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Inquiry into program evaluation procedures for the independent living initiative.

Pamela A. Peterson

The University of Montana

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AN INQUIRY INTO PROGRAM EVALUATION PROCEDURES
FOR THE INDEPENDENT LIVING INITIATIVE

By

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B.A., University of Montana, 1978

Presented in Partial Fulfillment of the Requirements
For the Degree of
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Date

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CHAPTER 1

Introduction

The author's interest in the field of social welfare has resulted from several years working in social service agencies. In December 1989, the Department of Social Services for the state of Colorado hired the author to conduct a statewide program evaluation of the Independent Living Initiative (ILI) child welfare program. The Independent Living Initiative was a policy providing funding for the states to implement assistance to foster adolescents to learn skills needed to live on their own once foster care is discontinued. The program evaluation itself was completed between January and June 1990. Once the evaluation was completed, it was broadened from a statistical report to this paper. Herein, the author has reflected upon the quality of the completed research, proposed an integrated process-plus-outcomes approach to future program evaluations, and outlined a social action strategy that would expand the independent living concept to aid more at-risk adolescents.

Chapter 1 argues the need for the Independent Living Initiative, describes the political circumstances that threatened the program and suggests that development of a comprehensive, process-plus-outcomes evaluation strategy could increase the program's chances of survival. Chapters 2 and 3 recount the author's own program evaluation. Chapter 4 offers recommendations to the program coordinator and describes a potential strategy to expand the program outside the confines of the governmental structure.
Statement of the Problem

The Need for an Independent Living Initiative

The Independent Living Initiative was designed to fill a gap in child welfare services for foster adolescents. Without the Independent Living Initiative, the child welfare system lacked the resources to help increasing numbers of foster adolescents to become productive, independent young adults. The Initiative serves the most at-risk group of foster children—teens nearing age of majority who would have no family support once their state guardianship was terminated.

Before the Independent Living Initiative, there was no formal plan for preparing these youths for the challenges of living on their own; e.g. how to rent and keep up an apartment, how to obtain and maintain employment, etc. Traditionally, the child welfare system (foster parents and social workers) had not focused on teaching these skills. Sims (1988) related:

"Foster care services originally were developed to provide a protective environment for youths coming from abused, neglected and abandoned environments. The basic purpose of the services was to meet the dependency and security needs of these children. However, the process typically has neglected their growth and self-sufficiency needs."

The problem is not merely that these teens suffer the difficulties of becoming self-sufficient at a young age. Taxpayers also share the cost of neglecting growth and self-sufficiency needs of foster youths. A disproportionate number of ex-foster children are homeless, unemployed, in prison, and on welfare (Barden 1991). The numbers of foster adolescents facing this challenge are noteworthy. Nationwide, less than half of all foster children will be adopted or
re-united with their families (Westat 1986). As a consequence, foster children who are not re-united with families or other caring relatives will have to take care of their own needs. Using Colorado as an example of the number of children who may be in this situation, as of May 1990, case records indicated that at least 25 percent (244 youths aged 16 to 18) of the total state adolescent foster population were expected to leave foster care with no resources (Appendix J, CWEST, May 1990).

Long-term economic concerns may have prompted legislation of the Independent Living Initiative. Kammerman (1989), states:

"Children are becoming a scarce resource, especially a well-educated, technologically-skilled workforce compared to other industrial nations...future labor shortages, concern about the quality of our human capital, the need to respond to the social and family changes experienced by the baby boom cohort and the unfinished social reform agenda regarding poor children, are what some see as leading to the emergence of a contingency for children's issues for the first time in 90 years. Thus, improving the situation of children seems not only moral, just and fair, but also good investment for the society."

Foster children are often faced with developmental inadequacies that hinder their sense of self and independence. A large percentage of these youths have substantial psychological barriers born out of neglect, abuse and/or abandonment. One can think of it within the theoretical framework of developmental psychologist Erik Erickson. According to Erickson, children progress though several distinguishable stages as they become young adults. The child who successfully negotiates each of these stages learns trust, autonomy, initiative, industry, and identity—a solid antidote for life's adversities. The child
who does not successfully pass through these stages may learn mistrust, shame, guilt, inferiority and identity confusion—a sure ticket to frequent failures.

Again, using Colorado's statistics as an example of the extent of this problem, at least 70 percent of the foster children aged 16 through 18 have behavioral or emotional disturbances that cause a substantial barrier to their personal growth (Appendix G). An additional 17 percent suffer from extreme abuse and neglect. Yet, these children must attempt to overcome these difficulties to live on their own at a young age.

The Independent Living Initiative can offer more time and resources for these children to go back and gain some of the personal and self-sufficiency skills. Youths enter the program on a voluntary basis. Each individual's special needs are assessed, followed by a variety of activities intended to teach independent living skills. For example, he or she may participate in group exercises geared to increase social skills. Or, a workbook may be completed that teaches basic skills, such as balancing a checkbook, landlord-tenant laws, purchasing an automobile, etc. Many states have allowed individuals, who need the extra time to learn independent living skills, to receive funding and services through the age of 19.

In summary, concern for the welfare of foster children reaching the age of majority is substantiated not only from a humanistic point of view, but also by short-term and long-term human resources issues confronting the nation's economy.
The Political Environment: Opposition to the Independent Living Initiative

In spite of arguments to support a program that would assist this child population, the fledgling program faced opposition to renewed funding and institutionalization. Continued funding is contingent upon review in 1992. Since the Reagan administration had previously attempted to repeal funding for the purpose of applying the money toward budget deficits, the current administration may be expected to repeat this opposition. It may also be expected that the administering/overseer agency will carefully scrutinize the states' progress, including the area of program evaluation.

An account of the program's history aids in understanding the magnitude and nature of this opposition. The Independent Living Initiative was initiated in April 1986 (Section 477 of Title IV-E, Consolidated Omnibus Budget Reconciliation Act of 1985). Children aged 16 through 18 in foster care whose families benefitted from AFDC (Aid to Families with Dependent Children) were eligible to participate in Independent Living Initiative activities (Sims 1988). The federal agency given responsibility for overseeing the program was the U.S. Department of Health and Human Services Administration for Children, Youth and Families, or Human Development Services (HDS). States were to implement the program, applying for monies according to procedures established by HDS. However, HDS caused significant delays in disbursement of program instructions and funding to the states. Although the Independent Living Initiative was legislated into public law in April 1986, the states were not notified of its
availability until April 1987—and funding was not available until June 1987—more than one year after legislation. The reluctance of HDS to implement the program is further substantiated by the following introduction to program instructions from HDS to the states (Sims 1988):

"While we recognize the importance of developing independent living skills for teenagers in foster care, we cannot support the implementation of a new categorical service program for this purpose. However, we are issuing these instructions, on a contingency basis, to provide information on, and specify the application procedures for this program in order that we may complete all administrative functions except the final award of funds during the period of congressional consideration of other legislative and budgetary proposals."

The importance of evaluating this program becomes more evident by examining the hearing transcripts of the Subcommittee on Public Assistance and Unemployment Compensation of the Committee on Ways and Means, House of Representatives (1988). This hearing was held for the purpose of funding the program through 1992. Although there was overwhelming support for renewed funding from other testimonies, HDS stubbornly objected stating that there was no track record of the program's value, and too few states had established ongoing evaluation strategies. As a recommendation to supporters of the program, Sims (1988), stated:

"...to ensure the program's continuance, the successful institutionalization of emancipation programs for youths in foster care will depend on a variety of factors. The factors involved are astute political opposition of the current administration, production of accurate outcome data from programs, community acceptance, and agency change. Little is known about the ability of emancipation programs to prepare youths for independent living."
Thus, the problem to be addressed here is the evaluation of the ALIVE/E program in order to provide the substantive data required to determine whether or not the program should be continued. Thus, the following chapters will focus on evaluation procedures generally used for programs. The evaluation completed by the author in Colorado in 1990 will be described in Chapter 3, followed by a recommendation for future program evaluation procedures.
CHAPTER 2

Construction of the Evaluation of the Independent Living Program in Colorado:
Project ALIVE/E

(Adolescents Living Independently Via Education/Employment)

Initial Consultations/Goals of Research

During initial consultations, the Project ALIVE/E coordinator requested an evaluation that would address program implementation strengths and weaknesses. This type of evaluation required inquiry of program staff attitudes and comprehension of the Independent Living Initiative, as well as how much the program was being used. Accordingly, process evaluation was instigated. A process evaluation differs from an outcomes evaluation in that a process evaluation looks at how well program staff are implementing program directives; whereas, an outcomes evaluation measures change as a result of participation in the program.

The Coordinator's reasons for a process—as opposed to outcomes—evaluation were twofold. First, she thought it would be beneficial to respond to issues brought forth by Westat, a social policy research team contracted by HDS to survey the states' progress. In 1989, Westat submitted a report to HDS that addressed process matters (program implementation strategies by the states) and made recommendations to increase the program's utility. Consequently, research was designed to elicit information that replied to recommendations from Westat's study. The second reason for conducting a process evaluation is that the Coordinator felt that, even though data collection
had begun that could be compiled into outcomes statistics, not enough data was yet available for meaningful evaluation.

The Coordinator specified the following questions to be investigated:

1. Does the service delivery system put too much pressure on caseworkers and foster parents in terms of caseloads and expectations?

2. Are additional foster parents needed who are skilled in working with troubled adolescents?

3. Should assessment instruments be standardized?

4. Should more instruction of intangible skills be incorporated? How?

5. Are group home caregivers incorporating independent living training?

6. Should aftercare be provided?

7. Should independent living training begin before the age of 16?

8. How well are existing community resources being utilized?

9. Should services be continued until age 21?

10. What constitutes an adequate case review process?

11. To what extent are county caseworkers utilizing the program?

12. What is the demographic profile of the eligible population?

Research operations were planned and executed between January and July 1990. The results were compiled into a report which was submitted to HDS in October 1990. The mechanics of the research—how interview questions were formed, questionnaire design, measurement, reliability and validity, and analysis of data—were formulated.
Definition of Terms

The specialized language used to talk about independent living programs is as follows:

"Independent Living" — According to HDS program instructions for the Independent Living Initiative (Appendix A), "such programs may include programs to:

(1) Enable participants to seek a high school diploma or its equivalent or take part in appropriate vocational training.

(2) Provide training in daily living skills, budgeting, locating and maintaining housing, and career planning.

(3) Provide individual and group counseling.

(4) Integrate and coordinate services otherwise available to participants.

(5) Provide for the establishment of outreach programs designed to attract individuals who are eligible to participate in the program.

(6) Provide each participant a written transitional independent living plan which shall be based on the assessment of his needs, and which shall be incorporated into his case plan.

(7) Provide participants with other services and assistance designed to improve their transition to independent living." (Social Security Act, Section 477, 42 USC 677(a), January, 1987).

Examples of services provided by ALIVE/E staff were basic skills training, such as budgeting, maintaining a place to live, etc. They also facilitated therapeutic activities and provided a yearly teen conference. Nonprofit and other government agencies were contracted for other specialized services. For example, Colorado had a contract with the Department of Economic Security to provide employment and training advice and services.
"Eligible Youth" — Initially, only those individuals who were receiving funding from AFDC (Aid for Dependent Children), in foster care and aged 16 to 18 were eligible to participate in the Independent Living Initiative. The eligibility guidelines were broadened to include aid for any foster child, aged 16 to 19, up to 6 months after the child began living on his or her own.

"Service Delivery System" — In Colorado, the independent living service network was comprised of a state coordinator, five Project ALIVE/E regional counselors, 10-15 state-funded, county-administered independent living program counselors, 225 social service county caseworkers and approximately 200 foster caregivers. The Project ALIVE/E coordinator was responsible for implementing and overseeing the program. Project ALIVE/E counselors made the initial contact to complete a needs assessment and develop goals, then continued to work with the youth until the service period was over.

In addition to the federally-funded Project ALIVE/E, the state of Colorado had a parallel state-funded independent living program. There were seven state-funded independent living programs at the time of this evaluation. According to HDS program instructions, Project ALIVE/E counselors could not duplicate services of any state-funded program. Therefore, youths could benefit from participating in both programs.

"Primary consideration" — A term used in child welfare which indicates a child's most important need to be considered in planning his or her welfare. Each case work file listed a primary consideration.
"Goal for Closure" — Another child welfare term required to be listed in
each record. Examples of goals for closure would be "return to parental home,"
"live with relatives," "institutionalization," or "independent living."

"Client Demographics" — The following clientele characteristics were
compiled:

1. Race
2. Sex
3. Age
4. Primary Consideration (for case plan development)

Research Methodologies

Two types of activities were carried out to gather information about the
Project ALIVE/E program. The purpose of the first, which included staff
interviews and the questionnaire administration, was to gain staff perspectives
about the program. The second type of activity, which included data collection
from computerized data systems, was to collect referral statistics and to compile
demographic profiles. The staff interviews and questionnaire will be discussed
first.

Information and research methods used in the Westat National Study on
Independent Living (Cook, 1986) were consulted in order to draft interview
questions. The questions were revised for appropriateness, flow, and clarity
based on initial interviews with independent living counselors and child welfare
social workers. Unfortunately, the questionnaire was not piloted on foster
caregivers, and this oversight is no doubt reflected in the questionnaire response
rates as indicated in Table 1 below. A copy of the questionnaire is included as Appendix C.

### Table 1

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>No. Q'aires Sent</th>
<th>No. Q'aires Rec'd</th>
<th>Rate of Response</th>
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</thead>
<tbody>
<tr>
<td>Caseworkers</td>
<td>225</td>
<td>102</td>
<td>45%</td>
</tr>
<tr>
<td>Foster Personnel</td>
<td>400</td>
<td>64</td>
<td>16%</td>
</tr>
</tbody>
</table>

The questionnaire was sent to all county child welfare caseworkers and a sample of foster caregivers. Returned questionnaires were coded by zip code for geographical region and type of service provider (Project ALIVE/E staff, county independent living program staff, child welfare caseworkers and foster caregivers).

**Measurement**

Variables measured were:

1. The service provider's perception of his or her independent living knowledge.
2. The efficacy of referral procedures.
3. Accessibility of services to eligible youths throughout the state.
4. Extent of cooperation between Project ALIVE/E and county caseworker staff.
5. Extent of cooperation between Project ALIVE/E staff and state-funded program staff.

6. Extent of program compatibility; i.e., do Project ALIVE/E program services duplicate state-funded program services?

Questions were designed for measurement on a nominal scale. Respondents had ample opportunity to add comments. Variable #1 concerns whether or not providers are aware of and/or utilizing Project ALIVE/E. Variables #2 through #6 were intended to identify if policies or procedures should be modified.

A client profile was compiled from three data bases. For information about foster children nationwide, the Westat report was consulted. For general information about all foster children in Colorado, the CWEST (Child Welfare Services Tracking) data base was consulted. The CWEST data base gathered child welfare statistics from each of Colorado’s counties—except, unfortunately, statistics that directly related to the Project ALIVE/E program. Consequently, statistics and profiles of the Project ALIVE/E clientele had to be obtained from a personal computer database. Then, statistics from CWEST were downloaded to the personal computer, then cross-tabulated to obtain an integrated picture of the child welfare population as well as how it compared to Project ALIVE/E adolescents. In addition, since the CWEST data base had not been fully implemented, some information was limited or unavailable.

Overall, the methodologies were designed to elicit qualitative information about how well initial program instructions were being utilized. Interviews
were conducted, a questionnaire was administered, and computer data bases analyzed. The next chapter will address results of the program evaluation.
CHAPTER 3

Results of Research

This section will review results of the research, including a discussion of reliability and validity and analysis of the data.

Reliability and Validity

The final page of the survey questionnaire asked respondents to comment on the instrument. According to answers and comments, it elicited valid information. Ninety-two percent answered that the questionnaire was relevant to the topic and easy to complete.

The problem area noted by the researcher involved the use of the term "independent living." The problem was most evident with foster caregivers. In particular, this confusion would affect responses to two questions. Question #5 asks, "Do you think the following resources are adequate?" (See Appendix C, question #5.) Depending on whether a respondent thought the question referred only to the Project ALIVE/E program or to community resources, results would vary considerably. Question #9 asks, "How comfortable are you with your own knowledge of independent living?" Again, answers would be different depending on whether the respondent thought the question referred to the program or to their own generic concept of independent living. Nonetheless, the questionnaire could be utilized in future inquiries with some changes to prevent use of terms that seemed to elicit ambiguous responses. A pilot of the foster caregiver population would certainly be useful. The administrator of a future
questionnaire could increase response from the foster caregiver population by providing pre-addressed, postage-paid return envelopes.

**Data Analysis**

The following sections describe data obtained from interviews, data obtained from the survey questionnaire, county referral statistics, and demographic profiles of the client population.

**Summary of Data Obtained from Interviews**

To obtain personal observations about how well the program was being implemented, interviews were conducted with twenty-two individuals—all five Project ALIVE/E staff, eight state-funded independent living staff, seven county child welfare caseworkers and two Project ALIVE/E advisory board members. Questions were selected to address Westat (Cook 1986) program recommendations. A synopsis of the questions is followed by a summary of responses. Appendix F is a listing of questions used for these interviews.

Q. "Should case review procedures be changed?"

Most interviewees stated that the child welfare system produced client dependency. Ideally, to work towards self-sufficiency, adolescents would need to become involved in all life decisions (Cook 1986). Accordingly, the reason for a youth to attend case reviews would be to gain control and responsibility. Respondents gave a wide variety of opinions about a whether or not a youth ought to participate in case reviews. The majority of interviewees thought the youth ought to attend some—but not all—reviews. All respondents kept the
youth informed of upcoming reviews and provided opportunity for input. Some
types of reviews were thought to be potentially harmful to the youth's self-
concept; e.g. a psychiatric review that may be difficult for a youth to put into
perspective. It was agreed that placement and emancipation reviews should
include the youth. Overall, staff complained about the logistical difficulty of
attempting to require the youth's attendance at all reviews.

Project ALIVE/E staff members reviewed cases every six months or more
frequently as needed. Because Project ALIVE/E served the entire state with
only five counselors, these reviews were usually accomplished by phone. One
Project ALIVE/E counselor designed a progress checklist for each youth that
prevented telephone conversations that did not attend to all relevant issues.

Q. "How do you use community service agencies and how would you describe
our relationships with these agencies?"

Project ALIVE/E staff contract with other community service agencies for
service specialties. Most frequently, contracts with service agencies were for the
following services:

- Independent living: Project ALIVE/E and state-funded programs refer to
each other; caseworkers make referrals to one or both independent living
programs
- Psycho-social therapy
- Job and career assistance (mostly JTPA)
- Substance abuse counseling.
- Help with education, obtaining GED or technical training
• Partners or Big Brothers and Sisters
• Probation
• Birth control or prenatal counseling

Interviewees characterized a good working relationship with community
service providers by the following criteria:
• Knowing each other's goals
• Knowing each other's menu of services
• Frequent communication and followup on clients
• Good attitude toward and knowledge about adolescents
• Recognizing the need to keep politics and work separate

Q. "Could services be improved by forming decision-making teams and
interdisciplinary networks?"

Respondents said this was already part of their jobs. As case managers, they
coordinated efforts and solicited input from other service professionals. Most
respondents thought any effort to formalize the process would produce red tape
and slow down progress.

Q. "How do you get answers to questions about independent living?"

Twelve out of 22 interviewees were comfortable with their ability to prepare
foster adolescents for independent living. When a question came up, respondents
consulted each other and/or personnel from the parallel program. Respondents
reported this sharing of information between programs was especially beneficial.
Cross-program communication had been stimulated by quarterly meetings.
Q. "Are there internal conflict and chain of command issues that negatively effect service delivery?"

Cooperation between independent living workers and caseworkers depended to a large extent on support at the administrative level for each county. Some administrators viewed Project ALIVE/E as a temporary program and discouraged child welfare workers from using the program.

A recent change in the Project ALIVE/E staffing structure has allowed for a new supervisory level in the chain of command. Several interviewees were pleased with this development. More time was made available for consultation.

Q. "Are independent living efforts adequate in rural areas?"

Rural Project ALIVE/E workers talked about the need for additional staff. The county-managed independent living programs do not serve rural youths. Rural Project ALIVE/E workers must cover very large geographical areas. When the program was new and caseloads were small, this worked well enough. Expanded eligibility standards have increased caseloads. The time needed to cover the considerable distances between youths reduces the frequency of contacts with each individual. For example, a one-way trip to a remote group home site takes two and one half hours. By the time the counselor works with youths and returns home, it is quite late in the evening.

In addition to the these reasons for expanding staff, some rural counties reported nonrecognition of the program (Appendix I). In counties where Project ALIVE/E had rarely been utilized, outreach efforts were indicated.
Q. "How should independent living skills, particularly intangible skills, be taught?"

Interviewees were asked about teaching methods. This question brought to light that independent living training required integration of both tangible and intangible skills. Tangible skills, such as how to balance a checkbook and budget money, were straightforward and amenable to classroom instruction. Intangible skills, such as decision making, problem solving, and appropriate communication, required a combination of classroom instruction, practice, and frequent contact with a mentor or role model. Although the mentor or role model could be any qualified individual, many interviewees thought foster caregivers were in the most optimal circumstance. Other ways to teach intangible skills included teen conferences, problem solving exercises and practicing new skills in a safe setting.

Q. "Should eligibility standards be changed?"

This question brought animated responses from interviewees. They talked about the advantages of training youths before age 16. Five interviewees thought a case should be closed only after a youth requests closure. Two thought caseworkers should determine when to discontinue Independent Living Initiative services. Two would leave the cutoff rules as they are. The majority thought there should be a time-limited plan (to age 21), where the independent living worker and youth would develop a plan to achieve emancipation. If progress was being made, services would continue until the goal was achieved or the youth reached his or her 21st birthday.
There was concern for youths who could benefit from independent living skills training, but who are not eligible for child welfare services because (1) their situation was not dire enough for the child welfare system to step in, (2) they were not in foster care, or (3) they were already living on their own, for example, homeless youths.

Q. "Who should help a youth with emotional disturbances?"

Interviewees thought any qualified person who had the necessary rapport with the youth could help with most emotional disturbances. Loneliness could be addressed effectively in groups. For deep-seated complex issues, only a professional therapist should attempt to help.

Q. "Should Project ALIVE/E offer incentives for remaining in school, such as monetary reward for grades?"

Several interviewees said they offered a school incentive; e.g., money for attendance or maintaining a "C" average. Interestingly, those same individuals agreed that it seldom influenced the youth's behavior. Interviewees were more concerned that emancipation at age 18 hurt youths academically. Most foster youths were still in high school and were likely to be behind academically at age 18. The responsibilities of maintaining a home, working at a job, and going to school, proved too difficult. Interviewees felt that foster placement, or adequate subsidy to live outside of placement without having to work full time, should be continued so long as the student maintained satisfactory scholastic progress. Interviewees reported that, because of budgetary constraints, this strategy is seldom supported by administrators.
Q. "What other policies should be changed or added to improve program effectiveness?"

Most interviewees thought more effort should be made to recruit and train foster personnel. These specialized foster personnel would be required to incorporate independent living plans as part of their foster care duties.

Using the same needs assessment instrument across both programs (federal and state funded) was considered important. Project ALIVE/E had standardized its needs assessment, and respondents reported that the instrument helps them get started and keep track of needed services. This instrument also provided a pre- and post-test measurement.

Medical coverage was a concern. Interviewees thought a Medicaid policy should provide up to a year of coverage after a youth emancipates. Most youths living independently work in jobs with no medical benefits. When ill, they either forgo medical treatment or rely on emergency services. It was suggested the Colorado Medically Indigent Program could provide assistance.

Q. "Have you attended a Project ALIVE/E workshop and how would you rate it?"

To enhance awareness and understanding of the program, the program coordinator conducted workshops for county workers and foster parents. The coordinator wanted feedback as to how these workshops were received. The majority of interviewees had attended one of these workshops. All but two interviewees thought these workshops worthy. Workshop topics recommended for the future included, most notably, rural issues, screening of youths for training, and skill building techniques.
Q. "How would you suggest independent Living Programs be Evaluated?"

When asked how program effectiveness could be evaluated, respondents replied that the nature of independent living clients and the process of learning self-sufficiency would make measuring client outcomes a difficult endeavor. For example, it was pointed out that self-sufficiency skills were developed over a lifetime. Some counties have had success, although limited, at tracking youths at six-month and one-year intervals. Interviewees reported that, for the most part, ex-clients who were located were the more stable/successful youths.

One county measured success by setting up a single success criteria—to have each youth living on his or her own by age 17 and not return to foster care before age 18. In other words, if the youth did not return to foster care before age 18, this was a positive outcome. No longer-term evaluation effort was attempted.

A more scientific method suggested would be to match characteristics of youths and create a control group who would not receive independent living services. If youths could be tracked over a reasonable period of time, comparison could be made. Of course, ethically, withholding services from eligible youths for the sake of measurement would preclude this measurement methodology.

Tracking ex-foster youths by social security number was suggested. Those who returned to public assistance or were incarcerated could be compared. One group would be ex-foster youths who had completed independent living services. The second group would be those who had not completed services. If
significantly more youths had not completed an independent living program, it could be hypothesized that the program helped prevent return to public assistance or incarceration. This strategy would require interagency cooperation, development of a data base, and research staff. Again, ethically, this procedure may violate the child welfare agency's responsibility of confidentiality to its clients.

**Summary of Data Obtained from the Survey Questionnaire**

This summary of data is divided into three sections. The first examines how well staff understood the program's purpose and goals and whether they were utilizing it to aid youths. The second section reviews factors that affect youths' successful participation. The third section explores program effectiveness. Appendix D contains percentages and rates.

**Level of Program Utilization and Provider Cognizance**

Ninety-two percent of county caseworkers and their supervisors reported they were familiar with the Project ALIVE/E program. May 1990 statistics evidenced that 386 out of 972 youths aged 16 to 19 in Colorado were receiving independent living services. Project ALIVE/E was serving 253 individuals, and 26 were participating in both Project ALIVE/E and a county independent living program.

Fifty-eight percent of respondents were comfortable with their understanding of independent living; 42% were either undecided or uncomfortable.

Foster caregivers reported a much more limited awareness and utilization of independent living. Only 28% of those foster caregivers who returned the
questionnaire answered that they were familiar with Project ALIVE/E. A much higher percentage of foster respondents reported difficulty understanding the terms used in the questionnaire. Further, this group may have indicated their ignorance of independent living by not responding to the questionnaire at all. The evaluator believes that many who received the questionnaire were confused by its content and therefore did not attempt to complete it.

**Factors that Directly influence Success of Eligible Youths**

Maturity was seen as the most influential component of whether or not a youth attains self-sufficiency. Emotional and behavioral disturbances and poor decision-making/problem solving skills were seen as the most common handicaps. A stable living situation was considered vital to a youth's likelihood to participate in the program and complete training.

Data showed problem areas in the quality and accessibility of community services. Seventy percent of providers complained that there were not enough foster caregivers who have the skills to help foster adolescents with their special handicaps. Statewide data pointed to goal setting/planning and school counseling as being scarce. Eighty-five percent of respondents thought rural resources were inadequate, especially quality mental health counseling, school counseling and career planning/job opportunities. Public relations activities may be indicated to encourage community participation as mentors for foster youth.

Accessibility to independent living services was considered good, except in more remote rural areas. The section on county referral data and Appendix I go into greater detail regarding this area.
**Independent Living Policy**

Referral procedures to Project ALIVE/E were acceptable to county caseworkers; in fact, individual respondents commented that it works very well. Cooperation among Project ALIVE/E counselors, county independent living staff and county caseworkers was also reported as good. Program compatibility of Project ALIVE/E services and state-funded independent living services was reported as excellent.

The most recognized concern regarding Independent Living Initiative policies was the age for discontinuing services. Whereas some youths did not respond to the program staff's efforts, others would be progressing toward stability, education, and employment and wanted further support. Providers would like to see an extension of the age limit to age 21 for a youth who has developed a viable emancipation plan and is working hard to obtain his or her goals.

**County Referral Statistics**

In addition to asking providers for their opinions and perceptions of the independent living program, county referral statistics were analyzed for indications of program utilization. Data was obtained from the state data base (CWEST). The numbers were cumulative beginning with July 1989 through April 1990. The total number of referrals to an independent living program was 51, however this number includes individuals who may have been referred to both a county program and Project ALIVE/E. A breakdown of referrals by county and Project ALIVE/E programs is included in Appendix I.
For data collection purposes, Colorado has defined its counties by population (large, midsize, or small). Information was obtained from the CWEST data base report for May 1990. Ten counties were designated as large, 17 as midsize, and 36 as small. All large counties reported utilization of an independent living program. Only one county did not sponsor its own county independent living program for urban youths. Of the 17 counties designated as midsize, 13 had made at least one referral to an independent living program. However, of the 13 who had made referrals, 11 had made three or fewer. Some of the counties designated as small had more referrals than midsize counties. Of the 36 counties designated as small, only nine had made referrals to independent living. While it is possible there are no eligible youths to refer in some cases, this explanation was contrary to the fact that two of the nine small counties had each made nine referrals to independent living.

There were 26 individuals who had been served simultaneously by Project ALIVE/E and a state-funded independent living program. Some counties preferred to make referrals to one or the other program, while others preferred the same individual to both programs. Some small counties utilized independent living more often than the large or midsize counties. This phenomenon suggested there were varying degrees of acceptance of independent living training by county caseworkers. Further investigation of referral procedures might reveal how Project ALIVE/E and the county programs were viewed differently.
Obtaining CWEST data base information of each county's eligible population to compare the ratio of referred to eligible youths is recommended. This data could be tracked quarterly and summarized yearly to determine increases or decreases in program usage. This could then be compared with statistics from other states to obtain an expectation or baseline to indicate variance in acceptance of the program.

Demographic Profiles of Client Populations

This section compares characteristics of foster populations. Categories are sex, ethnic group, primary consideration, goal for closure, funding source, living arrangement and number of foster care placements.

**Sex**

Table 2 indicates a state clientele profile very similar to the national profile according to the national Westat study.

<table>
<thead>
<tr>
<th>SEX</th>
<th>NATIONWIDE (Per Westat)</th>
<th>STATEWIDE (Foster Population)</th>
<th>PROJECT ALIVE/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>43%</td>
<td>49%</td>
<td>41%</td>
</tr>
<tr>
<td>Female</td>
<td>57%</td>
<td>52%</td>
<td>59%</td>
</tr>
</tbody>
</table>

**Ethnic Group**

Colorado's Hispanic foster population was significantly higher than the nationwide average, indicating a need for service providers to have a good understanding of that population's special needs. Colorado's Black foster
population was considerably lower than the national average. In the interest of equal representation of services, further investigation may be warranted.

Table 3

Distribution by Race

<table>
<thead>
<tr>
<th>RACE</th>
<th>NATIONWIDE (Per Westat)</th>
<th>STATEWIDE (Foster Population)</th>
<th>PROJECT ALIVE/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>61%</td>
<td>72%</td>
<td>65</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Black</td>
<td>30%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>Am Indian</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Asian/ Pac. Isldr.</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Primary Consideration

Statistics indicate that the primary considerations most frequently reported were emotional and behavioral disturbances, neglect/abuse, and substance abuse. (See Appendix G.) However, discrepancies between data reporting categories made further statistical analysis difficult. For example, the primary consideration categories differed from the Westat report, the CWEST data base, and Project ALIVE/E client records. Substance abuse, the most common primary consideration for Project ALIVE/E clients, was included in another major heading for the CWEST and Westat data. Emotional disturbances were lumped together into one category with behavioral disturbances in the Project ALIVE/E data, but not in the Westat report or CWEST.
Goal for Closure

Child welfare records management required that a goal for closure be listed when the case was opened and changed as circumstances warranted. Westat data showed there was a significant number of case records that changed their closure goal to independent living just prior to discharge. In fact, closure goals at intake (inception of child into child welfare system) indicated independent living as a closure goal in only 17% of case records; however, closure goals 60 days prior to discharge indicated that 38% of youths would be living on their own. Documentation of this phenomenon in the state of Colorado may be useful in future efforts to increase independent living funding.

Funding Source: Information not available.

Living Arrangement

Of the Project ALIVE/E client population, more youths lived in group homes, mostly Residential Child Care Facilities (RCCF's), than any other living arrangement. This could have been another indicator of the difficulties involved with finding foster homes for placement of adolescents. Child welfare workers talked about this difficulty in interviews with the researcher. (See earlier section, Summary of Data Obtained from Interviews.)

Number of Placements

Colorado's Project ALIVE/E population very closely resembled the national average as reported by Westat, although Colorado statistics showed a six percent better record of a child only needing one placement. This statistic is important for Colorado, since according to data obtained from the survey questionnaire,
respondents thought a stable living arrangement substantially promotes a youth's chances for success. They did not feel enough consideration was given to foster placements, even though Colorado did better than the national average.

Table 4

Average Number of Foster Placements Per Child

<table>
<thead>
<tr>
<th>NO. OF PLACEMENTS</th>
<th>NATIONWIDE (Per Westat)</th>
<th>STATEWIDE (Foster Population)</th>
<th>PROJECT ALIVE/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20%</td>
<td>Not Available</td>
<td>26%</td>
</tr>
<tr>
<td>2</td>
<td>20%</td>
<td>Not Available</td>
<td>21%</td>
</tr>
<tr>
<td>3</td>
<td>19%</td>
<td>Not Available</td>
<td>16%</td>
</tr>
<tr>
<td>4</td>
<td>11%</td>
<td>Not Available</td>
<td>9%</td>
</tr>
<tr>
<td>5 Or More</td>
<td>28%</td>
<td>Not Available</td>
<td>28%</td>
</tr>
</tbody>
</table>

To summarize, Colorado's foster youth demographic profile closely resembled national statistics, except for having a larger proportion of hispanics. Referrals from counties varied, with some counties that had small foster populations that utilized Project ALIVE/E services more than some counties that had large foster youth populations.
CHAPTER 4
Recommendations and Additional Considerations

The program coordinator requested results of the research as well as a list of recommendations that, if incorporated, may aid program implementation.

Included in this chapter are a list these recommendations, a model for social program evaluation and how services might be expanded to a larger segment of needy youths.

Recommendations made to the Project ALIVE/E Program Coordinator

Categories of recommendations as submitted to the program coordinator were training, policies/procedures, program development, and data management.

Training

1. Colorado's program should continue independent living orientations for all new caseworkers.

2. All new foster personnel should be trained in independent living philosophy and instruction.

3. A special effort should be made to encourage existing foster caregivers to attend workshops regarding independent living.

4. Independent living staff should develop an informational brochure that describes Project ALIVE/E's purpose, eligibility standards, resources and procedures. This brochure should be distributed to all service providers.

Policies and Procedures

The following policies could be changed:
1. The Project ALIVE/E coordinator should generate lists of eligible teens to caseworker supervisors on at least a quarterly basis and require a response from counties about eligible adolescents who have not been referred to the program.

2. A plan to improve recognition should be launched where there appears to be under utilization of the program.

3. Independent living staff should support efforts lobbying to modify eligibility requirements to include children at age 12 and until age 21 under certain circumstances.

**Program Development**

Cook (1986) identified nine program areas considered to be valuable components to implementing the Independent Living Initiative. These were:

- Teen conferences.
- Educational Assistance.
- Job Training.
- Basic Skills Training.
- Interagency Agreements.
- ILI Advisory Council.
- Needs Assessment Instruments.
- Case Plan and Review Policies.
- Written Service Policies.

Project ALIVE/E had already incorporated these components. Teen conferences have been held each year. Educational assistance was offered. Job training was addressed by a growing relationship between Project ALIVE/E personnel, JTPA staff and other employment specialists. Basic skills were taught one-on-one, in group settings, and by role modeling. An interagency agreement
with another state agency allowed regional, rather than county-bound, service areas. There was an advisory council whose membership represented concerned citizens and professionals from other service organizations. Each Project ALIVE/E caseworker developed a written case plan for service based on a standard needs assessment instrument. Case plans were reviewed on a regular basis, and a change in supervisory structure would promote a more formal review policy.

The following are areas for development that could further enhance the Project ALIVE/E program.

1. Develop a recruitment plan for qualified families to become foster caregivers for teens.
2. Reduce risk to potential foster personnel; e.g., provide liability insurance.
3. Increase Project ALIVE/E caseworker staff in rural areas where there are no county independent living programs.
4. Develop a plan to provide aftercare services. The most popular suggestions for aftercare services were support groups/networking, and home visits by a worker.
5. Develop a plan to obtain more volunteer community support; e.g., mentor programs.
6. Encourage counties to set up transition housing where youths can prepare for their independence in a safe environment.
Data Management

Data comparison of nationwide, statewide, and program-specific statistics was difficult. Better access to CWEST data is needed; and data transfer routines should be developed for cross-tabulating with Project ALIVE/E files.

Information that Project ALIVE/E may consider incorporating that would match some of the Westat nationwide data are as follows:

1. Upon discharge, whether or not a youth had obtained either a high school degree or GED.
2. Distinguish between "missing" and "none" in data base categories. For example, if there is no special need in case plan, note either "Missing" for missing information or "None" if no special need outside of independent living is considered.
3. Devise separate categories for the special needs "Behavioral Disturbance" and "Emotional Disturbance". This can be patterned after the CWEST specifications on the CWEST Coding Sheet "Child Turnaround Form" (not included in this report).
5. Review Westat "A National Evaluation of Title IV-E Foster Care Independent Living Program for Youth" (March 1990) for other reporting suggestions.
6. Extract CWEST information for all youths about their initial case closure goal and again for goal prior to discharge. If there is a substantial increase in independent living as a closure goal as the youth nears emancipation, the
funding for independent living services should be increased to enhance the child welfare service system.

Program Evaluation Strategies to Obtain Outcomes Data

The Independent Living Initiative is relatively new and remains susceptible to efforts of opposing factions struggling for scarce funding. The states have shown their support for the program by their unanimous participation in the program and by testifying for its funding before the Ways and Means subcommittee hearing in 1988.

Efforts to prevent termination of the program should include adequate evaluation procedures. States need to implement ongoing, statistically valid data. To monitor implementation efficacy, program staff could administer a checklist similar in context to this evaluator's questionnaire to indicate procedural problems. The following synopsis is of a comprehensive outcomes program evaluation strategy designed by Tatara et al (1988).

Tatara et al. recommended a computerized client tracking and reporting system suited for personal computers and an inter-relational data base. The computer would function best if it had 2-4 megabytes (MB) random access memory (RAM) and 60-80 MB read only memory (ROM). There are several reputable data bases available, such as dBase, Paradox and FoxPro.

To plan data base development, a distinction is made between time-delineated data and case-specific criteria. A data category called T1 refers to timing of data collection—either the date the Independent Living Initiative was implemented or the starting date of a new fiscal year. T2 indicates the end of the program or the
end of the fiscal year. Elements needed for T1 and T2 data sets include client data, service data, outcome data, financial data, statement of state's philosophy and policy (statutory and nonstatutory), description of existing program standards, an analysis of current needs for the program and available transition services. Tatara et al. explain each data set in detail, describing how to obtain more detailed statistical data regarding client outcomes and the progress of the state's program. A third time-delineated category, T3, is a demographic data collection subsystem that would inventory statuses of youths who had completed the program.

Expanding the Independent Living Concept
To Encompass a Broader Population

To the collective social conscience, independent living services could become as ethically compelling as were welfare programs intended to prevent starvation. As stated by Moynihan (1988), "Children are entering the [child welfare] system at an older age and more seriously troubled than ever before." Regarding usefulness of strategies employed by the Independent Living Initiative, Lessard (1988) declared:

"We're breaking the cycle, the cycle of abuse, the cycle of poverty. If you can get to these kids and get them the services, I think that's the underlying thing we're trying to do, is to make these kids successful in society and break that cycle."

Survey questionnaire respondents and interviewees expressed the desire to expand services beyond current eligibility regulations. Public recognition of the problems leading to adolescent homelessness, unemployment, and other difficulties could prompt a movement to develop a generic independent living
program. Public involvement strategies, lead by social activists, could gain acceptance of community-driven independent living services. Nonprofit organizations, such as YMCA's, runaway shelters, and homeless shelters that are not tied to HDS could form a referral network. Eligibility would no longer be stymied by a complicated child welfare system's rules and regulations. Instead, a child in need, whether in foster care or not, who wished to participate in training could do so. This would benefit homeless children and children who reside in extremely dysfunctional homes where income precludes services from the child welfare system. A call to action would require networking activities to gather forces of interested nonprofit agencies. Research into grant opportunities could include a survey of Federal Registers. Information about how to successfully design independent living training could be obtained from Independent Living Initiative staff.

The concept of the Independent Living Initiative is one that merits the best effort of social workers interested in successful outcomes for foster adolescents. The difficulties that have been encountered by the program are more procedural than conceptual. If social programs are to be successful, it is vitally important to enlist the support of the providers of the services. The Independent Living Initiative should be viewed as an opportunity for developing genuine solutions to the challenge of moving adolescents that have had disruptive childhoods to productive adults.
PROGRAM INSTRUCTION

TO: Administrators of State Public Welfare Agencies Administering Title IV-E of the Social Security Act

SUBJECT: Independent Living Initiatives Program for Fiscal Years 1990 Through 1992

LEGAL AND RELATED REFERENCES: Sections 472, 477, 474(a)(1)-(4), and Section 475(1) of Title IV-E of the Social Security Act; ACYF-PI-87-01, issued February 10, 1987; ACYF-PI-87-06, issued October 30, 1987; ACYF-PI-88-08, issued December 23, 1988.

SUMMARY: The Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272), through the addition of section 477 to title IV-E of the Social Security Act, authorized funds to States for fiscal years 1987 and 1988 for service programs and activities to assist eligible children in title IV-E foster care to make the transition from foster care to independent living.

The Technical and Miscellaneous Revenue Act of 1988 (P.L. 100-647) amended section 477 to continue the authorization through fiscal year 1989; authorized States to elect to serve non-title IV-E eligible children, and to serve children up to six months after discharge from foster care; prohibited payments for room and board; and made certain other technical changes.

The Independent Living (IL) Program was reauthorized most recently by the Omnibus Budget Reconciliation Act of 1989 (Public Law 101-239) for the Federal fiscal years 1990 through 1992. This Act also authorized, and the Congress has provided, an increase
Definition of Eligible Participants: Persons eligible for services under the title IV-E-IL program are children for whom foster care maintenance payments are being made under title IV-E and, at the option of the State, any other children who are in foster care (non-title IV-E eligible) under the responsibility of the State. In either case the children must have attained age 16 in order to be eligible.

Under title IV-E (section 472), the child’s eligibility for the foster care program extends through age 17, ending when the child reaches age 18, unless a State has opted under its title IV-A plan to extend eligibility through age 18.

For those States which have selected this option, eligibility for independent living extends through age 18 (ending when the child is 19) for youth who are full time students in a secondary school or an equivalent technical program and who are expected to complete the program before reaching age 19 (section 406(a)).

States which elect to serve non-title IV-E eligible children, including children who are no longer IV-E eligible by virtue of age, may provide IL services to all children who are in foster care under the responsibility of the State and who remain "children" under the definition of the State (i.e., have not reached the State's age of majority).

The State may also, at its option, provide IL services to any child (whether IV-E eligible or not) for whom foster care maintenance payments were made by a State and whose care or foster care payments were discontinued on or after the date the child became 16, so long as services are provided within six months of the date of discontinuance (section 477(a)(2)(C)).
Other activities under the title IV-E-IL program may include, but are not limited to, the following:

(1) counseling and other similar assistance related to educational and vocational training, preparation for a General Equivalency Diploma (GED) or for higher education, job readiness, job search assistance and placement programs;

(2) counseling and instruction in basic living skills, such as: money management, home management, consumer skills, parenting, health care, access to community resources, transportation, housing options and location;

(3) individual and group counseling, workshops and conferences for improved self esteem and self confidence, and interpersonal and social skills training and development;

(4) coordination with other components of the State's independent living program, e.g., supervised practice living, and establishment of linkages with Federal agencies and State and local organizations such as: the Department of Education, Special and Vocational Education programs and local education agencies; State and community colleges; Department of Labor, Employment and Training Administration programs including the Job Training Partnership Act (JTPA), which administers Private Industry Councils (PICs) and the Job Corps; Vocational Rehabilitation; volunteer programs (e.g., ACTION); medical and dental public and private providers; State and community mental health agencies and organizations; and local housing advisors;

(5) establishment of a system of outreach which would encourage youth currently in foster care to participate in independent living programs; and development of community organizational efforts and ongoing support networks for youth leaving foster care.
IV-E-IL program during the year; the status of the State agency's current independent living program efforts; a summary of problems and barriers to successful independent living program implementation; expected results and outcomes of the independent living program for the year covered by the application; and current and projected expenditures for independent living programs, including title IV-E-IL funds (section 477(c)).

(4) **Assurances.** The State must assure that:

(a) (Maintenance of Effort) the title IV-E-IL funds will supplement IV-E foster care funds available for maintenance payments and administrative and training costs and other State funds available for independent living activities and services (section 477(e)(3));

(b) the program will be operated in an effective and efficient manner (section 477(c));

(c) funds shall be used only for the specific purposes described in this Program Instruction;

(d) payments made and services provided shall not be considered as income or resources for purposes of determining eligibility of participants for aid under the State's title IV-A or title IV-E plan or for determining the level of such aid (section 477(h));

(e) each participant will be provided a written transitional independent living plan which will be based on an assessment of his needs and which shall be incorporated into his case plan, as described in section 475(l);
Application Submittal: A State must submit an original and one copy of the application to:

Administration for Children,
Youth and Families
P. O. Box 1182
Washington, D.C. 20013
Attn: Program Operations Division
Children's Bureau

Concurrently, a copy should be sent to the appropriate HDS Regional Administrator. A current listing of the HDS Regional Administrators and their addresses is attached (Attachment C).

The closing date for receipt of all applications is the January 31 which falls within the year for which funds are requested. For FY 1990, applications shall be considered if they are either:

1. received on or before the closing date of January 31, 1990, or
2. sent on or before the closing date of January 31, 1990 (as evidenced by a legibly dated U.S. Postal Service postmark or a legibly dated receipt from a commercial carrier or U.S. Postal Service), and received in time for the review and award process.

Similarly, for fiscal years 1991 and 1992, applications will be considered timely if they are received or appropriately postmarked or receipted by the due date.

Reallotment of Funds: Some States may not use the title IV-E-IL funds allotted to them for a particular fiscal year, either because they do not choose to apply for funds or because their applications do not meet all of the requirements of section 477 of the Act or this Program Instruction. Failure of a State to apply for its share of the Independent Living funds or to meet the application requirements will mean that the funds will not be available to the State during that fiscal year. These funds will then be available for reallocation to other States under the provisions of section 477(e)(1)(2).
also include information about prior year activities not covered in the State’s prior year reports. Reports shall be mailed to:

Administration for Children,
Youth and Families
P. O. Box 1182
Washington, D. C. 20013.
Attn: Program Operations Division
Children’s Bureau

A copy of the Program Report should also be sent to the appropriate HHS Regional Administrator. The Report must contain the following information:

(1) an accurate description of the independent living activities conducted and the services provided, including: programs modified or newly established and the current status of implementation; e.g., counseling, tutoring, basic living skills; and coordinating activities undertaken by the title IV-E agency with other community agencies and the services provided by such agencies in achieving the purposes of the independent living program (section 477(g)(1)(A));

(2) a statement, if appropriate, explaining how the title IV-E Independent Living funded programs have been incorporated into a comprehensive State program of services to this age group of children in foster care and what those services are;

(3) a complete record of the purposes for which the funds were spent (section 477(g)(1)(A));

(4) a statement regarding the extent to which the funds assisted youth in making the transition from foster care to independent living (section 477(g)(1)(A)); and

(5) appropriate, additional information for use by the Secretary in assessing and evaluating the findings and measuring the achievements of the State’s Independent Living programs, in developing comprehensive information and data from which decisions can be made with respect to the future of such programs, and in providing information and recommendations to the Congress (section 477(g)(2)). This information must include:
case of a purchase requiring prior approval, the Regional Administrator will reply in writing.

INQUIRIES: Regional Administrators, OHDS
Regions I - X

Children's Bureau, ACYF
Program Operations Division
(202) 245-0820

Wade F. Horn, Ph.D.
Commissioner

ATTACHMENTS:
Attachment A: Section 477 of the Social Security Act
Attachment B: Tentative Allotments - FY 1990
Attachment C: HDS Regional Administrators
March 9, 1990

Dear Questionnaire Participant:

Attached is a survey questionnaire which addresses the ALIVE/E (Adolescents Living Independently Via Education and Employment) program, administered out of the Child Welfare Division of the Colorado Department of Social Services. I hope you will be able to take the time to complete this questionnaire. Please return questionnaires before April 15, 1990, to:

Marlee Tougaw  
Independent Living Program Supervisor  
Child Welfare Services  
1575 Sherman Street  
Denver CO 80203-1714

Thank you. Your help is greatly appreciated. If you have any questions about this questionnaire, call Pam Peterson, Administrative Officer, at (303) 866-4744. If you have questions about the ALIVE/E program, please call Marlee Tougaw, (303) 866-3796.
APPENDIX C

General Instructions: Most questions may be answered by placing a check next to the item or by circling the appropriate response. Please feel free to write additional comments whenever you wish to do so. Also, it would help if you circled the numbers of questions you find hard to understand. Thanks.

1. Are you in a supportive role for adolescent foster youths (ages 13 - 18)? (For example, caseworker, residential specialist or foster parent, advisory board member, etc.) Circle your response.
   [Yes] [No]

2. Are you familiar with the concept of independent living training for adolescents?
   [Yes] [No]

3. Are you familiar with the ALIVE/E independent living program?
   [Yes] [No]

4. From your perspective, what are the biggest problems working with adolescents?

   [ ] Running behavior
   [ ] Emotional problems
   [ ] Arguing
   [ ] Battles over "Who's in charge?"
   [ ] School problems
   [ ] Substance abuse
   [ ] Other. Please specify. ________________________________

5. Are the following resources available to achieve maximal benefit to adolescents in foster care? Mark Y for yes or N for N in the brackets corresponding to the resource.

   [ ] Individual therapy
   [ ] Family therapy
   [ ] Counseling from a school advisor
   [ ] Pregnancy health information and advice about future goals for pregnant teen
   [ ] Assistance gaining and maintaining employment
   [ ] Long term career goal planning
   [ ] Other? Please specify. ________________________________

6. Which of the above-mentioned resources are available, but there is there a long waiting list for the services?

   [ ] Waiting list for ________________________________
     (indicate which resource)
7. Approximately one half of children in foster care are adolescents (over 12 years old). Given this information, do you feel adequate priority is given to their needs?

[Yes] [No]

If not,
Why do you think this is so? _____________________________

8. Have you worked with a counselor/staff person from both an ALIVE/E independent living program and a county sponsored independent living program?

[Yes] [No]

If yes,
Do you feel the two programs complement each other?

[Yes] [No]

Do they duplicate each other unnecessarily?

[Yes] [No]

9. Have you talked to a youth about his or her participation in the ALIVE/E program?

[Yes] [No]

If yes,
How would you rate his or her opinion of the activities?

[ ] Very High
[ ] High
[ ] Indecisive
[ ] Low
[ ] Very low

10. How comfortable are you with your own knowledge of independent living?

[ ] Very Comfortable
[ ] Comfortable
[ ] Uncomfortable
[ ] Very uncomfortable
11. If you have a question about independent living programs, who do you ask for help?

[  ] ALIVE/E counselor
[  ] A peer
[  ] ALIVE/E state coordinator
[  ] Supervisor
[  ] County independent living staff person
[  ] Other. Please specify _____________________________________

12. Regarding the last question, how satisfied were you with the answer you obtained?

[  ] Very satisfied
[  ] Satisfied
[  ] Dissatisfied
[  ] Very dissatisfied

13. Would you like to see developed an interdisciplinary network of people in your area who work with youths who would meet on a regular basis to discuss problems, new developments, etc.?

[Yes]   [No]

If yes, Would you want to be a member? [Yes] [No]
Should the network be formed ___locally ___
regionally, statewide ___?
How often could you meet with the network?
[  ] Weekly/local network
[  ] Monthly/local network
[  ] Quarterly/local network
[  ] Semi-annual/statewide network
[  ] Annual/statewide network
[  ] Other. Please specify. _______________________

What barriers to commitment would there be for you?
[  ] I do not have the time to commit.
[  ] I don't think the idea would gain community-wide support.
[  ] I would like to see a team developed, but don't feel I personally would benefit
[  ] Other. Please specify _______________________

50
14. Please give your opinion about the following statements by making a check in the appropriate box. Scale is as follows: Strongly Agree [SA], Agree [A], Disagree [D], Strongly disagree [SD]. Circle your response.

[SA] [A] [D] [SD] Enough consideration is given to appropriate placements for foster teens.

[SA] [A] [D] [SD] Training programs are adequate for a youth to learn the basics of independent living skills before emancipation.

[SA] [A] [D] [SD] There is time enough for a youth to learn the fundamentals of living independently before emancipating.

15. Please number in order of importance (1 - 7) the following influences on a youth's ability to acquire independent living skills and knowledge.

_____ Youth's emotional maturity
_____ Youth's academic ability
_____ Support from natural parent
_____ Support from foster parent or group home staff member
_____ Youth is able to practice what s/he learned while still in placement.
_____ Charisma of group leader/trainer of independent living skills
_____ Other. Please explain. ______________________________

16. Of the following factors pose the biggest risk to the youth's success after emancipation?

[ ] Lack of job experience
[ ] Did not obtain GED/high school diploma
[ ] Emotional disturbance
[ ] Pregnancy
[ ] Substance abuse
[ ] Health problems
[ ] More than three foster placements
[ ] Other. Specify ______________________________
17. If you live in a rural area, are youths able to use independent living training as a resource?

[Yes] [No] [Not applicable]

If yes, 
Is the training adequate?

[Yes] [No]

If no, 
Why not?

18. After a youth leaves foster care, what ongoing support services, if any, do you think should be available?

[ ] An individual making outreach visits to the youth's home for a specified time, e.g., 6 months.
[ ] Toll free hot line number
[ ] Support group meetings
[ ] Other. _________________________________

19. Have you ever had training on the subject of independent living?

[Yes] [No]

If yes, who sponsored the training? _________________________

20. Have you attended a training workshop sponsored by the ALIVE/E state coordinator?

[Yes] [No]

If yes, how would you rate the workshop?

[ ] Excellent
[ ] Good
[ ] Average
[ ] Below average
[ ] Poor

21. Whether or not you have already attending one workshop, would you like to attend a future ALIVE/E sponsored training workshop?

[Yes] [No]

If Yes, 
What topics would you like to see addressed?

___________________________________________________________

Would you like the workshop to include other kinds of youth workers (for example, caseworkers, placement caregivers, etc.)?

[Yes] [No]
22. Indicate below your supportive role for foster adolescents and how long you have been in that role.

[ ] Caseworker for social services: Years in role _____
[ ] Caseworker supervisor: Years in role _____
[ ] ALIVE/E Advisory Board member: Years in role _____
[ ] Foster parent: Years in role _____
[ ] RCCF facility staff: Years in role _____
[ ] CPA facility staff: Years in role _____
[ ] Other. Please specify. _______________________

Years in role _____

If you are a caseworker, please estimate the number of clients in your caseload.

[ ] 0 through 5  [ ] 21 through 25
[ ] 6 through 10  [ ] 26 through 30
[ ] 11 through 15  [ ] 31 through 35
[ ] 16 through 20  [ ] Over 36

If you are a foster parent or staff member of a residential facility, please estimate the number of foster children you supervise.

[ ] 2 or less  [ ] 6 through 8
[ ] 2 through 4  [ ] 8 through 10
[ ] 4 through 6  [ ] Over 10

Foster homes: how many children of your own do you have who are not foster children? _____

Group Facilities: how many staff are there besides yourself? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THIS QUESTIONNAIRE.

Do you think the questions were relevant?

[Yes]  [No]

Please make a check next the following problems you had with the questionnaire.

[ ] It took too long to complete.
[ ] I had trouble following the format.
[ ] The wording was poor/hard to understand

If questions were hard to understand, please circle those questions.

[ ] Instructions were not clear.

What issues do you think were left out that should be on this questionnaire?
1. **Descriptive Information About Respondents:** (N=170)

**Roles:** (N=166; 4 missing)

<table>
<thead>
<tr>
<th>Caseworkers/supervisors</th>
<th>Foster Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>102*</td>
<td>64**</td>
</tr>
</tbody>
</table>

* Colorado Department of Social Service county caseworkers and their supervisors

** Foster personnel, both family homes and group homes.

**Caseloads:** (N=150; 20 missing)

<table>
<thead>
<tr>
<th>Caseworkers/Supervisors</th>
<th>Foster Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 clients:</td>
<td>14 (14%)</td>
</tr>
<tr>
<td>5 to 15 clients:</td>
<td>20 (21%)</td>
</tr>
<tr>
<td>15 to 30 clients:</td>
<td>38 (39%)</td>
</tr>
<tr>
<td>Over 30 clients:</td>
<td>25 (26%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foster Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 clients:</td>
</tr>
<tr>
<td>5 to 15 clients:</td>
</tr>
<tr>
<td>15 to 30 clients:</td>
</tr>
<tr>
<td>Over 30 clients:</td>
</tr>
</tbody>
</table>

**Years of experience in Role:** (N=164; 6 missing)

<table>
<thead>
<tr>
<th>Caseworkers/Supervisors</th>
<th>Foster Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years:</td>
<td>52 (51%)</td>
</tr>
<tr>
<td>5 to 10 years:</td>
<td>31 (30%)</td>
</tr>
<tr>
<td>More than 10 years:</td>
<td>19 (19%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foster Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years:</td>
</tr>
<tr>
<td>5 to 10 years:</td>
</tr>
<tr>
<td>More than 10 years:</td>
</tr>
</tbody>
</table>
2. **ARE SERVICE PROVIDERS FAMILIAR WITH THE CONCEPT OF INDEPENDENT LIVING TRAINING FOR FOSTER ADOLESCENTS?** (N=170; 0 MISSING)

<table>
<thead>
<tr>
<th>Caseworkers/Supervisors</th>
<th>Foster Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>102 (96%)</td>
<td>47 (73%)</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4 (4%)</td>
<td>17 (27%)</td>
</tr>
</tbody>
</table>

A higher proportion of caseworkers/supervisors to foster personnel replied that they are familiar with the concept of independent living for foster adolescents.

3. **ARE SERVICE PROVIDERS FAMILIAR WITH PROJECT ALIVE/E?** (N=170)

<table>
<thead>
<tr>
<th>Caseworker Personnel</th>
<th>Foster Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>92 (87%)</td>
<td>28 (44%)</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>14 (13%)</td>
<td>36 (66%)</td>
</tr>
</tbody>
</table>

When compared with their knowledge of the concept of independent living, fewer respondents were familiar with Project ALIVE/E. More notably, more than 50 percent of foster personnel were not familiar with Project ALIVE/E.
Caseworkers and their Supervisors
Who are Familiar with Project ALIVE/E

Unfamiliar (13.2%)
Familiar (86.8%)

Foster Personnel
Who are Familiar with Project ALIVE/E

Unfamiliar (56.3%)
Familiar (43.8%)
4. **How Comfortable is Respondent with His or Her Level of Independent Living Knowledge?** (N=166; 4 Missing)

Fifty eight percent of respondents were comfortable with their knowledge of independent living; whereas, 42 percent were either uncomfortable or undecided.

5. **What are Youths' Opinions about Project ALIVE/E?** (N=93; 77 N/A)

The number of "undecided" answers correlates with the respondent's own opinion of the program. It probably indicates an unwillingness to state an opinion on behalf of another person.

**Youth's Opinions When Asked by Provider?**

<table>
<thead>
<tr>
<th>Very High</th>
<th>High</th>
<th>Undecided</th>
<th>Low</th>
<th>Very Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>39</td>
<td>39</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>
6. **WHO PROVIDES INFORMATION ABOUT INDEPENDENT LIVING? (N=169; 1 MISSING)**

Resources of information listed were:
- ALIVE/E counselor
- Peer/colleague
- The Project ALIVE/E state coordinator
- County independent living staff
- Social services case workers or case worker supervisors

No one resource was utilized more than another. When asked if they were satisfied with the answer(s) obtained, only 10 respondents were dissatisfied with answers to their questions; 22 were undecided, 74 were satisfied, and 44 were very satisfied.

<table>
<thead>
<tr>
<th>Satisfaction with Answers to Questions about Independent Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>44</td>
</tr>
</tbody>
</table>

7. **IS THERE DUPLICATION BETWEEN PROJECT ALIVE/E AND COUNTY INDEPENDENT LIVING PROGRAMS? (N=54; 116 WERE NOT FAMILIAR WITH BOTH PROGRAMS)**

Program regulations state that Project ALIVE/E must not duplicate existing county programs. Of 168 respondents, 61 replied they had worked with staff from both Project ALIVE/E and a county independent living program. I asked (1) if the programs duplicate each other unnecessarily, and (2) if the programs supplement one another. Fifty (87%) thought the programs supplement each other, and 48 (92%) felt that there was no unnecessary duplication. During personal interviews, I heard over and over that some duplication between the programs was beneficial; e.g., training in the areas of intangible skills and increased contact with the youth.

<table>
<thead>
<tr>
<th>Programs Duplicate</th>
<th>Programs Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 (8%)</td>
<td>50 (87%)</td>
</tr>
</tbody>
</table>

Comments regarding unnecessary duplications: (N=2)

(1) For kids already in a PAC independent living curriculum, an additional 2-3 hours per month are not beneficial.
(1) Some skill groups overlap; i.e., nutrition, shopping.
8. **Are Community Resources Adequate?** (N = 170)

**Number of Adequate Vs. Inadequate Responses**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Adequate</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal Setting &amp; Planning</td>
<td>70</td>
<td>40</td>
</tr>
<tr>
<td>Employment Counseling</td>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>Pregnancy Counseling</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>School Counseling</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>30</td>
<td>70</td>
</tr>
<tr>
<td>Individual Therapy</td>
<td>20</td>
<td>80</td>
</tr>
</tbody>
</table>

"Other" Responses: (N = 57)

(23) Need more caseworkers who specialize working with teens.
(18) Need more foster personnel/homes who understand teens and who are trained in teaching independent living skills.
(7) Need more counseling—group or individual therapy for substance abuse, self-knowledge, health, birth control, and emotional immaturity.
(3) Need appropriate housing: shelter care, transitional residential facilities, foster homes especially for teens.
(3) Need more assistance with education: tutors, alternative education
(1) Need support from bilingual staff
(1) Need medical insurance/extended Medicaid
(1) Need more support from the local community
Respondents (111 or 70%) did not think enough resources are dedicated to working with adolescents compared to younger children. Reasons given are as follows (listed in order of frequency):

**Why do you think foster adolescents are not receiving adequate priority? (N=48)**

- Lack of support by community; i.e., teens alienate would-be helpers. Because they are older, they should be able to fend for themselves. (20)
- Lack of funding and services in rural areas. (8)
- Focus is on crisis intervention rather than rehabilitation. (4)
- Society perceives that it is too late to help a child by the time s/he is a teenager. (4)
- Lack of support by legislators; i.e., funding is inadequate to support resources. (3)
- There are few jobs in rural areas. (2)
- Compared to number of perceived successes, it is expensive to work with teens. (1)
- Resources are not well organized. Need effective long-term planning. (1)
- Counties are cutting corners with teens to avoid placement. (1)
- More emphasis should be placed on prevention. (1)
- CHINS should not have been eliminated. (1)
- Parents are opting to shirk responsibility for their children. (1)
- Court backing is lacking. (1)
10. **Most Common Problems Working with Adolescents:** (N=170)

Respondents also wrote in the following difficulties (listed in order of most often cited to least often cited): (N=49)

(18) Natural family issues: Lack of support from family, emotional damage caused by dysfunctional family, trauma over parents' divorce, continuing conflict with parent(s).

(15) Behavioral disturbances:
- delinquency, vandalism, aggression, manipulation
- poor communication/social skills, lack of responsibility for self and toward others, self-discipline (boundaries/limits), emotionally immature, running from problems/home situations, depression

(9) Sexuality: Sexual perpetration, sexual victimization and/or abuse, relations with peers, sex education.

(2) Undesirable peer influences

(2) Self-esteem, identity issues

(1) Dependency on system

(1) Teen pregnancy

(1) Lack of caseworker contact

* (n)=number of respondents for each comment
11. **IS ADEQUATE CONSIDERATION GIVEN TO PLACEMENTS? (N=170)**

Only six answered that they strongly agreed that enough consideration is given to placement. Fifty two agreed that placements are adequate; 79 disagreed, and 27 strongly disagreed.
12. **Are training programs adequate for teaching independent living skills?** (N=164; 6 missing)

No one strongly agreed, 61 agreed, 70 disagreed and 26 strongly disagreed.
13. **IS THERE TIME FOR YOUTHS TO ACQUIRE INDEPENDENT LIVING SKILLS BEFORE S/HE EMANCIPATES? (N=152; 8 MISSING; 10 UNDECIDED)**

Six persons strongly agreed, 59 agreed, 65 disagreed and 22 strongly disagreed. Several respondents commented that the answer to this question depended on when a youth was referred. Policies for county programs vary from mandatory referrals to an independent living program at age 16 to referrals at age 17 1/2 only when all other options are eliminated. Consequently, data obtained from this question is difficult to interpret.

Is there Enough Time for Youths To Acquire Independent Living Skills?

- **Agree (42.8%)**
- **Disagree (57.2%)**
More respondents thought a youth's maturity was the most important influence. Opportunity to practice independent living skills was the second most popular response, help from foster parent, third, help from parent, fourth, academic ability, fifth, and charisma of trainer, last.

"Other" responses are as follows: (N=22)

(3) Motivation
(1) Cultural value of self-sufficiency
(1) Realistic goal setting/self-discipline
(1) Community support, mentor
(1) Job experience
(1) Stable living situation
15. **INFLUENCES WHICH IMPEDE ACQUIRING SELF-SUFFICIENCY? (N=170)**

I listed nine risk factors and asked which most frequently hinder a youth's success to become self-sufficient.

"Other" problems listed were: (N=24)

(14) Unstable placement history  
(8) Rural areas: few community resources, few jobs available, distance to travel for resources  
(5) Lack of support from natural family, community, counselor, foster parent  
(3) Emotional immaturity  
(1) Lack of ongoing services  
(1) Unrealistic or no goals  
(1) Playing out family script  
(1) Low self-esteem  
(1) Financial difficulties  
(1) Trouble with law  
(1) Poor communication skills  
(1) Interpersonal distance/difficulties trusting helpers
16. **ARE RESOURCES ADEQUATE IN RURAL AREAS?** (N=91; 79 N/A)

There is a lot of the state of Colorado that is rural and there is special concern that adolescents who reside in these areas do not have adequate resources. Of the 91 respondents who replied that the question was applicable to them, 47 (52 percent) were undecided; 14 (15 percent) thought resources were adequate, and 30 (33 percent) thought resources were not adequate.

"Other" responses were: (N=11)

(5) Few local resources
(4) Distance to travel for resources
(1) Few jobs available in community
(1) Project ALIVE/E not yet implemented (regions 4, 0, and 12)
17. **HOW CAN WE OFFER ONGOING SUPPORT SERVICES AFTER A YOUTH EMANCIPATES?** (N=170)

**How can we Offer Ongoing Support After Youth Emancipates?**

- **Support Groups/Networking (40.3%)**
- **Home Visits by Caseworker (37.3%)**
- **Telephone Hot Line (19.6%)**
- **Other (2.8%)**

**Other: (N=10)**

1. Foster parent remains available as needed
2. Medicaid or medical insurance maintained an additional six months to a year after emancipation
3. Offer transitional residential facility where youths can practice independent living skills
4. Caseworker available as needed
5. Offer community mentor program
18. **How Well-Received Are Workshops?** (N=44; 167 N/A)

Finally, I was curious to know respondents’ opinions about Project ALIVE/E workshops. Of 167 responses, 44/26% had attended a Project ALIVE/E workshop. Quality of workshops was rated as follows:

- Excellent: 19
- Good: 7
- Average: 9
- Poor: 0

All but five respondents thought caseworker, foster, and other types of providers and ought to train together at future workshops, providing they have similar needs and level of expertise.

19. **What Topics Should Be Addressed in Future Workshops?** (N=70)

18. Information about Project ALIVE/E; purpose, eligibility, resources, procedures
16. How to help youths prepare for self-sufficiency; i.e., supplement independent living program.
7. How to develop and utilize Project ALIVE/E in a rural area
4. Vocational planning; job hunt and maintaining a job.
4. Aftercare services
3. How to utilize community resources
3. How to deal with behavioral problems: sex issues, acting out, arguing, running, aggression
2. Self-esteem building
2. Learning counseling skills and facilitate a group
2. How to motivate youths
2. How to help homeless and other ineligible youth
1. Have Project ALIVE/E counselors for panel discussion
1. How to obtain optimal therapy services
1. Teen pregnancy
1. How to teach self-discipline and accountability
1. Impact of natural family on adolescent’s independent living goals
1. Housing in a resort area
1. How to involve foster parents in independent living training efforts
Although 91% thought there ought to be an interdisciplinary network developed, only 47 (28%) of respondents were sure they would participate. Thirty three (20%) would not be members. Seventy-three (44%) were undecided. Fourteen did not answer the question. The majority thought there ought to be local and regional networks. Overwhelmingly, the barrier to commitment was lack of time. Two respondents said a network would take more time away from the one-on-one contact time with youths; therefore, it would do more harm than good.
APPENDIX E

List of Responses to "Other": Survey Questionnaire

Following is a list of responses to opportunities for write-in answers to "other".

No. of Question on Questionnaire:

4. Problems Working with Adolescents

- Natural family issues: Lack of support from family, emotional damage caused by dysfunctional family, trauma over parents' divorce, continuing conflict with parent(s).

- Sexuality: Sexual perpetration, sexual victimization/abuse, relations with peers, sex education.

- Behavioral disturbances:
  - delinquency, vandalism, aggression, manipulation
  - poor communication/social skills, lack of responsibility for self and toward others, self-discipline (boundaries/limits), emotionally immature, running from problems/home situations, depression

- Undesirable peer influences

- Self-esteem, identity issues

- Dependency on system

- Teen pregnancy

- Lack of caseworker contact

5. Are resources adequate?

- Need appropriate housing: shelter care, transitional residential facilities, foster homes especially for teens.

- Need more caseworkers who specialize working with teens.

- Counseling--group or individual therapy: substance
abuse, self-knowledge, health, birth control, emotional immaturity.

- Education: tutors, alternative education
- Support from bilingual staff
- Medical insurance
- Community support

6. Why aren’t foster teens given adequate priority?

- Need more foster personnel/homes who understand teens and who are trained in teaching independent living skills, whether or not child is expected to return to natural home.
- Lack of support by community; i.e., teens alienate would-be helpers and because they are older, should be able to fend for themselves.
- Lack of support by legislators: funding inadequate to support resources
- Project ALIVE/E is accepting fewer referrals (Denver-metro area)
- Lack of funding and services in rural areas.
- No jobs in rural areas.
- Focus is on crisis intervention rather than rehabilitation.
- Society’s perception that it is too late to child by the time s/he is a teenager.
- Compared to number of perceived success, it is expensive to work with teens.
- Resources not well organized. Need long-term plan.
- Counties are cutting corners with teens to avoid placement.
- More emphasis should be placed on prevention.
- CHINS should not have been eliminated
- Parents are opting to shirk responsibility for children.
- Not enough court backing.

7. **Unnecessary Duplication?** (Only two comments)
   - For kids already in a PAC independent living curriculum, an additional 2-3 hours per month are not beneficial.
   - Some skill groups overlap; i.e., nutrition, shopping.

10. **Other sources of independent living information?**
    - DSS caseworker (foster personnel)
    - Jobs Training Partnership Act counselor
    - Community Centered Board worker.

12. **Barriers to participation in an interdisciplinary network?**
    - Time would be better spent working with the kids
    - Travel time and expense
    - Turf issues
    - No previous experience working with network

14. **Influences on youth/factors which facilitate self-sufficiency?**
    - Motivation
    - Cultural value of self-sufficiency
    - Realistic goal setting/self-discipline
    - Community support, mentor
    - Job experience
    - Stable living situation

15. **Influences/factors which impede acquiring self-sufficiency?**
    - Lack of support from natural family, community, counselor, foster parent
    - Lack of ongoing services
- Emotional immaturity
- Unrealistic or no goals
- Playing out family script
- Low self-esteem
- Financial difficulties
- Trouble with law
- Poor communication skills
- interpersonal distance/difficulties trusting helpers

16. **Rural Areas:**
- Rural areas: few community resources, few jobs available, no Project ALIVE/E counselor (regions 4, 0, and 12), distance to travel for resources.

17. **Ongoing support?**
- Transitional residential facility
- Foster parent available
- Caseworker available
- Medicaid or medical insurance
- Mentor

20. **Need workshops geared to differing levels of knowledge.**

21. **Topics for Future Workshops?** (one respondent wanted school personnel included in workshops; another would like help with expenses from rural areas)
- Information about Project ALIVE/E; purpose, eligibility, resources, procedures
- How to help youths prepare for self-sufficiency; i.e., supplement independent living program.
- How to involve foster parents in independent living training efforts
- Vocational planning; job hunt and maintaining a job.
- How to utilize community resources
- How to deal with behavioral problems: sex issues, acting out, arguing, running, aggression
- Aftercare services
- Self-esteem building
- Learning counseling skills and facilitate a group
- How to utilize Project ALIVE/E in a rural area
- Have Project ALIVE/E counselors for panel discussion
- Homeless and other Ineligible youth
- How to obtain optimal therapy services
- How to motivate youths
- Teen pregnancy
- How to teach self-discipline and accountability
- Impact of natural family on adolescent's independent living goals
- Housing in a resort area
APPENDIX F

Questions Used for Interviews

1. Do you have case reviews?
   a. Who is involved?
   b. Are reviews formal (a policy) or informal?
   c. How often are reviews held?
   d. Does youth participate?

2. Do you refer the youth or family to other professionals for services?
   a. For what purposes?
   b. Who? What agencies
   c. Do you have individuals or agencies with whom you have developed an especially good rapport?
      i. Why?
   d. Do you avoid working with others?
      i. Why?
   e. How do you resolve responsibility issues?

3. Do you think additional interdisciplinary decision-making teams should or could be developed?
   a. If no, why?
   b. If yes, why?
      i. How could such a network be implemented?
      ii. Would there be barriers to implementation?
      iii. Who should be on the team? Which entities/individuals?
      iv. How should the team deal with responsibility issues?
      v. How could commitment be maintained?

4. Are there two independent living programs in your service area? (ALIVE/E--state administered Independent Living Grant and/or PAC--county administered Placement Alternatives program) If yes,
   a. Do you refer youths to either or both programs?
      i. How would you compare the referral processes?
   b. Is the youth involved in the decision to participate in an independent program?
   c. How would you compare services?
   d. How would you compare qualifications of the personnel of each?

5. Do you remain in contact with a youth after referral to an independent living program?
   a. Has s/he given you feedback about one or both independent living programs?
   b. What?

6. Are you comfortable with the level of knowledge you have
about independent living resources?

7. If you have a question concerning independent living programs, how do you get an answer?
   a. How well does this work?
   b. What would you change?

8. Have you ever had an idea about how to improve IL services?
   a. Did you talk to anyone about your idea?

9. Do you think there are adequate resources and time for a youth to obtain independent living skills if s/he is motivated?

10. Are you able to identify and reach youths who may need independent living services?
    a. Do you work in a rural area?
    If yes,
       i. Are you able to identify and reach youths who may need independent living services?
       ii. Are youths able to utilize services?
       iii. What methods are used to minimize the effect of distance to resources?
       iv. Are there resources missing for rural youths?

11. Is there an existing independent living policy you think should be changed?
    a. What?
    b. Have you spoken to a supervisor or IL coordinator about this?

12. Looking back, would you like to change the way you handled a decision concerning a youth’s acquisition of independent living skills?
    a. How could your supervisor or other management staff have helped?

13. Do social service policies encourage a youth to be dependent or independent?
    a. In what ways?
    b. What policies, if any, should be changed?

14. Are pre-existing independent living skills assessed before youth begins training? How? Can I have a sample?

15. How do you think criteria can be developed that would measure success or failure of the independent living programs?

16. In your opinion, is there a need for independent living training that is not adequately addressed?

17. What aspect of independent living training do you
think has the biggest affect on whether or not a youth gains from the independent living program?

a. The Youth's "readiness" (What constitutes readiness?)
b. The rapport established with a counselor--either caseworker or ALIVE counselor?
c. Charisma of trainer(s)?
d. Support from natural parent?
e. Opportunity to integrate skills while still in foster care?
f. Other?

18. Do you think intangible can skills be taught?
   If Yes,
   a. How can this be done?

19. What services could be offered to support independent living efforts after a youth leaves foster care?

20. How should the decision be made to discontinue independent living services?

21. Do you offer incentives for youths to continue in school?
   If yes,
   a. What are they?

22. What part do foster parents/group facilities play in teaching a youth independent living skills?

23. How are emotional issues addressed?
   a. Youth’s feelings toward birth parents? Toward foster parents? Toward being a ward of the state?
   b. Loneliness, especially once emancipated?
   c. Who (agency or profession) do you think should facilitate resolution of these emotional issues?

24. Are youths given the following documentation at discharge?
   a. Medical records
   b. Birth certificate
   c. Social security card
   d. Court orders
   e. Case plan (at different decision-making points during services)
   f. Records concerning family
   g. Community resource directory or instructions on how to find community resources in a new location

25. Have you attended a training sponsored by the state administered Independent Living grant?

26. Were your expectations of the training met?
   If no,
   a. What would you change?
i. Content of training
   (1) Particularly relevant?
   (2) Missing?
ii. Location of training
iii. Training handouts
iv. Length of training
v. Number of people in training
vi. Qualifications of trainer

27. Did individuals from other service areas also attend? How well did that work?

28. Would you like to add anything to what we've discussed?
APPENDIX G

Demographic Profile
Colorado’s Foster Care Population, Ages 16-19

1. SEX

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>471 (49%)</td>
<td>501 (52%)</td>
<td>972 (100%)</td>
</tr>
</tbody>
</table>

2. ETHNIC GROUP

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>635 (65%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>135 (14%)</td>
</tr>
<tr>
<td>Black</td>
<td>110 (11%)</td>
</tr>
<tr>
<td>Am. Indian</td>
<td>16 (2%)</td>
</tr>
<tr>
<td>Asian/Pacific Islndr.</td>
<td>7 (1%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>25 (2%)</td>
</tr>
<tr>
<td>Missing Data</td>
<td>44 (5%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>972</td>
</tr>
</tbody>
</table>

3. PRIMARY CONSIDERATION (for case planning)

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Disturbance</td>
<td>428 (44%)</td>
</tr>
<tr>
<td>Emotional Disturbance</td>
<td>246 (25%)</td>
</tr>
<tr>
<td>Abuse &amp; Neglect</td>
<td>162 (17%)</td>
</tr>
<tr>
<td>Parental History</td>
<td>21 (2.2%)</td>
</tr>
<tr>
<td>Developmental Levels</td>
<td>21 (2.2%)</td>
</tr>
<tr>
<td>Medical &amp; Neurological</td>
<td>15 (1.5%)</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>4 (.4%)</td>
</tr>
<tr>
<td>Pregnancy/Parenting</td>
<td>3 (.3%)</td>
</tr>
<tr>
<td>Other</td>
<td>23 (2.4%)</td>
</tr>
<tr>
<td>Missing Data</td>
<td>49 (5%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>972</td>
</tr>
</tbody>
</table>

4. GOAL FOR CLOSURE

<table>
<thead>
<tr>
<th>Goal</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>612 (63%)</td>
</tr>
<tr>
<td>On Own</td>
<td>244 (25.1%)</td>
</tr>
<tr>
<td>Relatives</td>
<td>36 (3.7%)</td>
</tr>
<tr>
<td>Foster Care</td>
<td>26 (2.7%)</td>
</tr>
<tr>
<td>Adoption</td>
<td>12 (1.2%)</td>
</tr>
<tr>
<td>Guardian</td>
<td>9 (.9%)</td>
</tr>
<tr>
<td>Institution</td>
<td>6 (.6%)</td>
</tr>
<tr>
<td>Other</td>
<td>27 (2.8%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>972</td>
</tr>
</tbody>
</table>
5. **FUNDING SOURCE**

   IV-E AFDC Court Ordered  253  
   Other  719

6. **LIVING ARRANGEMENT (Not available)**
APPENDIX H

Demographic Profile, Foster Children Receiving Project ALIVE/E Services

1. SEX

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>103 (41%)</td>
<td>150 (59%)</td>
</tr>
</tbody>
</table>

2. ETHNIC GROUP

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>181 (72%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>44 (17%)</td>
</tr>
<tr>
<td>Black</td>
<td>20 (8%)</td>
</tr>
<tr>
<td>Am. Indian</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Asian/Pac.Isdr.</td>
<td>1 (0%)</td>
</tr>
<tr>
<td>Missing Data</td>
<td>3 (0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>253</strong></td>
</tr>
</tbody>
</table>

3. PRIMARY CONSIDERATION

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>31 (12%)</td>
</tr>
<tr>
<td>Behavioral Disturbance</td>
<td>22 (9%)</td>
</tr>
<tr>
<td>Special Education Needs</td>
<td>21 (8%)</td>
</tr>
<tr>
<td>None</td>
<td>16 (6%)</td>
</tr>
<tr>
<td>Pregnancy/Parenting</td>
<td>15 (6%)</td>
</tr>
<tr>
<td>Neglect/Abuse</td>
<td>10 (4%)</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>9 (4%)</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Medical</td>
<td>1 (0%)</td>
</tr>
<tr>
<td>None Reported</td>
<td>121 (48%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>253</strong></td>
</tr>
</tbody>
</table>

4. GOAL FOR CLOSURE (All independent living)

5. FUNDING SOURCE (All IV-E AFDC Court Ordered)

6. LIVING ARRANGEMENT

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Home</td>
<td>96 (40%)</td>
</tr>
<tr>
<td>Foster Parents</td>
<td>78 (31%)</td>
</tr>
<tr>
<td>RCCF*</td>
<td>36 (14%)</td>
</tr>
<tr>
<td>Independent Living Arr.</td>
<td>8 (3%)</td>
</tr>
<tr>
<td>Family Group Home</td>
<td>6 (2%)</td>
</tr>
<tr>
<td>Shelter</td>
<td>3 (1%)</td>
</tr>
</tbody>
</table>
Missing Data  
\[ 27 \text{ (11\%)} \]

Total  
253

*Residential Child Care Facility

7. NUMBER OF PLACEMENTS IN CARE (16 total occurrences)

<table>
<thead>
<tr>
<th>No. Placements</th>
<th>No. Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50 (26%)</td>
</tr>
<tr>
<td>2</td>
<td>41 (21%)</td>
</tr>
<tr>
<td>3</td>
<td>31 (16%)</td>
</tr>
<tr>
<td>4</td>
<td>17 (9%)</td>
</tr>
<tr>
<td>5 or more</td>
<td>55 (28%)</td>
</tr>
</tbody>
</table>

Minimum number of placements = 1  
Maximum number of placements = 35  
Average number of placements = 1.3
APPENDIX I

Distribution of Independent Living Referrals
By Program and County Size

<table>
<thead>
<tr>
<th>Project ALIVE/E</th>
<th>Large</th>
<th>Midsize</th>
<th>Small</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/Referrals</td>
<td>10</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>No Referrals</td>
<td>0</td>
<td>5</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County IL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/Referrals</td>
</tr>
<tr>
<td>No Referrals</td>
</tr>
</tbody>
</table>

Following is a chart of counties who have utilized both programs as well as numbers of individuals who have participated in both programs.

<table>
<thead>
<tr>
<th>Counties Utilizing Both Independent Living Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Referrals</td>
</tr>
<tr>
<td>County Name/size</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Adams (Large)</td>
</tr>
<tr>
<td>Arapahoe (Large)</td>
</tr>
<tr>
<td>Boulder (Large)</td>
</tr>
<tr>
<td>Delta (Small)</td>
</tr>
<tr>
<td>Denver (Large)</td>
</tr>
<tr>
<td>El Paso (Large)</td>
</tr>
<tr>
<td>Garfield (Midsize)</td>
</tr>
<tr>
<td>Jefferson (Large)</td>
</tr>
<tr>
<td>Lake (Small)</td>
</tr>
<tr>
<td>Larimer (Large)</td>
</tr>
<tr>
<td>Mesa (Large)</td>
</tr>
<tr>
<td>Montrose (Midsize)</td>
</tr>
<tr>
<td>Pueblo (Large)</td>
</tr>
<tr>
<td>Rio Blanco (Small)</td>
</tr>
<tr>
<td>Teller (Small)</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Adams</td>
</tr>
<tr>
<td>Alamosa</td>
</tr>
<tr>
<td>Arapahoe</td>
</tr>
<tr>
<td>Archuleta</td>
</tr>
<tr>
<td>Baca</td>
</tr>
<tr>
<td>Bent</td>
</tr>
<tr>
<td>Boulder</td>
</tr>
<tr>
<td>Chaffee</td>
</tr>
<tr>
<td>Cheyenne</td>
</tr>
<tr>
<td>Clear Creek</td>
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<tr>
<td>Crowley</td>
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<tr>
<td>Custer</td>
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<tr>
<td>Delta</td>
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<tr>
<td>Denver</td>
</tr>
<tr>
<td>Dolores</td>
</tr>
<tr>
<td>Douglas</td>
</tr>
<tr>
<td>Eagle</td>
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<td>Gilpin</td>
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<tr>
<td>Grand</td>
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<td>Gunnison</td>
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<td>Hinsdale</td>
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<tr>
<td>Huerfano</td>
</tr>
<tr>
<td>Jackson</td>
</tr>
<tr>
<td>Jefferson</td>
</tr>
<tr>
<td>Kiowa</td>
</tr>
<tr>
<td>Kit Carson</td>
</tr>
<tr>
<td>Lake</td>
</tr>
<tr>
<td>La Plata</td>
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<tr>
<td>Larimer</td>
</tr>
<tr>
<td>Las Animas</td>
</tr>
<tr>
<td>Lincoln</td>
</tr>
<tr>
<td>Logan</td>
</tr>
<tr>
<td>Mesa</td>
</tr>
<tr>
<td>Mineral</td>
</tr>
<tr>
<td>Moffat</td>
</tr>
<tr>
<td>Montezuma</td>
</tr>
<tr>
<td>Montrose</td>
</tr>
<tr>
<td>Morgan</td>
</tr>
<tr>
<td>Otero</td>
</tr>
<tr>
<td>Ouray</td>
</tr>
<tr>
<td>Park</td>
</tr>
</tbody>
</table>
### Child Gender

<table>
<thead>
<tr>
<th>Value Label</th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cum Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>F</td>
<td>501</td>
<td>51.5</td>
<td>51.5</td>
<td>51.5</td>
</tr>
<tr>
<td>Male</td>
<td>M</td>
<td>471</td>
<td>48.5</td>
<td>48.5</td>
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</tr>
<tr>
<td>Total</td>
<td></td>
<td>972</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Valid Cases:** 972  **Missing Cases:** 0

### Ethnic Group

<table>
<thead>
<tr>
<th>Value Label</th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cum Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black, Field Missing</td>
<td></td>
<td>44</td>
<td>4.5</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>195</td>
<td>19.9</td>
<td>19.9</td>
<td>19.9</td>
</tr>
<tr>
<td>Oriental</td>
<td>2</td>
<td>663</td>
<td>67.3</td>
<td>67.3</td>
<td>87.2</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>110</td>
<td>11.3</td>
<td>11.3</td>
<td>98.5</td>
</tr>
<tr>
<td>Mexican Indian/Alaskan</td>
<td>4</td>
<td>10</td>
<td>1.0</td>
<td>1.0</td>
<td>99.5</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
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<td>7</td>
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<td>0.7</td>
<td>100.2</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>7</td>
<td>23</td>
<td>2.4</td>
<td>2.4</td>
<td>102.6</td>
</tr>
<tr>
<td>Total</td>
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<td></td>
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<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Valid Cases:** 972  **Missing Cases:** 0

"Foster population, ages 16-19"
### Goal for Closure

<table>
<thead>
<tr>
<th>Value Label</th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>01</td>
<td>612</td>
<td>63.0</td>
<td>63.0</td>
<td>63.0</td>
</tr>
<tr>
<td>Relatives</td>
<td>02</td>
<td>36</td>
<td>3.7</td>
<td>3.7</td>
<td>9.7</td>
</tr>
<tr>
<td>Guardian</td>
<td>03</td>
<td>9</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Foster Care</td>
<td>04</td>
<td>20</td>
<td>2.1</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Legal Risk Adoption</td>
<td>05</td>
<td>1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Adoption</td>
<td>06</td>
<td>9</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Subsidized Adoption</td>
<td>07</td>
<td>9</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>OoOo</td>
<td>08</td>
<td>294</td>
<td>30.6</td>
<td>30.6</td>
<td>61.2</td>
</tr>
<tr>
<td>Institution</td>
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<td>0.6</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>27</td>
<td>2.8</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>972</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Valid Cases:** 972  **Missing Cases:** 0

### Funding Source

<table>
<thead>
<tr>
<th>Value Label</th>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cum</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-E AFDC Vol</td>
<td>01</td>
<td>43</td>
<td>4.4</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>IV-E AFDC Court</td>
<td>02</td>
<td>253</td>
<td>26.0</td>
<td>26.0</td>
<td>30.5</td>
</tr>
<tr>
<td>SSI</td>
<td>03</td>
<td>55</td>
<td>5.7</td>
<td>5.7</td>
<td>11.4</td>
</tr>
<tr>
<td>ORI</td>
<td>04</td>
<td>66</td>
<td>6.8</td>
<td>6.8</td>
<td>28.2</td>
</tr>
<tr>
<td>IV-E Sub Adopt</td>
<td>05</td>
<td>2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>IRA AFDC</td>
<td>06</td>
<td>2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>IRA ORI</td>
<td>07</td>
<td>1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
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<td></td>
<td>972</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Valid Cases:** 972  **Missing Cases:** 0

*Project ALIVE/E*
<table>
<thead>
<tr>
<th>VALUE LABEL</th>
<th>VALUE</th>
<th>FREQUENCY</th>
<th>PERCENT</th>
<th>VALID</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Disturbance</td>
<td>1.00</td>
<td>246</td>
<td>25.3</td>
<td>26.7</td>
<td>26.7</td>
</tr>
<tr>
<td>Behavioral Disturbance</td>
<td>2.00</td>
<td>428</td>
<td>44.0</td>
<td>46.4</td>
<td>73.0</td>
</tr>
<tr>
<td>Neurological</td>
<td>3.00</td>
<td>10</td>
<td>1.0</td>
<td>1.0</td>
<td>70.0</td>
</tr>
<tr>
<td>Medical</td>
<td>4.00</td>
<td>2</td>
<td>0.2</td>
<td>0.2</td>
<td>79.8</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>5.00</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
<td>75.1</td>
</tr>
<tr>
<td>Dental/Pediatric Problems</td>
<td>6.00</td>
<td>21</td>
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CODE 2.000 MINIMUM 1.000 MAXIMUM 11.000

VALID CASES 923 MISSING CASES 49
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