

SERVICE DELIVERY AND DEVELOPMENT

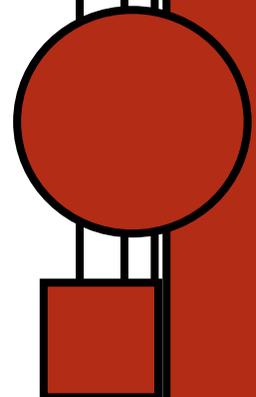
Best Practice Recommendations

The WV Commission to Study the Residential Placement of Children charged the Service Delivery and Development Work Group to create specialty specific task teams. Their charge was to explore creative best practice recommendations for designated target populations identified in the initial out-of-state review , judicial survey, regional clinical reviews, and community assessments.

These specialty specific task teams are comprised of diversified stakeholders and experts. They include family members, providers, policy makers, and administrators. On June 4, 2009, this report was presented to the WV Commission to Study the Residential Placement of Children to make recommendations on how to improve the system for three target populations. The three target populations selected were based on the out-of-state review of youth ages 16 and older, and the judicial survey. The target populations included in this report are; *youth with a co-occurring disorder, youth with co-existing disorders, and youth transitioning to adulthood.*

This report includes the findings, recommendations and implementation strategies from the specialty specific task teams' integration of thorough research comprised of proven practices and active discussion, integrated with WV practice wisdom.

Report to the West Virginia Commission to Study Residential Placement
6/4/2009



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SERVICE DELIVERY AND DEVELOPMENT

Best Practice Recommendations

ACKNOWLEDGEMENTS

More than fifty private, public, and family members from cross- system organizations and departments volunteered to participate on the Service Delivery & Development Work Group's (SDD) Best Practice Task Teams. The infinite number of hours and contributions, though too many to count, were instrumental to the intensity, integrity and quality of this report.

Beginning work in October, 2008, these task teams included participants with respected expertise and experience with youth with co-occurring disorders, youth with co-existing disorders and youth transitioning to adulthood. Each task team was charged with the following:

- Complete an analysis of the current system resulting in consensus on current strengths and opportunities for improvement.
- Define each of the target populations.
- Review all available research on promising and evidence- based practice for the defined target population and completing literature reviews on each.
- Integrate findings with WV Practice Wisdom resulting in best practice and evidence- based practice recommendations as well as implementation and training recommendations.
- Solicit feedback from the WV System of Care State Implementation Team.
- Present the final draft to the entire Service Delivery and Development Workgroup for approval before submitting the final report to the Commission.

This report includes the recommended outcomes, best practice recommendations, and strategies to “ensure a uniform system of care is in place statewide through best practices/quality and accountability for all treatment of WV’s out-of- home children.” (WV Commission to Study the Residential Placement of Children, 2006)

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INTRODUCTION

The work described in this report was performed as part of the ongoing oversight and planning by the Commission to Study the Residential Placement of Children; particularly the Service Delivery and Development Work Group. The specific charge for the Service Delivery and Development Work Group was to create specialty specific task teams to explore evidence based best practice interventions for three target populations. The three target populations are; ***youth with a co-occurring disorder, youth with co-existing disorders, and youth transitioning to adulthood.*** They have been identified repeatedly in West Virginia's out-of-state placement population. In November 2008, the Service Delivery and Development Work Group recruited additional individuals from multiple systems and began their work on the three target populations. Three broad outcomes were defined:

- *Development of an approach to earlier identification of MR/DD/MI disorders so that services and support can be introduced much sooner to the child and their families to allow the child to grow into a self sufficient adult.*
- *Identification of evidence based practices for youth with co occurring disorders and develop practice guidelines for treatment services for this population.*
- *Access for WV youth to the needed support guided by defined best practice standards to achieve their personal level of independence, regardless of system involvement or funding source.*

While working separately, each group followed the same process. The process involved analysis of current systems with strengths and opportunities for improvement, individual research and literature review, group discussion and consensus, and production of the draft recommendations. The data was then shared with the West Virginia System of Care Implementation Team for additional input prior to the final report.

Research done by the team members included the level of 'evidence' supported by the interventions and programs being examined. Many programs in the United States were reviewed with a critical eye and the work done by the three teams was extensive. All individuals serving were sensitive to the need to make responsible recommendations to the Commission. It was understood that program development and accessibility has a lasting and profound effect upon the youth of West Virginia.

The report and recommendations of the three teams follows.

EXECUTIVE SUMMARY

For all three target populations there were a number of commonalities with regard to findings and recommendations.

Findings:

- There currently exists in WV a practice wisdom that incorporates the culture and values of WV in the provision of best and promising practices.
- We need to continue to build upon existing initiatives that demonstrate promise to achieve the desired outcomes.
- In all child-serving systems there is often a lack of understanding of the developmental stages and needs of youth, as well as the impact of disabilities or handicapping conditions/disorders and childhood experiences, both positive and negative.
- WV adheres to the system of care philosophy; promoting partnerships and collaboration that meet the changing needs of children, youth and families. However, continued efforts to reduce silos that serve as barriers to service provision and coordination are needed.

Recommendations:

- All current and future policies, programs and services for these populations will be guided by and evaluated against current research, promising practices and West Virginia practice wisdom.
- In order for WV children and youth to attain their maximum potential and independence, they must receive the necessary services, supports and guidance. A major barrier that must be addressed is stigma associated with remaining in state care/custody and/or the existence of a disability or handicapping condition or disorder.
- Youth development principles (self-determination, strength based, mentoring, and promoting resilience) will guide all decision making and program development/implementation for WV children, youth and families.
- WV youth will have strong connections to caring, stable adults.
- Standardized protocols for screening and assessment will be implemented across all child serving systems.
- A formal comprehensive and collaborative approach to coordinated service delivery is needed. The Commission to Study the Residential Placement of Children can provide the leadership and oversight to accomplish this.

*Youth Transitioning to Adulthood
Best Practice Team
Recommendations*



Making sure WV youth have access to the needed support guided by defined best practice standards to achieve their personal level of independence, regardless of system involvement or funding sources.

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YOUTH TRANSITIONING TO ADULTHOOD ACKNOWLEDGEMENTS

The Youth Transitioning to Adulthood Best Practice Task Team is comprised of many individuals representing a broad array of fields who contributed their time, resources and WV practice wisdom to the development of recommendations and implementation strategies for youth transitioning to adulthood. Task Team members included representatives from the WV Department of Health and Human Resources (DHHR), as well as representatives from the Division of Juvenile Services (DJS), family members, private Foster Care Providers, Residential Treatment, Independent Living and Emergency Shelters.

The Task Team reviewed numerous sources on promising practice initiatives, WV's current systems, strengths and opportunities for improvement and current services. This led to the Task Team developing best practice recommendations, outcome targets, implementation and training strategies, a literature/resource matrix and a checklist. These recommendations were all guided by WV practice wisdom and the unique understanding of the configuration of service delivery in WV.

From the beginning, this has been a promising initiative. Task Team members have been continuously engaged in research review and ongoing conversations about the strengths and challenges of the current WV system and of the needs of our older youth, today. Consensus was strengthened as each member realized the exciting opportunity to be able to influence service delivery for WV's older youth.

YOUTH TRANSITIONING TO ADULTHOOD EXECUTIVE SUMMARY

For the hundreds of young people transitioning to adulthood in West Virginia, the pathway is often challenging, the odds great, and the reality sometimes frightening. Many of these youth have been diagnosed with a serious mental illness, have substance addictions, and have experienced multiple traumatic events during their lifetime. Often, as these youth age out of the system, they find themselves homeless and jobless. These youth are often viewed and provided services based on their chronological age versus being provided flexible support and services appropriate for their developmental age. The goal of the Youth Transitioning to Adulthood Best Practice Task Team is to break this cycle and improve the outcomes for youth transitioning to adulthood by putting forth recommendations and providing information on promising practices that will guide decision makers in planning, implementing, and overseeing a comprehensive youth transitioning to independence model in WV.

The Service Delivery and Development Youth Transitioning to Adulthood Best Practice Task Team conducted a comprehensive review of the literature on the independent living needs of older youth in out-of-home care and have subsequently identified recommendations for best practice. Additionally, the Task Team, experienced and invested in transitioning youth to adulthood, used real WV case examples, WV practice wisdom, and thoroughly appraised the current WV services and supports available for youth aging out of care. Emerging firmly and quickly within the Task Team was an overarching mission that WV is impelled to strengthen service delivery to ensure that WV youth will have access to the needed support guided by best practice standards to achieve their personal level of independence, regardless of system involvement or funding sources.

During the research of literature and WV practice, the Task Team reviewed numerous service interventions both statewide and nationally. As the Task Team considered promising practices and gaps of services among and between traditional child welfare, services for transitioning youth and adult services became apparent. Additionally, as the Task Team processed the traits and characteristics of youth aging out of foster care in WV, there was a consensus that mental health stressors, combined with inadequate independence preparation, often lead to insurmountable challenges as these older, unaccompanied youth tried to navigate leaving foster care and becoming independent. From these discussions, the solution-focused Task Team formulated opportunities for improvement and proposed service delivery best practice expectations.

The Task Team was encouraged that there are numerous WV providers and care-givers that are passionate about working with and empowering older youth as they approach adulthood. Though an array of formalized systems seems to be lacking, the Task Team was able to identify the state's Chafee Transitional Living Program as an invaluable

asset; both in its current delivery, as well as in the opportunity to further enhance the state's plan and utilization of Chafee funds. Additional strengths identified were the WV Tuition Waiver, made possible by the State Legislature, as well as the emerging work from the current educational advisory groups.

Concurrent opportunities for improvement were discussed and deficits were identified. The Task Team was charged with offering solution focused options for consideration. From discussion, for example, despite best efforts, many youth reach age 18 years without copies of birth certificates, social security cards, state issued IDs, etc. Rather than regulating this to the responsibility of a single entity such as the DHHR, providers stepped to the table and identified ways that the provider community could help youth work through application processes and assist in developing a competency checklist that moves with the youth as they travel through the service system. The same spirit of cooperation was found when the Task Team identified youths' perceptions of stigma with remaining in state care/custody after age 18 years. The entire care-giving community can start communicating opportunities for continuing to receive support or remaining in state custody and walking youth through decision making earlier and with more realism (such as assisting youth in interviewing and touring transitional living programs, colleges, etc.).

The Youth Transitioning to Adulthood Best Practice Task Team epitomized the spirit of collaboration and the value of WV practice wisdom. This Executive Summary merely provides highlights of the work and vision of the Task Team. The complete findings of the Task Team are presented in the full report, which includes a comprehensive literature review and annotated bibliography of pertinent research. In summary, Key Findings are offered as follows:

KEY FINDINGS: Literature and Current Practice

- Youth ages 16 and over comprise 30% (1,070) of the WV youth in out-of-home care as of March 2009.
- Youth transitioning from foster care to adulthood are twice as likely as same age peers to be unable to pay rent and utilities and four times as likely to be evicted. (Chapin Hall Study, 2004)
- The Chapin Hall Study also found that one third of the youth were diagnosed with mental illness, substance dependency or substance abuse.
- Nationally, youth aging out of foster care lack support and are often more vulnerable to homelessness, higher rates of unemployment, poor educational achievement, hospitalization, incarceration, mental illness and unplanned pregnancy.
- Traditional mental health support services do not accommodate the particular needs of young people entering adulthood who are struggling to further their education, live independently, and find/keep jobs. Eligibility requirements for adult services differ from

child and youth services, and the gaps and confusing application process often result in loss of services.

- Strengthening state policies, promoting cross system collaboration, better utilizing resources and meaningfully engaging youth in service development will result in effective transitioning opportunities for youth aging out of the foster care system.
- Many youth transitioning to adulthood have a history of abuse and neglect and have experienced multiple moves in congregate care settings (residential treatment, juvenile services, inpatient, etc). These youth are most often absent a safety net.
- The Chapin Hall Follow-up Study (2007) found strong evidence that when youth are allowed to stay in state supported care past the age of 18, they are more likely to pursue higher education, have increased earnings, and delay pregnancy. Many studies, most prominently the Chicago Law School Study, concur with this finding. The literature research promotes extending the age of independent services for foster youth up to age 25 years.
- WV can improve outcomes for youth transitioning to adulthood by providing a comprehensive safe and affordable housing continuum that specializes and focuses on preparing youth living in congregate care to successfully transition to supported and pre-independent living
- WV has a service gap in providing treatment to young adults over the age of 18 who cannot safely live in the community without continued treatment, structure and supervision.
- Cross-system training and ongoing coaching in youth development principles will have a significant and quick impact.
- WV can improve outcomes and better support youth as they transition to adulthood by utilizing comprehensive assessments and screenings to guide decision making in regard to their level of housing continuum needs and necessary support for successful and safe transition to adulthood.
- WV has the opportunity to build upon the current Chafee program by thoroughly examining other state independent living plans and revising the WV plan as applicable.
- The WV Legislature has provided the Foster Youth Tuition Waiver to fund foster youth post-secondary education opportunities.
- WV is supporting and evaluating two demonstration projects that are transitioning older youth from foster care to adulthood.
- WV has an opportunity to better and more fully utilize the providers who are trained and located within communities to provide transitional coaching, support, training and linkage to services.
- Promising practice themes include; *academic support, post-secondary education, life skills training, financial literacy, career and employment development, mentoring, community connections, extended health care, independent living programs, housing and*

supervised practice living (supervised apartments, transition homes, etc). (The Youth Transition Funders Group Foster Care Work Group With The Finance Project, 2003)

■ The Commission to Study the Residential Placement of Children can provide cross-system leadership and quickly improve the outcomes for youth transitioning to adulthood by requesting all decision makers to;

- immediately develop and implement necessary policy revision, training and resources to make sure that every youth in out-of-home care has access to and/or possession of a certified copy of their birth certificate, social security card, a state approved picture id, and health/dental/immunization records by age 17 at the latest.
- develop, train and incorporate into policy, the use of an independent living plan (standardized template) that is focused on achieving permanency while simultaneously preparing youth for transition to adulthood.
- create a developmental (milestones age 16, 17, 18, etc) & discharge checklist.

Goal

WV youth will have access to the needed support guided by defined best practice standards to achieve their personal level of independence regardless of system involvement or funding sources.

Outcomes

■ WV will have a Comprehensive Integrated Youth-Guided Transition System for Youth ages 14-25.

■ Upon achieving independence, WV youth will be educated and ready for lifelong learning.

■ Upon achieving independence, WV youth will be experienced and ready to enter the workforce.

■ Upon achieving independence, WV youth will be confident and ready for life.

■ Upon achieving independence, WV youth will be connected to adults, peers, and services.

Best Practice Recommendations

■ All current, as well as future, transition to adulthood programs and services in WV will be guided by current research, promising practices, and WV practice wisdom.

■ In order for WV youth to receive the necessary support, guidance and services needed to achieve their personal level of independence, and to change current negative perceptions of continuing to receive support or remaining in state custody will be addressed to remove any “stigma”.

■ WV youth transitioning to adulthood will have access to a safe, affordable housing continuum.

- WV youth will have access to high quality standards based education regardless of the setting, as well as the support services and access to bridge youth to higher education.
- WV youth will have information about career options and exposure to the world of work, including structured internships.
- WV Youth Development Principles will drive all decision making and program implementation in WV for youth transitioning to adulthood.
- WV youth will have access to education, training and support that will provide opportunities for lifelong economic well being.
- WV youth will have strong connections to caring stable adults.
- WV youth will have opportunities for safe socialization, engagement and connection opportunities as well as opportunities to develop social, civic and leadership skills.

YOUTH TRANSITIONING TO ADULTHOOD



I need support and someone to help me. I am hoping to start college this fall. I want to work with children that are in the same situation that I was in.

Rick

Literature Review

What do youth transitioning to adulthood need to be successful? What is the difference between those youth who transition successfully and those who do not? According to a national consortium of experts, approximately 5% of youth, nationally, will enter adulthood without the needed preparation for work, the relationships and connections they will need, and the skills to enter adulthood healthy, connected, prepared and ready to contribute to their communities. (The Youth Transition Funders Group Foster Care Work Group With The Finance Project, 2003)

According to a Chapin Hall Center for Children study (2004) of former foster youth in three Midwestern states, teens were twice as likely as their same-age peers (age 19) to be unable to pay rent and utilities and four times as likely to be evicted. This same study found that one third of the youth were diagnosed with a mental illness, substance dependency or substance abuse. Youth transitioning from out-of-home placement are at higher risk of teen pregnancy, have lower high school graduation rates, and are more likely to experience homelessness. Thirty percent of the male teens and 11% of the females who aged out of foster care had been incarcerated at least one time within two years of leaving the foster care system. (Mark E. Courtney S. T., 2005)

" I can't complain, they took me in when I didn't have any place to go and I am thankful that they did. I am thankful my mom wanted me to come here. She wanted what is best for me and for me to learn how to live on my own."

Youth in WV Independent Living Program

Very often young people come into the Foster Care system due to abuse and neglect. Once in the system, many of these youth have experienced multiple moves and placement in congregate care settings. When these youth begin to transition from out-of-home care, often they do not have a safety net or informal support systems when they need help.

These challenges, coupled with a lack of family and community resources, can make independence for these young people challenging. At age 18, these youth are on their own, often not understanding or reluctant to accept the resources that are available and are scared. Consequently, these youth do not attend college, drop out of high school, are not employed, may suffer from emotional disturbances, may become involved in the criminal justice system and possibly abuse substances. (The Youth Transition Funders Group Foster Care Work Group With The Finance Project, 2003)

In 2007 the authors of the 2004 Chapin Hall Center for Children study released a follow up brief on the original study. The focus of this brief was on the state's role as "parent". When youth are removed from their home numerous times, the Department of Health and Human Resources (DHHR) or Division of Juvenile Services (DJS), under the supervision of the court, takes on this role of "parent". This brief expands on the fact that this responsibility remains a state responsibility until the youth returns home, runs away and is not found, is adopted, placed in kinship care, or is institutionalized (incarcerated, psychiatric hospitalization, etc.). Youth not leaving care by any of the above routes at age 18 are "emancipated" and the state is no longer their "parent". The Chapin Hall brief describes the normal progression to adulthood experienced by most youth and describes the striking contrast that many youth transitioning from out-of-home care experience. (Mark E. Courtney A. D., 2007)

West Virginia law and policies provide that some youth may continue to receive support after age 18. This was noted by the WV Youth Transitioning to Adulthood Best Practice Task Team as a strength to build upon. According to the Chapin Hall Brief, many, if not most, states and jurisdictions relinquish their "parental" responsibilities at age 18 for youth leaving the Foster Care system. In WV, a youth may continue to receive services voluntarily up to age 21. Additionally, youth eligible for educational training vouchers (ETV's) are able to continue a level of academic financial assistance up to age 23.

The Chapin Hall Midwest Study found strong evidence that when youth are allowed to stay in state supported care past the age of 18, they are more likely to pursue higher education, have increased earnings, and delay pregnancy. (Mark E. Courtney A. D., 2007)

"When it all started out, I was a seventeen year old boy in a level 2 step down program from a level 3. My 18th birthday was less than two months away and I was looking for an independent living program close to my family. I have feared living on my own for years and still do."

In 1986 the Federal Government amended Title IV-E of the Social Security Act to create the Independent Living Program. This provided states with funding to prepare youth for independence. This act was expanded in 1999 with the John Chafee Foster Care Independence Program (CFCIP).

The CFCIP requires states to offer support and services to youth transitioning from foster care to adulthood. States are funded to be able to offer support, such as housing stipends, extended Medicaid coverage, postsecondary education and training vouchers.

The purpose of the CFCIP was detailed in this legislation and had five initial points:

- 1.) To identify youth who are likely to remain in foster care until 18 years of age and to help the youth make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, management skills, substance abuse prevention, and preventive health activities;
- 2.) To help youth who are likely to remain in foster care until 18 years of age receive the education, training, and services, necessary to obtain employment;
- 3.) To help youth who are likely to remain in foster care until 18 years of age prepare for and enter post secondary training and education institutions;
- 4.) To provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.
- 5.) To provide financial, housing, counseling, employment, education and other appropriate support and services to former foster youth between ages 18-21 to compliment their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and making the transition from adolescence to adulthood.

The Promoting Safe and Stable Families Amendment of 2001 created the Education and Training Voucher Program, adding a sixth purpose to the CFCIP:

- 6.) To make available vouchers for education and training, including post secondary learning and education to youth who have aged out of foster care.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 added a 7th purpose to the CFCIP:

- 7.) To provide independent living services, including educational and training voucher services to youth who, after attaining 16 years of age, have left foster care for kinship care, guardianship or adoption.

A detailed plan for investing in the futures of youth is outlined in *Connected by 25*. *Connected by 25* states that the Chafee Foster Care Independence Act of 1999 (CFCIA)

outlines the framework for states and jurisdictions to design the supports, services and linkages for youth to successfully transition to adulthood. The *Connected by 25* report advances what the authors considered a “bold theory of change”. They advise that if youth are prepared to achieve economic success they will have an easier transition to adulthood. They list five strategies that relate to each other. These are:

- *Advocating and supporting educational achievement.*
- *Facilitating access to workforce development opportunities.*
- *Providing financial literacy education.*
- *Encouraging savings and asset development.*
- *Creating entrepreneurship opportunities.*

In order for the above strategies to be incorporated into a model, the report states the need to ensure that the design includes youth having debit card accounts so they can learn to manage money, that individual development accounts (IDA’s) be used to assist youth in learning long term asset building, that financial literacy education be ongoing, that youth have individual educational advocates, and that youth have numerous leadership opportunities and “*Door Opener Opportunities*” such as employment training, job shadowing, career fairs, cultural opportunities, mentors, etc. (The Youth Transition Funders Group Foster Care Work Group With The Finance Project, 2003)

One resource, New Ways to Work, was particularly helpful in integrating all of the common themes found in the sources reviewed. This organization’s mission is to “build community connections that prepare youth for success as adults”. In 2001, New Ways contracted with the California Workforce Investment Board to develop the California Youth Council Institute. During implementation of this project, the “*All Youth - One System*” framework was developed. The outcomes, defined by the “*All Youth - One System*”, resonated with the WV Youth Transitioning to Adulthood Best Practice Task Team. These have been utilized to guide the recommendations included in this report.

The Youth Transitioning to Adulthood Best Practice Task Team has incorporated the New Ways Desired outcomes for youth in transition and has fully integrated these into the Group’s recommendations. New Ways identified the following outcomes:

- Outcome 1: EDUCATED and ready to learn***
- Outcome 2: EXPERIENCED and ready for career***
- Outcome 3: CONNECTED to adults, peers, and services***
- Outcome 4: CONFIDENT and ready for life***

The four Elements of a comprehensive local youth-serving system, according to the “*All Youth - One System*” framework, are as follows:

- **Academic Achievement**
All youth are engaged in their learning in the classroom.
- **Career Development**
All youth are engaged in their learning in the workplace and community.
- **Community Services and Support**
All youth are provided a full range of social services and life skills support.
- **Youth Leadership**
Youth are visible and active in leadership roles.

These four Elements are supported by a fifth:

- **Comprehensive Youth Development Approach**
A formal, networked system of institutions, providers and programs must be in place to reinforce a comprehensive set of services and supports that connect the other four elements for all youth.” (New Ways to Work, 1997-2009)

Based upon the success of “All Youth-One System”, New Ways to Work developed the comprehensive Youth Transition Action Team Guidebook specifically for youth transitioning to adulthood from the foster care system in California. The intended purpose of this guidebook was to support best practices and more success for youth transitioning to adulthood. The sponsors of this product included Casey Family Programs, Walter S. Johnson Foundation and California’s Social Service Agency. (New Ways to Work, 2006)

Many of the strategies included in this report were guided by the well-researched *New Ways to Work Youth Transition Action Team Guidebook* as it was an invaluable resource during the review and recommendation stage. This guidebook, as well as its authors, will continue to be a resource for WV decision makers to access as strategic planning is initiated for this target population.

Another powerful source of information that guided the final recommendations for WV youth transitioning to adulthood is Casey Family Programs *It’s My Life*. *It’s My Life* is a framework for youth transitioning from foster care to successful adulthood. Casey Family Programs is a well-respected foundation established by the United Parcel Service founder Jim Casey. Their mission is “to provide and improve and ultimately to prevent the need for foster care.” *It’s My Life* is the result of many contributors. Most notable are the

“I’ve always been told that I would never make anything of myself I came into an Independent Living Program because I had no place to go. I had made some mistakes in the past and I have learned not to make the same mistakes twice. I needed support and someone to help me. I was aging out of most of the programs for teenagers. I want to show other youth that you can do whatever you set your mind to. Trust me; I’ve done it so I know it’s possible.”

Sarah

National Resource Center for Organizational Improvement at the University of Southern Maine and the National Resource Center for Youth Services (NRCYS) at the University of Oklahoma. This work was funded by the Annie E. Casey Foundation and sponsored by the National Foster Care Awareness Project.

This work is a compilation of exemplary and promising practices for youth transitioning to adulthood. Casey was the forerunner and framed some of the other research that has been mentioned above. The foundation for a comprehensive system to transition youth from foster care to adulthood is built upon four strategies according to the *It's My Life* report. These strategies include; youth developing and achieving a personal vision of success; identify areas that decision makers can develop into new services and strengthen existing services; develop strategies in order to develop a comprehensive system of support; and provide for cross system collaboration that encourages youth involvement. (Casey Family Programs, 2001)

Building upon the *It's My Life's* strong recommendation for collaboration, the National Resource Center for Youth Development (NRCYD) completed a monograph in 2004 titled *In the Spirit of Chafee: Collaboration in Youth Services*. This report was completed by the NRCYD through an agreement with the U. S. Department of Health and Human Services, Children's Bureau. The monograph emphasizes the importance of coordinated services and proceeds to identify some promising practices. The domains outlined and focused upon in this monograph are mental and physical health, family support, social relationships, living situation, housing, employment, economic stability, and education and risk behaviors.

The Monograph describes in detail the recommended process necessary to organize a formal, comprehensive collaborative effort that will support a sustained implementation of comprehensive transition of youth to adulthood. (Michelle Kessler, 2004) The tenants of these recommendations framed many of the recommendations relating to strategic planning and implementation of the *WV Youth Transitioning to Adulthood Best Practice Task Team Recommendations*.

The NRCYD Monograph concludes by describing several promising practices within the realm of collaboration. Again, the promising practice themes overlap with most of the many other additional research sources that were utilized in developing this report and recommendations. The promising practices outlined by the NRCYD are:

- Providing Aftercare Services
 - Realizing the Need for Services Beyond the Age of 18
 - Continuity of care
- Housing
 - Supported Apartments
 - Under Market Rent
 - Phased Transition Levels-Flexible Continuum
 - Collaboration With Homeless Programs

- Collaboration with Universities
- Employment/Mentoring
 - Work Site
 - Business Recruitment
 - Tax Credits
 - Subsidies
- Medical Care
- Transitional Services
 - Community Agency Service Continuum & Partnership
 - Core Service Agencies
 - Coordinated Supportive Services
 - Step Down/Transition Homes (youth transitioning out of congregate care, residential TX centers, out-of state programs, etc)
 - Supported Apartments
 - Scattered Site Apartments
 - Staff Training
 - Single Point of Entry
 - Assessment Guided Placement
 - 24 Hour On-Call Crisis Services
 - Central Database & Resource Center
- Education Services
 - Educational Training Vouchers (ETV's)
 - Standardized Targeted Employability Training
 - Transition Teams
 - System Wide Coordinate Planning
 - Judicial Checklist-Educational Needs
 - Transition Plans
 - Field Guide
- Financial Literacy
- Juvenile Services Integration
 - Designated Experts
 - Court Review of Youth's Comprehensive Transition Plan
 - Training
- Youth With Disabilities
 - 24 Hour Assistance
 - Personal Care
 - Specialized Case Management
 - Vocational and Pre-Vocational Services
 - Modifications in the Home
- Positive Youth Development
 - Broad Developmental Needs of Youth

- Youth Advisory Boards
- Collaboration With Department of Labor
 - Contracts With Career Learning Centers
 - Cross Training
- Community College Collaboration
 - Confidential Accounts
 - Specialized Advisors
 - Learning Centers-Education Support Specialist (Michelle Kessler, 2004)

In 2007, the National Governor’s Association (NGA) Center for Best Practices made public an Issue Brief on *State Policies to Help Youth Transition Out of Foster Care*. This brief reiterates that youth leaving foster care do not receive adequate support, services or preparation to transition to adulthood successfully. Again, an additional resource reports that compared to other youth, Foster Youth transitioning often times are more likely to become homeless, be incarcerated, lack life skills and be unemployed. The NGA also reports that these youth are more than likely going to experience developmental, physical and mental health challenges. The NGA brief references a 10 year study by the Northwest Foster Care Alumni Study (Northwest Study).

This study found a need for an array of services and supports that are expanded beyond what is currently available. These include early identification and treatment for mental health issues, accessible and affordable health care, education connections, ongoing adult connections, less disrupted placements, and safe affordable housing. As a result of these findings, the NGA reports that many states have focused on the following strategies and resultant outcomes:

- Stable, Permanent Caring Adult Connections
- Mental and Physical Health TX Needs Management
- Financial Literacy
- Coordinated Education and Employment Programs
- Standardized Coordinated Life Skills Training
- Structured Opportunities for Youth Input
- Safe and Stable Housing Continuums (NGA Center For Best Practices, 2007)

The NGA brief discusses several states that are developing comprehensive plans that integrate child welfare and other youth serving agencies such as juvenile services, education, work force development, postsecondary education, behavioral health, and community agencies. The purpose of cross-agency integration and planning is to provide for a fuller service array, and easier navigation for youth access to services, supports and linkages.

The NGA presents that Governors are “uniquely positioned to set the direction of foster care reforms in their states”. The NGA brief projects that Governors can;

- ensure a comprehensive service continuum for youth transitioning from out-of-home care to adulthood.

- provide for youth input.
- provide for the seamless connection of child welfare with other youth-serving systems via policies and partnerships.
- call on the business, philanthropic and volunteer communities to sponsor mentors, asset development, housing and work opportunities. (NGA Center For Best Practices, 2007)

The NGA brief continues to outline several promising initiatives across the nation, as well as providing links to more information for those states wanting to learn more. It also provides written recommendations directed to Governors wanting to improve programs and services for youth transitioning out of foster care. This brief guided many of the recommendations, outcome and strategies included in this report. It is also recommended that this report and the NGA Center for Best Practices be utilized as a resource during strategic planning to develop a comprehensive WV system for youth transitioning from out-of-home care to adulthood.

Of critical importance to a successful and comprehensive system for youth transitioning to adulthood is ongoing court involvement. In 2008, the University of Chicago Law School published a paper titled “From Foster Care to Adulthood”. The purpose of their study and resulting paper was to develop protocols for reform. The University of Chicago Law School’s Foster Care Project is dedicated to providing assistance nationwide to “improve the experience of foster youth who age out of care.” (University of Chicago Law School, 2008)

They broadly concluded that the legal process for youth transitioning to adulthood should oversee that young people aging out of Foster Care have an experience that mimics, as much as possible, that of youth growing up in their own families. The report points out that for most youth, even though they have legal authority over their lives at age 18, go back and forth between dependence and independence. For most youth, when life does not work out as planned or when a young person faces an obstacle they can depend on their parents for both emotional and financial dependence. For many youth aging out of Foster Care this responsibility comes suddenly and without the gradual road to independence that youth with family support experience.

The University of Chicago Law School study shows that even though courts, providers and agencies cannot match a families support and guidance, systems “owe it” to those youth, for whom they have taken on the parental role, to provide at minimum what is expected of parents to provide. In summary, this paper puts forth a set of legal rights and rules to foster systemic support of youth transitioning to adulthood. They also offer model legislation that states can use as a resource. They also go into the specifics as to the role they advance that the courts should play in providing support to the youth transitioning to adulthood. They advance that when the court remains involved youth are much more likely to get the support, linkages and services that they are entitled to legally. They set forth a model court that is based not only on their findings, but also on the longitudinal research completed by the Chapin Hall Center for Children. Chapin Hall found in studying over 700 young people who were aging out of the Foster Care

System that those youth who remain in the system with court oversight beyond the age of 18 do significantly better than those youth who are discharged at age 18. These outcomes remain better even when both sets of youth have access to the same level of supports. (University of Chicago Law School, 2008)

The protocols, in summary, outline the importance of a gradual transition to autonomy as well as the importance of meaningful relationships with caring adults. They contend that the parental obligation of the state does not end at 18. They proceed to advocate for a set of rights and protocols that should be in place for all youth aging out of care without a legally recognized permanent family. They endorse the use of a “judicial checklist” as many states have begun implementing, but advocate that attention must be also be maintained on developmental benchmarks throughout independence that will lead to successful transition and not just concentrating on discharge. The Chicago Law School paper *advances both a developmental checklist (opportunities for experiential opportunities to practice and demonstrate that they not only “know how to” but “can do”)* as well as a discharge checklist that monitors their preparation for independence. They also make recommendations as to the important contribution juvenile courts can make, at minimum, with monitoring and enforcing the state’s obligations. Courts can go beyond just overseeing the child welfare agency but also press other governmental entities to collaborate and partner to offer a comprehensive cross system youth transitioning to adulthood system. (University of Chicago Law School, 2008)

In summary, The Chicago Law School paper recommends that reforms be put in place to; 1) ensure that youth have a central voice in court hearings and are directly involved in decision making, 2) extend court jurisdiction and court involvement for all youth to age 21, unless they request to have their case discharged, 3) allow youth over the age of 18 to re-enter the court system and re-access both services and supports, 4) establish youth’s engagement in developmental activities and experiences that will lead to learning and experiencing decision making and long term relationship development as entitlements, and 5) establish the entitlement to receive preparatory services and supports prior to discharge and to remain in care if needed. (University of Chicago Law School, 2008) Citations for this body of work are included in the bibliography so decision makers can use this report to support planning, development and implementation of the Service Delivery and Development Youth Transitioning to Adulthood Best Practice Task Team recommendations.

In 2008, Chapin Hall Center for Children also issued a brief titled “Continuing in Foster Care Beyond Age 18: How Courts Can Help”. This issue brief again reiterates the compelling evidence that demonstrates that those youth who stay in care beyond the age of 18 experience far better outcomes (higher rates of graduation, enrollment in college and better access to health care, lower rates of unemployment, incarceration and homelessness) and fewer negative outcomes than those youth who leave at age 18. Illinois extends care to age 21 and offers some services up to age 23; the Chapin Hall Study demonstrated that youth who remain in care past the age of 18 are most likely to use them. However, not many of the youth remained in care past the age of 18. The

evidence demonstrated that those who stayed at least until age 19 had better outcomes than those who left at age 18. (Chapin Hall Center For Children, 2008)

Because of the discrepancies between counties in Illinois, as to youth who stay past age 18 and those who do not, DCFS asked Chapin Hall to study why some youth leave care and others do not. The goal of the study was to identify the major factors that are indicated to influence whether a young person stays in care past age 18. The study looked at administrative data, utilized youth and caseworker surveys, held focus groups, and interviewed court personnel. The study found that active court advocacy played a critical and primary role in keeping youth in care. By keeping cases open in Illinois, youth were able to continue receiving services and support. Court advocacy also demonstrated to be vital in affecting retention rates indirectly by virtue of the influence of other factors such as; 1) bringing attention to the fact that the law says that youth may remain in custody past age 18, 2) a greater availability of living arrangements and services for older youth, 3) more involvement by caseworkers and older adults, and 4) more positive attitudes by youth about remaining in care past age 18. In summary, the Chapin Hall report provided sound findings on the importance of court involvement and oversight throughout transition, the improved outcomes of those youth who stay in care at least until age 18 and offered several other “points of leverage” that child welfare agencies can utilize in addition to the courts. These other strategies are collaboration across systems to provide additional resources and training, efforts to avoid quick closure of cases and attendance to efforts to engage youth to remain in care past age 18, efforts to change the attitudes of youth about remaining in care, and finally looking at changes to local and state laws that will allow youth to return to care during times of crisis for a temporary amount of time. (Chapin Hall Center For Children, 2008)

In considering each of the recommendations in this report, it is important to remember that youth with disabilities (e.g. Autism, Developmental Disabilities, etc) present special challenges in planning for their transition to adulthood. Research shows that transitioning to adulthood is a very critical time for these youth. Youth with disabilities develop and transition at a different rate during their journey to adulthood. Literature review points out several key factors that are important for successful transition to adulthood such as; youth participation, youth guided family driven services, focus on transition support versus care, begin planning early in childhood, and a range of transition options that are flexible and can be individualized. (Betz, 2004) (Powers, 1996)

The goal of the recommendations, strategies, planning and training in this report is to build a comprehensive integrated youth transition to adulthood system that prepares and provides each youth with a “guaranteed preparation package” that includes;

- cultural identity
- lifelong connection with at least one caring adult
- other supporting and community connections
- access to mental and physical health services
- high school diploma or GED
- income sufficient to meet basic needs

- safe and stable living situation
- basic personal documents such as certified copy of birth certificate, social security card, state issued id, health and dental records, etc.
- driver's license (New Ways to Work, 1997-2009)

As demonstrated in this report, the members of the Task Team participated in numerous discussions, researched a wide array of literature on youth transitioning to adulthood, brought in real life experience, and thoroughly familiarized themselves with the current WV services and supports available for youth aging out of care. The Task Team also researched model programs as well as demonstration models in WV. While many key literature reviews were included in this summary, there were several additional reviews completed and combined with West Virginia Best Practice Wisdom to put forth recommendations our Task Team believes will create the support system needed.

In summary, the Task Team, fully respectful of this unique partnering opportunity, has put forth best practice recommendations and outcomes that are reality based, empowering, and will result in effective connectivity for youth to education, employment and well-being opportunities. It is the sincere intent of the Task Team that decision makers fully engage youth in meaningful dialog, henceforth, to ascertain youths' perceptions of both the current service delivery system as well as these recommendations for system change. This youth voice will be critical in demonstrating a true collaborative partnership between the care-giving community and older youth as they transition to becoming productive, giving and healthy citizens.

Over the past decade, more money has been targeted from the Federal Government to assist youth aging out of the foster care system and congregate care with transitioning to adulthood. Because of this Federal focus and funding opportunities there has been a lot of research and the development of promising practices across the Country. WV decision makers have the opportunity to implement the recommendations and strategies outlined in this report to develop a comprehensive youth guided system. This will support WV youth in being educated and ready for life-long learning, connected to adults, services and peers, experienced and ready for career and confident and ready for life.

The Commission has the opportunity to use the following defined outcomes, recommendations and implementation strategies as a springboard to engage youth, refine state policies, develop key partnerships for cross system collaboration, and coordinate funding and resources. *This leadership will ensure WV youth will have access to the needed support guided by defined best practice standards to achieve their personal level of independence regardless of system involvement or a funding source.*

Youth Transitioning to Adulthood BEST PRACTICE RECOMMENDATIONS & IMPLEMENTATION STRATEGIES



Fifteen Statements from the Michigan Youth Board

1. Foster youth should be part of the decision-making process every time there is a change in placement.
2. The state should develop strategies that help foster youth maintain positive connections with their birth families and hometown friends.
3. The state should provide support that will connect every foster youth age 14 or older with a mentor or other caring adult in their lives.
4. Foster youth should always receive an allowance for their personal use.
5. The state should develop a savings account for each youth in care over age 14 and contribute to the account for each year the youth is in care.
6. The state should make it possible for every foster youth to get a driver's license.
7. Youth in care should have a certified copy of a birth certificate, Social Security card, and state photo ID. Youth 14 and older should have their personal copy as well as one in our file.
8. The state should recruit more foster homes for teens, with foster parents who like and understand teens.
9. Youth panels should be included in all foster parents training.
10. Foster youth should be entitled to transportation to after school events and social gatherings.
11. Foster youth should be allowed, and supported, to attend the religious services of their own choice.
12. All foster youth should be entitled to free tuition at any state college or community college.
13. Foster youth should have priority for free or low cost items (cars, computers, etc.) at state auctions.
14. Every effort should be made to ensure foster youth enter the system through child welfare, if appropriate, instead of juvenile justice.
15. Foster youth should be eligible for Medicaid until their 21st birthday. They should be given the option of remaining in state care until 21, instead of being dropped at 18.

Source: Voice, 2003.

<http://www.jimcaseyyouth.org/docs/michiganvoice.pdf>

TARGET POPULATION

Youth ages 14-25 years old who need support to achieve their personal level of independence.

GOAL

WV youth will have access to the needed support guided by defined best practice standards to achieve their personal level of independence regardless of system involvement or funding source.

OUTCOME 1

WV Will Have a Comprehensive Integrated Youth-Guided Transition System for Youth ages 14-25.

Best Practice Recommendation # 1: All current, as well as future, transition to adulthood programs and services in WV will be guided by current research, promising practices, and WV practice wisdom.

Strategies:

- It is recommended that the WV Commission to Study the Residential Placement of Children (Commission) charge WV decision makers with convening a cross system (public/private /youth/family) Youth Transitioning to Adulthood Summit (Summit) to develop a strategic plan to carry out those recommendations contained in this report requiring cross system public/private/family partnership. This Summit will build upon and utilize existing work groups (Service Delivery & Development, WV System of Care Implementation Team, permanency, well being, etc) to develop a comprehensive cross system strategic plan. The Summit will:
 - form strategic partnerships including but not limited to families, youth, courts, community, private sector, education, social services, juvenile services, business, housing, and work force to provide the opportunities, services, and supports young people need to successfully transition to adulthood.
 - work with national resources such as the National Resource Center (NRC), “New Ways to Work”, Casey Foundations, National Independent Living Association and Youth Transitions Partnership, etc.
 - coordinate with the Bureau for Children and Families (BCF) five year plan implementation & updates.
 - coordinate with WV Independent Living Plan implementation & updates.
 - work with youth transitioning to adulthood demonstration projects and oversight team as a resource.

- work with West Virginia System of Care Implementation Team to integrate cross system best practice guidelines.
- It is recommended that the Commission charge an existing work group with forming a task team to review policy and funding for youth transitioning to adulthood to assure all services and supports are based on a youth's needs and strengths.
- It is recommended that WV develop the policies, training plans and support necessary to provide for a trauma informed system of care based on a true understanding of the neuroscience of trauma. Most specifically these policies, programming and support need to take into account the effect trauma has on brain development and delays leading to care being provided, based on a youths developmental age and individual needs versus their chronological age. (NCTSN)
 - link to the WV System Of Care Implementation Team trauma task team.

Best Practice Recommendation # 2: In order for WV youth to receive the necessary support, guidance and services needed to achieve their personal level of independence, current negative perceptions of remaining in state supported care/custody will be addressed to remove any “stigma” about receiving support and linkage.

Strategies:

- It is recommended that the Commission charge decision makers with expanding upon current efforts to make services, support, and linkages available to youth beyond age 18.
 - Decision makers assign a group or individual to work with youth councils and solicit youth voice to guide decision makers in changing the language and approach to the act of “signing the FC-18” so it is viewed more positively by youth and the “stigma” is removed.
 - Decision makers put into place the policy, training, ongoing support, and monitoring to encourage and assure easy return to care for those youth needing assistance after they leave care.
 - It is recommended that existing work groups or task teams be utilized as a resource.
 - The WV Youth Transitioning to Adulthood Summit will address and develop strategies for necessary changes in policy, legislative involvement, training , cross system memorandums of understanding, and also address funding issues as well as any other issues that need to be addressed to expand support, services, and linkages to all youth in need up to age 25.
- It is recommended that the Commission charge the Summit with developing a plan to assure that all youth age 16 and above (meeting defined objective eligibility criteria

and assessed need) will have a specially trained Transition Facilitator that remains with them until they achieve their personal level of independence regardless of setting or funding source.

- The Transition Facilitator will act as a knowledge broker and guide.
- Current and future demonstration projects can be utilized for testing and guided implementation.
- The WV Youth Transitioning to Adulthood Summit can build upon lessons learned from demonstration projects for cross system implementation.
- Youth transitioning to adulthood age 16 and older will have a defined transition team that develops, monitors, and revises an independent living plan (standardized template) focused on achieving permanency while simultaneously preparing youth for transition to adulthood.
 - It is recommended that the Commission charge a current work group with assuring the following points are addressed in policy, training, funding, and implementation:
 - The Youth's independent living plan and process should include:
 - Full youth participation and guidance
 - Cultural relevance
 - Plans reviewed and updated regularly
 - Educational or vocational planning
 - Career planning
 - Employment planning
 - Health care planning and medical coverage
 - Transportation (including help with obtaining a driver's license)
 - Money management (including setting up a savings account)
 - Housing
 - Social and recreational activities
 - Connections with family, community and trusted adults (Minnesota Department of Human Services)
 - It is recommended the Commission charge this same work group with assuring that the youth's independent living plan will be developed, guided and updated based on standardized assessment of independent living skills, strengths and needs. (Minnesota Department of Human Services)
 - The following items should be assessed:
 - Hard skills – skills that can be taught
 - Soft skills – social experiences

- Essential documents- certified copy of birth certificate, Social Security card, state issued id, health and dental records, etc.
- Standardized Checklist – checklist that follows youth containing competencies, documents, linkages that must occur by ages 16 and 17.
- Life Skills – Casey Life Skills Matching Report and Individual Learning Plan
- It is recommended the Commission charge a current work group with developing standardized assessment protocols to guide decision making as to youth housing and support levels of need to guide decision making.
- It is recommended that the Commission charge an existing work group to partner with current and future efforts to develop a plan that will provide for a centralized youth friendly on-line resource that provides youth, families and stakeholders with easy access and linkage to cross system information on policy, funding, support and services for youth transitioning to adulthood. The plan needs to:
 - Provide access and information to youth, foster parents, caseworkers, probation officers, communities, families, etc.
 - Include a resource database that is organized by categories that will allow youth to get the information they need easily and quickly.
 - Include information on financial aid counseling, support and assistance (educate youth and link them to information on WV Foster Care Youth Tuition Waiver, WV Educational Training Vouchers (ETV's) and Federal Student Aid (FAFSA).
 - Create an E-Newsletter to keep youth up to date and aware of available supports and services.
 - Youth should be able to update their email addresses via the on line resource.
 - Develop an online FAQ and avenue for youth to submit questions that are answered timely.
 - Provide information easily accessed by both youth and families.
 - Design, fund, and widely distribute a brochure that links youth and families to a 1-800 number that will provide access to a “knowledge broker” who can assist them in navigating the system.
 - Integrate closely both the online resource and brochure to be linked with peer and mentor networks.
 - Integrate development with the adult system for smooth transition from the youth system.

- It is recommended the Commission charge the Summit with developing a strategic plan that will lead to WV youth having uninterrupted continued qualification for health coverage up to age 25.
 - Explore amending the WV Medicaid plan.
 - Explore Legislative funding and policy changes.
- It is recommended the Commission charge a current work group with making sure youth have a comprehensive understanding of their physical and mental health needs, community services and available assistance prior to leaving out-of-home care. This work group should address:
 - policy revisions that will require a youth's Transition Facilitator to arrange a comprehensive health, vision, dental, mental health and substance abuse screening before the youth leaves care.
 - policy revisions that will require youth to be educated on how to monitor and take responsibility for their health, access providers in their community, make and keep appointments, and how to apply for medical coverage. Youth should have:
 - a list containing names, phone numbers, and addresses of their dentist, medical doctor and therapist.
 - information and tools to track medical history (NGA Center For Best Practices, 2007)
 - policy revisions that will require youth have critical health care information in their possession prior to leaving care (immunization records, copy of medical card, etc)
- It is recommended the Commission charge a work group to collaborate with all available state and national resources to thoroughly examine state independent living plan models and accordingly revise the current WV Independent Living Plan policies that affect youth transitioning to adulthood. This work group will be responsible for:
 - Conducting a cost of living analysis to determine and recommend an appropriate Chafee youth stipend and implement differentiated stipends as applicable.
 - Thoroughly examining the utilization of the provider community and develop recommendations for increased utilization and integrated cross system partnership.
 - Examining current provider reimbursement strategies and developing a recommended per diem reimbursement strategy guided by national, successful reimbursement methods that streamline reimbursement, maximize creativity, support housing continuums, and promote individuality.

Best Practice Recommendation # 3: WV youth transitioning to adulthood will have access to a safe, affordable housing continuum.

Strategies:

- It is recommended the Commission charge appropriate work groups with developing detailed recommendations and implementation strategies that will provide for a comprehensive housing continuum to provide youth with varied developmentally appropriate levels of supported living arrangements.
 - Pre-Independent Living - Group Living Homes (youth ages 14-16)
 - Transition Homes (youth ages 16-21)
 - The work groups will use the recommended best practice guidelines, service array data , APR data, youth out of state data, regional clinical review data, as well as current demonstration projects lessons learned, to develop, fund, and implement (in target geographic areas) cross system transition homes that specialize and focus on preparing youth that are coming out of congregate care settings, who need this extra level of support (out of state, level II & III, DJS, inpatient, etc) to successfully transition to supported and transitional living situations.
 - The work groups will put forth recommendations and implementation strategies that address design, funding, and regulate these Transition Homes so that they are guided by best practice and focus on real life living, skills building, asset development, and experiential activities.
 - Temporary Shelter
 - The work groups will explore utilizing Transition Homes, Foster Homes, linkage to existing service providers, or developing short term stabilization for youth needing temporary support (loss of apartment, financial emergency, etc) or in between living settings (summers, holidays, emergencies, etc).
 - Supervised Apartments (on site staff)
 - The work groups become familiar with and model after demonstration projects. (Stepping Stones-It's My Move, Burlington United Methodist Family Services-Pathways)
 - Scattered Site Apartments
 - Chafee
 - Demonstration Projects
- It is recommended the Commission charge a work group with making recommendations and implementation strategies that will fund Chafee providers as well as new program funding sources with a per diem reimbursement that will allow

providers the funding flexibility and stability to enter into leases to provide stable, safe, affordable housing for youth first transitioning into their own apartment/home.

- It is recommended that the Commission charge the Summit with exploring and making recommendations in their strategic plan for providing rental subsidies to landlords who will rent to youth transitioning to adulthood.
- It is recommended that the Commission charge the Summit with making recommendations and including strategies in their strategic plan that provide for strategic partnerships with programs providing HUD housing and section 8 vouchers in order to leverage funds and provide youth transitioning to adulthood with a safe and affordable housing continuum.
 - Examples; Huntington Housing Authority, KIRSA, etc.
 - These programs need to be involved participants in the Youth Transitioning to Adulthood Summit as well as related work groups developing, implementing and updating the resultant strategic plan.
- It is recommended that the Commission charge the Summit with developing and implementing policy and strategies to make sure no youth is discharged from out-of-home care without safe and stable housing.

OUTCOME 2

WV youth will be educated and ready for lifelong learning upon achieving independence.

Best Practice Recommendation # 4: WV youth will have access to high quality standards based education, regardless of setting, as well as the support services to bridge youth to higher education.

Strategies:

- It is recommended that the Commission charge the Summit with planning to assure that youth will have access to specially trained educational advocates in their school setting.
- It is recommended that the Commission charge both existing work groups and the Summit with developing implementation strategies that will provide for educational advocacy, coordinated by a specially trained Transition Facilitator, to assist youth in educational gain and stability.
 - Transition Facilitators will advocate for and assist youth in seamless transition of educational settings.
 - Transition Facilitators will advocate for and assist youth in attaining aptitude and vocation interest assessments.

- Transition Facilitators will link and monitor youth involvement in career exploration, vocational, and job training offered at their school.
- Transition Facilitators will partner with the educational system to link youth, meeting the target population, with extracurricular cultural and art classes.
- Transition Facilitators will link youth to tutoring; both face-to-face and on-line.
- It is recommended that the Commission will charge the Education Task Force with developing strategies that lead to the development of policies and practices that keep youth in the same school even when they are moved from one placement to another, whenever viable.
- It is recommended that the Commission charge the Education Task Force with developing strategic partnerships that will lead to the policy revisions, training and oversight to make sure that transition planning is incorporated into all applicable youth Individual Educational Plans (IEP's).
- It is recommended that the Commission charge the Education Task Force with developing strategies to assure all youth have seamless standardized life skills instruction regardless of their living situation.
 - It is recommended that the Ansell Casey Life Skills Assessment (ACLSA) and Curriculum be implemented for all youth, age 14 and up, in the WV School System.
- It is recommended the Commission charge the Education Task Force with developing strategies that will lead to strategic partnerships with universities and community colleges to provide for the following:
 - Transition support centers with specially trained Transition/Support Specialists available to the target population.
 - Core college preparation courses targeted and available for youth in the target population.
 - Standardized, integrated, planned campus visits and orientation activities.
 - Dorms kept open during holidays & summer at an affordable rate.

OUTCOME 3

WV youth will be experienced and ready to enter the workforce upon achieving independence.

Best Practice Recommendation # 5: WV youth will have information about career options and exposure to the world of work, including structured internships.

Strategies:

- It is recommended that the Commission charge the Youth Transitioning to Adulthood Summit with developing an implementation plan that will lead to strategic partnerships with the business community being developed for ongoing support:
 - Business leaders will be invited to participate in the Youth Transitioning to Independence Summit.
 - Strategies will be developed to provide organized job shadowing opportunities for youth transitioning to adulthood.
 - Strategies will be developed to provide employment opportunities for youth transitioning to adulthood.
 - Business leaders will be encouraged to participate as mentors for youth transitioning to adulthood.
 - Business leaders will be encouraged to participate and strategies will be developed to conduct strategic job fairs, on a regular basis, targeted for youth in transition to adulthood.
 - Business leaders will participate in providing planned and organized practice interviews for youth in transition to adulthood.
 - Strategies will be developed to form a pool of business leaders willing to serve as guest speakers for youth transitioning to adulthood.
- It is recommended the Commission charge the Summit with developing strategies to formalize partnerships with Work Force WV and contracted Work Force Investment (WIA) providers that will actively engage youth, in the defined target population, by providing support, linkage, and easy access to workforce investment services in the following manner:
 - Strategic membership and attendance of WIA and Bureau of Employment representatives at the Youth Transitioning to Adulthood Summit.
 - Workgroups developing, implementing and revising the resultant strategic plan.
 - Easy access and priority given for youth, in the defined target population, to in-school and out-of-school WIA programs.
 - Specially designed summer employment targeted for youth transitioning to adulthood with priority given to youth in care.
 - Planned linkage and easy access to employment offices.
 - Coordinated access to job training centers and job referral resources.
 - Implement designated liaisons formally linked to Transition Facilitators to coordinate employment services for youth transitioning to adulthood.

- It is recommended that the Commission charge the Summit with developing a cross system plan for uniform active involvement in work force development activities coordinated by a Transition Facilitator that will include:
 - Career Interest Assessment/Job/Career Matching
 - Job Readiness and Maintenance Skills
 - Career Exploration and Job Shadowing Opportunities
 - Supportive Employment

OUTCOME 4

WV youth will be confident and ready for life upon achieving independence.

Best Practice Recommendation # 6: Youth Development Principles will drive all decision making and program implementation in WV for youth transitioning to adulthood.

Strategies:

- It is recommended that the Commission charge the Summit with developing strategies to organize and implement initial cross system training, ongoing training, and coaching on youth development principles, with the assistance of consultants such as the National Resource Center (NRC).
 - These principles are:
 - Empower youth to set goals and to be self-determined
 - Employ qualified and experienced staff
 - Utilize positive strategies that build upon the strengths of the youth, their support network and community
 - Provide ongoing support for desired behavior
 - Provide relational care
 - Make learning fun and relevant
 - Involve caring adult connections and mentors that will be connected with the youth beyond the time of agency involvement. (The Youth Transition Funders Group Foster Care Work Group With the Finance Project, 2003)
- It is recommended that the Commission charge the WV System of Care State Implementation Team with assuring all systems' contract language, regulatory standards, training, and policies are guided by youth development principles that treat youth as emerging adults as part of their cross system best practice recommendations.

- Services should be based on youth's needs, strengths and developmental level; not their diagnosis or deficits.
- It is recommended that the Commission charge the WV System of Care Implementation Team to coordinate and oversee the development of an organized statewide Youth Advisory Council that is active and adequately funded to provide youth with the training, support, and opportunities for meaningful youth voices.
 - This should be accomplished by partnering with consumer representative groups, such as the WV Mental Health Consumers Association and FAST, to provide leadership academies designed for youth transitioning to adulthood.
- It is recommended the Commission take the lead in assuring that all public/private initiatives, commissions, and work groups will provide for and support meaningful youth participation.
- It is suggested that the Commission recommend an existing work group to re-examine existing funding, policy and regulatory standards and develop strategies that will provide for funding and regulatory standards that will promote autonomy based on individualized youth need.
- It is recommended that the Commission charge the Summit with addressing youth transition needs proactively and plan accordingly. These strategies and planning efforts need to include the following:
 - WV will put into a place a coordinated plan to prioritize youth in out-of-home care settings to receive targeted Drivers Education classes and additional support, as necessary, to make sure every youth in out-of-home care has been enrolled in Driver's Education no later than their 17th birthday.
 - Provide opportunities for youth to drive the required number of practice hours.
 - Provide opportunities for youth to take their driver's license test.
 - Explore need for policy or legislation change.
 - Also explore any legislation that may be needed to allow foster parents or caseworkers to sign for youth driving permits.
 - Transition Facilitators will arrange opportunities for youth to learn how to use public transportation.
 - Work with the WV business and philanthropic community to provide youth with bicycles when applicable.
 - Work with legislators to address statute to allow WV youth transitioning from out-of-home care be given access to free or reduced-cost older cars from the state fleet
 - Work with the legislature and business community to provide youth with affordable car insurance.

- It is recommended the Commission charge an existing work group with constructing a developmental and discharge checklist that is completed for all youth in out-of-home care at age 16 and every six months thereafter.
- It is recommended the Commission request all cross system WV decision makers to immediately develop and implement necessary policy revision, training, and resources to make sure that every youth in out-of-home care has access to and/or possession of a certified copy of their birth certificate, social security card, state approved picture identification, and health/dental/immunization records by age 17 at the latest.

Best Practice Recommendation # 7: Youth will have access to education, training and support that will provide opportunities for lifelong economic well being.

Strategies:

- It is recommended that the Commission charge the Summit with designating a specific specialized work group to review and provide recommendations for West Virginia’s implementation of “Connected by 25: Financing Entrepreneurship Programs For Youth Transitioning Out of Foster Care.”. The work group membership should be strategic and necessary consultants involved to successfully implementing this well researched initiative.
 - The following strategies of “Connected by 25” need to be included in strategic planning:
 - Accessing Community and Economic Development Resources
 - Integrating Entrepreneurship into Existing Education Programs
 - Accessing Workforce Development Resources
 - Accessing Child Welfare Funding
 - Accessing Other Private Funding Sources-Private Philanthropy and Angel Investors
 - Engaging in Community Fundraising
 - Reinvesting Business Income
 - “Connected by 25” consultants should be utilized
 - Jim Casey Youth Opportunities Initiative’s “Opportunity Passport” model should be explored and considered for a demonstration project.
 - Personal debit card for short term expenses
 - Individual Development Accounts
 - Door Openers (special local programs that give youth opportunities) (NGA Center For Best Practices, 2007)
 - Demonstration projects should be considered.

- It is recommended that the Commission also charge this specialized work group of the Youth Transitioning to Adulthood Summit **to put in place** coordinated and standardized training, policy, support opportunities and support to assist youth in achieving financial literacy.
 - WV needs to thoroughly review other states' use of matched Individual Development Accounts (IDA's) and consider implementing a WV IDA program to promote youth savings, financial literacy and investment in their future independence.
 - WV will explore partnering with financial institutions in WV that will consider investing in the future of WV's youth by providing free checking and safety deposit boxes for unaccompanied youth transitioning to adulthood.
 - WV will partner with the FDIC and local banking institutions to provide the Smart Money Curriculum available to all youth meeting the target population.

OUTCOME 5

WV youth will be connected to adults, peers, and services.

Best Practice Recommendation # 8: WV Youth will have strong lifelong connections to caring stable adults.

Strategies:

- It is recommended that the Commission charge an existing work group with examining protocols and guidelines for reconnecting youth with extended family members and parents, even when parental rights have been terminated, when it is safe and appropriate to do so.
 - Connect youth to family members such as grandparent, aunts, uncles and cousins anytime it is safe and appropriate to do so.
 - Establish legal guardianship or another type of permanent relationship with a caring adult.
 - Assist youth with connecting with other caring adults such as teachers, church members or mentors.
 - Always explore reconnecting with biological parents when it is safe and viable to do so.
 - Explore adoption regardless of age.
 - Make sure no youth leaves out-of-home care without at least one lifelong connection to a caring committed adult.
 - Train caseworkers and Transition Facilitators to help youth reconnect with family and caring adults.

- Reconnect and provide for ongoing and regular visitation with siblings.
(National Governor's Association Center for Best Practices, 2007)
- It is recommended that the Commission charge an appropriate agency, work group or individual with developing implementation strategies and partnerships to assure all applicable youth are be connected to Mentors.
 - On Line E-Mentors (Orphan Foundation)
 - Well screened mentors
 - Business community

Best Practice Recommendation #9: WV youth will have opportunities for safe socialization, engagement, and connection opportunities, as well as opportunities to develop social, civic, and leadership skills.

Strategies:

- Youth representatives will be included in all policy, planning and oversight groups.
- Youth will be involved in design and implementation of training programs.
- Formal youth surveys.
- Annual Conference for youth.
- Fund and provide support for an organized Statewide Youth Council. (NGA Center For Best Practices, 2007)

GLOSSARY

Best Practice: A technique, method, process, activity, incentive or reward that is believed to be more effective at delivering a particular outcome than any other technique, method, process, etc. The idea is that with proper processes, checks, and testing, a desired outcome can be delivered with fewer problems and unforeseen complications. Best practices can also be defined as the most efficient (least amount of effort) and effective (best results) way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people

Co-occurring Disorder: Two or more disorders or illnesses that occur in the same person, simultaneously or sequentially, most commonly referring to a mental health and substance use/abuse/dependence disorder. The existence of co-occurring disorders implies interactions between the disorders that affect the course, treatment and prognosis of both.

Co-existing Disorder: The term co-existing disorders refers to an individual who has more than one mental disorder as described in the DSM-IV-TR. The disorders exist independently of each other and there is no implied interaction between the disorders. Typically co-existing disorders occur on more than one diagnostic axis of the multi-axial diagnostic system. An example would be a person with a developmental disability such as mental retardation who is also depressed.

Developmental Disability: Developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. People with developmental disabilities have problems with major life activities such as language, mobility, learning, self-help, and independent living. Developmental disabilities begin anytime during development up to 22 years of age and usually last throughout a person's lifetime.

Evidence Based Practice: The terms Evidence-based Practice and Evidence-based Treatment are often used synonymously. Evidence-based practice (EBP) refers to a decision-making process that integrates the best available research, clinician expertise, and client characteristics. EBP is an approach to treatment rather than a specific treatment. It is used to make clinical decisions. The term evidence-based treatment (EBT) refers to preferential use of mental and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems.

Mental Illness: Mental Illness refers to any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection

or head trauma. Mental disorders are health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning.

Mental Retardation: Mental retardation is a condition characterized by impairment of intellectual functions present at birth with no further neurological deterioration during life. It is evidenced by significantly sub-average general intellectual functioning (Full Scale IQ of less than 70) existing concurrently with deficits in adaptive behavior and manifested during the developmental period. Mental retardation means unusually slow or impaired learning ability, plus impairment in adaptive functioning (life skills, social skills), and usually evident long before adolescence. People with mental retardation are limited in their ability to learn and are generally socially immature. **Note: For the purpose of this initiative, those with IQs in the borderline mentally retarded range are included in this target population.**

Socially Necessary Services: Services for Child Protective and Youth Services cases to promote safety, permanency and well-being. These services are necessary to improve relationships and social functioning, with the goal of preserving the individual's tenure in the community or the integrity of the family or social system.

Youth Development Philosophy: Acknowledges both youth as resources in rebuilding communities and that helping young people require strengthening families and communities. A youth development approach views youth and families as partners, involves them in designing and delivering programs and services, gives youth access to both prevention and intervention services that meet their developmental needs and offers youth opportunities to develop relationships with caring, supporting adults.

WEST VIRGINIA PRACTICE WISDOM: An understanding of West Virginia's unique culture, geography, needs and resources gained from years of service delivery, and clinical knowledge and practice with West Virginia children and families.

APPENDIX

**YOUTH TRANSITIONING TO ADULTHOOD
DEFINITION/GOAL/OUTCOMES &
RECOMMENDATIONS**

YOUTH TRANSITIONING TO ADULTHOOD DEFINITION/GOAL/OUTCOMES & RECOMMENDATIONS

TARGET POPULATION

Youth ages 14-25 years old who need support to achieve their personal level of independence.

GOAL

WV youth will have access to the needed support, guided by defined best practice standards, to achieve their personal level of independence, regardless of system involvement or funding sources.

BEST PRACTICE RECOMMENDATIONS

OUTCOME 1

WV Youth Will Have a Comprehensive, Integrated, Youth-Guided Transition Team for Youth Age 14-25.

Best Practice Recommendation #1: All current as well as future transition to adulthood programs and services in WV will be guided by current research, promising practices, and WV practice wisdom.

Best Practice Recommendation #2: In order for WV youth to receive the necessary support, guidance and services needed to achieve their personal level of independence, current negative perceptions of remaining in care will be addressed to remove any “stigma” about receiving support and linkage.

Best Practice Recommendation #3: WV youth transitioning to adulthood will have access a safe, affordable housing continuum.

OUTCOME 2

WV youth will be educated and ready for lifelong learning upon achieving independence.

Best Practice Recommendation #4: WV youth will have access to high quality standards based education regardless of setting as well as the support services and access to bridge youth to higher education.

OUTCOME 3

WV youth will be experienced and ready to enter the workforce upon achieving independence.

Best Practice Recommendation #5: WV youth will have information about career options and exposure to the world of work, including structured internships.

OUTCOME 4

WV youth will be confident and ready for life upon achieving independence

Best Practice Recommendation #6: Youth Development Principles will drive all decision making and program implementation in WV for youth transitioning to adulthood.

Best Practice Recommendation #7: Youth will have access to education, training and support that will provide opportunities for lifelong economic well being.

OUTCOME 5

WV youth will be connected to adults, peers, and services upon achieving independence.

Best Practice Recommendation #8: WV Youth will have strong connections to caring stable adults.

Best Practice Recommendation #9: WV Youth will have opportunities for safe socialization, engagement and connection opportunities as well as opportunities for to develop social, civic and leadership skills

YOUTH TRANSITIONING TO ADULTHOOD TASK TEAM MEMBERS

Youth Transitioning to Adulthood Task Team

<i>NAME</i>	<i>AGENCY</i>
<i>1. Susan Fry-Task Team Leader</i>	<i>Stepping Stones Inc</i>
<i>2. Kelli Holbrook</i>	<i>Region IV CWC</i>
<i>3. Rebecah Carson</i>	<i>Region III CWC</i>
<i>4. Suzie McCoy</i>	<i>Pressley Ridge</i>
<i>5. Raymona Preston</i>	<i>Stepping Stones, Inc</i>
<i>6. Rebecca Farmer</i>	<i>Region II CWC</i>
<i>7. Amy Lawson Booth</i>	<i>Lincoln County CSM</i>
<i>8. Dennis Pease</i>	<i>Daymark</i>
<i>9. Sheila Walker</i>	<i>Burlington United Methodist Family Services</i>
<i>10. Debbie Gillespie</i>	<i>Division of Juvenile Services</i>
<i>11. Dianna Bailey-Miller</i>	<i>FAST Parent Advocate</i>
<i>12. Vickie Pleasants</i>	<i>Daymark</i>
<i>13. Christina Bertelli</i>	<i>Chafee</i>
<i>14. Barbara Edmonds</i>	<i>DHHR-BHMF</i>
<i>15. Pat Nesbit</i>	<i>WV DHHR BCF</i>
<i>16. Gwen Davis</i>	<i>Try-Again Homes</i>
<i>17. Cindy Howvalt</i>	<i>Stepping Stone, Inc.</i>
<i>18. Heather Gallagher</i>	<i>Stepping Stone, Inc.</i>
<i>19. Alicia McIntire</i>	<i>Chafee</i>

YOUTH TRANSITIONING TO
ADULTHOOD BEST PRACTICE
GUIDELINES MATRIX

YOUTH TRANSITIONING TO
ADULTHOOD WV CURRENT SYSTEM
STRENGTHS & OPPORTUNITIES

Strengths

State/Federal Initiatives

Regulatory

- WV provides housing support, linkage, aftercare, service coordination, financial support and educational linkage for those youth who are eligible for Chafee up to age 21.
- Federal Child and Family Service Review (CFSR) focused on older youth transitioning from Foster Care to Adulthood.
- WV has adopted and is beginning implementation of the Casey Life Skills Program.
- Technical Assistance is being provided by the National Resource Center.
- Youth in WVDHHR custody receive a free computer upon graduating high school or obtaining a GED.
- McKinney Vento Act.
- Two new demonstration projects for Northern & Southern WV – three phase approach to transitioning youth from Foster Care to Adulthood (It's My Move & Pathways).
- Regional Clinical Review Teams & Regional Clinical Coordinators.
- Older youth out-of-state review and resulting data.
- Service Array Process.
- Commission to study residential out-of-home placements of youth.
- WV System of Care State Implementation Team.
- FAST Program and Parent Advocates.
- First target population for best practice task teams.
- Community Based Team includes youth in Chafee program.
- Community Re-entry opened for demonstration-youth in Phase II.
- Foster to Adopt Program.
- Direct Deposit to clients/providers.

Employment

- Workforce Investment Act (WIA) in school and out of school programs in areas they are available to Foster Care Youth
- Job Corp
- HRDF (Human Resource Development Fund)
- HEAPPS

Education

- Reaching Every Child-Education Advisory Committee that is focusing on transitioning youth to adulthood.
- Advisory Board for Foster Care Youth Transition to Post-Secondary Education
- Education Training Vouchers (ETV) for youth who were in DHHR custody who aged out at 18 years old.
- Tuition Waiver.
- Grants/Scholarships.
- GED Training Program – Free/Online.
- Mountaineer Good News Garage.
- Goodwill Program.

Well-Being

- Behavioral Health Children’s Liaisons
- Behavioral Health Care
- Medical Card (WV Medicaid) Extension to age 21
- Referral & Linkage (from Chafee)

Opportunities for Improvement

State & Federal Initiatives/Regulatory

- All youth receive the same best practices regardless of the system of funding sources. Service unity for all youth meeting the target population definition. WV has the opportunity to research those promising practices that are producing positive youth outcomes, are youth driven and family centered, and interject WV Practice Wisdom to develop, fund and implement model programs statewide.
- WV has the opportunity to do a cost of living analysis and increase the Chafee youth stipend as applicable.
- WV has the opportunity to examine other targeted state Chafee Plans and modify the WV plan as applicable.
- WV has an opportunity to better and more fully utilize those in the provider community that are trained to provide transitional coaching, support, training and linkage.

- WV has the opportunity to streamline stipends directly to youth and structure service reimbursement for transition to adulthood services in a way that maximizes creativity, flexibility, and individualization that produces defined outcomes.
- WV has the opportunity to assure that all youth meeting the target population definition have a certified copy of their birth certificate, social security card, and a state approved photo ID in their possession by age 17 at the latest.
- WV has the opportunity to develop and implement, in targeted geographic areas, transition homes that specialize and focus on preparing youth, living in congregate care, to successfully transition to supported and pre-independent living situations. Included in this opportunity are the group living environments that are focused on real life living, skills building and asset development; versus current TX focus-driven by funding sources such as Medicaid and medical necessity.
- WV has an opportunity to develop a statewide, easy to access and use, web site for youth, meeting the target population, for sharing information. WV has the opportunity to provide the same service for providers, parents, and communities.
- WV has the opportunity to serve youth up to the age of 25 and provide the necessary support and services without the stigma of requiring a youth to remain “in custody”.
- WV has the opportunity to systematically begin preparing youth for independence no later than age 14, but as early as age 8 to begin life skills education.
- WV has the opportunity to see that all youth age 17 and in state custody have a transition coach that remains with them until independence regardless of system or living setting. WV has the opportunity to assure that all youth age 17+ are connected to a transition team informed by best practice.
- WV has the opportunity to fully utilize the Casey Life Skills System to provide for life skills education and real world experiences.
- WV has the opportunity to develop best practice guidelines to guide the work of existing programs as well as the two new demonstration projects (co-existing and youth transitioning to adulthood) and the best practice task teams to develop the necessary support, funding, skills building, and housing for those youth transitioning to adulthood with co-existing disorders. WV has the opportunity to use this model for further development of other additional target populations, such as co-occurring, co-existing, etc.
- WV has the opportunity to develop evidence based programs for those youth age 18 and above requiring secure treatment prior to being able to utilize the current system to transition to adulthood
- WV has the opportunity to develop transportation assistance programs

Housing

- WV has an opportunity to provide a safe, affordable housing continuum for youth transitioning to adulthood.
- WV has the opportunity to provide for short term stabilization centers for youth needing temporary support, in between living settings.

- WV has the opportunity to develop interim housing and to utilize existing foster homes by renting rooms to youth ages 16+.

Employment

- WV has the opportunity to partner with the business community to provide Individual Development Accounts (IDA'S) for targeted youth.
- WV has the opportunity to develop seasonal internships or seasonal employment for full-time college students.

Education

- WV has the opportunity to partner with financial institutions to train instructors statewide to use the Money Smart Curriculum and to partner to provide easy access to free checking and financial services.
- WV has the opportunity to partner with educational centers to provide nontraditional learning opportunities for youth.

Well-Being

- WV has the opportunity to provide for a trauma informed system of care for all youth and a true understanding of the neuroscience of trauma. Most specifically, understanding the effect trauma has on actual brain development or delays, if development leads to a true understanding of youth developmental age versus chronological age.
- WV has the opportunity to work with each youth to maintain family relationships and connections to caring adults. WV has the opportunity to guarantee that each youth meeting the target population definition is linked to at least one adult that is “crazy about him or her”.

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