-Has health insurance
47.4	53.2	42.4	-Medical exam since last interview
13.5	4.6	21.4	-Didn't receive needed medical care
20.6	28.5	13.7	- Psychological/emotional counseling

Markers of Transition to Adulthood

Educational Attainment

Youth who are still in foster care have higher levels of educational attainment than those youth who are no longer in care. They are more likely to have a high school diploma or GED, to be enrolled in school, and to have a two- or four-year college degree.

Total	Still in Care	No Longer in Care	
%	%	%	
38.2	38.2	36.1	-No high school diploma/GED
47.7	66.7	30.8	-Enrolled in school
15.2	20.9	10.1	-High school/GED program
8.8	8.5	9.1	-Vocational training
23.7	37.2	11.7	-Two or four year college

Employment and Earnings

Youth who are no longer in care are more likely to be currently employed and work more hours than those youth who are still in care. Both groups tend to make a median hourly wage of around \$7 and both are equally likely to have never held a job.

Total	Still in Care	No Longer in Care	
%	%	%	
7.8	7.8	7.8	-Never held a job
67.0	61.0	72.3	-Worked during past year
40.5	33.0	47.0	-Currently employed

35	30	35	-Median Hours worked
\$7	\$7	\$7	-Median hourly wage

Earnings

Youth who are no longer in care are more likely to have received some income from employment during the past year and more likely to have greater earnings than youth still in care.

Still in Care	No Longer in Care	
%	%	
69.2	84.7	-Any income from employment during the past year
		-Amount among those employed during past year
80.4	72.9	\$5,000 or less
12.0	15.4	\$5001 to \$10,000
7.6	11.7	\$10,001 to \$25,000

Partnering and Parenthood

Youth who are no longer in care are more likely to be pregnant after the first interview and be married or cohabitating than those youth who are still in care. However, youth who are still in care are more likely to have children than those who are no longer in care.

Total	Still in Care	No Longer in Care	
%	%	%	
37.4	31.1	44.2	-Pregnant after first interview
10.0	5.0	14.3	-Married or Cohabitating
6.5	5.0	7.6	Males
12.9	4.9	20.9	Females
23.4	24.5	22.5	-Any living children
13.8	15.1	12.7	Males
31.6	31.3	31.9	Females

Selected Problems

Youth who are no longer in care are more than four times more likely to not eat for a whole day than those youth who are still in care. Both youth in care and those no longer in care are about equally likely to have been shot, stabbed, beaten up or threatened with a weapon.

Total	Still in Care	No Longer in Care	
%	%	%	
8.3	2.9	13.1	-Did not eat for a whole day
--	--	13.8	-Homeless since leaving care
			-Shot, stabbed, beaten up or threatened w/ a weapon
24.2	23.8	24.6	
34.7	35.3	34.2	-Males
15.3	15.3	15.3	-Females

Criminal Justice System Involvement

Youth who are no longer in care are more likely to have involvement in the criminal justice system than those youth who are still in care.

Total	Still in Care	No Longer in Care	
%	%	%	
28.1	21.9	33.8	-Arrested since last interview
38.0			Males
20.1			Females
19.2	14.4	23.7	-Incarcerated since last interview
29.8			Males
10.7			Females

Disconnectedness

Youth who are no longer in care are much more likely to not be in school, not employed, and not parenting than those youth who are still in care.

Total	Still in Care	No Longer in Care	
%	%	%	
30.9	24.1	37.0	-Not in school and not employed
24.3	19.9	28.1	-Not in school, employed or parenting

Optimism about the Future

Overall, youth in the foster care system are mostly very optimistic or fairly optimistic about their future both at the time of the first and second wave of interviews.

Wave 1	Wave 2	
(N=736)	(N=603)	
58.4	56.9	-Very optimistic
33.0	32.2	-Fairly optimistic

4.1	7.0	-Not too optimistic
3.8	3.3	-Not at all optimistic
0.7	0.7	-Do not know

Summary

Youth about to age out of foster care in the United States face considerable challenges including educational deficits, limited employment experience, and significant psychosocial problems. They also have significant assets, including strong relations with members of their families and foster families, connection to the child welfare services system, and optimism about their future.

Practice Implications

Service providers and the courts must take into account that many foster youth are not prepared to make the transition to independence at age 18. Most young people appear to value and benefit from their connections to the child welfare system. Finally, connections with family are, not surprisingly, important to the transition process for this population.

For the full report, visit www.chapinhall.org

The Practice Perspective:

Mark Kroner, Director of the Division of Self-Sufficiency Services for Lighthouse Youth Services in Cincinnati, Ohio

Mark Kroner of Lighthouse Youth Services presented the practice perspective and explains the innovative work he and his organization have been doing for more than 20 years in Ohio. The Lighthouse Transition System is a personalized and needs-based housing system that provides services through their Youth Crisis Center, Street Outreach Program, Independent Living Program, Transitional Youth Program, the Emancipated Youth Program, and Shelter Plus Care Program. Kroner explained the Continuum of Living Arrangement Options and how this system is able to provide services to youth coming from diverse situations. The discussion below is a transcription of his presentation.

When I started working in this field in the early 1980s, I realized we were working with two different types of youth: kids coming out of the foster care system, and youth that were never in the system or that were in the system for some time and left the system and became homeless. At that time, what they did was call the services for youth in the child welfare system “independent living” and services for youths 16 to 22 “transitional living”. What they are doing in both systems is providing housing throughout a variety of living arrangement options and services: scattered site apartments, supervised apartments, shared homes financial assistance, life skills training, emotional support and guidance, case management and outreach.

We have a youth crisis center that was funded by the federal Runaway and Homeless Youth Act grants and city grants, and it sees about 1,200 youth a year. Most of these youth go back home, but some of them are identified as eligible for services through the child welfare system. They go from the shelter to foster homes, group homes, or independent living programs. We have a street outreach program that goes out and engages with homeless youth, and street youth to get them connected to housing and other services or drug treatment.

Currently, I run the Independent Living Program (ILP) which started in 1981. I started in 1986. We have seen over a 1,000 youth come through this program. There are 50 youth in the Independent Living Program. Most of them are living in their own apartments. They come in as young as about 16. They come out of foster homes and group homes and our theory was that they're going to get cut off of services at about 18 or 18 and a half, and they need to get out there and get experience living independently.

Our Transitional Youth Program (TYP) is a new pilot program that is funded by the adult mental health system. For years, we were telling the community that many of these kids in the foster care system had mental health services, and when they leave the child welfare system they are still going to need mental health services; probably for the rest of their lives. But, we could not get them from the foster care system into the adult mental health system directly, so what ended up happening was after the second or third suicide attempt we would take the youth over to the adult psychiatric system, drop them off and drive away. That's how they got in the adult mental health system. If we stayed with the youth for the eight or nine hours in the waiting room at the ER, 99 times out of 100 they would come out and say that we were more equipped to serve these youth than they were; "they seem to know you more than anybody else." But we really could not serve them for the rest of their lives.

Now what happens is if a youth is diagnosed with bipolar or some other diagnosis while they are living in a foster home, they will be assigned an adult mental health case manager who will start meeting with them once or twice a month. That youth goes from the foster home to independent living and are assigned an independent living social worker plus that same adult mental health worker. They maintain that relationship. Then that youth may move from the Independent Living Program to the Transitional Youth Program again with the same adult mental health case manager. The transitional living staff pulls out and the youth remains in the same apartment. It's very exciting. We have about 30 youth in the housing part of that system, and 50 youth total.

The TYP is a program that is funded solely by the Chafee funds, and our county has set aside \$100,000 for youth that leave the foster care system and come back in about six months or longer and are still in need of services. It's the first after-care program that we have had, after all these years. Right now, we have about five or six youth who have runaway from their own apartments in independent living, that show up two months later and say, "Boy was I dumb. I didn't know what I was doing. Can I get back into the program?" It took us a long time to convince the county to do this, but we now can take

them back in for a maximum of six months. It's a limited pot of money, but it's really making a difference.

Our Transitional Living Program (TLP) is funded by federal Runaway and Homeless Youth Grants, Housing and Urban Development (HUD) grants, and some city and state money. This program works with 18- to 22-year old non-system youth who show up in our adult-system drop-in shelters and are homeless. The program has a series of scattered site apartments and supervised apartments. It currently serves about 32 young adults.

Lastly, we have the Shelter Plus Care Program (SPCP), which is a HUD housing support program that provides housing for young adults 18 on up with mental health and chemical dependency issues. Right now, we have about 65 young adults in the program.

The way different youth with different needs move through the system

To show you how this works, I will provide you all with a handout that's titled "A Continuum of Living Arrangement Options", and describe how the system works:

- A lady comes out of a correctional institution that has her child taken away from her. She is placed in her own scattered site apartment in the city. Eventually, she is reunited with her child and does very well. When she turns 18, we learn that she is not going to be able to afford the apartment that they have her in. So, once she turns 18, we take her to apply for low-income housing. The waiting lists are very long, but we have connections with rental companies that have government grants and will work with us to get these kids in a little bit sooner. They understand the difficult situations some of these youth are in. In about six months, her name comes up, so they move her from a scattered site apartment to her own subsidized apartment where she pays a portion of her rent. She has a part-time job and daycare to be able to provide for her child.
- A young lady, age 16, comes to us through the shelter. She says that her stepfather is beating her up and she can't go back or she'll kill herself or somebody else. They talk to her about the possibility of a foster home or group home. She says she really doesn't want to live with anyone else and she has been independent her whole life. Can't she just get a place by herself? This young woman was identified as being very mature for her age, so they put her in her own scattered site apartment at age 16. She finished high school and stayed for two years. When she graduated from high school she had saved up about \$3,000 from her job. She took over the lease, kept all the furnishings and appliances that she was provided, and stayed in that apartment for another three years.
- We had young person come out of a residential treatment center who is a sex offender. Nobody feels like he needs to be in the treatment center, but he's not quite ready to be living on his own. So, we found a woman who has raised 25 foster kids of her own and has a spare room in her house. She also knew him when he was a kid. She takes him in as a host home setting. We pay her like we would a landlord several

hundred dollars a month and help with utilities and phone bill. He stays there, finishes up high school and then we put him up in a trailer home back in the town where he grew up; a place of his choosing.

- A young lady comes out of a family foster home into her own apartment. She does alright for the first few months, and then one day we go over there and everything's gone. We have no idea what happened to her. We get a call a month later from the emergency room saying that she had been severely beaten up and stabbed. She told the doctors that we were her care providers. She told us she had really made a mistake. She said, "I met this guy. I really thought I was in love with him. I knew you guys would have talked me out of moving in with him, but I moved in with him anyway." He turned out to be a raging alcoholic and very abusive. So we took her out of the hospital and instead of putting her back in to her own apartment, we put her up into a shared home; a house that we own that has four beds for females and a room for a live-in manager. She stays there for three months, heals up and gets back into school. Eventually, she moves out of the shared home back in to her own scattered site apartment.
- We have a girl who has been in one of the girls' group homes and who has been doing real well. We get her into her own apartment. She, again, does pretty well, but hooks up with a drug dealer for a boyfriend. We give her a couple weeks to get rid of this guy. While she goes to school, he's coming into her apartment doing drug deals. We give her a warning saying he's not allowed to come over there at all. He comes back there the next day. We go over there, bag up her stuff, get the locks changed and take her to a boarding home in downtown Cincinnati that's sort of like a YWCA. It has like 100 beds available. It's one of the last single room occupancies left in the country. She hates this place. It's filled with 65-year-old women with mental health disorders and lots of former convicts coming out of the prison system. She doesn't know why she's there. So she contracts with us to move out of the boarding home and get back in to her own scattered site apartment.
- We have a 17-year-old guy who moves out of the residential treatment center and moves into his own apartment. His mom is schizophrenic. His dad just passed away. He has no relatives at all. He gets into his own place. He is doing real well, goes to school everyday, gets a job, and the summer before his senior year, he approaches us and asks if his best friend can move in with him. He's staying in an apartment that's a little bit expensive in the part of town that he's in. So we ask the county if we could try this crazy idea of letting a non-system's youth move in with a system's youth while he's still in custody. By that time they have seen us do all kinds of crazy things, so they say what the heck, let's give this thing a try. We move this kid in that summer, they both go to school and both graduate from high school.
- This young man moves out of the group home and into the scattered site apartment. Immediately, his entire family moves in with him. I am sure you have all seen this before. We can't believe how many people are living in this tiny place. He denies it. The landlord says, "You have to come over and see this." They go over at 7am and

there are tons of people sleeping on the floors. They tell them they all have to leave. Now, instead of moving him back in to a group home, we move him in to the agency shelter. He stays there for two weeks. He's surrounded by 13- year-old kids who are always stealing his CD's. He doesn't like it, so we give him a chance to get back into the program. Except this time, we start him off in the shared home where there is a resident manager at nights and on the weekends.

- We have a young lady who is living in a foster home in a rural area about 40 miles outside Cincinnati. She was doing real well. She has a job and has a school program. But they want her to come into this program to open up space to place some younger kids in this foster home. There are no apartment buildings in this whole town. We go out there and see there are no houses for rent. We spread the word that we are looking for a host family that would be willing to take her in. We find a young couple in their thirties who don't have any children and know her from their church group. She ends up moving in. She spends her senior year with them. They take her to school and work. When she graduates, they work out a deal where she pays them \$150 a month for room and board and gets to stay there.
- We have another young man, a 17-year-old, who comes to the shelter. There is non-stop domestic violence going on at his home. He says he needs to get out of there or he's going to get killed or kill someone. He gets taken into the child welfare system and enters into the shared home. He's very immature, real big and strong, very ominous looking. But he does well and gets connected with the staff. We move him out of the shared home into his own apartment. He has lots of problems. As we get more involved with him, we realize that he has severe mental health issues. So, as he gets closer to 18 we refer him to the Transitional Youth Program. He gets hooked up with the adult mental health system case manager who starts to monitor his medications and connects him to a therapist. He still has an independent social worker, but as he gets ready to age out of the child welfare system, he keeps his apartment, the TYP staff takes over and he's in pretty good shape. We help him pay his rent through the TYP grant even though he's no longer in the child welfare system.

I don't have time to go in to all the operational details of the program, but what we've done is envisioned this transitional system. There are a lot of people in this country who are doing many parts of this already, but I don't think too many have this going on all in one agency. A lot of counties have TLPs, but they don't have Emancipated Youth Programs (EYPs) and TYPs. So, this is just one vision of what can possibly happen.

What we have now is the juvenile court judges, the Guardian ad Litem, the special advocates and foster parents all really understanding what Mark Courtney was saying about really needing to keep these kids in the system a little bit longer. These youth were graduating from high school, working during the summer, getting into college, completing their first semester and then would get terminated from the system. The outcomes at that time were going through the roof, and we were seeing a lot of success.

Then, a few years ago, the big crash came and the county budget deficits went through the roof. They basically said, “You know, we’re going to have to change the way we do some things around the county.” The man who was running the county human services resigned and was replaced by a woman whose previous job was to manage the Bengal’s’ football stadium construction project. So she came in and was basically looking at the numbers and was asking why there were all these kids who were over 18 and still in the system. After that, we saw this incredible push to get everybody out. Now, the whole system is geared toward getting people out of the system. The caseworkers are being told that their job is no longer to stabilize these youth; it’s to get them out of the system. So, people who we’ve been working with for 10 or 15 years are coming in and saying, “You know I am going to court tomorrow and I’m going to have to recommend that this kid leave the program, even though I don’t want to do this. I’m told that if I want to keep my job, I am going to have to do this.”

So, we’re kind of back in the mid-80’s in Cincinnati. I think that things will settle down eventually and that with the existence of the EYP and the TYP is going to pick up some of the kids that are getting cut off the system.

Having all these services in-house is really a nice thing. For kids that leave independent living to go out on their own and show back up on our doorsteps, we are able to help them get back into Shelter Plus Care or TLP where they can get help for five years or so. We also have this philosophy that we’re never going to kick youth out on their own. We are going to move them around and around until we find the best fit. About 75% of our kids leave the system with a potentially stable living situation option, and I think that’s one of the best outcomes that we see.

I want to address what some of the things practitioners, policy makers and researchers can do. Mark Courtney, Robin Nixon and I were just published last week in the Child Welfare Leagues’ *Standards of Excellence for Transition, Independent Living and Self-Sufficiency Services*⁵. So, if you’re new to the field and need some language to refer to, this is a good reference.

If you haven’t seen this article, there’s a cover story in TIME magazine, January 2005, and it’s titled, “They just won’t grow up.”⁶ People are all saying to me, “What’s your success rate?” and I say, “Compared to what?” This article describes the control group. They are normal American kids, and what they’re saying is everything that Mark Courtney said: that kids are not leaving home at 18 and are not completely independent. So what we are all trying to do is almost statistically impossible to do, but it’s a great article.

Kroner’s thoughts on the policy, research, practice connection

⁵ <http://www.cwla.org/programs/standards/cwsstandardsindependentliving.htm>

⁶ <http://www.time.com/time/covers/0,16641,1101050124,00.html>

What researchers have already accomplished for the Independent/Transitional Living fields:

- Actually helped create the fields of IL and TL through studies of adult homeless shelters
- and aging out foster youth
- Drew the attention of policy makers and politicians who listen to researchers more than practitioners
- Brought researchers and practitioners together at conferences and meetings
- Created/received significant press coverage related to this issue
- Helped practitioners define outcomes
- Highlighted the difficulty of tracking youth and defining outcomes due to under funding
- and unrealistic time frames

What policy makers have already accomplished:

- Created opportunities for members of the field to gather and network
- Connected research with practice
- Developed the language of the field
- Created standards for practice and accreditation
- Connected practitioners with the political process
- Served as “point persons” during legislative processes
- Created documents, web sites, conferences, task forces and focus groups
- Connected practitioners with the national press and media
- Helped write legislation that worked for politicians and practitioners
- Connected with professional organizations such as National Independent Living Association (NILA) and National Network for
- Runaway Youth
- Identified up and running programs to serve as models for developing programs

What practitioners have already accomplished:

- Made the rubber meet the road—actually worked with youth in transition
- Responded to research and policy makers by creating programs
- Took the risk of trying new things without assurances that it would work
- Changed state licensing regulations to allow for more creative living arrangements
- Have given policy makers and researchers something to work with (Mech study)⁷
- Connected policy makers and researchers
- Created organizations to oversee field (NILA, National Network for RHY)
- Helped create standards and program policies used to license and accredit programs

⁷ Mech, Edmund V.; Ludy-Dobson, Christine; Hulseman, Frances (1994). Spann Life-Skills Knowledge: A Survey of Foster Adolescents in Three Placement Settings, *Children and Youth Services Review*, 16 (3-4), 181-200.

- Have involved youth in designing programs and advocacy work
- Published articles and books about program development, operations and successes.

What else can researchers do:

- Make sure practitioners and policy makers actually get results of research
- Simplify findings for practitioners and policy makers
- Find funding for research outside of service system
- Show practitioners how to set up program outcomes that can be researchable
- Set up websites with current field research
- Help practitioners capture successes of working with “impossible” clients
- Provide training at national IL/TL conferences on outcomes and research
- Show Practitioners and policy makers how to use research
- Direct foundations interested in this issue to practitioners

What else can policy makers do:

- Convince politicians/leaders to fund programs and research
- Help connect practitioners with foundations who might fund programs services
- Continue to keep field issues and field research in the press and media
- Continue to convene key system players and connect people who could help each other
- Let practitioners know how to engage the political process
- Help create videos and publications for service providers to use
- Spread the word about successful programs
- Convene researchers, policy makers and practitioners
- Create focused efforts to make legislation happen

What else can practitioners do:

- Survive until researchers and policy makers convince powers to be to increase funding for programs
- Be willing to share successes and experiences with the world at large
- Publish observations in field newsletters and professional journals and local and national media
- Be available to train new program staff in other communities
- Keep in regular contact with policy makers about new developments and needs
- Connect with universities who have researchers and possible funding for research
- Be willing to try new services before there is research and policies to support them
- Involve more program youth in advocating for services, creating policy and designing research

The Policy Perspective

Robin Nixon, National Foster Care Coalition, Washington, D.C.

*Robin Nixon of the National Foster Care Coalition presented the policy perspective and gives recommendations to practitioners on how to best advocate for adolescents. Nixon highlighted the importance of Mark Courtney and Chapin Hall's research and its impact on policy making. She urged practitioners and policy advocates to use both research based data as well as personal stories of challenges faced by adolescents when working with policymakers. Nixon described the Chafee Bill in detail and uses it as an example, stating that its passage would not have been realized if it weren't for the youth who came and shared their stories with members of congress. The discussion below is **based on the transcription of her presentation.***

Introduction by Cathy Jordan, Children, Youth and Family Consortium

Robin Nixon leads the National Foster Care Coalition. The coalition is a unique partnership of national organizations, foundations, and former foster youth working to improve services and supports for foster youth and families. The coalition was instrumental in the passage of the Foster Care Independence Act of 1999, which created the Chafee Independence Program. Robin provides extensive technical assistance to policy makers and service providers across the country. She has written numerous publications on foster care, youth services and independent living. She has extensive experience also working directly with youth and families in community based settings. She is here today to talk about the policy perspective.

Nixon: I think it's really important that we not only know our work and do our work, but we need to feel our work. So on my way to Minnesota I was listening to James Taylor's greatest hits and heard a song that got me *feeling* my work. It's called, "Shed a Little Light." It starts out saying, "Let us turn our thoughts today to MLK and recognize that there are times between us all, men and women living on the earth. Times of hope and love, sister and brotherhood, that we are bound together in our desire to see a world in which our children can grow free and strong." We do have to take time to talk about this in terms of being a justice issue and in terms of doing what is right for young people in foster care. I think I am being possessed by Paul Wellstone right now, who I admire and miss terribly. James Taylor also says, "We are bound together by the task that stands before us and the road that lies ahead. We are bowed and we are bound."

When working at the Child Welfare League of America I did a lot of youth development training with adolescent programs across the country and elbowed my way into the policy side. And I realized how few practitioners were involved in policy work, particularly in Washington. So over the years, I have come to be very bowed by the young people who I have had the privilege to work with. And I know that we can do so much more for these young people who are so strong and so resilient and who dream everyday of helping to contribute to a world where their children can grow up free and strong.

I am also bowed in a little bit less positive way by our complicity as practitioners and policy makers in contributing to the injustice to some of the policy out there today. Like Mark (Courtney) and Mark (Kroner), I also started my career in residential group care with teenagers. To be in a situation where you saw young people in some programs turn 18 and just disappear. As a youth worker who had spent a year or two working every single day with them, I didn't even know what had happened to them, where they went, who they were living with, if they were safe or if we had any ability to contact them after they left. I worked in another program where my husband and I were therapeutic foster parents. Young ladies turned 18 and were placed in shelter, either under the care of the state or local shelters, with no planning and no options. We received no support as staff in preparing them for adulthood.

So, there is some degree of complicity that's created by a really bad intersection of funding, policy and practice, and we need to keep that in mind when we are talking about pursuing good outcomes and also pursuing justice on behalf of children and youth for whom we have legal, moral and ethical responsibility.

The Foster Care Independence Act of 1999

Title I of the Foster Care Independence Act is the Chafee Independence Program, and it replaces, in its entirety, the previous Title IV-E Independence Living Initiative which was established in 1986 to cover youth 16 to 18 years old. In 1993, it changed to up to 21-years-old.

The Foster Care Independence Act doubles the funding available in the Independent Living Program to be given to the states. It changes the formula so the amount of money you receive actually does bear some relationship to the number of children you have in your foster care system; though unfortunately it is not proportional based on the age of the kids in your foster care system. So states that have a larger percentage of adolescents are not receiving any increased benefit. This is one of the smaller challenges that we face.

It actually *requires* that states provide some amount of services to 18- to 21-year-olds who have left foster care. That was a huge issue when we were first talking to staff people on the Hill about proposed legislation. You have to make it possible for youth to come back, as they often do, after saying, "Yeah, I'm independent," to allow them to come back and receive assistance. States are able to do that. Previously, states had to say, "Sorry we can't help you."

It enables states to extend Medicaid from 18 to 21 years of age. Only 8 states have taken that option. However, many other states do have the capacity to provide some health care beyond age 18. Minnesota is able to provide care beyond 18 through the SCHIP program. Other states have other Medicaid provisions that allow young people who have left care to stay in care beyond 18.

Another philosophical underpinning of the Foster Care Independence Act is the issue of permanency. Permanency is the first responsibility of the child welfare system. Even though young people may be in need of independent living services, they also need to live in a family and grow up in a family.

When we talk about the policy context of transition, it's really important to remember that there are a number of challenges. There are also a number of strengths particular to the Chafee Independence Program. Looking at your state as a whole will be really important in your planning process.

Challenges include the money issue. Although we totally partied all night with the doubling of that funding for the program, the funding prior to that had not increased since 1991. The foster care population had about doubled in that amount of time, so the increase in real dollars to some extent is negligible. Though some states did get what amounted to 100% increase in funding, a couple of states actually received no increase. In looking at the whole country, the dollar amount in the context of both the increase in population in the foster care system and the law mandating additional requirements, in terms of real dollars, is spread more thinly. Additional requirements include states serving youth younger than age 16, which was different from the previous law and actually required services beyond 18.

In 2001, the Chafee program was actually amended to add the Chafee Educational and Training Voucher program, which is a scholarship program that provides up to \$5,000 per youth per year for post-secondary training or education at qualifying institutions of higher education. It's tied to the cost of attendance. You can't consider the money when you're figuring out the financial aid package, but the total package can't exceed the total cost of attendance. All of which I totally don't understand, but I can still just say it.

Historically, independent living has been a separate practice area not because supporting young people in preparing for adulthood is actually separate from preparing them in being connected to a family, but only because it's separate funding.

That's one of the areas of Chafee that is both a strength and also a weakness. That you have a set amount of money that is entirely intended to support young people in getting additional support services and opportunities to prepare them for adulthood. At the same time, we have let practice drift in the direction of providing *either* permanency services *or* independent living services for older youth in care. This is one area where I feel complicit in being less able to help young people in preparing for adulthood. We are under this illusion. And I believe every single member of Congress believes that every teenager who exits the system through emancipation, during the time prior to leaving care, was participating in a formal independent living program.

The very large discussion regarding the maintenance of the Title IV-E entitlement is the federal money that is guaranteed to states to provide child protection and foster care services. There is a very serious discussion of dismantling that entitlement, "because states need more flexibility." So, if you just give them a pot of money and tell them they

can do what they want, they'll plow that into prevention, and we'll need less child protection, less foster care and better permanency. But in the face of something like a meth epidemic, if you have significant increases in intake into your child protection system, you will no longer have a federal guarantee of funds to support that. So, while we spend a lot of policy time around things that are very specific to child welfare, there are also the bigger picture things like Medicaid, and of course IV E, which is specific to child welfare. We must educate and be aware of what's happening so that when people like me send you an email at 2:00 in the morning saying, "call today," you will know what I am talking about.

One of the strengths of existing transition services is that Chafee is very specific in its mandate; there is a set of services and supports we need to provide youth in transition that should be extended for some length of time and we should provide money for that. So, the attention that the Foster Care Independence Act brought to the issue of transition has been fairly positive

It is very flexible funding. If you understand your Chafee funding in relation to your overall child welfare services, family support services, and other system services, Chafee can play a fantastic role in brokering or organizing multi-system services around the issue of transition. The funding can be utilized to support time and resources to coordinate services across systems for youth in transition. And, it's one of the few funding sources that you have that can be that flexible. But again, it's limited by the funding per youth that you might have.

Here are some suggestions for concrete steps that you can take in your communities to improve transition, supports and services for young people aging out of foster care.

We need to make smart use of good research. Every time I am anywhere with Mark Courtney I'm saying "spin, spin, spin in a way that a legislator will listen to me." It can't just be cost-benefit. Actually, the idea of positive benefit of increased supports is a more effective message.

Using the right language is so important. In the Frequently Asked Questions pamphlet there is the text of the Foster Care Independence Act where you will see very deliberately that there are places where we use language like "Youth Participation, Youth Engagement, and Leadership" and there are parts where it speaks very strongly to "personal responsibility." You think it's just semantics, but boy it had a lot of meaning in the hearings and in the process of getting this legislation passed. You have to be able to speak the language that has meaning. I do think the cost-benefit, pay now or pay later approach, does not have a lot of resonance anymore. But the "personal responsibility" and "human capital and the 21st century workforce" does. So, work with the research/researchers that you have available to really make good use of that knowledge, because that's the best capital we have in terms of getting policy changed.

We need to focus more on normalizing the life of kids in foster care. My weather gauge for determining what the needs for older kids in care is the California Youth Connection, an advocacy group of, by and for foster youth. It is by far the most successful youth advocacy group in the country. It could almost be considered the most successful advocacy group in the country. Examples of legislation they have passed in the last four years are; a Higher Education Act for Foster Youth, a Foster Care Quality of Life Act that requires young people be allowed to participate in extra curricular and enrichment activities, and a mandate that allows kids to get their driver's license. You can really get an idea about what young people are caring about and what their needs are when you look at what this advocacy group is doing.

One of the big issues on their plate has been normalization. "I wanna go to the prom. I wanna play sports, and I don't want my participation to be conditional on what level I am on." Denying kids these opportunities can have such a long-term affect. So, it's really important to take into account normalization when preparing transition plans.

I went to college when I was 17 and was incredibly immature. Thank god I was in that nice big middle-class safety net called a college dormitory. Because you know what, foster kids are not so different from you and me. We have a lot of adolescent behavior that gets completely abnormalized in the child welfare context. When we think about young people in care making that transition into adulthood we have to think in terms of normal experimenting and normal risk-taking. We have to make sure that consequences are not so out of proportion to what kids do. A young person in care goes out and gets drunk and they may actually lose placement or lose after-care support services. We have to think more normally.

We have to focus on a positive youth development paradigm for young people in care. We in the social work profession need to remind ourselves that a young person is so much more than the sum of their DSM diagnosis and their behavior management plan.

I used to work at the Child Welfare League of America, and we used to review state independent living programs that included looking at case plans and independent living plans for about 300 young people at a time. Everyone would say, "We're a strengths-based program. We focus on the strengths." But I'll be darned if it didn't take five minutes to know everything that kid ever did wrong and forty-five minutes to find the little footnote on the case plan that said, "Janie likes to play guitar and we're going to get her into an after-school music program." That's really wrong for kids. When I'm bragging on my kids I say, she likes poetry, and she was published in a poetry book. Both my girls are in competitive cheerleading and they won a national championship in Atlantic City. I don't, when I am talking to others, say, "Andi is doing so great. She has not gotten high in 6 months and she hasn't skipped school or been truant at all". We do not talk about our kids that way, but we do talk about our foster kids that way and they surely know it.

Lastly, we need to have a broader perspective about transition that encompasses the wider range of vulnerable young people, as Mark (Courtney) mentioned, making transition to adulthood. I don't want to have to go to Washington and do a Chafee Act for young

people with severe mental health issues or with disabilities, or young people coming out of juvenile justice facilities. It does seem to be shaping up that way and I would be thrilled if people at the local level in your communities, when you're talking about young people in transition, that you talk about multiple groups of vulnerable youth at the same time. It will save you so much time. It may actually save you money in the long run.

In child welfare, it's actually really important that you have one point person in your state who is responsible for coordinating and looking at the role of the Chafee Program and who works with the rest of the child welfare and other systems. Like Claire Hill here who has been doing this for a long time. It's also really important that the person is not the adoption manager and the foster care manager and the independent living manager. In some places that is one person, and that's just half their job.

We need increased supports to youth up to age 21, either locally driven, state driven or federally driven.

Increase integration across systems through mandates or demonstration projects. The Department of Labor currently has 6 demonstration projects in the country that are coordinated efforts with the Workforce Investment Program in the community and the Chafee Program to increase supports for this program.

We have to put more energy into nurturing foster youth engagement and involvement in policy program and research work. You have to institutionalize a youth advisory capacity. You have to make it a part of the continuum of child welfare services - period. It should be consumer involvement because it makes such a difference in what you do and how you're able to do it.

You need to formalize concurrency between permanency planning and independent living services. California did it by law, but you can do it by policy. So that there is a very clear understanding in both policy and practice that all young people need a family and that family is the best place for them. Also, that all young people who have experienced abuse and neglect or have experienced being removed from their home, probably need some extra support around preparing for adulthood. That's the normalization piece. Foster care disrupts the developmental continuum. Just the fact of removal disrupts the developmental continuum and we need to think of transition services as part of a normal developmental continuum in which some young people need additional support.

You need to get the interest of leadership. There have been some very significant efforts in the last two years that were driven by governors. And, guess who got the attention of the governors. It wasn't advocates or child welfare workers, it was young people who were given the opportunity to articulate their needs and to, in some cases, demand justice in terms of support that's available to them.

Educate your administration. Educate your legislators. Do you know who in your legislature was in foster care - because somebody was? Do you know who is a foster or

adoptive parent? Several of your legislators are or have been foster parents or have been kinship caregivers or have adopted children.

In Massachusetts, there is a Foster Care Youth Caucus. There is actually a group of legislators who were in foster care that meet regularly to talk about what they can do to support kids in our system. And because of that, you have policy in Massachusetts, such as services being available on an individually determined basis up to the age of 23, unconditionally. You have things like an Educational Advocate System that's part of the child welfare system in collaboration with the Department of Education to ensure that there's some level of educational advocacy for every youth in foster care. You need to know about your legislators and you need to encourage them. If you have five or ten legislators who have connection with foster care or child welfare, why not encourage them to have coalition or a caucus? In the U.S. Congress there is a "Congressional Coalition on Adoption" and on some days, depending on who's speaking, they will say the "Congressional Coalition on Adoption and Foster Care." You need to get leadership's interests.

You need to look at either starting a statewide or a local taskforce on transition or bring different systems together around transition.

You need to work with your statewide children's advocacy organizations or with a group of youth to develop or propose either formal legislation or policy changes to effect the following: legislation or policy that prohibits discharge to homelessness and or mandate criteria for discharge at the judicial level. In one of the pieces of legislation done by the California Youth Connection it prohibits discharge without capacity for self-support and also strong connections to supportive adults. So, before you can close a case of an 18-year-old, you have to be able to show the judge that this young person has strong connections and has the capacity to support himself or herself. These fabulous laws are not always enforced, but at least there's the statement of will that this is what we want.

Institutionalize a youth advisory board. Figure out across systems who's going to pay for it and put it in place. Nebraska for many years has had a Governor's Youth Advisory Board that brings young people from all the youth serving systems together to provide direct consultation to the legislature and to the governor. It makes a big difference. If it weren't for the young people who came and testified and spoke with members of Congress, the Foster Care Independence Act would not have happened.

We need to fund research and use it to drive policy.

Make 21 the formal age of discharge for all youth in care.

Extend Medicaid or other health coverage to age 21 at a minimum. Australia's legislature just passed a new subsidy to be available to young people from age 15 to 25 who were in care.

Eliminate both independent living and long-term foster care as permanency goals. If the alternative long-term plan living arrangement is not with a family, then it's long-term foster care, which really is independent living. This means supporting, educating and funding the case work that it takes to provide permanency and preparation for adulthood.

Finally, we need to facilitate records transfers. Problems with the transfer of school records and medical record are costing foster youth up to 6 months of school a year, especially if they're changing placements. There was a study in Maryland this year that was a point-in-time survey of all the foster youth in the system and over 30% were out of school at the time of the study. A lot of that has to do with the transfer of school and medical records. The technology exists.

THE AFTERNOON SESSION

Adolescent Brain Development

Dr. David Walsh, author of “Why Do They Act That Way? A Survival Guide to the Adolescent Brain for You and Your Teen”

The keynote speaker Dr. David Walsh from the National Institute on Media and the Family and author of Why Do They Act That Way: A Survival Guide to the Adolescent Brain for You and Your Teen presented the new brain research on adolescents. Dr. Walsh described the latest understanding of the brain functioning of an adolescent and why we must treat adolescents differently than both young children and adults. He explained the development of the adolescent brain, the impact of hormones, and demonstrates how the adolescent brain should be viewed as “under construction.” He went on to describe the impact of negative implicit and explicit memories in a young child, such as neglect or abuse, and how it can be harmful to development. The discussion below is based on the transcription of his presentation.

Adolescent behavior has always been puzzling, befuddling and challenging. In the fifth century, B.C., Socrates wrote:

“Our youth now love luxury. They have bad manners, contempt for authority; they show disrespect for their elders and love chatter in the place of exercise; they no longer rise when elders enter the room; they contradict their parents, chatter before company, gobble up their food and tyrannize teachers.”

Does this kind of behavior sound familiar to any of you who work with youth today? In the past, we attributed this kind of behavior to “raging hormones” and psychological factors such as immaturity. However, we were wrong about why they act that way, because our assumptions about teenagers were wrong. We assumed that the teenaged brain was fully grown because it is the same size and mass of an adult brain. We thought that the physical development was complete, just immature.

Under Construction

This was a mistake. Teenagers' brains are a work in progress. Understanding where the "construction zones" are in their brains will tell us a lot about "why they act that way." This information can help inform how we work with adolescents as we help to launch them into their independent lives.

Brain Development

First of all, we need to understand a little about brain development principles. The basic building block of the brain is the neuron. This is a brain cell that is composed of a cable or "axon" and branches or "dendrites." A baby is born with quadrillions of neurons, but only about 17% of them are wired together. There are infinite possibilities for how the remaining neurons can be wired. For a clearer picture, think of a piano. It has 88 keys. How many songs can be made up from playing them in different combinations?

How these neurons will be wired is determined by two things: 1) genetics or hard wiring and 2) soft wiring, or experience. Language is a good example. Babies are born hard wired to learn language, but the particular language they acquire depends on their experience or exposure to that language.

There are a few general things one should know about brain development:

1. The critical role of experience. There is a saying that goes, "neurons that fire together, wire together." This means, the more they are used, the stronger their connection becomes.
2. Use it or lose it. Brain cells that are used are wired into the networks. The ones that do not get used wither back.
3. Blossoming and pruning. Brain circuits do not develop all at the same time or at the same pace. The brain develops in spurts. During a growth spurt, the dendrites grow at an accelerated pace. This growth process is determined by hard wiring. If the branches get used, they get wired into the network- this is the soft wiring of experience. The ones that don't get used wither back. We call this process blossoming and pruning. What is doing the pruning?
4. Experience. The experiences that we have during a growth spurt of the brain have more impact than experiences we have at any other time during our lives.
5. Window of opportunity or window of sensitivity. The time when an area of the brain is blossoming is referred to as a window of opportunity or a window of sensitivity.

An example of this window of opportunity is the acquisition of language and reading. Scientists have found that children are most able to learn to distinguish between sounds- such as the differences between a "b" and a "d" between the ages of zero to three. Children who are spoken to frequently during this time of their lives have an easier time distinguishing letters- and thus reading.

Explicit and Implicit Memory

An explicit memory is when you remember a discrete experience. For example, I remember when my child was born; I remember how he looked, what the doctor said, etc. An example of an implicit memory is this chair. I look at the chair and recognize that it's a chair and how to use it but I don't remember when I learned that is a chair or how I learned to use it. We have many more implicit than explicit memories. Think of how many implicit memories you used today at lunch. You remembered how to use a fork, a spoon, etc.

It is important to understand implicit memory when we think about child development. Explicit memories begin to form around age 3. Implicit memory develops before we are even born. Now, imagine that I'm a 4-month-old baby. I can't do much for myself so I cry when I am hungry, wet or scared. I'm 4 months old and I'm having a bad day. I'm hungry; I have a gas bubble and a wet diaper. I cry. If my caretaker responds in a loving, caring and interactive way or if my caretaker responds in a neglectful, angry and terse way, I will not have an explicit memory of this event, either way. However, if my caretaker repeatedly responds to me in either or the manners above, I will form an implicit memory that will tell me how others respond to my needs. These implicit memories form the foundation of who I am and how I interact with my world.

The Adolescent Brain

Brain scans show that the physical development of the brain changes dramatically throughout adolescence. Although fully grown by 12, the brain scan of a 12 year old is remarkably different from that of a 16 year old or a 20 year old. These scans confirm that the teenage brain is a work in progress. Now we'll look at the areas of the brain that are "under construction" during the teen years.

Prefrontal Cortex

The prefrontal cortex is the CEO of the brain. It is responsible for planning, thinking ahead, considering consequences, reflection and impulse control. All of us have urges that we don't act on. The prefrontal cortex helps to manage those urges. When the prefrontal cortex is not fully wired, we find problems with impulse control, risk taking behaviors, distractibility, disorganization and negative conflict seeking.

Surrogate Prefrontal Cortex

The prefrontal cortex is one of the last areas in the brain to be wired. It enters its peak of blossoming and pruning when the boy or girl enters adolescence and is not complete until the early 20s. Before this area of the brain is complete, kids need a "surrogate prefrontal cortex" such as parents, teachers, social workers, probation officers who will impose the limits for them while they are unable to do some themselves.

Hormones and Neurotransmitters

A hormone is a chemical messenger. The body makes lots of kinds of hormones, but we're going to talk about growth hormones. Testosterone is the growth hormone for boys and estrogen and progesterone are the growth hormones for girls. The hypothalamus controls the endocrine system and somehow keeps track of time. When it feels the time is right, it sends a message to the pituitary gland and tells it to begin producing hormones which send messages to the rest of the body that produce the dramatic changes of puberty.

In boys, testosterone production increases by 1000%! There is a part of the brain that is rich in testosterone receptors called the amygdala. This is the anger center of the brain. This may explain why teenage boys are often easily irritated and angry. His ability to manage his anger is controlled by the prefrontal cortex, which we've mentioned is under construction at this time. So at the very time in his life that a boy is experiencing unusually intense and frequent anger impulses, his ability to manage these impulses is not fully developed. No wonder adolescent boys can be impulsive and angry.

In girls, the pituitary gland increases the production of estrogen and progesterone and they are in constant fluctuations. As one goes up, the other goes down. These fluctuations affect the level of serotonin in a girl's body. Serotonin is a neurotransmitter that is a mood stabilizer. It helps one to feel confident and relaxed. As serotonin levels change, moods can change very quickly. This can cause emotional reactions to be amplified. Girls then experience intense and changing emotions. The part of the brain that helps to manage changing mood and extreme emotions is the prefrontal cortex, which is "under construction" during adolescence.

Compare the above situation to an automobile. It's as if in teenagers' brains the gas pedal is to the floor and the brakes are on back order. This causes impulsivity, it makes it difficult to think ahead, to think of consequences and there are risk-taking behaviors.

Communication

One of the reasons that there are communication problems between adults and teenagers is because of how the brain reads emotions. In order to communicate, we rely heavily on interpreting non-verbal cues such as tone of voice, facial expression and gestures. The adult brain uses the prefrontal cortex to interpret non-verbal cues, which allows them to use reason, reflection and judgment. Teenagers, however, use the amygdala to interpret non-verbal cues. Remember, this is the anger, aggression center of the brain.

This knowledge has many implications for us as we interact with teens. For example, if a teenage boy bumps into another teenage boy in the hallway at school, how might that boy interpret this event? An adult brain would use reason and might consider that he was walking too fast or that it was an accident. A teenager would be more likely to respond with aggression, anger and impulsivity.

Knowing this about teenagers' brains is important for parents, foster parents, teachers and other adults who work with teens. When teens respond to adults with hostility and aggression, it can "push the buttons" of that adult and cause him or her to react with aggression or hostility in return, thus escalating the situation into a power struggle. Adults can improve communication with teens by being clear, focusing on behavior and avoiding generalizations when talking to their teens.

Sex and the Teenage Brain

The teenage brain is wired for sex. In boys, the part of their hypothalamus called the INAH-3 grows much larger during adolescence. This part of the brain is associated with sexual interest, sex drive and sexual desire. During this time in their lives, adults need to talk to boys about sex so that they know that what is happening is normal and he can understand the responsibility that comes with managing these urges.

In girls, INAH-3 does not get bigger. The girl's interest in sex is caused by an increase in testosterone (not nearly as big of an increase as in boys) and also an increase in oxytocin. Oxytocin is often called "the cuddle hormone" in teenage girls because it increases the desire to be close and have that "in love" feeling.

Trouble often arises when a teenage girl signals to a boy her age that she would like to be close, and he assumes that she must be feeling the same things that he is feeling- namely, sexual desire. These feelings can be very intense and can drive behaviors in a strong way. Indeed, a scan of the teenage brain "in love" looks almost identical to the teenage brain on cocaine! This is why it is so important to talk to our teenagers about sex.

Unfortunately, only about 19% of American teens report that they have good communication with parents about sex. Eighty-four percent of parents believe that their teens are not sexually active while 2 out of 3 teens have sexual intercourse by the time they graduate from high school.

Nicotine, Alcohol and Drugs

There isn't time to go into the details of this, but let me just say one thing: the adolescent brain is not affected by drugs the same as an adult brain.

Conclusion

Adolescents really need 3 things: 1) they need connection with caring adults. The research shows that this is the number 1 protective factor for teens. 2) They need guidance. As we've said, the prefrontal cortex where decision making occurs is under construction and they need limits, consequences and accountability. 3) They need love. Loving a teen is a delayed gratification activity. Fifteen and 16 year olds do not say, "thank you for these limits and consequences." However, the investment that we make in our teens today will be rewarded when they become the kind of adults that we hope they will become.

Adolescence isn't a problem to be solved; it's a mystery to be lived. At the end of that journey, when we ask ourselves the question, "who done it?" of course the answer is us and our kids together. To paraphrase Dr. Seuss, "they'll have places to go, and fun to be done, and thanks to all of your help, the game can be won."

National and Local Experts Dialogue

In the afternoon session, several local experts from the community presented overviews of the services and programs within their organizations and described challenges and best practices when serving and advocating for adolescents in transition. Richard Wayman of Streetworks, Laura Kadwell of Minnesota Housing Finance Agency, Teresa Toguchi Swartz of the University of Minnesota, Richard Farland of Ain Dah Yung Center, Weida Allen of the Children's Law Center, and Carole Coffey-Hannah and Joan Riebel of Family Alternatives all presented. There were also opportunities to dialogue with the national experts during the panel discussion.

The State Perspective with Department of Human Services Steve Vonderharr, Minnesota Department of Human Services, Adolescent Services Initiative, Children and Family Services

Steve Vonderharr of Minnesota Department of Human Services presents the snapshot of adolescents in Minnesota and the vision and efforts of DHS to prepare adolescents for a successful transition to adulthood. The discussion below is based on his power point presentation.

Adolescent data snapshot

From 1990 to 2000 the 15 to 19 age group grew by 26% in Minnesota compared to the national rate of 14%. In 2002 there were 3,812 older adolescents (17, 18 and 19 year olds) in substitute care. Over the course of one year, an estimated 10,000 youth experience at least one episode of homelessness.

In a 2003 longitudinal study, 57% of families on MFIP in Minnesota were started with a birth to a teenager. In 2001 there were 52,452 juvenile apprehensions. This year, 35,000 teen offenders have been identified as needing mental health screenings.

Vision

The Minnesota Department of Human Services' vision is to prepare adolescents to make a successful transition to adulthood in order to become productive members of society.

Ongoing Efforts

The Chafee Foster Care Independence Act programs in Minnesota (SELF program) receive \$1.2 million that is allocated to counties and tribes each year. Approximately \$800,000 goes to community agencies that provide intensive life skills training and transitional housing for youth referred by counties and youth ages 18 to 21. There is an annual training on group work, transition services and the Tomorrow's Leaders Today conference at University of Minnesota-Duluth for former and current foster youth.⁸

Recent Developments

The Independent Living Plan (ILP) has been merged into the Out-of-Home Placement Plan. The ILP is required for youth age 16 and over who are in placement with a permanency disposition. The Interagency Report on Adolescent Transition contains findings and recommendations for greater coordination and systems improvement.

Independent Living Plan

Required by Minnesota Statutes 260C.212, subdivision 1.8. The plan must address, at a minimum the following objectives:

- educational, vocational, or employment planning
- health care planning and medical coverage
- transportation including, where appropriate, assisting the child in obtaining a driver's license
- money management
- planning for housing
- social and recreational skills; and
- establishing and maintaining connections with the child's family and community.

Interagency Report on Adolescent Transition

“The Interagency Report on Adolescent Transition” contains data, findings and twenty-one recommendations for systems improvement in the following three general domains.

- Interagency Coordination
- Systems Capacity
- Quality Assurance

Education & Training Vouchers

Up to \$5,000 per year can be offered for post-secondary education. This began October 2003 and has funded 150 youth to date. Each youth is matched with a mentor. June 1st is

⁸ This two and a half day conference is held annually on or about the first week of August and is sponsored by a coalition of public and private youth organizations and providers including the Department of Humans Services and youth in care.

the deadline for the 2005-06 academic year and approximately \$620,000 is awarded per year.

On the Horizon

Minnesota's Department of Human Services is working on an Independent Living Curriculum, a Best Practices Guide, an Adolescent Transition Website and Quality Assurance Review produced by the Citizen Review Panels.

Independent Living Services Curriculum

The independent living curriculum will include a new competency-based curriculum for county and tribal child welfare social workers that will prepare county staff to work with youth to successfully prepare them for independent living. This will be provided by the Department of Human Services - Child Welfare Training System and developed by a public/private work group and is currently being drafted by a county social worker. The pilot project will be completed in the fall of 2005.

Best Practices Guide

The best practices guide was developed in coordination with the ILS curriculum and will recommend the use of the Ansell Casey Life Skills Assessment. This Guide will be completed in September 2005.⁹

Adolescent Transition Website

The adolescent transition website is a web-based resource for youth and professionals to find resources and services to assist youth in transition planning. This effort is a partnership with MinnesotaHelp.info. The website will feature an assessment of transition needs for customization and address nine domains of transition. This venture will complement related web-based transition efforts.¹⁰

Citizen Review Panels

Citizen Review Panel (CRP) members will conduct case reviews of youth, age 16 and older, who were in long-term foster care or have "aged out" of foster care in Winona, Chisago, Ramsey and Washington counties. These case reviews will rate cases for both compliance with law and the extent to which the plan was comprehensive. Reviewers will interview social workers, foster parents and others involved with the youth whose case is under review. These reviewers will also attempt to locate youth in their community and

⁹ A draft is complete, and when a final version is approved, it will be available on the DHS Adolescent Services website. It should be complete before the end of 2006. It will be found at: http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_00052.hcsp

¹⁰ The website will be a Youth Interface of the MinnesotaHelp.info website. The interface is not currently completed and a date of release has not been set.

interview them regarding their perceptions of the degree to which they were prepared for independent living. The Citizen Review Panel will report on the case review findings in the fall of 2005.

- Findings will influence the final drafts of the ILS curriculum and best practices guide.

Keeping Our Fingers Crossed

The governor's budget includes a funding request for transition/homeless prevention funding and the Minnesota Housing and Finance Agency (MHFA) requests earmark for supportive housing for homeless youth with a mental health or chemical dependency diagnosis.

Transition to Adulthood – Homeless Prevention

Minnesota's Department of Human Services is requesting 1.1 million each year of the biennium to contract with community agencies to provide comprehensive transition planning and supportive housing. The proposal is to serve 650 youth, 16 and older in the foster care system each year with intensive transition assessment and planning. The proposal also looks to serve 140 youth, 18 to 21 who have left the foster care system and are at risk of homelessness each year.

Supportive Housing for Youth with Mental Health and Chemical Dependency Diagnosis

One million dollars was requested of Housing and Urban Development (HUD) for supportive housing to go to MHFA if awarded. \$480,000 was requested of Substance Abuse and Mental Health Services Administration (SAMHSA) for supportive housing to come to DHS if it is awarded. The proposal is to assist 80 youth at a time over a two-year period.

**Gary DeCramer, former state Senator, Humphrey Institute of Public Affairs,
provided the conference's closing remarks.**
