



THE HUMAN FACE OF FOSTER CARE IN AMERICA

Foster Care in the US

In the autumn of 1999 a young woman in her early twenties, Terry Harrak, testified before the Senate Finance Subcommittee on Health Care. She explained to the legislators that she had been in foster care since the age of 15. Her father and stepmother, who were raising ten girls and one boy, had abused, neglected and eventually abandoned her. Because her mother was now terminally ill and unable to care for any of her children, Harrak had few choices available to her.

In her testimony before the Senate, she described her abandonment:

One day I came home from school and my father told me that he had lost his job and that we were going to have to move. I was to stay with an older sister temporarily until he found a place, and he was going to go stay with some friends. I went to stay with my sister and I never heard from my father again. My sister called the police, and the police called back and said they found my father. The police took me to his new house and my father opened the door and refused to talk to me—he slammed the door in my face.

What followed for Harrak is common to many of the approximately half million children in foster care across the country, 41% of them older children and adolescents (ages 11 through 19 or older). Well into her adolescence, Harrak was bounced around from placement to placement. She lived first with a sympathetic high school teacher, then at a group home for teenagers and finally, in a “mentor home” that served as an “independent living placement” designed to help children learn to live on their own after “agingout” of adoption.

At no time did Harrak receive any counseling to help her deal with what had happened to her family. She had fallen behind in school and was having other problems in the group home for teenagers, and by the time she had reached the mentor program she felt she had “lost everything that was familiar and comfortable” to her. Holidays and birthdays were spent without family in the group home and by the time she reached the mentor program, Harrak had learned she could depend only on herself:

The mentor home placement was with an older woman who was a dog therapist. I knew it was supposed to be an independent living placement, but I didn't learn any independent living skills other than those I taught myself by shopping for food and budgeting for transportation and school expenses.

Terry Harrak learned she would have to teach herself much more when, a month before her eighteenth birthday, her social worker notified her she would have to leave her placement and foster care. “There had been no planning or preparation for this event,” Harrak testified before the Senate Subcommittee, “and I had no idea what I was going to do out on my own.” After an arrangement with a friend had fallen through for financial reasons, Harrak “found [herself] homeless, sleeping at the homes of friends and teachers or in metro stations and hospital emergency rooms.”

Terry's is one face of foster care in the United States. Approximately 20,000 children age out of foster care each year. For a variety of reasons, these children have been involved in the child welfare system on average for 7 years with 3 to 4 placements. It is unknown, exactly, how many of these young adults find themselves homeless. No tracking system exists which monitors their whereabouts after leaving the system. They are on their own and expected to transition, unaided, into the world of work and independent living.

Many, including President Bush, propose moves designed to promote adoption and returning children to their biological families, if they are considered safe by a judge. As a candidate, Governor Bush proposed \$1 billion over five years to return children to their families of origin. President Bush is also proposing to raise the adoption tax credit from \$5,000 to \$7,500, amounting to an additional \$1 billion over five years. Bush's proposal provides up to a \$5,000 allowance per former foster care child to be used on further education or vocational training.

But despite the bipartisan good faith and recent victories, problems remain for children caught in the process. For example, there remains some disincentive to families who cannot afford health coverage. One foster

father said it would be “irresponsible” of him to adopt if that meant his son would lose his Medicaid coverage for all of his special needs. More planning is needed to make sure all children are covered in both foster and adoptive families.

More troubling is the fact that 40,000 children who are eligible remain unadopted every year. It was for children like Terry Harrak, that the Foster Care Independence Act of 1999, “the Chafee Bill,” was designed.

The Chafee Bill

On December 14, 1999, roughly two months after Harrak’s testimony, President Clinton signed into law the Foster Care Independence Act of 1999 (P.L. 106-169). In memory of the late Senator John H. Chafee, the bill replaces the former Independent Living Programs (ILP) with the John H. Chafee Independence Program (FCIP), giving states more flexibility to create programs that will better serve older foster children in their transition to adulthood. The bill also doubles the amount of federal money available to FCIPs from \$70 million to \$140 million. States may also use up to 30% of their funds for room and board and are given the option to allow the use of Medicaid money for former foster care children up to the age of twenty.

Lori Rubiner is currently serving as Vice President of Program and Public Policy for the National Partnership for Women and Families. Prior to this position she served as staff for Senator John Chafee who had a career-long commitment to child welfare in the United States. In 1997 the Child Welfare System underwent a series of vital reforms. Key legislation passed to speed up adoption and parental rights, setting the stage for the key reform discussed in this article: helping youth transition from foster care to independence without duress. Prior to the passage of the Chafee Bill, youth whose foster care terminated lost their subsidies, were put out into the world with little formal support, lost their Medicaid, and were at serious risk for a number of adverse outcomes.

According to Lori Rubiner, the biggest obstacle to getting this legislation passed was the lack of understanding among elected officials concerning child welfare issues. The population of children affected by this legislation averages 20,000 per year. Many will suffer adverse outcomes. The risks for teenage pregnancy, substance abuse, poverty and adverse mental health are alarmingly high.

The passage of the bill, which bears Senator Chafee’s name, is truly a fitting tribute to his legacy. After the Senator died Ms. Rubiner took the bill to Senator Nichols from Oklahoma and asked for his assistance in completing its passage. The bill was passed on the last day, during the final hours of the legislative session. The Clintons held a special signing event and Senator Lincoln Chafee (RRI), following in his father’s footsteps, attended the ceremony.

What else can be done?

Links between child welfare, special education and community colleges are needed to secure education opportunities for those in, or formerly in foster care. The next steps are to launch the connection of housing and health care at the state level. Among other federal monies President Bush’s budget calls for a \$5000 education allowance for foster youth as a set aside within the Chafee program.

Since this bill requires a lot of state-level statutory changes to be passed and implemented in the next two years, there are many opportunities to advocate at the state level. Part of the legislation called for the creation of an advisory committee of former foster youth. This is a significant symbol in terms of youth development and validation of the expertise of youth regarding what is most needed by other youth.

Conclusion

The Chafee bill had bipartisan support and assistance from people like Hillary Clinton, but the chief activist was Terry Harrak, a woman whose own experiences served as the motivating testimony that ensured this bill’s passage. Although she herself will not be the beneficiary, other young people who bravely transition from the child welfare system to independence every year will see its effects.

Terry Harrak eventually found a youth transitional housing group, designed for homeless teens that want to get off the streets. She now works on child welfare issues at the National Youth Law Center in Washington, DC. As she testified before the Senate Finance Subcommittee, however, there were only two of these programs in the state Harrak was living in and only 77 across the country. The Chafee Bill is a hopeful starting point in the process to create a better environment for children transitioning from foster care.

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During a private meeting, shortly before her Senate Subcommittee testimony, one of the attendees asked Harrak if she was forced to pick between housing, healthcare and education which would she choose? “Why should I have to choose?” she asked. “Without a home I will likely become ill, without an education I won’t find suitable housing. So I suppose if I had to choose, housing would be my priority.”

It will be up to continued bipartisan efforts—like the one between Senator Chafee and Senator Rockefeller that lead to the Chafee Bill’s signing—and individual

efforts like Ms. Harrak’s to ensure that no other children will be faced with these same slim choices on their eighteenth birthday.

Terry Harrak can be reached at National Youth Law Center, 1325 G Street NW, Suite 770, Washington, DC.

Shane Ama and **Elizabeth Haran Caplan** of the Research and Training Center on Family Support and Children’s Mental Health wish to express their gratitude to Lori Rubiner and Barbara Pryor for their assistance in producing this article.