

Transitioning from Foster Care to Adulthood: Supporting Adolescents and Young Adults

Empowering Youth Aging Out of Care Task Force

The Empowering Youth Aging Out of Care Task Force is a group of individuals representing organizations committed to the successful transition of youth in foster care into adulthood and includes Library & School Services at Children's HealthSM, Rees-Jones Center for Foster Care Excellence at Children's Health, UT Southwestern, W.W. Caruth, Jr. Child Advocacy Clinic at the SMU Dedman School of Law, CitySquare, Dallas County Child Protection and Permanency Court, Dallas CASA, City House and Collin College.

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Background

Children involved in foster care have significant trauma histories and have often experienced substantial neglect and/or abuse. Such adverse childhood experiences¹ can lead to cumulative toxic stress, which if not buffered by support and a consistent adult caregiver, can negatively impact physical, mental and socio-emotional development.²⁻⁵ Such experiences can also result in a lack of trust in adults and systems of care, which can further reduce sources of support for children in foster care.^{6,7}

The cumulative impact of these experiences can make the process of transitioning to adulthood challenging for adolescents and young adults transitioning out of the foster care system. Young people who age out of care have higher rates of experiencing homelessness, lower rates of educational success, higher rates of self-reported health conditions or disabilities, and difficulty securing and maintaining employment than adults who have never been in foster care.^{2,6,8-15}

Over 1,200 Texas youth age out of the foster care system each year with no form of permanency achieved prior to turning 18 years old.¹⁶ The Empowering Youth Aging Out of Foster Care Task Force in North Texas identified key areas for successful transitions, which include independent living skills, medical and behavioral health care access, interpersonal relationship development, resolution of legal issues, education and employment. In addition to highlighting existing resources for this population, we provide recommendations for mitigating barriers to accessing available supports.

All recommendations should be informed by using a trauma-informed approach, which recognizes the prevalence of traumatic experiences in both clients and staff, understands how trauma may affect behavior and accessing services, and provides support to develop trust, facilitate healing and prevent re-traumatization.¹⁷ Providing support through a trauma-informed lens has been shown to be a promising approach to improve child welfare outcomes in Massachusetts.^{18,19} Universal adoption of a trauma-informed approach is needed to improve outcomes for young people who age out of foster care.

At the end of this white paper, we have included a Resource Appendix, which lists and includes details about the resources listed within each component area. Adolescents with medical complexity, those who need guardianship, and pregnant and parenting youth have additional needs that are outside the scope of this report.

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Independent Living

Young people in care who are age 16 and older and who are likely to be in care until at least age 18 receive support from the Texas Department of Family and Protective Services (DFPS) to live as independent adults.* One source of support is Preparation for Adult Living classes, which cover six topic areas (Health and Safety, Housing and Transportation, Job Readiness, Financial Management, Life Decisions/Responsibility and Personal/Social Relationships). Additionally, DFPS hosts meetings with the individual in care and supportive adults such as foster parents, Court-Appointed Special Advocate and caseworkers to formulate an individualized goal plan for life after foster care.

DFPS continues to provide some services for young people after they turn 18. Housing supports range from extended foster care to locating subsidized housing. Additional programs assist with financial aid for emergencies and educational expenses. These programs and resources are designed to address the challenges young people face in aging out of foster care.

Transitioning to Independent Living from Foster Care	
<p>Support while in foster care</p> <ul style="list-style-type: none"> • Preparation for Adult Living program (PAL) • Casey Life Toolkit and debriefing • Extended Foster Care • Transition Centers • Waiver of driver license fee and associated costs <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Limited access to Internet and cell service • Complex driver license acquisition process • Lack of caregiver engagement in process <p>Recommendations</p> <ul style="list-style-type: none"> • Implement standard transition checklist with completion incentives for caregiver and individual in care • Retake Casey Life Skills Assessment during mid- to late-adolescence to review skill acquisition and areas for growth • Mandate training on transition process and resources for caregivers 	<p>Support after leaving foster care</p> <ul style="list-style-type: none"> • Transitional Living Programs • Transitional Living Services • Transition Centers <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Maintaining contact information • Unknown immigration status • Lack of identity documents • Limited access to Internet and cell service • Limited transportation <p>Recommendations</p> <ul style="list-style-type: none"> • Extend Preparation for Adult Living classes to age 26 • Implement DFPS-supported secure online storage for maintaining important documents • Fund statewide support for driver’s education to age 26 • Provide free or reduced public transportation cards and reduced rates • Expand Supplemental Nutrition Assistance Program (SNAP) benefits with automatic enrollment to age 26

*If funding is available, services may be offered to any young person 14 or older with an open child protection case.

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Medical and Behavioral Health Care

At least 40% of adolescents in foster care have a chronic health problem or significant mental health diagnosis, and many take medications daily.^{3,7} These health needs typically carry over into young adulthood.^{7,8,10,14,20}

To improve adult health outcomes, young people in care need opportunities to develop skills in health literacy, defined as “the ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others.”²¹ Youth in foster care may not develop these skills, and after aging out may struggle with accessing health care services.¹ Structured transition processes can improve outcomes for adolescents, particularly individuals with chronic health conditions.²² Such processes are often lacking, however, especially for young adults aging out of foster care.¹

Transitioning from Pediatric to Adult Medical and Behavioral Health Care	
<p>Transition Support Resources in foster care</p> <ul style="list-style-type: none"> • Star Health Medicaid Managed Care • Health Passport • Local Mental Health Authority • Youth Empowerment Services Waiver (for complex behavioral health needs) • Preparation for Adult Living program (PAL) (health and safety topic area) <p>Barriers to accessing these resources</p> <ul style="list-style-type: none"> • No standard process for transitioning to adult health care • Limited health literacy skills • Limited opportunity in utilizing health literacy skills learned • Perceived lack of control of health care decisions • Medical and behavior health provider network insufficient <p>Recommendations</p> <ul style="list-style-type: none"> • Implement, with engagement from health care providers, DFPS staff and other caregivers and individuals with lived experience a mandated, standardized medical/behavioral health care transition process • Increase use of telehealth • Expand medical and behavior health provider Medicaid Managed Care Network • Establish regional or statewide transition clinics • Implement health literacy skills training into PAL classes 	<p>Transition Support Resources</p> <ul style="list-style-type: none"> • Star Health Managed Care Medicaid (up to age 21) • Medicaid for Transitioning & Former Foster Care Youth (up to age 26) • Local Mental Health Authority • Texas 211 information line <p>Barriers to accessing these resources</p> <ul style="list-style-type: none"> • Health care may not be a priority • Limited health literacy and lack of knowledge of health conditions and medications • Complex Medicaid enrollment and information access • Limited transportation service • Prolonged wait times on 211 info line • Medical and behavioral health provider network insufficient for adult care <p>Recommendations</p> <ul style="list-style-type: none"> • Provide smart phone with preloaded app with streamlined, secure access to Medicaid portal/health passport • Establish a dedicated 211 line for young people who have transitioned out of care • Improve transportation services options • Expand use of telehealth • Expand adult medical and behavior health provider Medicaid Managed Care Network • Establish regional or statewide transition clinics

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Interpersonal Relationships

Young people rely on relationships with caring adults and peers and external support systems navigate the transition to adulthood. They observe how others manage life skills, and they seek guidance from people they trust when making decisions about how to manage their adult privileges and responsibilities. Due to trauma experienced, young people in care often lack such relationships. They often have experienced frequent placement moves and school changes; they may have spent time living in psychiatric hospitals, congregate care or shelter settings. Their families may be in different regions of the state or country. These factors limit their ability to maintain existing relationships or form new ones. Thus, adolescents in care often struggle to build lasting interpersonal relationships that can assist them with their transition into adulthood.

Supporting Interpersonal Relationships for Youth in Foster Care and After Leaving Care	
<p>Support while in foster care</p> <ul style="list-style-type: none"> • Foster parents or group home staff • Court-Appointed Special Advocate • Collaborative Family Engagement • Guardian Ad Litem • Teachers and coaches • Extended Foster Care (including Supervised Independent Living) • Mentor programs • Circles of Support • Preparation for Adult Living program (PAL) <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Frequent placement changes • Lack of control over living situation • Lack of trust in systems • Desire to connect with biological family may create strains in existing relationships <p>Recommendations</p> <ul style="list-style-type: none"> • Expand plan to strengthen existing relationships to biological family, fictive kin, former teachers or other non-professionals prior to aging out of care • Mandate Foster Parent/Caregiver Component for PAL classes • Increase Circle of Support meetings • Provide incentives for attending PAL classes 	<p>Support after leaving foster care</p> <ul style="list-style-type: none"> • Transition Centers • Biological family • Former foster family • Supportive Adults • Some higher education institutions offer foster/adoptive support group or programs • Mentor programs <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Transportation • Limited access to Transition Centers • Resources and programs are hard to find to connect with other former foster youth • Lack of phone/internet access • Lack of trust in systems <p>Recommendations</p> <ul style="list-style-type: none"> • Increase number of Transition Centers • Provide Circle of Support transition meetings two to three years after the youth leaves care • Expand mentor programs with other former foster youth

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Legal Needs

While in foster care and under the jurisdiction of the Department of Family Protective Services, youth in foster care usually have an assigned attorney during the early phases of their case, but after the Department of Family Protective Services obtains full conservatorship, the youth often do not have an attorney to assist with legal issues that may arise. Youth who leave foster care thus may have unresolved legal matters that arose during their time in care. What may have been a simple fine (such as a speeding ticket) can escalate to an arrest warrant and more fees if not addressed prior to leaving the Department of Family Protective Services custody. Once they leave the system, young adults may have a need for an attorney but lack the knowledge or resources to access one.

Legal Services for Youth in Foster Care and After Transitioning Out	
<p>Support while in foster care</p> <ul style="list-style-type: none"> • Court oversight with a guardian ad litem • Immigration Status Attorneys through Child Protective Services • Court-Appointed Special Advocate • Attorney ad litem or potential to get one <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Not all courts continue attorney beyond final custody order giving Department of Family Protective Services custody through the Permanent Managing Conservatorship phase of case • Court-appointed attorneys are funded by individual counties with differing resources • Immigration status may not be addressed prior to leaving care • When no attorney is appointed in the Permanent Managing Conservatorship phase, legal issues may not be identified by the court, Court-Appointed Special Advocate or guardian ad litem <p>Recommendations</p> <ul style="list-style-type: none"> • Enact legislation requiring all children have a court-appointed attorney ad litem until court jurisdiction ends • Provide funding for attorneys from a centralized resource at the state level • Enact legislation requiring that court-appointed attorneys, when the child is 17, conduct a full legal audit for commonly encountered, but often unresolved, legal issues 	<p>Support after leaving foster care</p> <ul style="list-style-type: none"> • Access to attorney during “trial independence” period (age 18-19) • Legal aid only available in some regions and chiefly includes federally funded organizations, small number of non-profit agencies and pro bono attorneys <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Not all courts continue attorney in the trial independence period • After court jurisdiction ends, no court-appointed attorney, and the youth lack understanding of how to find one • Legal aid services vary across regions and often have very few attorneys and limited geographical coverage • Most free legal service providers have income, residency, and citizenship/documentation requirements <p>Recommendations</p> <ul style="list-style-type: none"> • Enact legislation requiring all courts to retain an appointed attorney through the entirety of the courts’ jurisdiction • Fund a statewide legal intake center for young people who have aged out of foster care to clear legal questions and make referrals • Provide smartphone with preloaded app including information for free legal services

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Education

Adolescents in foster care often miss school due to court-ordered appointments, such as parent/sibling visitation and health care visits. Placement changes can result in delayed enrollment and skill and knowledge gaps. Gaps in school attendance can increase school failure, behavioral issues and dropout rates. Adolescents in foster care also experience less support and encouragement to pursue higher education and lack support for academics and college goals.²³ Education goals are part of Preparation for Adult Living classes, but adolescents may not be prepared to take advantage of these supports. While Texas school districts and colleges mandate a foster care liaison, these individuals are responsible for multiple areas, leaving them with limited time to follow up on students in foster care.

Educational Supports & Services for Youth in Foster Care and After Transitioning Out	
<p>Support while in foster care</p> <ul style="list-style-type: none"> • Texas Foster Care and Student Success Resource Guide • TEA Webinars and Training for educators • Educational Portfolio managed by Child Protective Services • Child Protective Services Education Specialists • Process in place for transfer of records • Waivers for testing and application fees • School District Foster Care Liaison • FAFSA (Free Application for Federal Student Aid) for Foster Youth <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Fragmented school experience • Lack of coordinated educational support • Foster Care Liaison role undefined • Liaison contact information not updated • Limited support for college application • Lack of assistance with extracurricular activities <p>Recommendations</p> <ul style="list-style-type: none"> • Mandate school plan for all children in foster care identifying support needed, and any trauma that may need more mental health support or crisis counseling • Fund high school vocational training in all school districts • Increase training and support for Foster Care Liaisons • Create a foster care transition education specialist 	<p>Support after leaving foster care</p> <ul style="list-style-type: none"> • Transition resource centers and libraries offer GED support • State College Waiver • Education and Training Voucher Program: for training and vocational programs • Foster Care Liaison at higher education • College Partnerships • Campus Housing • FAFSA for Foster Youth <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Fragmented school experience • Previous legal issues • No standardized training for Foster Care Liaison • Liaison contact information not updated • Lack of support to understand time-sensitive process for ETV, tuition waiver letter and FAFSA <p>Recommendations</p> <ul style="list-style-type: none"> • Provide funding for GED classes • Expand reach of Foster Care Support programs at colleges and universities • Increase training and support for Foster Care Liaisons • Extend PAL classes to age 26 • Fund incentives for completing GED/vocational training/degree • Extend time limit for education and training voucher and tuition waiver letter to age 26

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Employment

For most adolescents, an 18th birthday is symbolic of independence. While these young adults may be independent in many ways, family members often offer material resources in the form of housing, utilities, tuition payments, transportation and meals. For youth in foster care, losing these supports at age 18 can be a significant barrier to success. For example, finding and maintaining a job can be exceedingly difficult when one cannot easily access the internet, a telephone or reliable transportation. Young adults who have aged out of foster care are less likely to be employed and more likely to earn lower wages, even when compared to demographically similar low-income youth. Additional barriers to employment can include lack of high school diploma or GED, lack of valid state ID, outstanding warrants or a criminal record. For example, a developmentally appropriate mistake, such as underage drinking or unpaid parking tickets for a young person formerly in foster care, often creates a crisis that puts their housing, schooling and employment at risk.

Employment Supports and Services for Youth in Foster Care and After Leaving Care	
<p>Support while in foster care</p> <ul style="list-style-type: none"> • Texas Workforce Commission for 16-25 years olds • Foster Parent or Caregiver • PAL Living Skills Training - A main area covered is job readiness <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Transportation to work • Funding for required work items • Lack of birth certificate/Social Security card/state ID • Placement changes • Lack of caregiver engagement • Placement changes, temporary placements or living in a shelter, group home or psychiatric hospital <p>Recommendations</p> <ul style="list-style-type: none"> • Job skills training • Training on conflict resolution and navigation problems at workplace • Expand Financial skills training in PAL classes, with incentives for completion • Training on filing taxes 	<p>Support after leaving foster care</p> <ul style="list-style-type: none"> • Texas Workforce Commission • Priority hiring at state jobs • Transition Centers • Jobs Corps • DFPS Career Webpage <p>Barriers to utilization</p> <ul style="list-style-type: none"> • Transportation to work • Funding for required work items • Lack of birth certificate/Social Security card/state ID • Lack of childcare or financial support for childcare • Unmet health care needs • Unstable housing <p>Recommendations</p> <ul style="list-style-type: none"> • Extend PAL classes to age 26 • Streamlining information and access to subsidized childcare for young adults formerly in foster care who are parents • Expand availability of job skills training • Training on conflict resolution and navigation problems at workplace • Expand access to financial skills training to age 26

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Conclusions:

Adolescents aging out of foster care have complex needs as they transition to adulthood. Each adolescent is unique and needs an individualized transition plan. A trauma-informed approach to supporting youth aging out of foster care, which recognizes the impact of traumatic experiences, provides support in a way that promotes healing and prevents re-traumatization, should be implemented in any organization supporting transitioning youth. Systems such as state agencies, educational institutions and health care systems, as well as individuals such as service providers and caregivers would all benefit from this approach. Training in trauma-informed care should be funded, accessible and required for all individuals working with transitioning youth.

Encouraging older teenagers' involvement in decision-making and strengthening relationships with supportive adults can build their trust in systems and adults. This can contribute to more robust support networks as they age out of care. Improving incentives and accountability for adolescents, caregivers and caseworkers to implement standard transition programs could improve transition skill acquisition. Extending eligibility for transition resources and programs to at least age 26 could further adolescents' readiness to transition to independent living. Streamlining access to documents, information and enrollment processes could improve engagement in offered services. Outcomes in health care, education, independent living and careers are all interdependent. Increasing access to supports in the first few years after aging out of care may improve life course outcomes for these young adults.

Including young adults with lived experience in foster care in support program planning and identifying resiliency and protective factors in those young adults with successful outcomes can inform interventions using a trauma-informed lens. Celebrating the strengths, resiliency and protective factors of adolescents in the context of a trauma-informed approach to transitions can provide the foundation for successful transitions to independent living.

Resource Appendix

Information included in this appendix was adapted with permission from the Texas Department of Protective and Family Services document, "[Brief Overview of Transitional Living Services, Revised September 2021.](#)"

I. Independent Living

Preparation for Adult Living (PAL) Program

The PAL program assists older youth (age 14 up to 21) in foster care and those who have aged out of foster care to prepare for their departure and transition to a successful adulthood. Supportive services and benefits are provided by PAL Staff or PAL Contract Providers to eligible young adults up to age 21 to become self-sufficient and productive.

PAL services include:

- Life skills assessment (Casey Life Skills Assessment) to assess strength and needs in life skills attainment (assessments are conducted before Life skills training).
- Life skills training (ages 16 to 18) covers the following core areas: Health and Safety, Housing and Transportation, Job Readiness, Financial Management, Life Decisions/Responsibility and Personal/Social Relationships.

Additional PAL Benefits include (Youth must complete PAL training in order to be eligible):

- Transitional living allowance of up to \$1,000 is distributed in increments of up to \$500 per month for young adults up to age 21 who participated in PAL training to help with initial start-up costs in adult living.
- Aftercare room and board assistance (ages 18-21) is based on need of up to \$500 per month for rent, utilities, utility deposits, food, etc. (not to exceed \$3,000 of accumulated payments per young adult).
- Supportive services (based on need and funding availability) may include: graduation items, tutoring, driver's education fees or GED.

Extended Foster Care*:

With the implementation of the federal Fostering Connections Act (Title IV-E of the Social Security Act), a young adult who ages out of foster care at age 18 is eligible for Extended Foster Care provided there is an available placement, the young adult signs a voluntary extended foster care agreement and meets at least one of the following conditions:

18 up to 22 year olds, and:

- regularly attending high school or enrolled in a program leading toward a high school diploma or school equivalence certificate (GED); or is

18 up to 21 years old and;

- regularly attending an institution of higher education or a post-secondary vocational or technical program (minimum six hours per semester); or
- actively participating in a program or activity that promotes, or removes barriers to, employment;
- employed for at least 80 hours per month; or
- incapable of doing any of the above due to a documented medical condition.

**Note: Extended foster care agreement must be signed a month before the youth's 18 birthday.*

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Return for the Extended Foster Care Program:

Young adults who aged out of DFPS conservatorship may return at any time up until the age of 21 to participate in the Extended Foster Care Program if the required stipulations are met:

- Is offered an available placement;
- Sign or re-sign a Voluntary Extended Foster Care agreement; and
- Agrees to meet one of the criteria described in the Extended Foster Care program within 30 days of being placed.

For more information, visit the [DFPS PAL](#) page or this [Transitional Living Services](#) guide.

Casey Life Skills (CLS)

Set of tools that assess the independent skills youth need to achieve their long-term goals. It aims to guide youth toward developing healthy, productive lives. Some of the functional areas that CLS assesses include:

- Daily living and self-care activities
- Maintaining healthy relationships
- Work and study habits
- Using community resources
- Money management
- Computer literacy and online safety
- Civic engagement
- Navigating the child welfare system

For more information, visit the [Casey Life Skills](#) website.

Resource Appendix

Transition Centers

Transition centers provide a central clearinghouse of services for the diverse needs of current and former foster youth, homeless youth and other at-risk youth. PAL and CPS caseworkers refer young adults to Transition Centers within their regions for additional assistance.

Services include employment assistance, training, educational support, access and referrals to community partners and resources, as well as various transitional living services, such as PAL classes, job search and job readiness classes, food and housing assistance, and substance abuse/mental health counseling. Transition Centers also provide co-location opportunities for local partners such as local Workforce Solutions offices, community colleges and universities.

Transitional Living Programs

A transitional living *program* is different from transitional living *services* in that it involves an environment set aside for transitional living and programmatic services that are generally designed for a group of older youth, rather than individually designed services for youth. A transitional living program is *not* an independent living program.

Transitional living programs are residential services specifically designed to serve youth 14 years old or older for whom transitional living services or treatment goals include basic life skills training towards independent living. A transitional living program allows opportunities for youth to start early to build a strong foundation of life skills and community connections.

A transitional living program must have a comprehensive life skills training program for youth that develops competency in the following areas:

- Health and general safety
- Money management, budget planning and knowledge of available financial resources
- Use of local transportation resources
- Accessing local community resources
- Child health and safety, child development and parenting skills, if the youth is a parent of a child living with them

Other areas of life skills training should include:

- Encouraging the youth to participate in community life and to form interpersonal relationships/friendships outside of the transitional living programs, such as community team sports, extracurricular activities and after-school employment
- Consumer education, such as meal planning, meal preparation, grocery shopping, apartment searches and setting up utilities
- Career planning and enrolling in higher education or a vocational/technical training program
- Assisting in accessing medical and dental care, therapy, mental health services, legal resources and emergency assistance
- Problem-solving, stress management and establishing short and long-term goals toward establishing independence

For more information about Transition services in your area, visit [this page](#) or this [Transitional Living Services](#) guide.

Resource Appendix

II. Medical and Behavioral Health Care

Foster Care Medicaid Managed Care

As long as they remain in Texas, youth who turn 18 are still eligible for Superior medical and behavioral health coverage until 21 by updating their contact information through 2-1-1 or by visiting www.yourtexasbenefits.com. Superior also offers a reward program, 2 Adult, which offers rewards dollars for completing annual health checkups.

Health Passport

Health Passport is a computer-based system that has health data about children enrolled in the STAR Health program. Though not a full medical record, Health Passport has information on diagnoses, gaps in care, doctor and dentist visits, hospital stays, prescriptions and shot records. More information and login can be found by visiting the [Superior STAR Health](#) website.

YES Waiver and Wraparound Services

The Youth Empowerment Services Waiver (YES) is a 1915(c) Medicaid program that helps children and youth with serious mental, emotional and behavioral difficulties. The YES waiver program provides intensive services delivered within a strengths-based wraparound team. Services are coordinated around a family's natural support network and community resources. The child and their family meet weekly with their service facilitator to discuss the specific needs and goals of the Wraparound Plan, including specialized therapies and services and resources. YES services include, but are not limited to:

- Specialized therapies (i.e. art therapy, recreational therapy, nutritional counseling)
- Community living supports
- Family supports
- Employee assistance and supported employment
- Respite services
- Nonmedical transportation
- Adaptive aids and supports

For more information, visit the [HHSC YES Waiver](#) website.

Medicaid for Transitioning and Former Foster Youth

Adults who were in the Texas foster care program may be eligible for continued Medicaid coverage through the Medicaid for Transitioning Foster Youth Care Program or the Medicaid for Former Foster Care Youth program, covering a range of services including doctor's visits, prescriptions, hospital care and glasses. Qualifications for the Medicaid for Transitioning Foster Care Youth program include:

- Young adult age 18 to 20 who was in Texas foster care through their 18th birthday
- Meet the income limit guidelines
- Does not have other health coverage

Qualifications for the Medicaid for Former Foster Care Youth program include:

- Young adult age 18 to 25 who was in Texas foster care on their 18th birthday or older
- Signed up for Medicaid when aging out of care

For more information on Medicaid programs and income guidelines, visit the [HHSC Medicaid](#) page.

Resource Appendix

III. Interpersonal Relationships

Court-Appointed Special Advocate (CASA)

CASA is a national organization of volunteers trained to advocate for children involved in the child welfare system and improve their well-being. Texas CASA operates 72 programs statewide to recruit, train and supervise volunteer advocates while working at the state level to advocate for effective public policy for children and families involved in the child welfare system. For more information, visit [Texas CASA](#).

IV. Education

Higher Education Foster/Adoptive Support Programs

Some Texas state colleges operate foster care support programs, providing needed guidance for enrolled students who grew up in or have aged out of foster care. Resources and processes for these programs vary by campus, so visit individual institution pages for more information on specific offerings and contacts. For a list of campuses offering programs, visit the [DFPS College Partnerships](#) site.

Additional resources:

[Texas Foster Care and Student Success Resource Guide](#)

[TEA \(Texas Education Agency\) Webinars & Training Schedule](#)

DFPS Education Specialists

The DFPS regional education specialists serve as a resource for students in foster care, CPS staff and caregivers for assistance navigating the education system, particularly around obtaining services and supports. For a list and contact information for your regional liaison, visit the [DFPS page](#).

TEA School District Foster Care Liaisons

Each Texas school district and charter school in Texas is required to have one employee appointed as a Foster Care Liaison to assist with needs and service coordination of enrolled students involved in the foster care system. For contact information for your student's district liaison, visit the [TEA Foster Care Liaison](#) page.

FAFSA for Foster Youth

All students attending higher education are required to fill out the FAFSA for federal student aid. For youth aging out or who were in foster care, there is a wide range of financial assistance available to help pay for college. If a youth was in foster care for any length of time after their thirteenth birthday and can provide documentation, they could be eligible to receive thousands of dollars in financial aid, helping pay for not only classes and books but potentially assisting with housing and living costs.

For more information, please contact the financial aid office of your potential institution. To fill out the FAFSA, visit [Student Aid](#).

Resource Appendix

State College Tuition and Fee Waiver

This is a state law that exempts or waives payment of tuition and fees at state supported colleges or universities for foster youth currently or formerly in the conservatorship of DFPS and for those adopted from DFPS.

State PAL staff or Adoption Eligibility Assistance staff will give you a signed college Tuition Fee Waiver letter to take to the school registrar's office. Participation in PAL services is not required to be eligible for the tuition and fee waiver.

For more information about the waiver and qualifications, visit this [DFPS info](#) page.

Education and Training Voucher

The Education and Training Voucher (ETV) program is a federally funded program designed to assist with the education and training needs of eligible youth and young adults currently or formerly in the conservatorship of DFPS.

The ETV program serves those eligible students ages 16 up to age 23 by providing up to \$5,000 a year to attend college or vocational programs. The amount of ETV funds is based on the student's cost of attendance as determined by the school and after all other financial aid assistance has been factored in. Students may not receive ETV funds for more than five years (whether or not consecutive).

For more information about the qualifications and applicable programs, visit this [DFPS info](#) page.

V. Employment

[Texas Workforce Commission Foster Care Guide](#)

Resource Appendix

Acronyms

FAFSA - Free Application for Federal Student Aid

TEA - Texas Education Agency

DFPS - Department of Family Protective Services

CASA - Court Appointed Special Advocate

PAL - Preparation for Adult Living

YES Waiver - Youth Empowerment Services Waiver

ETV - Education and Training Voucher

CLS - Casey Life Skills

SNAP - Supplemental Nutrition Assistance Program

GED - High school equivalency diploma

Resource Appendix

References

1. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* May 1998;14(4):245-58. doi:10.1016/s0749-3797(98)00017-8
2. Rebbe R, Nurius PS, Ahrens KR, Courtney ME. Adverse childhood experiences among youth aging out of foster care: a latent class analysis. *Child Youth Serv Rev.* Mar 2017;74:108-116. doi:10.1016/j.childyouth.2017.02.004
3. Ringeisen H, Casanueva C, Urato M, Cross T. Special health care needs among children in the child welfare system. *Pediatrics.* Jul 2008;122(1):e232-41. doi:10.1542/peds.2007-3778
4. Strathearn L, Giannotti M, Mills R, Kisely S, Najman J, Abajobir A. Long-term Cognitive, Psychological, and Health Outcomes Associated With Child Abuse and Neglect. *Pediatrics.* Oct 2020;146(4)doi:10.1542/peds.2020-0438
5. Xie T, de Mestral C, Batty GD. Association of public care in childhood with social, criminal, cognitive, and health outcomes in middle-age: five decades of follow-up of members of the 1958 birth cohort study. *J Epidemiol Community Health.* Mar 2021;75(3):289-296. doi:10.1136/jech-2020-214737
6. Collins JL, Thomas LJ. The influence of social determinants of health among young adults after they have left foster care in the US. *J Clin Nurs.* May 2018;27(9-10):2022-2030. doi:10.1111/jocn.14317
7. Smales M, Savaglio M, Morris H, Bruce L, Skouteris H, Green R. "Surviving not thriving": experiences of health among young people with a lived experience in out-of-home care. *International Journal of Adolescence and Youth.* 2020;25(1):809-823.
8. Courtney ME, Dworsky A. Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work.* 2006;11(3):209-219
9. Courtney ME, Piliavin I, Grogan-Kaylor A, Nesmith A. Foster youth transitions to adulthood: a longitudinal view of youth leaving care. *Child Welfare.* Nov-Dec 2001;80(6):685-717
10. Courtney ME, Terao S, Bost N. *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care.* Citeseer; 2004.
11. Dworsky A, Courtney ME. Homelessness and the transition from foster care to adulthood. *Child Welfare.* 2009;88(4):23-56
12. Dworsky A, Napolitano L, Courtney M. Homelessness during the transition from foster care to adulthood. *Am J Public Health.* Dec 2013;103 Suppl 2(Suppl 2):S318-23. doi:10.2105/ajph.2013.301455
13. Lockwood KK, Friedman S, Christian CW. Permanency and the Foster Care System. *Curr Probl Pediatr Adolesc Health Care.* Oct 2015;45(10):306-15. doi:10.1016/j.cppeds.2015.08.005
14. Rebbe R, Nurius PS, Courtney ME, Ahrens KR. Adverse Childhood Experiences and Young Adult Health Outcomes Among Youth Aging Out of Foster Care. *Acad Pediatr.* Jul 2018;18(5):502-509. doi:10.1016/j.acap.2018.04.011

Resource Appendix

References (cont.)

15. Reilly T. Transition from care: status and outcomes of youth who age out of foster care. *Child Welfare*. Nov-Dec 2003;82(6):727-46
16. Texas Department of Family and Protective Services. DFPS Data Book. Accessed November 8, 2021, https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/default.asp
17. Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. *HHS Publication No(SMA) 14-4884*. 2014
18. Bartlett JD, Barto B, Griffin JL, Fraser JG, Hodgdon H, Bodian R. Trauma-Informed Care in the Massachusetts Child Trauma Project. *Child Maltreat*. May 2016;21(2):101-12. doi:10.1177/1077559515615700
19. Barto B, Bartlett JD, Von Ende A, et al. The impact of a statewide trauma-informed child welfare initiative on children's permanency and maltreatment outcomes. *Child Abuse Negl*. Jul 2018;81:149-160. doi:10.1016/j.chiabu.2018.04.023
20. Turney K, Wildeman C. Mental and Physical Health of Children in Foster Care. *Pediatrics*. Nov 2016;138(5) doi:10.1542/peds.2016-1118
21. Centers for Disease Control and Prevention. Health literacy in Healthy People 2030. Accessed May 15, 2022, <https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>
22. Gabriel P, McManus M, Rogers K, White P. Outcome Evidence for Structured Pediatric to Adult Health Care Transition Interventions: A Systematic Review. *J Pediatr*. Sep 2017;188:263-269 e15. doi:10.1016/j.jpeds.2017.05.066
23. Pecora PJ, Williams J, Kessler RC, et al. Assessing the educational achievements of adults who were formerly placed in family foster care. *Child & Family Social Work*. 2006;11(3):220-231. doi:10.1111/j.1365-2206.2006.00429.x