



Literature Review on Safety, Permanent Connections, Well-Being and Self Sufficiency

All Four Attributes

1. What Works for Promoting Positive Behavior in Children and Adolescents

Children with positive social skills are more likely to have high self-esteem, have positive relationships with peers, and achieve in school. On the other hand, children who engage in acting-out or externalizing behaviors are more likely to be rejected and bullied by peers and experience academic difficulties. Two new Child Trends fact sheets review rigorously evaluated programs to identify what works to promote positive social skills and prevent externalizing behavior.

This fact sheet reviews 38 rigorously evaluated programs to identify what works to promote social skills among children and adolescents (such as getting along with others, expressing empathy to others, trying to resolve conflicts, and regulating emotions and behaviors). Overall, most of the programs (27 out of 38) significantly increased at least one social skill in children and adolescents. Programs that incorporated peer-teaching, group discussion, or role modeling, as well as teacher-led instruction were effective. The fact sheet includes a chart summarizing the programs and whether they were found to work, not proven to work, or had mixed findings.

Download:

http://www.childtrends.org/Files/Child_Trends_2011_03_02_RB_WWSocialSkills.pdf

2. What Works for Acting-Out (Externalizing) Behavior: Lessons from Experimental Evaluations of Social Interventions

This fact sheet presents lessons learned from 123 rigorously evaluated programs for children and youth that are designed to prevent and/or reduce acting-out or externalizing



behavior (such as verbal and/or physical intimidation or physical aggression, defiant or argumentative behavior, hyperactivity, impulsivity, and delinquent behaviors). Overall, slightly over half of the programs (68 out of 123) reduced externalizing behavior. Many programs that teach at-risk children and youth how to manage strong emotions can reduce externalizing behavior. The fact sheet includes a chart summarizing the programs and whether they were found to work, not proven to work, or had mixed findings.

Download:

http://www.childtrends.org/Files/Child_Trends-2011_03_03_RB_WWExternalizing.pdf

3. *Homeless Young Adults Ages 18-24: Examining Service Delivery Adaptions.* Ammerman, Seth D. Ensign, Josephine. Kirzner, Meininger, Eric T. Tornabene, Mary. Warf, Curren W. Zerger, Suzanne. Post, Patricia.

National Health Care for the Homeless Council (U.S.)

EXECUTIVE SUMMARY

Young adults (ages 18-24) are especially vulnerable to homelessness. The estimated numbers of young adults who experience an episode of homelessness each year range from approximately 750,000 to 2 million, and are believed to be increasing; families as well as individuals are affected. To articulate and address some of the urgent issues facing these young adults, six seasoned clinicians and researchers working with displaced youth across the United States collaborated with staff from the National Health Care for the Homeless Council in developing this report. A recurring theme from these collaborative discussions is that individuals in the young adult/late adolescent phase of life present a unique and promising opportunity to prevent or arrest homelessness through early and comprehensive health and social service interventions.

This report is organized around four main topics: health care, housing, education and employment, and social support. Following a brief description of service access barriers faced within each of these topics is a list of recommended short-and long-term strategies for overcoming them. In general, the safety net of services for individuals in need is geared towards adults, so many of the strategies presented offer methods for customizing existing services for younger individuals who may lack the life experience and resources adults commonly have.

Download:

<http://www.nhchc.org/Publications/younghomelessadult1.pdf>

Safety

1. *Promoting "Resilient" Posttraumatic Adjustment in Childhood and Beyond: "Unpacking" Life Events, Adjustment Trajectories, Resources, and Interventions.* (Chapter 2 in *Treating Traumatized Children: Risk, Resilience and Recovery.*)

Layne, Christopher M. Beck, Callie J. Rimmasch, Holland. Southwick, Jason S. Moreno, Marko A. Hobfoll, Stevan E.

Chapter in Book, p. 13-47

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Five content domains relevant to designing wellness-oriented public health interventions are described and seven trajectories of functioning that may occur following a child's exposure to psychological trauma are identified, including: the positive trajectories of resistance, resilience, posttraumatic growth, and protracted recovery, and the unhealthy trajectories of severe persisting distress, decline, and stable maladaptive functioning. The strengths and weaknesses of the stress-diathesis model are explained. 1 table and 44 references.

2. *Trauma Factsheets*

Fact sheets describing some of the clinical treatment and trauma-informed service approaches implemented by National Child Traumatic Stress Network Centers with the common goal of reducing the impact of traumatic events on children and adolescents.

Download:

<http://www.nctsnet.org/resources/audiences/parents-caregivers/treatments-that-work>

Self-Sufficiency

1. *Social and Life Skills Development: Preparing and Facilitating Youth for Transition into Young Adults. (Chapter 17 in Achieving Permanence for Older Children and Youth in Foster Care.)*

Clark, Hewitt B. Crosland, Kimberly A.

Chapter in Book, p. 313-336

Copyright, Published: 2009, Columbia University Press

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Available From: <http://cup.columbia.edu/>

This chapter reviews literature on the effectiveness of independent living programs. It describes innovative strategies at the community and State levels to prepare youth to transition to adulthood and presents evolving evidence-informed practices and assessment tools that can assist in developing youth' social capital through a network of informal key players who provide supports for youth as they transition to adulthood.

2. *Transitional Youth Services: Practice Implications from a Systematic Review.*

Naccarato, Toni. DeLorenzo, Emily.

Child and Adolescent Social Work Journal, Vol. 25, No. 4, p. 287-308

Copyright, Published: August 2008, Springer

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Independent living programs have emerged as the primary intervention to address the needs of foster youth transitioning out of care. Prior reviews of independent living programs have focused on implications for research and policy, but not on direct practice. In order to create effective independent living programs, direct service workers must be provided with concrete practice guidelines for providing effective independent living services. This article summarizes 19 studies on independent living and provides evidence-based implications for each in an effort to begin to fill the gap between research, policy and practice.

Download:

www.springerlink.com/content/mq40102571r6367w/fulltext.pdf

3. *On the frontier of adulthood : theory, research, and public policy.*
Settersten, Richard A.(Editor) Furstenberg, Frank F. (Editor) Rumbaut, Ruben G. (Editor)
Case Western Reserve Univ., Cleveland, OH. Dept. of Sociology.
Book, xvi, 591 p.
Copyright Published: c2005
Publication Information: Chicago, IL : University of Chicago Press.
Available from: University of Chicago Press.
1427 E. 60th Street
Chicago, IL 60637
Tel: 773-702-7700
Fax: 773-702-9756

This book examines the extended developmental period between adolescence and adulthood when youth continue educational pursuits and experiment with different occupational and personal pathways. Written by sociologists, economists, and demographers, the chapters cite historical and cultural trends in the United States, Canada, and Western Europe to highlight changes in the way that youth achieve independence and self-sufficiency. Marital and childbearing trends for women, patterns of time use, shifts in attitudes and values, postsecondary education, economic attainment, parental support, and the impact of substance use are discussed. A typology identifies six paths to adulthood, including fast starters, parents without careers, educated partners, educated singles, working singles, and slow starters. Chapter 15 specifically addresses the experiences of youth leaving the foster care system. The implications of the complexities of early adulthood for social service, culture, and public policy are highlighted. The editors recommend substantial investments in education, career development, and family and civic relationships to reduce risks for young people and improve opportunities for success. Numerous references, figures, tables.

4. *What Works in Independent Living Preparation for Youth in Out-of-Home Care.*
Noll, K. A.
Casey Family Program, Seattle, WA.
Chapter in Book, pp. 195-204
Copyright, Published: 2000
Publication Information: In: Kluger, M.P. Alexander, G. Curtis, P.A. (Editors). What Works in Child Welfare. Child Welfare League of America, Inc., Annapolis Junction, MD.
Available from: Child Welfare League of America (CWLA)

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Four strategies are useful for enhancing the self-sufficiency of youth transitioning out of out-of-home care: systematic skills assessment; independent living skills training; involving caregivers as instructors; and developing community relationships. Systematic skills assessments help to target service plans to the specific strengths and needs of the youth. The assessments also meet legal requirements for the involvement of youth in decision making. Independent living skills training has been shown to improve job retention, access to health care, personal financial management, and life satisfaction. The core areas for training are budgeting, credit, consumer skills, education, and employment. The youth's foster parents or primary caregiver are the best teachers because of their close relationship. Training can be formal or informal and individualized for the child's specific needs. Caregivers must be aware of the skills needed for independence and effective strategies for learning those skills. Finally, connections with birth families and others in the community will help to support the youth and decrease his or her dependence on the child welfare agency.

5. *Where Are We Going Tomorrow: Independent Living Practice.*

Ansell, D.

Oklahoma Univ., Norman. National Resource Center for Youth Development.

Chapter in Book, pp. 35-43

Copyright, Published: 2001

Publication Information: In: Nollan, K. and Downs, A. C. Preparing Youth for Long-Term Success: Proceedings From the Casey Family Program National Independent Living Forum. Child Welfare League of America, Inc., Washington, DC.

Available from: Child Welfare League of America (CWLA)

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The author believes the 1999 Foster Care Independence Act will help to propel the development of more effective independent living services for youth transitioning out of foster care. Until now, the temporary nature of funding has delayed progress in the field. The new funds will provide an opportunity for practitioners, researchers, and

policymakers to consider the overall direction of independent living skills training for foster youth. The author describes a continuum of services that range from informal services to self-sufficiency. In Phase One, informal services include mentoring, family outings, and help with family activities. Phase Two services are more formal: life skill groups, youth retreats, field trips, and service projects. Most of the current services are in this category. Phase Three services supervise youth in apartments, host homes, and weekend apartment living experiences. The new law provides help to fund apartments and mentor roommates. Finally, Phase Four services provide support for self-sufficiency, such as information and referral, assistance with medical coverage, retreats, support groups, tuition waivers, and counseling. These aftercare services need to focus on helping youth establish relationships with other people who can help them remain self-sufficient. Youth leadership may promote additional activities that will increase the success of former foster youth. 2 figures.

Permanent Connections

1. *Conducting Filial Therapy With Homeless Parents.*

Kolos, Amie C. Green, Eric J. Crenshaw, David A.

Johns Hopkins University.

American Journal of Orthopsychiatry, Vol. 79, No. 3, p. 366-374

Copyright, Published: July 2009

Homelessness Resource Center

Homelessness and the associated feelings of loss are highly distressing for parents and their children who experience them. The implications for young, homeless children are clinically significant, as these children tend to display higher rates of depressive, anxious feelings. The literature suggests that parents are especially challenged during a period of homelessness, as they cannot provide for their children financially or emotionally. Evidence-based mental health interventions, such as filial therapy, may assist the parent-child relationship by promoting healing during a highly distressing event such as homelessness. Filial therapy, derived from child-centered play therapy, teaches parents to play with their children to express feelings and gain mastery over difficult and often disturbing thoughts and emotions. This article's purpose is to (a) educate clinicians about the psychological complexities of homelessness with parents and their children and (b) highlight the benefits of using filial therapy as an evidence-based intervention with this population. (Author abstract)

Download:

<http://homeless.samhsa.gov/ResourceFiles/sbrichbe.pdf>

2. *Brain-Based Therapy with Children and Adolescents: Evidence-Based Treatment for Everyday Practice.*

Arden, John B. Linford, Lloyd.

xiii, 306 p.

Copyright

Hoboken, N.J. : John Wiley & Sons

10475 Crosspoint Blvd.

Indianapolis, IN 46256

Tel: (877) 762-2974

Fax: (800) 597-3299

Drawing on research in developmental neurobiology, brain imaging, and evidence-based psychotherapeutic practices, this text is designed to assist clinicians in becoming more effective therapists by applying recent findings about the brain in their work with children and adolescents. Chapters discuss: the importance of understanding how the brain develops and functions in doing the actual work of child and adolescent psychotherapy; temperament and neurodynamics; attachment and subjectivity; attachment ruptures and repair in caregiving relationships; the impact of adolescence on psychological development and the parent-child relationship; recent neuroscientific discoveries and how these can be integrated into evidence-based interventions to create uniquely effective treatments; and evidence-based interventions for the most common childhood and adolescent disorders, such as attention deficit disorders, obsessive-compulsive disorder, and depression. The four major elements of brain-based therapy with children are explained and include a neurodynamic theory of attunement and empathy, a systematic approach to treatment planning, and the system of clinical strategies that utilize both the therapeutic relationship and evidence-based methods. Numerous references.

Download:

www.neurofeedbacktoday.com/emerging-chapter.pdf

3. *Frequently Asked Questions about Science-Based Approaches.*

Healthy Teen Network. Weaving Science and Practice Project. ETR Associates.

Technical Report, 20 p.

Public Domain

Published: 2008

Healthy Teen Network.

509 2nd St. NE
Washington, DC 20002
Tel: 202.547.8814

In 2002, the Centers for Disease Control and Prevention Division of Reproductive Health (CDC DRH) began funding a national project, Promoting Science-Based Approaches (PSBA) to promote science-based approaches in teen pregnancy, HIV, and sexually transmitted infection (STI) prevention. The project goal is to decrease teen pregnancy, HIV, and STI rates by increasing the use of research-proven practices and programs, or what we call "science-based approaches" (SBA). Along with CDC DRH staff, national and state organizations worked together to review research about effective teen pregnancy, HIV, and STI prevention practices and programs. Ultimately, the group identified important science-based approaches that became the focus for the project. The seven science-based approaches are listed and examined in detail in this FAQ resource. (Author abstract)

Download:

<http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B3ABD01D1-F38B-4877-921C-FB6EF95DD537%7D.PDF>

4. *Evidence-Based Psychotherapy for Children and Adolescents: Data from the Present and a Model for the Future.*

Weisz, John R. Gray, Jane Simpson.

Judge Baker Children's Center, Harvard Medical School.

Child and Adolescent Mental Health, Vol. 13, No. 2, p. 54-65

Copyright, Published: May 2008

Wiley Interscience

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Hoboken, NJ 07030

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What is the best way to help children cope with behavioral and emotional problems? This question has been a focus of concern -- to children and the adults who care for them -- across many centuries and in cultures around the world. In this article we examine the current state of efforts to help children by means of an array of non-medical interventions designed to alleviate psychological distress, reduce maladaptive behavior, and/or increase

adaptive behavior. We refer to these interventions, collectively, as 'psychotherapy'. In the article, we will note some accomplishments of the effort to develop effective interventions through clinical research. Then we will note some concerns about these efforts, and suggest ways to address the concerns through an alternate model of intervention development and testing. (Author abstract)

Download:

www.onlinelibrary.wiley.com/doi/10.1111/j.1475-3588.2007.00475.x/pdf

5. *Disseminating Evidence-Based Practice For Children and Adolescents: A Systems Approach to Enhancing Care.*

American Psychological Association. Task Force on Evidence-Based Practice With Children and Adolescents.

Technical Report, 71 p.

Copyright, Published: August 2008

American Psychological Association

750 1st St., NE

Washington, DC 20002

Tel: 800-374-2721 202-336-5500

This report addresses the unique challenges for practitioners in developing, strengthening, and disseminating evidence-based practice (EBP) for children, adolescents, and their families. The report adheres to the 2005 APA policy statement on Evidence-Based Practice in Psychology, which calls for "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences." The report covers: * a brief history and the key assumptions of EBP * developmental considerations for children and adolescents * the critical issues affecting the dissemination and implementation of EBP * an approach to practice that consists of observation, inquiry, and evaluation * recommendations for research, education, practice, and policy. (Author abstract)

Download:

www.apa.org/practice/resources/evidence/children-report.pdf

6. *Measuring Trends in Child Well-Being: An Evidence-Based Approach.*

Land, Kenneth C. Lamb, Vicki L. Meadows, Sarah O. Taylor, Ashley.

Duke University.

Social Indicators Research, Vol. 80, No. 1, p. 105-132

Copyright, Published: January 2007, Springer

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This paper first reviews the goals of the founding documents of the social indicators and quality-of-life movements of the 1960s and 1970s. It next describes the current state of knowledge with respect to the founding goals of this field. The focus then turns to the topic of measuring changes in child and youth well-being in the United States over the past few decades. In particular, the evidence-based approach used in the construction of the recently developed composite Child and Youth Well-Being Index (CWI) is described. Some findings from the CWI regarding changes in child and youth well-being in the period 1975-2004 are reported. Trends in the CWI then are compared with data on trends in subjective well-being of high school seniors -- similarities of trends in these two series provide validating support for the interpretation of the CWI as an index of changes in the quality-of-life of children and youth. Using data on some additional indicator series, most of which were initiated in the 1990s, an Expanded CWI is then described. The qualitative pattern of change in the expanded CWI is shown to be similar to that of the basic CWI, except that the expanded CWI shows a more pronounced decline in the early-1990s and a slower rate of improvement into the early-2000s. The paper concludes with some possible directions for future work. (Author abstract)

Download:

<http://www.springerlink.com/content/4463r0550322hq07/fulltext.pdf>

7. *Permanence and Impermanence for Youth in Out-of-Home Care.*

Barth, Richard P. Chintapalli, Laura K.

Copyright, Published: 2009

Columbia University Press

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Research findings regarding the reunification of youth with their birth families and reentry rates for youth who are reunified with their birth families are discussed. Placement instability and its role in youth impermanence is then considered, focusing on the use of congregate care for adolescents and on runaways. Finally, the challenges of impermanent permanence when reunifications are not successful and when termination of parental rights does not lead to adoption are explored. 1 table and 42 references.

8. *Permanent Families for Adolescents: Applying Lessons Learned from a Family Reunification Demonstration Program. (Chapter 13 in Achieving Permanence for Older Children and Youth in Foster Care.)*

Pine, Barbara A. Spath, Robin.

Chapter in Book, p. 223-243

Copyright, Published: 2009

Columbia University Press

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Available From: <http://cup.columbia.edu/>

A Casey Family Services family reunification program is described that provides intensive family-based and family-centered services. Features of the program are delineated and findings from a comprehensive evaluation are shared that demonstrate promising results in relation to achieving permanence for children, shortening foster care stays, and increasing chances of remaining at home once children are returned. Key aspects of the program are discussed in the context of the developmental needs of adolescents in out-of-home care, and recommendations are made. 39 references.

Evidence Based Practice Examples

1. A Review of Services and Interventions for Runaway and Homeless Youth: Moving Forward

Natasha Slesnick, Pushpanjali Dashora^a, Amber Letcher^a, Gizem Erdem^a and Julianne Serovich^a

^aHuman Development and Family Science, The Ohio State University, 1787 Neil Ave, 135 Campbell Hall, Columbus, OH 43081, USA

Abstract

Research focused on the impact of community-based services and treatment interventions designed to intervene in the lives of runaway and homeless youth has increased in the last two decades in the U.S. and internationally. In light of the tremendous need for identifying effective strategies to end homelessness and its associated problems among youth, this paper summarizes and critiques the findings of the extant literature including U.S., international, and qualitative studies. Thirty-two papers met criteria for inclusion in the review. Among the conclusions are that comprehensive interventions which target the varied and interconnected needs of these youth and families may be worthy of more study than studies that isolate the intervention focus on one problem. Also, more research incorporating design strategies that increase the reliability and validity of study findings is needed. Other preliminary conclusions and future directions are offered.

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http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6V98-4VHGC1H-1&_user=2967949&_coverDate=07%2F31%2F2009&_alid=1670211917&_rdoc=1&_fmt=high&_orig=search&_origin=search&_zone=rslt_list_item&_cdi=5892&_sort=r&_st=13&_docanchor=&_view=c&_ct=1&_acct=C000053976&_version=1&_urlVersion=0&_userid=2967949&md5=36ef7dc04c31b35e156fa076c3cb241c&searchtype=a

2. *Collection of Evidence-Based Treatment Modalities for Children and Adolescents With Mental Health Problems*
House Document ; No. 21
Virginia Commission on Youth.
Technical Report
1 v.
Public Domain

Published: January 2008
Available from: Virginia Commission on Youth
General Assembly Building, Suite 269
Richmond, VA 23219
Tel: 804-371-2481
Fax: 804-371-0574

This document provides information on evidence-based treatment modalities for meeting the mental health treatment. The role of the family in treatment programs is explored, and questions family members should ask about successful treatments for child and adolescent mental health disorders are then explained, and a reference list of disorders, attention-deficit hyperactivity disorder, oppositional defiant and conduct disorders, sexual offenses, health services, and juvenile offenders. Implications for policy makers are also discussed and a general disclaimer.

Download:

www.vocoy.virginia.gov/collection.asp

3. The Achieving Independence Center (AIC)

State: Pennsylvania

Locality: Philadelphia

Policy and Program Areas: Children and Youth At Risk; Service Delivery; Governance and Management Strategies; Economic Success for Families and Communities; Youth in Transition; Job Placement; Retention and Training

Partners: Local Government; Community-Based Organization

Funding Sources: Federal Funds

Description of Initiative: The Achieving Independence Center (AIC) is an innovative one-stop for youth in care and those transitioning from the system in Philadelphia, Pennsylvania. The center provides youth with employment and job training opportunities as well as other necessary services. Unlike most one-stops that serve adults through the Workforce Investment Act, AIC is supported primarily through Chafee Foster Care Independence Program funding. Youth benefit from AIC's partnership of nearly 14 businesses and nonprofit organizations that are working closely with city agencies to provide independent living supports tailored to meet their diverse needs. With the goal of helping youth move toward self-sufficiency, the city's Department of Human Services (DHS) collaborated with the Philadelphia Workforce Development Corporation (the local WIB) and Arbor Education & Training, L.L.C. (a local workforce development service provider) to open AIC's doors in 2002, serving 500 youth in foster care each year. DHS



contracts with providers for health, housing, education, case management, employment training, and work experiences. Collaborative partners are collocated at one-site to coordinate services for youth in foster care ages 16 to 21. Youth are self-referred, referred by youth services agencies, or referred by DHS or provider agency social workers, family courts, or foster parents. Arbor Education & Training, a nationally recognized PEPNet awardee for education and training, is the lead partner, providing management, job coaches, and workforce readiness and life-skills training. The Philadelphia Youth Network, a workforce development intermediary, provides youth in foster care with job training and placements, and Goodwill Industries of Southern NJ and Quaker City provides subsidized employment and skills-building opportunities for youth. AIC also partners with institutions of higher education to provide youth with education services, including computer literacy training, high school support, and G.E.D. preparation. The Pennsylvania Higher Education Assistance Agency, a nonprofit organization helping youth gain access to affordable higher education, provides assistance to youth in applying for financial aid and accessing Chafee ETV funds. Other partner organizations provide mentoring services, leadership opportunities, and connections to housing. In addition, the Independence Café, which the AIC owns, is open to the public for breakfast and lunch and provides youth with hands-on culinary and customer service experience. One key to AIC's success is its collaborative management structure. The leadership team is composed of more than 40 human service and workforce development professionals, field placement students, and tutors who work with members. The team meets weekly with the AIC director and Arbor Education & Training regional director to assess members' progress and discuss ways to improve the system and services for youth. Youth in foster care develop leadership skills and actively help with programming and administration. AIC considers youth as members who elect to accept these services and take ownership over their transition from care while supported by case managers, referred to as coaches. Youth provide feedback on program effectiveness through focus groups and surveys and are involved in hiring processes to determine partner and staff qualifications. For more information, contact Ronald Spangler, regional director, Arbor Education & Training, 610.891.5509 or rspangler@arboret.com; and Evelyn Jones Busby, executive director, Achieving Independence Center, 215.574.9194 or ebusby@aicenter.us.

Date of TFP Analysis: April 2007

Title of and Link to TFP Publication: Connected By 25: Financing Workforce Development Programs For Youth Transitioning Out Of Foster Care

For Additional Information:

http://www.financeproject.org/promising_results.cfm#1168

4. *United Way: A partner for IDA Programs*

State: Multi-state

Policy and Program Areas: Children and Youth At Risk; Economic Success for Families and Communities; Financing Strategies; Youth in Transition; Asset Development; Making better use of existing resources

Partners: Community-Based Organization

Funding Sources: Private Funds

Description of Initiative: Through a partnership with United Way of DeKalb County, the Metropolitan Atlanta Youth Opportunities Initiative (MAYOI), one of the sites implementing the Jim Casey Youth Opportunities Initiative's Opportunity Passport™, is able to provide increased IDA matching funds to enable transitioning youth to make specific asset purchases. Since 2004, MAYOI has received \$100,000 from the local United Way to provide a \$3.00-to-\$1.00 match for educational and entrepreneurship expenses and a \$4.00-to-\$1.00 match for homeownership purchases for participating youth. These resources are helping augment the IDA match already made available by the national Jim Casey Youth Opportunities Initiative. United Way of King County, Washington, played a key role in drafting the legislation that created an IDA program for youth in foster care within the state. The organization is implementing a pilot version of the program in Seattle and has engaged numerous partners, including Independent Living Program providers to offer referrals, Washington Mutual to provide financial education and a no-fee savings account for participating youth, and the University of Washington to evaluate the IDA program. In addition, the local United Way is contributing approximately \$40,000 to provide savings incentives for youth participants. n The Mile High United Way is the grantee for the Jim Casey Youth Opportunities Initiative in Denver, Colorado. In this capacity, the organization is overseeing the implementation of the Opportunity Passport™ and other components of the initiative as well as promoting a national partnership through the United Way of America with the Jim Casey Youth Opportunities Initiative.

Date of TFP Analysis: April 2007

Title of and Link to TFP Publication: Connected By 25: Financing Asset-Building and Financial Education Programs For Youth Transitioning Out of Foster Care

For Additional Information:

http://www.financeproject.org/promising_results.cfm#1159

THE FOLLOWING ARE FOUND ON SAMHSA's SITE: National Registry of Evidence-based Programs and Practices: <http://nrepp.samhsa.gov/>

1. Search criteria: connections

Intervention Title	Outcomes	Ages	Races/Ethnicities	Settings
<u>Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)</u>	1: Use of community services 2: Parent knowledge and beliefs about AOD 3: Onset of youth AOD use 4: Frequency of youth AOD use	6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult)	Data not reported/available	Home School Other community settings
<u>Teaching Students To Be Peacemakers</u>	1: Conflict resolution strategies 2: Nature of resolutions 3: Academic achievement and retention of academic learning 4: Knowledge and retention of conflict resolution and mediation procedures 5: Attitudes toward conflict	0-5 (Early childhood) 6-12 (Childhood) 13-17 (Adolescent)	Race/ethnicity unspecified Non-U.S. population	School

2. Search criteria: well-being

Intervention Title	Outcomes	Ages	Races/Ethnicities	Settings
<u>Coping With Work and Family Stress</u>	1: Perceived stressors 2: Coping strategies 3: Perceived social support 4: Alcohol and other drug use/problem drinking 5: Psychological symptoms of stress	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	White Race/ethnicity unspecified	Workplace
<u>Trauma Affect Regulation: Guide for Education and Therapy (TARGET)</u>	1: Severity of posttraumatic stress disorder (PTSD) symptoms 2: PTSD diagnosis 3: Negative beliefs related to PTSD and attitudes toward PTSD symptoms 4: Severity of anxiety and depression symptoms 5: Self-efficacy related to sobriety 6: Emotion regulation 7: Health-related functioning	18-25 (Young adult) 26-55 (Adult)	Black or African American Hispanic or Latino White Race/ethnicity unspecified	Residential Outpatient Other community settings

3. Search criteria: safety

Remove	Intervention Title	Outcomes	Ages	Races/Ethnicities	Settings
<input type="checkbox"/>	<u>Aggressors, Victims, and Bystanders: Thinking and Acting To Prevent Violence</u>	1: Social problem-solving skills 2: Beliefs about the use of violence 3: Behavioral intentions as aggressor 4: Behavioral intentions as bystander	6-12 (Childhood) 13-17 (Adolescent)	Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified	School
<input type="checkbox"/>	<u>Building Assets-- Reducing Risks (BARR)</u>	1: Class failure 2: Bullying at school 3: School connectedness	13-17 (Adolescent)	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White	School Other community settings
<input type="checkbox"/>	<u>Project ACHIEVE</u>	1: School staff perceptions of staff interactions and school cohesion 2: School staff perceptions of school discipline	6-12 (Childhood) 18-25 (Young adult) 26-55 (Adult)	Black or African American Hispanic or Latino White	Home School

and safety
 3: Office discipline referrals
 4: Administrative actions in response to office discipline referrals
 5: Academic achievement

☐	<u>Real Life Heroes</u>	1: Trauma symptoms	6-12 (Childhood)	Data not reported/available	Residential Outpatient Home
		2: Problem behaviors	13-17 (Adolescent)		
		3: Feelings of security with primary caregiver			
☐	<u>Seeking Safety</u>	1: Substance use	13-17 (Adolescent)	American Indian or Alaska Native	Inpatient Residential Outpatient
		2: Trauma-related symptoms	18-25 (Young adult)		
		3: Psychopathology		Asian	
		4: Treatment retention	26-55 (Adult)	Black or African American	
				Hispanic or Latino	
				White	
				Race/ethnicity unspecified	

□	<u>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</u>	1: Child behavior problems	0-5 (Early childhood)	Black or African American	Outpatient
		2: Child symptoms of posttraumatic stress disorder (PTSD)	6-12 (Childhood)	Hispanic or Latino	
		3: Child depression	13-17 (Adolescent)	White	
		4: Child feelings of shame	26-55 (Adult)	Race/ethnicity unspecified	
		5: Parental emotional reaction to child's experience of sexual abuse			

4. Search criteria: self-sufficiency

Intervention Title

Description

[Nurse-Family Partnership](#)

Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children.