

**THE CARE COLLABORATIVE:
A CONTINUUM OF CARE FOR FOSTER YOUTH
TRANSITIONING TO ADULTHOOD**

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EXECUTIVE SUMMARY

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Contra Costa County's CARE Collaborative is an alliance between government, non-profit, community-based and faith-based agencies, and the Interfaith Council. The CARE Collaborative's purpose is to assist emancipated youth, ages 18-24, who are homeless or at risk of homelessness. The assistance they provide is a continuum of care that allows the youth to overcome barriers which prevent them from becoming healthy, independent, and self-sufficient adults. The targeted services areas, address the youths' housing, educational, and job skill/vocational needs, as well as mental and physical health.

Catholic Charities of the East Bay provides the case management and grant writing for the CARE Collaborative. The collaboration formed in 2002, and by 2003, the comprehensive services plan included the opening of the CARE home. Currently, housing is the primary service on which CARE is focusing. The assistance ranges from rent subsidies to the CARE home. The home is located in Pittsburgh and can house up to five youth, ages 18 to 24. The CARE home is presently full, and there are also 20 "scattered site" youth receiving rental subsidies. Since its opening in 2003, the CARE home has had a total of 23 youth live there with an average stay of eight months.

FUNDING

The original proposed budget for the total program was \$513,126. The budget includes grants and Contra Costa's in-kind contribution of \$27,680, which includes employee time, funds and office space provided through the Independent Living Skills Program (ILSP). Although the funds are designated as the county's contribution, nearly 100% is federal money provided for the ILSP THP-plus program.

OUTCOMES

Through their collaboration, Contra Costa County has established a successful program for emancipated foster youth at little to no cost to the county. They have met most of their proposed goals. These goals include 75% of the CARE home youth having maintained housing six months after living in that home; 60% increasing their monthly income; and 70% having tangible plans in place for strengthening their job preparedness and education goals.

RECOMMENDATIONS

Solano County is ready to address the needs of its emancipated foster youth. We recommend that the county duplicate this model. Through the contacts made during this case study, valuable information

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BASSC Executive Development Training Program

has been collected and useful connections have been made. Additionally, there has been recognition that Solano could or should join forces with the three Bay Area collaboratives (CARE, the HEY Initiative, and the Alameda Alliance) due to Solano's proximity as well as the number of Bay Area youth residing in Solano county.

Sonoma County is already operating a continuum of care program. Nonetheless, it is recommended that they host an "Exchange" meeting (or series of meetings) to share lessons learned, best practices, innovative programs, automated information & referral systems, and information on successful funding streams, both public and private.

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INTRODUCTION

BASSC participants from Solano and Sonoma counties chose the CARE Collaborative for emancipated foster youth for study because this program provides a variety of resources/programs to emancipated youth in Contra Costa County.

The CARE Collaborative of Contra Costa County assists emancipated foster youth, ages 18-24, who are homeless or at risk for homelessness, to overcome barriers and transition into healthy, independent and self-sufficient adults.

Solano County:

Due to dwindling resources, Solano County has been unable to implement a program to assist emancipated youth, and has struggled with the plight of emancipated youth who, each year, continue to leave foster care with no plans, no support, and often no housing. Foster parents have approached the Department offering assistance and requesting the Department to address this need. Solano County has no services available, such as transitional housing, for youth who are approaching adulthood or those who are already adults. As the numbers of emancipated youth increase, so will the problem.

Sonoma County:

While Sonoma County does have dedicated basic resources for transitional housing, they face the

additional challenge of providing more comprehensive services to these emancipated youth. While basic needs, like housing, can be met for some, the challenge is giving youth the tools to be successful adults and contributing members of society.

The intent in studying the CARE Collaborative was to ultimately bring the same variety of resources to Solano and Sonoma Counties, based on each county's priorities. The world has already dealt these children a difficult hand. It behooves us all to empower these young adults with all the resources we have to allow them to succeed in the adult world.

THE PROBLEM

In Contra Costa County, approximately 125 youth emancipate from foster care each year. They reach the age of 18 years, and "age out" of the foster care system. Any benefits the foster family was receiving for that child, including a cash payment, medical, and food stamps, stop according to federal law. Children enter foster care from the child welfare system. They were removed from their nuclear homes due to parental abuse or neglect, and placed in foster homes.

Foster youth who have been in multiple placements prior to emancipation are more likely to need treatment for emotional or mental disorders. Studies of youth who have left foster care have shown they are more likely to not complete high school, become unemployed, become dependent on public assis-

tance, experience “premature” and unplanned pregnancies, and become incarcerated. In Contra Costa County, it is reported that half of emancipated foster youth experience homelessness within the first 2-4 years following emancipation. Nearly 50% of all Contra Costa County’s emancipated youth experience some period of homelessness. This frequency rate is at the high end of the national range. National statistics report between 21% and 53% of foster youth move into homelessness.

The emancipating and homeless youth targeted are young adults ages 18-24. They make up almost 25% of Contra Costa County’s homeless population. At any point in time, Contra Costa County has a conservatively estimated 130 homeless youth in need of help.

THE CARE COLLABORATIVE OF CONTRA COSTA COUNTY

In 2002, faced with the increasing number of emancipated youth in the homeless population of the county, Contra Costa County Department of Employment & Human Services partnered with the Interfaith Council of Contra Costa County to look for a solution. The social justice alliance of the Interfaith Council is an advocate for the homeless and serves as the “Voice of the Voiceless” at various community and government forums. Their original focus was for homeless families. However, someone kept bringing up “don’t forget the emancipated youth.” The Interfaith Council then started including the foster youth in their advocating efforts.

Efforts to secure vacant buildings at the Naval Station for homeless families failed, despite the council’s attempt to stand on the McKinney Vento Act. The Interfaith Council continued to advocate

and be heard in community forums. Deborah Moss, Division Manager from Contra Costa County, approached the Interfaith Council with some funds seeking a partnership. The Interfaith Council then served as a convener and brought Catholic Charities of the East Bay (CCEB) and Contra Costa County together. Catholic Charities as the lead agency, writes grants, develops and manages the collaborative, and coordinates the delivery of the continuum of care.

The collaboration consists of a partnership of government, a non-profit community-based agency, and a faith-based organization. CARE is not a single service program. The emancipated foster youth, who CARE serves, do not have family to provide a supportive role. The concept of a continuum of care is to address the full spectrum of individual needs and issues each youth presents. Although housing is the key service that is provided, the continuum addresses other issues necessary to move a youth towards self-sufficiency. An individualized plan is developed to support youth transition to independence.

The CARE Collaborative was modeled after the HEY Initiative that serves San Francisco County. The CARE Collaborative is developing strategies for coordinating work with the HEY Initiative and another neighboring Bay Area collaborative for emancipated youth, the Alameda Alliance for Foster Youth.

PROGRAM

Transitioning out of foster care happens rapidly. CARE is cognizant of the fact that with every basic need that is addressed, whether it is providing transitional housing, assistance in getting a diploma or a job, or moving into a permanent home, another

transition is triggered. CARE's philosophy of service is to address the emotional, psychological, and spiritual concerns to facilitate a successful transition from the foster care system to a healthy state of adult independence. They are committed to the whole person. Basic needs, such as housing and jobs, are how they began, however, they have evolved into programs that are designed to strengthen and heal, empower and connect youth that are in transition.

CARE works closely with the Contra Costa Independent Living Skills Program (ILSP) to strengthen services for youth 18-21, who are still eligible for some county support, and is the primary provider for young people, 21- 24. Each eligible client is enrolled for up to three years, and is re-assessed every six months.

- CARE has succinctly identified the youths' needs as follows:
- Service enriched (supportive) transitional and permanent housing.
- Better preparation: More emphasis on ensuring that foster youth complete high school, have basic living skills and post-secondary education and training.
- Youth-specific vocational assessment and counseling, and educational counseling.
- Life skills training and workshops offered through ILSP and CCEB.
- Culturally competent health and mental health care.

Housing:

Currently, there is only one CARE home in existence. The home is a 4-bedroom house in Pittsburgh owned by a police officer who was interested in supporting youth in transition. Up to five youth, ages 18 to 24, can reside in the home. Three

residents have their own room and the 4th and 5th share the master bedroom. The home is co-ed. There are no on-site staff; however, there is 24-hour on-call access to staff. The home is leased directly to the youth (who are technically adults) as opposed to the program, due to liability issues. Residents are given their own keys to both the house and their rooms, which they are able to lock. They do not have a curfew for being home but there is a curfew for noise. They decorate their rooms and the common living areas to their liking. They figure out who completes which chores. The utilities are paid through the ILSP. Nevertheless, the utilities are registered in a youth's name to allow them to build up a credit history. ILSP will only pay up to \$100 for the gas/electricity; the additional cost, if any, is divided among the residents.

A resident is required to be working and in some sort of educational or vocational program. They pay 30% of their gross income to rent and are required to verify their savings. The remainder of the cost of the rent is paid through subsidies that can be no more than \$400 per youth. They buy their own food and other personal items. They are required to attend group counseling once a month, and individual therapy is available if they desire to participate. While in the CARE program, the youth receives assistance with employment, searching and obtaining permanent housing, education and mental health services. A resident can stay up to 18 months. However, the average stay so far has been around eight months. After leaving the CARE home, former residents can receive case management services up until they are 24 years old.

The CARE Collaborative is currently seeking two additional homes to house four to six youth. They have had prospects; however, they are trying to meet certain criteria, including location, where

most of the population is leaving the foster care system (Richmond or Concord area) as well as close proximity to community colleges and public transportation.

In addition to the house, the CARE Collaborative provides rental subsidies. They feel the subsidies serve as a safety net for those youth who are located in housing outside of the CARE home.

Education:

The educational system used is the local community colleges. Pathways, a new program offered at Contra Costa and Los Medonos Community Colleges, is directed towards foster youth who are reading at or below the 8th grade level. The program is an intensive one-year commitment to prepare them for college classes which enables the youth to be more employable and furthers their educational and/or vocational training. Additionally, the program assists youth with financial aid and part-time jobs.

PROGRAM EVALUATION: SUCCESS AND CHALLENGES

The startling statistic that 25% of Contra Costa County's homeless population is emancipated foster youth caused the county to bond together and take action. Contra Costa County Department of Employment and Human Services formed a collaborative with the Interfaith Council of Contra Costa County and Catholic Charities to assist emancipated foster youth who are homeless (or at risk for homelessness) in addressing both their physical and emotional needs.

The actual CARE home has been in operation for 2½ years. During that time they have served 23 young adults. Outcome goals were set as follows:

Goal: 75% of housed CARE clients will maintain housing six months after enrollment.

Result: 75% of the housed clients have maintained housing six months after enrollment.

Goal: 60% of housed CARE clients will increase their monthly-earned income.

Result: The program states they have met this goal. When the house was first opened they did not require that the youth had jobs when they arrived but just prove that they were searching for employment. Those without jobs did eventually obtain jobs thereby increasing their income.

Goal: 85% of housed CARE clients will have increased their community connections through referrals and collaborative relationships.

Result: The program did not meet this goal. Only 50% to 55% of the clients accessed referrals given.

Goal: 60% of housed CARE clients will have plans in place to strengthen their job preparedness and education goals.

Result: The program has been successful in this area with a 70% outcome.

Goal: 60% of enrolled CARE clients will show improvement in their emotional and mental health and will report increased access to healthcare.

Result: The program did not meet this goal. The case manager reports that the CARE clients (including the 20 scattered site youth that live on their own) will not use the mental health services despite their needs. The case manager believes that most youth are resistant due to their history in foster care where they were "forced" to attend therapy.

Now that they are in control, they chose not to attend therapy or use mental health services. However, it is reported that the youth are readily using health care services for their physical needs.

Although the CARE collaborative proposal was to include many services, the reality is the actual budget did not allow this. The initial proposed budget of \$513,126 had included the amount of \$285,447 to be raised. This fundraising goal was not met, resulting in the scaling down of the program. The focus is on housing and the services provided through the ILSF program. As stated previously, they will continue to pursue acquiring another house in west Contra Costa County. They will also be implementing a mentoring program.

A challenge that the CARE case manager is unexpectedly encountering is the limited resources for the foster youth mothers (teen mothers). She is hoping to develop support groups specifically for these young women, who not only have the burden of being a former foster youth, but also that of being a teen mother. Groups are also needed for young women that are in abusive relationships due to lack of support and poor self esteem.

Unexpected outcomes of the CARE Collaborative have been many. Members of the CARE Collaborative have developed close relationships with the HEY Initiative and the Alameda Alliance as a result of staff development and training. Due to the pooling of resources of the agencies, the Zellerbach Foundation is committed to funding the mental health component of the continuum of care. The constructive and tangible support given by the Interfaith Council is cited as a major contributor to the continued success of the program. A final note on outcomes and success—the grant writer from Catholic Charities became a foster parent for a 15-

year-old youth as a result of her learning about the plight of foster youth.

IMPLICATIONS AND RECOMMENDATIONS

Solano County:

Although transitional housing requests have been brought before the department before, the sticking point was the funding issue. What has been learned through this case study is that to provide a program like the CARE collaborative, your primary source of funding is private and does not require much government funding. Therefore, a recommended strategy for Solano County would be to present Contra Costa County's program (especially their budget with funding sources reported) to the HSS Director and the Board of Supervisors. After obtaining their approval, call local agencies such as Youth & Family Services, Children's Network, Foster A Dream, Housing Department, Mental Health, Probation, the Community College, the Interfaith groups and Catholic Social Services to present our proposal and then develop a plan to institute services.

Although, there are no transitional housing programs for the foster youth ages 16 to 18, these youth still are in care so their housing needs are met. The emancipated youth who are technically adults are the priority.

In speaking with Millie Burns from Catholic Charities, she offered to come to speak to Solano County and look at tackling this problem in a regional manner. She recognized that there are many youth that reside in Solano County who are actually dependents of Contra Costa and other Bay Area counties.

Although Solano County's population of children in long term foster care (180) is similar to the number of Contra Costa County youth emancipating each year, they also face the need to develop a program for a continuum of care for their transitioned youth. It is expected that approximately 38 youth will be "aging out" this year. This does not include the number of youth from other counties that are residing in Solano County who also face the housing/services dilemma.

Solano County currently does not have transitional housing or services for emancipated youth. They have a homeless shelter that has developed an area of their shelter for young adults, a foster parent who has used one of her houses to allow young teen moms to rent a room, with she and her family acting as a type of "case manager" by referring to needed services. Of course, there are those dedicated foster parents who, despite the youths age and the fact that foster care funds are no longer provided, let the youth remain in their home. As yet, there is no concerted effort for dedicated services to emancipated youth in Solano County.

Sonoma County:

Sonoma County is expecting approximately 35 to 45 youth to "age out" this year. Although they do not have a CARE home, they do provide an assortment of housing options. They have a "rent a room" program, in which \$800 plus utilities are given to a host family in exchange for room and board, and Orchard House, a transitional group home for youth, ages 16 to 18.

Solano and Sonoma Counties are similar in the number of youth transitioning out of foster care each year. Despite similar numbers, strategies in implementing like programs in the counties will be

quite different due to varying levels of services currently being offered in each county.

On the other hand, in the middle of this case study, Sonoma County realized the successful completion of a program for both former foster youth and street youth, ages 18-24. On March 31, 2005, during the writing of this case study, Social Advocates for Youth (SAY), a private, nonprofit organization, opened a 24-bed transitional housing program, called the Tamayo House. This is the first transitional housing program in Sonoma County. The 24-bed house is staffed and run similar to a college dorm. In addition, it provides the same basic services as the CARE Collaborative. It is interesting to note that three emancipated foster youth have already been referred to the Tamayo House for housing, and two others are employed at the house.

Additionally, Sonoma County's Community Development Commission (CDC) has established a Continuum of Care Planning Group (CCPG) to provide services to the homeless population. While not specifically targeting emancipated foster youth, these services are available to them. Sonoma County Human Services participates in CCPG at a variety of levels, including chairing the Service Integration, Training and Information Management committee. This committee was created to address the need to develop integration of homeless services. Sonoma County, having implemented many of the same types of services as the CARE Collaborative, would recommend hosting an "Exchange" meeting with Contra Costa County Employment and Human Services staff. The purpose of this meeting would be to share "lessons learned", best practices, and innovative programs that have been implemented in each county. Detailed discussions would include comparing the Pathways education program with the program

offered by the Santa Rosa Junior College; review of the information and referral systems used in communicating available resources to various agencies and to the public; and funding streams both public and private.

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