



Strengthening Families & Communities

**SOMEONE TO CARE, A PLACE TO BELONG:
ADOLESCENTS AND FOSTER CARE IN
MASSACHUSETTS**

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I. INTRODUCTION

DID YOU KNOW?

Every year in this state roughly 500 teens age out of foster care upon turning 18. What happens to teens raised by the Commonwealth of Massachusetts?

The Eagle-Tribune (*in a three-part series August 18-20, 2002*) reported that:

- 30% of the boys in foster care end up in prison
- 40% don't complete high school
- 50% of the girls have babies out of wedlock
- 50% end up unemployed

Nationally, the outcome statistics for teens once in foster care are as alarming, with a recent study reporting that 12 to 18 months after leaving care:¹

- 27% of the males and 10% of the females had been incarcerated
- 33% were receiving public assistance
- 37% had not finished high school
- 50% were unemployed

Three out of ten homeless are former foster care youth.²

. . . AND DID YOU KNOW?

Every day in your district as many as five adolescents wait for hours in regional DSS offices to receive a foster care placement that usually doesn't materialize.

"Hotlining" is a term coined by adolescents in foster care to describe their one-night stays in many different foster care homes.

Since 1997, the DSS Employment Program has only placed 120 youth into career-building positions.

The estimated annual cost to raise an adolescent is \$10,550, according to the Eagle-Tribune, yet the standard compensation for foster parents in Massachusetts is only \$7,541.

The state's rate of 9.4% of children adopted within 24 months of removal fell below the national standard of 32%.³

¹ Courtney, M., Piliavin, I., Grogan-Kaylor, A., and Nesmith, A. Foster Youth Transitions to Adulthood: Outcomes 12 to 18 Months After Leaving Out-of-Home Care, Institute for Research on Poverty, Madison, University of Wisconsin-Madison, July 1998.

² Resources On: Foster Care and Homeless Youth, Casey Family Programs, Online, July 2001.

³ Child and Family Services Review, Final Assessment Massachusetts, July 2001, U.S. Department of Health and Human Services, p. 6.

In December 2000, the Department of Social Services reported that of the 13,988 adolescents receiving services, 31% or 4,289 were in out-of-home placements.

Placement by Setting

Placement Type	Percentage in Placement
DSS Foster Care	45
Contracted Foster Care	14
Commonworks	23
Residential Treatment	7
Non-referral location *	6
Group Care	5
DSS Contracted Shelter	1

** Includes hospitals, other state agencies, relatives/family friends, on the run from placement.*

Source: Family Net, December 2000 (Application for FFY 2001 Title IV-E Independent Living Funds of the Chafee Foster Care Independence Program and State Plan for FFY 2002-2004, Department of Social Services, Boston, Massachusetts, p. 33.)

In Federal Fiscal Year 2003-2004, Massachusetts anticipates receiving \$2.9 million in Chafee funding, according to Maureen Fallon-Messeder, associate director, Massachusetts Department of Social Services.

Massachusetts has established a one-stop career center targeted at older adolescents who have exited foster care but who are still in need of job readiness skills, job placement, career counseling, and support. This model was jointly financed by Chafee and Work Investment Act funding. The original demonstration sites located in Brockton, Cape Cod, and Hampden are soon to be replicated in other parts of the state through an RFP issued by the Commonwealth Corporation.

Workforce Investment Act (WIA) funding may be used to provide youth activities and statewide workforce activities which may include academic, vocational, and technical employment readiness. A state's relative number of disadvantaged youth compared with the national number is part of the federal calculation to determine state funding levels.⁴

In 2002, the legislature appropriated \$1 million for college financial aid grants targeted at youth who have aged out of foster care. Glenn Daly, director of the Office of Youth Development, Executive Office of Health and Human Services, reported, "the legislation would not have passed if it weren't for the direct involvement of foster youth."⁵

II. THE NATURE OF THE PROBLEM

Conventional wisdom knows that the average 18-year-old is unprepared to live independently. Even those older adolescents who grew up with the incalculable benefits of family and/or stability cannot become self-sufficient overnight – nor are they expected to by their families or by the state.

Yet research examining the ability of the nation's child welfare systems to successfully transition foster care youth into self-sufficient, well-cared-for, adult-functioning individuals shows that children who age out of foster care systems are still at risk of poverty, homelessness, addiction, re-entry into the public welfare system, and adult criminal courts. Moreover, the vulnerable lifestyles which too many of these teens are forced to live substantially increase their risk of sexual exploitation, early parenthood, and a host of health and mental health problems. Yet in most circumstances, Medicaid coverage ends once a youth reaches 18 years of age.

⁴ 29 USC 2916

⁵ Glenn Daly and Gina Fagien, Foster Care and Youth Development, Common Ground, November 2002.

In fact, once a youth in foster care becomes 18, state responsibilities under the concept of “*parens patriae*” cease and the youth “ages out of foster care.” In Massachusetts, youth can opt for voluntary placement and remain in foster care until their 20th birthday to complete their education or training; most, however, choose not to remain in placement.

A sometimes overlooked partner in the transition process of teens is the juvenile court judge responsible for determining and enforcing the teen’s right to safety, well-being, and to be cared for. In speaking about the unmet service needs of youth in foster care, Judge Patricia Martin Bishop, presiding judge, Child Protection Division Circuit Court, Cooke County, Chicago, Illinois observed that “...in many cases, education, health, and well-being, are forgotten. The child’s needs in these areas, however, continue to exist. Someone must continue to focus on these needs if the child is to be able to succeed after he leaves foster care. Accordingly, as the state raises these children, it is the judge who must ensure that someone is addressing their education, health, and well-being.”⁶

A troubling pattern has been identified for youth 11 to 15 years of age. This cohort of youth who enter foster care as teens are at the greatest risk of aging out of foster care without the benefit of a permanency placement. In 1999, for example, this group was overrepresented in foster care with 29% of all entries although it accounts for 26% of all children in the population.⁷

In hopes of reversing those negative outcomes for youth aging out or exiting foster care, the late Senator John H. Chafee of Rhode Island secured enactment of the Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program (jointly referred to as “The Chafee Act”). The Chafee Act seeks to remedy such national failures as those reported by the Government Accounting Office which found that only 18% of all states offered job training, while only 35% of all states offered job placement services to foster care youth transitioning to independent living.⁸ Prior to the enactment of the Chafee Act, states were not required to provide essential transition services to youth between the ages of 18 and 21, and consequently many older adolescents fell through the gaping holes of dependency.

III. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

⁶ The Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program, National Council of Juvenile and Family Court Judges, June 2002, Reno, Nevada, p. 7.

⁷ Wertheimer, Richard, Ph.D., Youth Who Age Out of Foster Care: Troubled Lives, Troubling Prospects, Child Trends, Washington, D.C., Dec. 2002, p. 2.

⁸ United States General Accounting Office, Foster Care: Effectiveness of Independent Living Services, November 1999, p. 4.

The Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program⁹ were signed into law to address the crises that adolescents experience while in care and during their attempts to transition into independent living. The Chafee Act encourages states to overhaul the way their child welfare systems: assess and meet adolescent permanency needs; individualize adolescent service planning and provide services to youth aging out of care; and design and offer a continuum of services to young adults still in need of transitional support. A fundamental premise of the Chafee Act is that society as a whole must assume responsibility for the transformation of foster teens into self-sufficient, socially engaged young adults capable of contributing to their communities. The Chafee Act specifically requires state applicants to develop and submit a comprehensive five-year state plan with input from a broad cross-section of stakeholders in the child welfare system – from both the public and private sectors. Of singular importance is the Chafee mandate that states obtain participation from the legislation’s beneficiaries – youth impacted by foster care.

Cognizant of the value of youth leadership, the Chafee Act mandates the inclusion of service consumers in the conceptualization and design of independent living services, and encourages their participation in the development of the state plan and on youth leadership boards or councils.

The Chafee Act not only appropriated additional funding for states, but it also revamped Title IV-E’s Independent Living Program and provided states with greater flexibility in their use of funding aimed at assisting the 20,000 youth who annually transition out of foster care and into the legal fiction of independent living. Title IV-E eligibility is no longer a barrier preventing service provision to youth formerly in placement and still in need of transitional supports. States may set aside up to 30% of their Chafee funding to provide room and board to this enormously at-risk segment of young adults. A 20% state match is now required for the first \$45 million of federal Chafee funds with a 50% match required on higher amounts.

In addition, the Chafee Act encourages states to:

- provide independent living services to any youth “likely” to remain in foster care even when the teen’s permanency goal is reunification or adoption;
- offer room and board to youth who have left foster care but have not yet turned 21; and
- provide Medicaid coverage until 21 to youth who exited foster care at age 18.

The Chafee Act requires eligible states to pursue community partnerships aimed at broadening the range of opportunities available to these youth as they struggle to become self-sufficient, civic-minded, and adult functioning.

⁹ P.L. 106-169.

Finally, Chafee clarified the mandate for state courts charged with implementing the Adoption and Safe Families Act. These judges must closely monitor individual permanency plans and hold child welfare agencies accountable to provide needed independent living services and permanency services contained in a youth's service plan. These judges also approve all discharge plans from foster care.

Building on the foundation provided by the Chafee Act, Massachusetts state government must continue to innovatively invest in the future of our next generation.

IV. SOLUTIONS WITHIN OUR REACH

Members of the Massachusetts Legislature are urged to consider the policy goals listed below as policy priorities for the 2003-2004 Legislative Sessions. In these tough economic times, it is incumbent upon the Massachusetts State Legislature to hold the most vulnerable children and families of this state harmless from the budget cuts. Although some of the recommendations that follow require new funding, many of them are cost-neutral and require instead a philosophical change in attitude towards adolescents and their service needs while in foster care and after they have "aged out" of or exited the system.

Based on the premise that preventing out-of-home placements, whenever safe to do so, is the state's first obligation to the youth and the youth's family, and that removal of a child from home should be viewed as a last resort, these recommendations seek to prevent unnecessary removals. These recommendations also seek to enhance existing services and to create a new array of special services needed by teens in placement in order to reduce the number of teens who experience the nightmare of "hot lining" – being shuttled from one foster care home to another – or who join the ranks of the homeless and unemployed once discharged from care. Another underlying premise, which serves as a common denominator for all of our recommendations, is the right of youth to make important choices pertaining to their lives and their futures. In sum, these recommendations are thematically connected by the belief that teens in care must have a wealth of opportunities to facilitate their chances at becoming self-sufficient and productive members of their communities.

Massachusetts's youth with a service plan goal of independent living as of December 2000 (33% of youth ages 14 to 23 in placement had a service plan goal of independent living).

Age	Percentage
14	2
15	9
16	25
17	52
18	76

19	81
20	69
21	62
22	48
23	67

Source: Family Net, December 2000, p. 34

PREVENTION: STRENGTHEN SUPPORTS AND HELP NURTURE RELATIONSHIPS FOR TEENS AND THEIR FAMILIES

The Child and Family Services Review of child welfare programs conducted by the federal government in 2002 determined that Massachusetts was in substantial conformity in the second permanency outcome – which measures the preservation of family relationships and connections for children in foster care.¹⁰ In the same report, stakeholders expressed their belief that after-care and post-reunification services provided by the Family-Based Services and Common Works Programs have the potential to reduce recidivism.¹¹

- **Prevention funding should be specifically targeted to adolescent youth in those communities with the highest rate of foster care removal, high school drop out, and juvenile delinquency.** Preventive services for youth such as counseling, youth employment, after-school programs, and extracurricular activities, including competitive sports, peer tutoring, mentoring, anger management, multi-cultural activities, gang prevention, and other intervention resources should be expanded and made readily available to youth in the state’s highest-risk communities.
- Family-focused support services and interventions including counseling, respite, and training in youth development should be available on demand in order to reduce the number of youth who end up in the custody of the state either in foster care or incarcerated. Preventive services like those offered at the Family Resource Program sponsored by Casey Family Services’ partnership with the Lowell Housing Authority builds on a family’s strengths and capacity to identify necessary changes in a manner that respects diversity, facilitates self-sufficiency, and strengthens the community. Services offered include monthly rap sessions for youth, crisis intervention, workshops for adults, homework club, substance abuse education, information and referral, as well as individual and family counseling. **Funding is needed to replicate this type of program throughout the state.**

¹⁰ Child and Family Services Review, Final Assessment Massachusetts, July 2001, U.S. Department of Health and Human Services, p. 1.

¹¹ Child and Family Services Review, Final Assessment Massachusetts, July 2001, U.S. Department of Health and Human Services, p. 5.

- **Family conferences, as a mechanism for conflict resolutions and problem solving, should be made available on demand by the Departments of Probation and of Social Services.** Family conferencing surrounds the youth with relatives, caregivers, significant others, and mentors who cooperate in developing a plan of action intended to promote the best interest of the youth while keeping the youth out of placement if possible.
- Funding should be targeted to **after-care services** designed to help stabilize the family unit when a teen returns home from placement.
- **A youth's caseworkers, child care workers, and foster parents should encourage and assist in efforts to reconnect and/or maintain relationships with family whenever possible.**
- Adult and peer **mentors** should be available to any teen ever involved with the child welfare system.

PREVENTION: DIVERT YOUTH AND THEIR FAMILIES AWAY FROM CHILDREN IN NEED OF SERVICES (CHINS) PLACEMENTS, AND REDUCE THE NEED FOR FOSTER CARE

More than 9,000 Children in Need of Services petitions were filed in Massachusetts in 1999.¹² It is estimated that over 65% of CHINS petitions are categorized as “runaway and stubborn” and were filed by parents seeking assistance with their disobedient children. CHINS is a front door for many youth into the foster care system – all too often it only opens one way. **Family-based assessments followed by family and individual counseling should be readily available to a family member who has filed or who is contemplating filing a CHINS petition.** Such services will increase the percentage of CHINS cases that successfully get diverted. In addition, respite services should be readily available to the troubled teens to allow for a “cooling off period” while custody remains with the youth’s parents. The state should consider establishing and funding a Families in Need of Services Program.

RECRUIT, PREPARE, AND SUPPORT FOSTER PARENTS FOR TEENS

The Department of Social Services should expedite and expand plans to develop a specialized category of foster homes that is specifically recruited, trained, and supported to care for teenagers. Incentives like respite, an increased boarding rate, flexible funding, and training on the developmental needs of teenagers should be provided to foster parents of teens. Since reunification is the permanency goal for about 47%¹³ of youth in Massachusetts between the ages of 12 and 17, these foster parents must also indicate a willingness to work with the birth parents to expedite the youth’s return home, when a court deems it safe to do so.

¹² Citizens for Juvenile Justice, CHINS Report Card: The Unfinished Agenda, Boston, MA, 2002.

¹³ Massachusetts Department of Social Services, Quarterly Report, 4th Quarter, FY2002, p. 31.

Moreover, foster parents who agree to take teens into their homes must be prepared for the inevitable crises that will occur. The Oregon Social Learning Center pioneered the Parent Management Training method and the Multidimensional Treatment Foster Care that aim to provide foster parents with guidance on establishing structured yet supportive home environments for teens in foster care.¹⁴ Successful placement of teens into targeted foster homes would reduce the nightmare of numerous relocations and placements for these youth while at the same time reducing the number of congregate care placements to only those youth who require that restrictive environment.

It is also highly recommended that teens play a role in developing and implementing new foster care parent recruitment strategies.

RECRUIT, PREPARE, AND SUPPORT ADOPTIVE PARENTS FOR TEENS

In Massachusetts, adolescents between the ages of 12 and 17 have three major service plan goals: reunification, living independently, and long-term substitute care. Strikingly, adoption is not one of the service plan goals set for any significant percentage of this population.

In 1999, for example, 0.1% of children who entered care when they were over the age of 12 were adopted, while 3% received guardians, 16% were missing, and 64% were reunited with family.¹⁵ According to the Eagle-Tribune (*three-part series August 18-20, 2002*), a significant percentage of children who grow up in out-of-home placements – without ever being adopted – end up “leaving the system for a life of crime.” Finding adoptive families for these older adolescents is a challenge Massachusetts must meet to better ensure these children a successful adulthood and to better protect society against the anger and deep sense of rejection experienced by too many of these youth. **Adoption should be promoted as a permanency alternative for older adolescents on a fair and equitable basis with the adoptive parents receiving appropriate incentives, training, counseling, and other post-adoption services supportive of the youth.**

* In 2002 the demographic breakdown of the 2,648 children with a service plan goal of adoption was as follows: 59% White, 17% Black, 2% Asian, less than 1% Native American, and 22% multi-racial or race unspecified. Of the 2,648 children, 32% are Hispanic/Latino, 63% are not Hispanic/Latino, and 5% are unspecified.¹⁶

Racial Disparity in Foster Care
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¹⁴ Child Welfare Watch, Fall 2002, Number 8.

¹⁵ AFCARS Annual Foster Care Database, FY1998 and FY1999, Exits from Foster Care.

¹⁶ Massachusetts Department of Social Services, Quarterly Report, FY 2002, 4th Quarter, p. 31.

<u>Race</u>	<u>% of all children in the U.S. % entering foster care % living in foster care</u>		
African American	15	30	42
American Indian, Eskimo, Aleut	1	2.7	1.8
Hispanic	16	18	18
White	64	47	37

(Wertheimer, Richard, Ph.D., Youth Who Age Out of Foster Care: Troubled Lives, Troubling Prospects, Child Trends, Washington, D.C., Dec. 2002, p. 2)

INTEGRATE INDEPENDENT LIVING SKILLS THROUGHOUT A YOUTH'S STAY IN FOSTER CARE

While acknowledging that the Department of Social Services has improved services to older youth who have exited foster care, some stakeholders interviewed as part of the child and family services review noted an over reliance on independent living and long-term foster care goals for older youth, and expressed concerns about those youth who age out of the system with “few supports and without any connections.”¹⁷ State reviewers found that appropriate services to achieve the goals of independent living and other planned living arrangements were not provided in the applicable cases. **In light of these facts, the Department of Social Services should hold foster care agencies accountable for the integration of independent living skills into all aspects of their service provision, and require all direct service providers – caseworkers, foster parents, as well as the independent living coordinators – to assist youth in preparing and planning for their future.** This will require a cultural change in most organizations since independent living is traditionally viewed as service of “last resort” provided by a few specially trained personnel.

Independent living skills training should have one central goal – to assist youth on their path to becoming self-sufficient and maintaining their self-sufficiency as adults. Youth should receive training in skills such as money management, health and safety, nutrition education, grocery shopping, housekeeping, parenting, education, family planning, parenting education, driver’s education, and interpersonal and social skills.

IMPROVE THE QUALITY OF FRONT-LINE CHILD CARE WORKERS

In theory, child care workers assigned to congregate care facilities are the surrogate parents for youth in their care. They have the potential to develop safe, stable, and nurturing relationships with the youth placed in group homes or residential treatment centers, but high attrition often leads to

¹⁷ Child and Family Services Review, Final Assessment Massachusetts, July 2001, U.S. Department of Health and Human Services, p. 6.

abruptly ended relationships and intensified feelings of abandonment and contempt for adult authority figures. A 2001 workforce survey conducted by the Child Welfare League of America, the American Public Human Services Association, and the Alliance for Children and Families confirmed alarming national trends that child welfare organizations have an average 10% vacancy rate, with an average turnover rate of 20% in public state agencies and 40% in the private sector. Workers assigned to group homes and institutions targeted to adolescents in care are required to work long hours without adequate supervisory support, training, or compensation. In Massachusetts, the vacancy rate may be as high as 40 to 45%, according to Hal Gibbler, executive director, Tri-County Youth Programs.¹⁸ **Child care workers should be appropriately trained, supervised, and compensated for the important public service they provide.** Residential treatment centers and group homes should only be used for youth requiring more intensified services. Youth should be placed in those settings when appropriate, and not because an appropriate foster boarding home placement could not be located. Yet more than 35% of all adolescents were placed in one of several group settings. (See snapshot on Page 2.)

TARGET EDUCATIONAL SUPPORT AND SERVICES FOR FOSTER CHILDREN

Nationally, over 50% of all youth in foster care who exited a system had not acquired a high school diploma 2_ to 4 years afterwards. In Massachusetts, the statistic is just as dire, with the Department of Social Services reporting that adolescents unable to return home and without a foster home placement experience continuous disruption of their education. To attempt to halt the educational roller coaster youth in foster care experience, as a matter of course they should be placed in a foster boarding home in close proximity to their neighborhood or community school, or provided with necessary transportation to minimize the disruption of their education – especially if they experience more than one placement while in care.

It is also critical to immediately offer these youth tutors, mentors, and college preparatory classes, including S.A.T. preparation, as well as educational counseling for youth on a vocational or college-bound track. Massachusetts provides youth in foster care with several avenues to access higher education and vocational learning opportunities. Under the William Warren Scholarship Program, any youth once served by the Department of Social Services, under the age of 25, is eligible to receive between \$400 and \$2,500 for post-secondary education. There is a State College Tuition Waiver Program for youth in foster care and for youth adopted through the Department of Social Services. There is also a Foster Child Grant Program that covers \$6,000 in tuition annually at public, private, and Title IV financial-aid-eligible institutions of higher learning. Nonetheless, more than 40% of teens in foster care drop out of school and aren't eligible to benefit from the higher education opportunities available in the state. **There is an**

¹⁸ Children's Voices, Vol. 10, No. 5, September 2001, p. 20.

urgent need to stabilize and enrich the educational experiences of all foster children from the first day of their removal from home.

CREATE A STATEWIDE SYSTEM OF VOCATIONAL TRAINING AND JOB PLACEMENT

Since the overwhelming majority of youth who age out of foster care are expected to financially support themselves, there is an urgent need to prepare youth for employment and to pay them a living wage. Youth aging out of foster care are underemployed and progress more slowly in the labor market, but a recent study has shown that two thirds of youth who worked prior to aging out of care continued to earn an income after their 18th birthday.¹⁹ **DSS should greatly enhance its job readiness and job placement program and maximize all efforts to appropriately match and place teens in jobs well before they turn 18.**

FURTHER ENHANCE TRANSITIONAL HOUSING SUPPORTS FOR FORMER FOSTER CARE YOUTH

Massachusetts has started building an impressive record of developing creative programming to address the serious housing crisis that young adults confront as they transition from foster care to adulthood. Using Chafee funding, the Department of Social Services recently initiated the Discharge Support Program that covers the costs of certain housing and household expenses for youth aging out of care, and the Transitional Living Program targeted at youth who have left the system but are still in need of housing and other essentials. **However, under the current budget constraints, it is unlikely that the NINE transitional beds available statewide will significantly increase unless the legislature makes this and other services desperately needed by this population a top priority.**

In 2002, the New York State Legislature approved the use of \$2 million in Temporary Assistance for Needy Families (TANF) funding to provide housing and support services for youth between the ages of 18 and 25 in order to enhance their “self-sufficiency...” The funding is being utilized in partnership with the Cooperation for Supportive Housing to finance supportive housing units for youth aging out of foster care and for parents in need of housing in order to reunite with a child in foster care.

COORDINATE MENTAL HEALTH AND EDUCATIONAL SERVICES WITH FOSTER CARE SERVICE PLANNING

Youth in foster care should routinely receive a full assessment of their physical, mental, emotional, and educational needs. Too often a youth’s needs are not identified early on, nor is the youth’s well-being treated holistically because vital services impacting youth are provided in isolation, if provided at all. **Coordinated assessments should inform the placement**

¹⁹ Goerge, Robert M., Employment Outcomes for Youth Aging Out of Foster Care, University of Chicago, March 2002.

and permanency goals of a youth in foster care. In addition, mental health practitioners competent in foster care and adoption-related issues should be readily available to serve these youth and their families.

PROVIDE YOUTH WITH MEDICAID COVERAGE AT LEAST UNTIL THE AGE OF 21

Massachusetts should be commended for its extension of Medicaid to youth until they reach the age of 19, if they were in placement at 18. The Chafee Act permits states to do more. States have the option of providing Medicaid coverage to youth who have aged out of foster care until they have reached their 21st birthday, if they were in placement at 18. **Massachusetts should join the seven states – Arizona, California, Hawaii, New Jersey, Oklahoma, Texas, and Wyoming – that have identified a way to extend health coverage to these vulnerable young adults until the age of 21.**²⁰

ESTABLISH PUBLIC/PRIVATE PARTNERSHIPS TO BROADEN OPPORTUNITIES AVAILABLE TO ADOLESCENT YOUTH IMPACTED BY THE CHILD WELFARE SYSTEM

Massachusetts has recently established several successful public/private partnerships aimed at assisting older adolescents as they transition into adulthood. A Bridge to a Career (ABC) is a successful collaboration between Middlesex College and a private landlord that is providing supportive housing units to youth attending the community college. According to Maureen Fallon-Messeder, associate director for adolescent services, the Department of Social Services hopes to replicate the ABC Program in each region of the state. **Replication will require the formation of new public/private partnerships.**

It is our hope that the policy directions discussed above will help inform child welfare debates and lead to new legislation, budgetary items, departmental rules and regulations during the course of this legislative session. Improving an adolescent's chances of succeeding as an adult by offering wraparound services to youth involved with foster care is a non-partisan goal. Let's prove to this generation, before it's too late, that their government and their community really do care about them.

V. IN THEIR OWN WORDS: THE VOICES OF ADOLESCENTS IN FOSTER CARE

“All my life I felt unloved and unwanted – by everyone,” Teala says. “But now, there are two people in my life who really care about me.” Now a senior at Lowell High School, Teala earns A's and B's and is a member of the

²⁰ The Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program, National Council of Juvenile and Family Court Judges, June 2002, p. 5.

math and science club. She also works two part-time jobs in order to save money for college, but still makes time to help out younger kids in need – she tutors first-graders weekly, mentors fellow foster children monthly and routinely advises Casey on how to improve its services. Next year, Teala wants to study computer science at college and hopes to someday run her own consulting business. And later, she says, “I want to have two kids and give them the life that I wanted. They’ll know that I care about them, because I’ll show them every day.”

— Teala, 18

“I was growing up but nobody was teaching me how to grow up. I didn’t understand what a helping hand was until I had moved ten times. With every move, I had to start in new schools, make new friends, and try to trust new foster parents and adults.” Meanwhile, Mark’s early traumas and losses continued to affect him. “I didn’t have time to think about why I was in foster care because I was concentrating on how to make it in the foster homes.”

— Mark, 21

“When I was three years old, I was taken out of my home,” Gary recalls. “I had six brothers and sisters, and all seven of us were placed in different homes. It’s more than just losing your mom and dad, it’s your community, your friends, the school you go to, and a lot of your siblings. Somebody asked me what it’s like to be a foster child. I answered this way: Take the keys to your home and drop the keys on the coffee table and leave all your money and your Rolodex behind. All you have is yourself. And walk out the door. And that more or less is what it’s like to be a foster kid.”

— Gary Zerola

Attorney, former foster child

“When I first started looking for a foster family, I didn’t know what to think. What if they say no to me when I want them to say yes? Life isn’t always about what you want. You need to know that if the foster parent says no that they are trying to let you know that they care....My name is Beatrice and I’d been looking for a foster family that would love me, care for me and treat me like their own daughter. I was on Wednesday’s Child and in the newspaper and still didn’t get a family. One day, God answered my prayers. My aunt, can you believe, my own aunt wanted to adopt me. Wow I didn’t think I had an aunt in New York. Later on she broke my heart. She said, ‘I was too much work.’ Well, don’t try to adopt someone if you’re not ready to share your life with a young teen. Next I went back to St. Ann’s Group home in Methuen, and finally to...the Harrison’s. They respect me, give me privacy, help me with my goals, and they care and love me for me.”

— Bea, 15

“I didn’t like being in foster care at first because people might make fun of me and social workers might think I’m wacko or something. It kind of grew on me and I am able to say I don’t care what people think anymore. You know what? I’m special in my own way. Everyone is.... Other people might have biological parents, but that doesn’t mean I’m different. I have parents

who care about me just as much as other parents care about their children. It doesn't make any difference; it feels like a real family."

— Willy, 18

"I lived in a foster home in New Bedford once. There were about ten kids in the home, about four kids in each bedroom. There was a room with a pool table. That was cool, but two kids slept in that room around the pool table. [In my current home] I have my own room. There are two foster boys, and the family has two sons. Their sons are older than I am. I now have someone to be a big brother to. I've been in this home for seven years....It's my home!"

— Bobby, 17

*In silence she sits all alone by herself,
The only motion is the sound of her breathing.
She will smile at you, a smile so sincere,
That you will never guess that there is
A dark side of her somewhere.*

— Vicky, 15