ENHANCING EMPLOYMENT OUTCOMES FOR FOSTER CARE ALUMNI WITH DISABILITIES

A Project

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ENHANCING EMPLOYMENT OUTCOMES FOR FOSTER CARE ALUMNI WITH DISABILITIES

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by

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Graduate and Professional Studies in Education
Abstract

of

ENHANCING EMPLOYMENT OUTCOMES FOR FOSTER CARE ALUMNI WITH DISABILITIES

by

Nisha Grayson

The purpose of this project was to enhance the employment outcomes of foster care alumni with disabilities by connecting a community organization and their employment specialists to a state agency that specialize in vocational rehabilitation services for adults with disabilities. It was brought to the attention of this author that foster care alumni develop disabilities that inhibit them from obtaining and maintaining employment with living wages. In addition, this author found that there is also a lack of awareness of public services specializing in vocational rehabilitation when it comes to serving foster care alumni with disabilities. This problem was also identified in this author’s research, which led to the creation of a PowerPoint presentation to educate and promote communication between foster care alumni employment specialists and vocational rehabilitation professionals. The resources used to develop this project include published peer-reviewed journals, books, articles, fact sheets, relevant websites,
personal interviews, and Masters Projects from California State University, Sacramento Vocational Rehabilitation graduate students.

_________________________ , Committee Chair
Rose Borunda, Ph.D.

_________________________
Date
DEDICATION

This project is dedicated to my loving mother Stephanie Evans and my sister Randa Gregorio. I watched you two complete graduate school while raising a family, and you both showed me how important it is to become a professional. Thank you for all your support. This project is also dedicated to my birth mother, Amruta Jalmi for sacrificing her life to give me a chance at a better one. I know you would be very proud of me if you knew everything that I have accomplished. To all the Indian girls and women who are fighting for their right to education: you have taught me that this world will become a better place if more women are educated.
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Chapter 1

INTRODUCTION

Background of the Problem

As stated on the Lutheran Social Services of Northern California’s website, by the age of 18 years, a foster youth is considered an adult by the foster care system, and “they are generally considered not eligible for foster care services” (Simms, Dubowitz, & Szilagyi, 2000, p. 16). The term “services” is explained by the California Department of Social Services (2007) as the out-of-home care system formed to safeguard children who are not able to remain with their families. The children have been withdrawn from their parents’ custody and made dependents of the court.

Prior to turning 18 years old, some of the children are placed in homes with relatives, licensed foster care parents’ homes, or certified foster care agencies or group homes. Therefore, due to the frequency of multiple care placements, which then creates transient school experiences:

A significant proportion of youth aging out of foster care do not attain basic education goals, experience high levels of educational instability, are dependent on public assistance, experience periods of homelessness after leaving care, struggle with substance abuse, and experience a higher rate of unemployment than their counterparts. (Hill, Lightfoot, & Kimball, 2010, p. 64)

Those who are no longer eligible for services due to turning 18 years old are known as foster care alumni. They are faced with numerous challenges unlike those who
were not a part of the foster care system. For example, most young people have the security and stability to begin transition into adulthood from a family home, where shelter, food, and relationships are provided and stable, but a foster care alumnus may have to find their own housing as the first step to transition into adulthood before receiving employment services (Osgood, Foster, & Courtney, 2010).

Simms et al. (2000) stated that most of the children in the foster care system have or acquire a medical, mental health, or a developmental disability, but unfortunately do not receive the adequate or appropriate treatment while they are placed in the foster care system. To further explain what a medical disability is, the Social Security Administration (n.d.) defined it as a physical or mental impairment that is medically proven and is a result of anatomical, physiological, or psychological abnormalities. The medical evidence must establish a physical or mental impairment consisting of signs, symptoms, and laboratory findings—not only based on the individual's statement of symptoms (Social Security Administration, n.d.).

Secondly, according to the U.S Department of Health and Human Services (n.d.), mental health can be described as the psychological, emotional, and or social well-being that affects how individuals think, feel, and act as well as how one handles the stresses in life, relates to other individuals, and makes daily choices. Furthermore, MentalHealth.gov explained that one’s mental health is important at every stage of life and mental health problems can be a result of genes, brain chemistry, trauma, abuse, and
or family history of mental health problem (U.S Department of Health and Human Services, n.d.).

Thirdly, ailments in physical, learning, language, or behavioral areas are characterized as developmental disabilities by the Centers for Disease Control and Prevention (2015). Since children in the foster care system do not receive the adequate care that is needed, psychological and emotional problems worsen rather than improve. This can create an additional barrier to successful employment outcomes during their transition into independent living (Simms et al., 2000).

Physical disabilities, chronic illnesses, or a form of mental illness can cause additional barriers to transitioning into adulthood, creating financial dependence. These barriers can be daunting and difficult (Osgood et al., 2010). Foster care alumni with disabilities need professional support when obtaining financial independence. Support is particularly critical when they are transitioning to emancipation because “multiple studies and surveys over the years show clearly that youth in foster care have 3 to 7 times as many chronic health conditions and behavior/mental health problem as do those who have not been in foster care” (American Academy of Pediatrics, 2012, p. 3). According to Osgood et al. (2010), the primary goal for obtaining financial independence in order to transition into adulthood is gaining employment. It proves to be a greater challenge for this vulnerable population than it is for the general population. As reported in Hill et al.’s (2010) study, the majority of the respondents participating in their survey cited “unemployment or underemployment (94%) as primary issues facing youth as they age
out of foster care” (p. 71). Providing employment services that prepare foster care alumni for leaving foster care were positive predictors of better outcomes for transitioning into adulthood, as part of their quality of life (Anctil, McCubbin, O’Brien, Pecora, & Anderson-Harumi, 2007).

**Statement of the Problem**

As stated on the Volunteers of America’s website (2015), the purpose of their social services is to prevent homelessness by providing affordable housing to individuals and families in the hope of returning them to self-sufficiency. The Adolfo Program is one of their focus areas that specifically supports homeless foster care alumni ages 18-23 years old. As stated by Brad Branan (2013), the Adolfo Program provides 50 apartments on the former Mather Air Force Base in Sacramento County. The program not only provides housing, but also employment, counseling, and education services. Branan further explained that according to legislators, unemployment is cited as one of the problems foster care alumni face once emancipated. Branan supports his findings by referencing statistics by the Department of Social Services, which state that only less than a quarter of the 614 youths interviewed before they left the foster care system had a job.

Employment Specialist Stephanie Koenig at the Adolfo Program stated that the residents are required to receive employment services from her and youth advocates on site in order to maintain their housing accommodations (personal communication, December 10, 2015). From her experiences working with the Adolfo residents, she found that the residents’ disabilities create an additional barrier when searching for and
retaining employment. She admitted she lacks the knowledge and experience necessary for working with foster care alumni with disabilities. As a result, she is attempting to identify additional community resources that specialize in employment services for adults with disabilities within Sacramento County. Unfortunately, Koenig has found it difficult to connect with outside support from community agencies.

To resolve the problem areas stated above, the author will introduce the staff at the Adolfo Program to the public services of the California State Department of Rehabilitation (DOR). DOR counselors can provide vocational rehabilitation in the forms of additional support, counseling, guidance, and employment services that specifically address the mental and physical disability barriers to employment that the residents with disabilities experience. Such support may supplement employment services that are already provided at the Adolfo Program.

**Definition of Terms**

*Adolfo Program*

A two-year housing program that takes in homeless foster care alumni ages 18-23 years old and gives them the chance to transition into adulthood and become self-sufficient and independent. The program provides case management and specialized services that include, but are not limited to, “individual and group life skills classes, financial literacy, nutrition, relationship building, parenting/child development education, job readiness, placement and support, social skills
development, anger management, problem resolution, communication, and group recreational opportunities” (Volunteers of America, 2016, para. 2).

Age out

When a child without a permanent home in the foster care system turns 18 years old, he or she is too old to remain in the system and is no longer eligible for services (Children’s Rights, 2014)

Department of Rehabilitation (DOR)

Works in partnership with consumers (including foster care alumni) and other stakeholders to provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities in California (Department of Rehabilitation [DOR], 2014)

Emancipated

When a youth from the foster care system turns 18 years old and leaves the system due to no longer being eligible to receive foster care services (Casey Family Programs, 2010)

Employment Services

Activities that support and assist an individual in preparing for, finding, and obtaining an appropriate job. This might include resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of eligible individuals. (Employment services, 2014)
**Foster Care**

“A temporary arrangement in which other adults provide for the care of a child or children whose birth parent is unable to care for them. This can be informal or arranged through the courts or a social service agency. The goal for a child in foster care is usually reunification with the birth family, but may be changed to adoption” (Foster care, n.d.).

**Foster Care Alumni**

Adults who were once in the foster care system, despite having been placed in a permanent home or not. This term is used by the author throughout this project to refer to those who were once in the foster care system and are presently over the age of 18 years old (Foster Care Alumni of America, 2015).

**PRIDE Industries**

A non-profit organization that provides adults with disabilities with “employment opportunities, training and ongoing support to achieve workplace success” (PRIDE Industries, 2016a, para. 2).

**Vocational Rehabilitation (VR) Services**

“Services designed to get Californians with disabilities prepared for employment and can include training, education, transportation and job placement” (Vocational Rehabilitation [VR] Services, 2014).
Limitations

Limitations include the time in which this project was completed. The research and the product were gathered and created during the fall of 2015 and the spring of 2016. Once new research and new resources become available over time, updates will need to be made. Also, when the Adolfo Program experience staff changes, the new employment professionals will need to be trained.

This project is limited geographically since the Adolfo Program is located in Sacramento County. In addition to time and geography, the population that is presented is also a limitation because the residents at the Adolfo program are only foster care alumni. Finally, the author’s bias is also a limitation because the resources included in the PowerPoint presentation are deemed necessary for the professionals working with the foster care alumni with disabilities in gaining employment during their transition from emancipation to living independently. They also reflect the author’s knowledge gained during her internship at the Capitol Mall branch of the DOR during the fall 2015 semester.

Organization of the Project

The remaining project includes the following chapters. Chapter 2 is a literature review of statistics about foster care youth, the most common disabilities among foster care alumni, and the unemployment rates for foster care alumni with disabilities. Chapter 3 incorporates the methodology used in creating the research and project. Chapter 4 contains a summary and recommendations for the future. The Appendix consists of
screenshots of each of the slides in the PowerPoint presentation that will be presented to the employment specialist, youth advocates, and all other staff at the Adolfo Program.
Chapter 2

REVIEW OF RELATED LITERATURE

Introduction

Foster care alumni face numerous barriers when transitioning from foster care to adulthood after being emancipated. Some of these young adults experienced traumatic events that have developed into emotional and psychological disorders. It is the presence of these diagnoses that are not often represented as the whole primary population in research and studies of foster care alumni. It has been repeated throughout the collected data that foster care alumni with disabilities, specifically, are underrepresented in research; therefore, the author expanded her population of study to include foster care alumni in general. This literature review is divided into three sections. The first section goes into detail about the statistics of the foster care youth population, foster care youth with disabilities, and the unemployment rates for foster care alumni and people with disabilities. The second section outlines the top three disabilities among foster care alumni and how their experiences in the foster care system contribute to the development of each of the disorders. The last section focuses on the foster care alumni employment rates and barriers this population faces.

Statistics

To fully grasp the extent to which foster care alumni with disabilities are affected by high unemployment rates, there must first be a thorough examination of children in foster care. The U.S. Department of Health and Human Services 2014 report stated that
over 415,000 children were in foster care nationwide, and of the 238,230 that exited the system, 22,392 (9.4%) emancipated. In 2014, California recorded 62,097 children in the foster care system, a jump from 58,689 in 2013. Of the 62,097 children in foster care, 3.1% were emancipated, meaning that 1,925 young adults who aged out of the system are recognized as adults and must begin to transition into adulthood (Kidsdata.org, 2015a). Just in Sacramento County alone during 2014, 2,911 children were in the foster care system and 2.8% of the those were emancipated (kidsdata.org, 2015b).

Prior to entering foster care, many children will have already developed chronic health, developmental, and psychiatric disorders, giving some idea of how many children there are with disabilities in the foster care system (Children’s Rights and United Cerebral Palsy, 2006). The authors of the report Forgotten Children (Children’s Rights and United Cerebral Palsy, 2006) indicate that there have “not been systematic national studies of the prevalence of disability among children in foster care” (p. 5). Therefore, the following statistics on foster care children with disabilities are derived from “individual studies in various states and localities” (Children’s Rights and United Cerebral Palsy, 2006, p. 5). Some of the studies conclude that 40% of foster care children are born premature or with a low birth rate; 80% are prenatally exposed to substances; 30-80% have at least one chronic medical condition such as asthma, human immunodeficiency virus (HIV), tuberculosis (TB), etc.; 30-60% have developmental delays; and about 50-80% have a mental and behavioral health problem. Subsequently,
this high-risk population will have higher rates of unemployment following discharge from foster care (Children’s Rights and United Cerebral Palsy, 2006).

The 2005 Northwest Foster Care Alumni Study (NW Alumni Study; Pecora et al., 2005) was designed to study the employment and mental health outcomes of 659 foster care alumni aged 20-33 years old. Although the NW Alumni Study’s findings did not specifically classify and highlight the unemployment rate for the foster care alumni with disabilities, their findings did ascertain 54% of the foster care alumni in the study had current mental health problems. Projecting this baseline data, which reflects the mental health challenges for over half of the foster care alumni participating in the study, it can be assumed that the employment rates of the population include foster care alumni with mental health challenges in their overall employment statistics.

The NW Alumni Study (Pecora et al., 2005) concluded that the foster care alumni experienced difficult employment and financial situations. Of those who participated and were eligible to be a part of the workforce, 80.1% were working either full- or part-time. The participants who were not eligible to work were grouped together as either being full-time students or homemakers or having severe disabilities. In comparison to the national average of 95% employment within the same age group, foster care alumni employment outcomes were substantially lower. Of those foster care alumni who were working during the time of their interview, one third (33.2%) reported that their household income was classified at or below the poverty line. Not only are foster care
alumni experiencing a difficult time finding employment, but they are also experiencing
difficulty finding jobs that pay living wages (Pecora et al., 2005).

As mentioned above, more than half the foster care alumni in the NW Alumni
Study (Pecora et al., 2005) had one or more disorders. The most significant disorders
among the population include posttraumatic stress disorder (PTSD), major depression,
and social phobias. Twenty-five and two-tenths percent of the foster care alumni
experienced PTSD in the 12 months prior to the interview. This statistic is high in
comparison to the 4% of the general U.S. population with a PTSD diagnosis. Major
depression within the 12 months prior to the interview showed up in 20.1% of the foster
care alumni population, which is double (10.2%) the major depression disorder diagnosis
for the general U.S. population. As for the prevalence of social phobias in the 12 months
prior to the interview, 17.1% of foster care alumni had a social phobia diagnosis. In
conclusion, when “compared to the general U.S. population, a disproportionate number
of alumni suffered from mental health disorders” (Casey Family Programs, 2005, p. 1).

In the general population, persons with disabilities are less likely than those
without a disability to be employed, according to the Bureau of Labor Statistics report in
2013. The report states that 17.6% of people with disabilities were employed in 2013
compared to the 64% of those employed without a disability. The report also provides
data by age group as well. For those between the ages of 16 and 19 years old, the
employment rate for those with disabilities was about 13% versus approximately 27%
who did not report having a disability. The age group of 20 to 24-year-olds with a
disability ranked in at just over 30%, whereas those without a disability in the same age group were recorded at about 62% (Bureau of Labor Statistics, 2013).

**Disabilities Among Foster Care Alumni**

Many children enter foster care with chronic health, developmental, and psychiatric disorders that are often caused from neglect and abuse (Simms et al., 2000). During the children’s time in foster care, their health care is usually neglected and, as a result, many significant health issues are not detected or not treated, if diagnosed. By not being treated at a younger age, foster care alumni are left with not knowing how to manage their disabilities, which carry on into their adulthood (Simms et al., 2000).

Posttraumatic stress disorder (PTSD) ranks as the number one disorder among the foster care alumni population, according to the NW Alumni Study (Pecora et al., 2005). First, a definition of PTSD by the *Diagnostic and Statistical Manual of Mental Disorders* establishes the criteria by which foster youth are evaluated. According to the American Psychiatric Association (2013b), PTSD diagnostic criteria include having a history of “exposure to actual or threatened death, serious injury or sexual violation” (p. 1). In addition, the individual must have exposure to one or more of the following scenarios: direct experience with traumatic events; witnessing the traumatic events in person; learning that the traumatic event happened to a close family member or friend with the actual or threatened death being either violent or accidental; or experiencing first-hand repeated or extreme exposure to details of a traumatic experience. The disturbance of the traumatic events causes clinically significant distress or impairment to important areas of
everyday functioning such as social interaction or their capacity to work. As youth experience tremendous chaos in their family life, there are common experiences they have undergone in order to be diagnosed with PTSD.

With this being understood, PTSD for foster care alumni can be activated at different stages during their childhood. Most youth enter the foster care system at the average age of 11 years old as a last resort because the parents or legal guardians are no longer able to care for the child’s well-being and provide a safe home (Pecora et al., 2005). According to the NW Alumni Study (Pecora et al., 2005), over one-half of the alumni experienced sexual abuse and maltreatment by a member of their birth family, and the second most frequent response noted from the report was neglect, sometimes including physical abuse prior to being placed in foster care. Maltreatment includes, but is not limited to, sexual abuse, emotional abuse, physical abuse, physical neglect, or a combination of one or more forms of maltreatment (Pecora et al., 2005).

Once the foster care system gets involved, “the very act of removal from their parents is often traumatic for the youth as well, potentially resulting in post-traumatic stress disorder (PTSD) and creating a sense of hyper vigilance because their lives become unpredictable” (Pecora et al., 2005, p. 32). As a result, more than likely their living situations are unstable while in care, meaning that the child can have multiple placements in foster care homes or agency homes, which can also lead to PTSD (Jackson, O’Brien, & Pecora, 2011).
Coming in as the second highest disorder among the foster care alumni in the NW Alumni Study (Pecora et al., 2005) is depression. Major depressive disorder (MDD) is defined by the American Psychiatric Association (2013a) as being:

A medical illness that affects how you feel, think and behave causing persistent feelings of sadness and loss of interest in previously enjoyed activities.

Depression can lead to a variety of emotional and physical problems. It is a chronic illness that usually requires long term treatment. (p. 1)

In a study by White et al. (2009), 479 participants from the NW Alumni Study (Pecora et al., 2005) were interviewed for the purpose of examining factors and program components related to the symptoms of depression. The authors also wanted to investigate whether improvements to the foster care experience are associated with a decrease in depression among foster care alumni. A finding from their study indicated that lower levels of depression are related to their placement history, meaning that the lower number of times the foster care alumni moved from home to home as an adolescent resulted in lower levels of depression. If they also had no runaway episodes and no unlicensed living situation with family members or friends, then that also contributed to lower levels of depression. Also, if a foster care alumnus experienced three to nine school changes during their time in the foster care system, then they are less likely to have depression episodes in comparison to those alumni who experienced 10 or more school changes while in the foster care system. This study even breaks down the access to tutoring and other supplemental educational services as a contributing factor to lower
depression rates among foster care alumni. In fact, foster care alumni had odds of depression 1.8 times greater than those who had no access at all to tutoring or supplemental educational services (White et al., 2009).

Not only did access to tutoring and supplemental educational services predict lower levels of depression, but it also meant that participation in activities with their foster family and access to therapeutic services had an influence on their mental health outcome as adults. As the adolescents become older and are preparing to leave the foster care system, preparation and awareness of resources impacts their depression rate. The foster care “alumni who had more tangible resources upon leaving care (drivers license, $250 cash, and dishes and utensils) were more likely to not have depression in the past 12 months than those who had none of these resources” (White et al., 2009, p. 44).

Finally, the relationship between adolescents and their feelings of being loved was examined. For the foster care alumni, they were less likely to have depression if they felt loved while in the foster care system, if their foster parents were somewhat or very helpful, and or if their ethnic identities were acknowledged and supported by their foster parents (White et al., 2009).

The outcome of the White et al. study (2009) demonstrated the relationship between foster care alumni’s experience while in the foster care system as adolescents and depression as an adult. The analysis provided statistical evidence that proved that more positive experiences in foster care and improving preparation for leaving care are associated with lower levels of depression in adulthood (White et al., 2009). If young
foster care alumni are not treated for their depression, their symptoms may contribute to poor employment outcomes (Pecora et al., 2005).

The third highest disorder among foster care alumni as found in the NW Alumni Study (Pecora et al., 2005) was social phobias. According to the fact sheet published by the American Psychiatric Association (2013c), social phobia is now known as social anxiety disorder. Furthermore, social anxiety disorder is diagnosed if an individual feels extremely uncomfortable, fearful, or has high levels of anxiety that are “out of proportion—in frequency and/or duration—to the actual situation” and if this impairment interferes with their everyday activities and daily routines (Social Anxiety Disorder, 2013, p. 1).

In the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study) study (Courtney et al., 2011), 591 foster care alumni were interviewed. Of the interviewed alumni, over one-third reported experiencing an unusually strong fear of a social situation at least once in the last year and just over half the respondents avoided particular situations all together. To get an idea of some of the social situations they were likely to avoid, the Midwest Study (Courtney et al., 2011) listed the top three situations as giving a speech in public, speaking in a meeting or class, and fear of talking to people because they believe they may not have something to say or may sound foolish. The outcomes of the Midwest Study parallel the opinions of the employment specialists from PRIDE Industries (K. Avila & A. Cozington, personal communication, November, 19, 2015).
The NW Alumni Study (Pecora et al., 2005) stated that PTSD and major depression may be the most far-reaching mental health conditions for alumni in young adulthood. PTSD and depression may contribute to difficulty in gaining or retaining employment (Pecora et al., 2005). Also, adolescents who have untreated mental health illnesses are four times more likely to not attend a vocational school or be employed (Clark & Davis, 2000).

**Employment Outcomes for Foster Care Alumni**

The Midwest Study (Courtney et al., 2011) was a longitudinal study that followed foster care alumni during their transition into adulthood from the ages of 19 to 26 years. The Midwest Study of 2005 (Courtney et al., 2005) recorded the employment rate of the responding foster care alumni at the age of 19 years old. Their conclusion stated that only 40% were employed at that time, working a mean average of 32.6 hours per week, making $7.54 per hour on average, and earning less than $10,000 per year. Due to earning an annual income below the poverty line, the respondents were more than likely to report not having enough money to pay rent or utilities, being evicted, and sometimes, or often, not having enough money to buy food as economic hardships.

A couple of years later, the Midwest Study (Courtney et al., 2007) analyzed 21-year-olds and their employment outcomes as foster care alumni. Just over half (51.5%) of the 590 respondents were working at the time of the interview. Their average hours per week and the average earnings per hour increased slightly to 35.5 hours per week and $8.85 per hour. For those respondents who claimed to have worked in the last 12
months, their median annual wage was recorded as $5,450. When it comes to economic hardship for the 21-year-old age group, the top three barriers included not having enough money to pay their rent or utility bill or keeping their phone service connected.

Jumping ahead to the Midwest Study of 2009 (Courtney, Dworsky, Lee, & Rapp, 2009), the respondents were 23 to 24 years of age. At the time of the interview, 84% admitted they had been employed at one point since becoming a foster care alumnus; however, a little less than half of those respondents were currently working. Their weekly work hours were 37 on average, their average hourly wage increased to $10.14, and their annual income increased to a median of $8,000. Their economic hardships did not change since they were 21 years old.

Finally, at the end of the longitudinal study, the Midwest Study of 2011 (Courtney et al., 2011) recorded responses from participants as 26-year-olds. Related to their employment rates, only about 46% were employed at the time, but almost all the participants had some prior work experience. Their weekly mean number of work hours was recorded at 36. Their mean hourly income did increase to $10.73, but not by much. Their mean annual income was slightly less than $14,000. Again, the economic hardships of the foster care alumni did not change since the respondents were 21 years old.

**Summary**

A review of literature outlines how many foster care youth and alumni with disabilities are faced with barriers to employment. It has been proven that foster care
alumni are more than likely to have developed an emotional or psychological disorder such as PTSD, depression, and or social phobias from the traumatic experiences, changing schools and homes multiple times, lack of preparation for transition into adulthood, and insufficient access to mental health services while in foster care; therefore, their disabilities are likely to contribute to inadequate employment outcomes.

Although there is representation of foster care alumni with disabilities in some longitudinal studies, there seems to be a gap in research when it comes to studying the employment outcomes of foster care alumni with disabilities. The research obtained for this literature review, such as the NW Alumni Study (Pecora et al., 2005), found that just over 50% of its foster care alumni participants have a disability. It could be assumed that the 80.1% of the participants were working at the time of the study had a 50% chance of having a disability. With the high rates of unemployment, foster care alumni with disabilities must have access to disability-centered employment services for adults with disabilities. This additional access may increase the chances of foster care alumni with disabilities having a positive employment outcome.
Chapter 3

METHODOLOGY

This author was advised by the Vocational Rehabilitation in Counseling program’s faculty, graduate student peers, and previous graduates to complete the final project on a subject about which she is passionate. The author began to explore topics and populations during her second year of the program. As an adoptee who volunteers within the adoption community who has some previous exposure to foster care alumni, the author decided to analyze if it was common for foster care alumni to have disabilities and if this particular population had access to vocational rehabilitation services.

A year later, the author began her internship at the Department of Rehabilitation, Capitol Mall branch in fall 2015. It was during her time there that she found out more information about foster care alumni in Sacramento County and how this population is not actively seeking employment services from the Capitol Mall branch. After completing some research on common disabilities foster care alumni may have and their poor rate of employment once becoming emancipated from the foster care system, this author felt inspired to reach out to a friend who is a foster care alumni to find out what employment resources are offered for those with disabilities.

This author contacted her friend, who has requested to remain anonymous, to ask if he was offered employment services during the time he was preparing to emancipate from the foster care system. This author’s friend admitted he has a learning disability and during his two years at the Adolfo Program, he was not offered specialized employment
services that catered to his disability. In fact, he was never made aware of the Department of Rehabilitation or that their vocational rehabilitation services could be provided to adults with disabilities. He suggested to the author that she somehow connect the Adolfo Program to the Department of Rehabilitation so the foster care alumni with disabilities have an additional vocational rehabilitation resource specializing in supporting adults with disabilities.

The author obtained the contact information for Janice Montgomery, Program Director of the Adolfo Program. On November 12, 2015 at 2:30 pm, this author and Janice met to discuss the author’s previous research about the employment outcomes for foster care alumni and the vocational rehabilitation services that the Department of Rehabilitation can offer if applicants are found eligible for and can benefit from services. This author offered to educate the employment specialist and staff, via a PowerPoint presentation, about the Department of Rehabilitation, the population with whom they work, the eligibility requirements, and the employment services offered. As a result of the presentation to the staff at the Adolfo Program, the staff can then refer residents of the Adolfo Program to the Department of Rehabilitation if they feel they would benefit from the vocational rehabilitation services. Janice was interested in working to build a relationship between the Adolfo Program and Department of Rehabilitation.

A few weeks later, this author met with Stephanie Koenig, the Employment Specialist at the Adolfo Program. This author asked Stephanie what her role and responsibilities are as the Employment Specialist on site. Stephanie discussed with the
author that she is available all day to the residents if and when they are ready to seek out employment. For the residents to maintain their residency on site, they are required to receive employment services from Stephanie or any other staff member. Stephanie and staff offer assistance with job development, resume building, interview skills, job searching skills, interview clothing, mock interviews, and transportation, just to name a few.

Stephanie was later asked about some of the challenges she faces and if the residents are actively seeking her employment services. Some of the main challenges Stephanie faces are residents not being able to hold a job for long periods of time, lack of employment/volunteer experiences, constant changes of employment goals, and not following through with the employment goals. Stephanie mentioned that sometimes the resident’s mental health issues are not diagnosed; therefore, specialized vocational rehabilitation services from the community are not being utilized. This author explained to Stephanie that the Department of Rehabilitation has qualified Vocational Rehabilitation Counselors trained and experienced in working with adults with disabilities by offering counseling, employment services with trusted vendors, and follow-up support that can aid the eligible residents in finding employment on their own. This author offered to create a PowerPoint presentation about the vocational rehabilitation services the Department of Rehabilitation offers and to present the information to her and the staff. Stephanie welcomed the idea and offered any assistance to the author.
After meeting with Stephanie, this author became curious to find out what some common mental health disabilities among foster care alumni are and if this population was currently being served by any of the Department of Rehabilitation branches. It turned out that the Roseville branch works with PRIDE Industries and serves foster care alumni. This author reached out to the Team Manager, Mark Frayser about sitting in on one of the monthly meetings with the Vocational Rehabilitation Counselor, Isela Reyes who oversees the foster care alumni caseload and the PRIDE Industries Job Coaches that work one on one with the foster care alumni. Mark connected the author with Isela and the monthly meeting was confirmed for November 19, 2015. At the meeting, this author was able to listen in on some of the success stories and common challenges the foster care alumni experienced while receiving employment services from PRIDE Industries. This author was able to ask a few questions and confirm if the disabilities their consumers had coincided with the research the author found. The job coaches confirmed that the presented research reflects their personal experiences with the foster care alumni. This author followed up by explaining her proposed idea of connecting the Adolfo Program and the Department of Rehabilitation, and they all agreed it was greatly needed.

This author then presented her idea to the Department of Rehabilitation, Capitol Mall branch Team Manager, Vivian Hernandez-Obaldia on December 16, 2015. Vivian supported this author in creating a PowerPoint presentation that includes an introduction to the vocational rehabilitation services that are offered by the Department of Rehabilitation. Since the author received approval from both the Adolfo Program and the
Department of Rehabilitation, Capitol Mall branch, she moved forward with her research and review of related literature.

Throughout fall 2015, this author began to compile peer-reviewed journals, national studies on foster care alumni with disabilities, and employment outcomes for foster care alumni. This author reviewed previously published master’s projects by fellow Vocational Rehabilitation Counseling students as a format reference. She also made great use of the Sacramento State Library online database where she was able to search for peer-reviewed articles and studies by title or keywords. This author continued to work on the research and PowerPoint presentation throughout spring 2016 while staying in contact with the staff at the Adolfo Program and Vivian from the Department of Rehabilitation. This author includes a review of the Department of Rehabilitation services, the application process, how employment services are delivered, and some of the vendors with whom the Department of Rehabilitation works.
Chapter 4
SUMMARY AND RECOMMENDATIONS

Summary

Foster care alumni with disabilities and their respective employment rates have not specifically been researched and studied. The data available from longitudinal studies about foster care youth transitioning into adulthood attest that this population can have a 50% chance of developing a mental or emotional disability prior to or during their time in foster care. The most common disabilities that develop are posttraumatic stress disorder, depression, and social phobias due to being removed from their home and biological family members, sexual abuse, neglect, maltreatment, the high frequency of getting placed in multiple homes and school, and lack of mental health services. In addition to having a disability, foster care alumni have lower employment rates when compared to their counterparts without disabilities.

For foster care alumni with disabilities, the collected data indicated that, if they are employed, they are likely to be earning less than the poverty rate. To counteract this problem of unemployment, foster care alumni with disabilities research has suggested that it is logical to build relationships between foster care alumni with disabilities and community agencies that specialize in their complex needs of finding successful employment where they can earn a living wage.

Since there is a need to connect foster care alumni agencies to disability-centered employment agencies, this author developed a PowerPoint presentation to present to the
Adolfo Program staff. This author hoped to educate the staff about how vocational rehabilitation services and qualified counselors at the Department of Rehabilitation (DOR) can address and take into consideration their disability in relation to their specific employment goals. This presentation will contribute to solving the need for additional training and education related to disabilities as well as to building collaborations with community disability organizations. As a result, the staff at the Adolfo Program will become aware of the DOR policies and will also have the knowledge and capacity to refer Adolfo residents when appropriate.

**Recommendations**

If another graduate student chooses to update this project in the future, there are some recommendations from the author. The first recommendation is to research and include the latest data about the employment rates specifically for the foster care alumni with disabilities. This author is hoping that new research will identify foster care alumni and highlight how their disabilities play a huge role in obtaining employment services and their goals.

This author also suggests contacting the program director and employment specialist at the Adolfo Program to follow up on the success rate of the PowerPoint presentation with a survey regarding whether the presentation was useful, if it is still being utilized, and how the presentation can be improved based on any recent changes to the Adolfo Program. This author also recommends that those Adolfo residents referred to DOR be surveyed regarding the employment rate as well to determine if the referrals to
DOR are satisfactory and increasing the employment rates of the Adolfo residents. By finding out how the presentation has affected the employment rate of the residents, the staff at the Adolfo Program will be better equipped to serve the Adolfo residents. In addition to contacting the Adolfo Program, this author suggests that the Department of Rehabilitation also be contacted for the purpose of updating contact information, application forms, policies, and associated vendors in the PowerPoint presentation. By retrieving updated information from DOR, the new graduate student will be adept at providing up-to-date resources to minimize any confusion about the latest changes.

If there are a number of changes in research and within the two agencies of the Adolfo Program and DOR, then this author suggests not only completing the updates to the PowerPoint presentation, but also presenting the new updates to the staff at the Adolfo Program. The Adolfo Program might have some changes with their staff, so to inform all persons working with the Adolfo residents, a presentation with all new changes will benefit the delivery of services.
APPENDIX

Enhancing Employment Outcomes for Foster Care Alumni with Disabilities
Enhancing Employment Outcomes for Foster Care Alumni with Disabilities

Nisha Grayson
Master’s Project
Vocational Rehabilitation Counseling
California State University, Sacramento
Spring 2016

Foster Care Statistics in 2014

Nationwide (US Department of Health and Human Services)

415,000 children in foster care
238,230 exited foster care
22,392 emancipated (9.4%)

California (Kidsdata.org, 2015a)

62,970 children in foster care
1,925 emancipated (3.1%)

Sacramento (Kidsdata.org, 2015b)

2,911 children in foster care
About 81 emancipated (2.8%)
Foster Care Alumni with Disabilities

Most youth aging out of foster care “experience high levels of educational instability, are dependent on public assistance, experience periods of homelessness after leaving care, struggle with substance abuse and experience a higher rate of unemployment than their counterparts” (Hill, Lightfoot, & Kimball, 2010, p. 64).

It has been stated in many studies over the years that youth in foster care have “3 to 7 times as many chronic health conditions and behaviors/mental health problems as do those who have not been in foster care” (American Academy of Pediatrics, 2012, p. 3).

Foster Care Alumni with Disabilities

Some of the studies conclude that

- 40% of foster care children are born premature or have a low birth rate
- 80% are prenatally exposed to substances
- 30-80% have at least one chronic medical condition such as asthma, human immunodeficiency virus (HIV), tuberculosis (TB), etc.
- 30-60% have developmental delays
- 50-80% have a mental and behavioral health problem.

Subsequently, this high risk population will have higher rates of unemployment following discharge from foster care

* (Children’s Rights and United Cerebral Palsy, 2006)
How Do We Support Foster Care Alumni with Disabilities in Finding Employment?

Introduce the public services of the California State Department of Rehabilitation (DOR)

DOR can provide additional support, counseling, guidance, and employment services that specifically address the mental and physical disability barriers to employment that foster care alumni are most likely to experience.

DOR services can supplement employment services that are already provided at the Adolfo Program.

California State Department of Rehabilitation (DOR)

Mission Statement

The California Department of Rehabilitation works in partnership with consumers and stakeholders to provide services and advocacy, resulting in employment, independent living, and equality for individuals with disabilities.

Core Values

Quality, Respect, Integrity, Openness, and Accountability

Purpose

Vocational Rehabilitation and independent living programs, projects, and activities shall be carried out in a manner consistent with respect for individual dignity, personal responsibility, self-determination, and pursuit of independent living and meaningful careers, based on informed choices of individuals with disabilities.

- (California Department of Rehabilitation, 2013, pp. 1-2)
DOR Branches

Districts
- Northern Sierra
- Greater East Bay
- Redwood Empire
- San Francisco
- San Joaquin Valley
- Santa Barbara
- San Jose

- Northern Sierra Districts
  - Capitol Mall
  - Laguna Creek
  - Northeast Sacramento
  - Roseville
  - Auburn
  - Woodland
  - Yuba City
  - Chico
  - Grass Valley
  - Modoc
  - Placerville
  - South Lake Tahoe
  - Susanville

How to Apply for DOR Services

DOR encourages everyone to attend an orientation at their local branch

Learn about DOR, their services that are provided, and the process/timeframe of receiving vocational rehabilitation. A great time to ask any general questions about DOR services.

Northeast Branch
Every Thursday 9:00-9:30am
Receive an application after the orientation

OR Apply Online
www.dor.ca.gov

OR Call your local branch office
Request an application form to be mailed out to residents.

(California Department of Rehabilitation, 2013, p. 4)
Intake Meeting with a Qualified Rehabilitation Counselor

Within two weeks, DOR staff will schedule an intake meeting with applicant and a Qualified Rehabilitation Professional (QRP)

Discussion at the intake meeting will include
- Getting to know applicant as a whole person
- Identify disability and abilities
  - How disability affects ability to work and general areas of daily functions
- How DOR services can help applicant get or keep a job
- Determine if applicant can benefit from services
- Obtain medical records to determine eligibility

- (California Department of Rehabilitation, 2013, pp. 5-6)

Eligibility Process

QRP has 60 days to determine if applicant is eligible to receive DOR services

- Applicant can mail or deliver copies of medical records or DOR can order medical records from treating physician(s) with a medical release form signed
- Review medical records to determine disability and if applicant can benefit from services

Move applicant from referral mode to participant mode

- Applicant is now known as a DOR consumer and will be notified via a letter about being eligible for services.

What if applicant does not have medical records or a treating physician?

- QRP can request a physical exam or psychological evaluation from DOR’s contracted physicians

- (California Department of Rehabilitation, 2013, p. 7)
**Individual Plan for Employment (IPE)**

- QRP and consumer has 90 days to create a written plan listing job objective, DOR services that will support the consumer, and the process of how the consumer will reach employment goal.

- In partnership, the QRP and consumer will discuss strengths, resources, priorities, concerns, abilities, and interests.

- Consumer will make an informed choice of the specific vocational rehabilitation services, providers, and settings that might be needed to reach employment goal once discussed with QRP.

- Consumer and QRP must sign and date plan prior to receiving employment services.

- (California Department of Rehabilitation, 2013, pp. 9-10)

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**Additional Services**

- DOR will provide the range and duration of services necessary to assist in securing, retaining, or regaining employment.

- Some, but not all possible employment services are listed below:

<table>
<thead>
<tr>
<th>Counseling and guidance</th>
<th>Assistive technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job search and placement assistance</td>
<td>Supportive employment services</td>
</tr>
<tr>
<td>Interpreter services</td>
<td>Transportation as required</td>
</tr>
<tr>
<td>Post-employment services</td>
<td>Interview clothing as required</td>
</tr>
<tr>
<td>Rehabilitation and orientation/mobility services (deaf and/or blind)</td>
<td></td>
</tr>
</tbody>
</table>

- (California Department of Rehabilitation, 2013, p. 11)
Employment Services

DOR has contracts with many different vendors that can provide specific employment services that will assist the consumer-in-training to reach employment goal.

Employment services include, but are not limited to:

- Job Development
- Job Placement
- Interview Skills
- Resume building and cover letter writing
- Job Seeker Skills
- Job Coaching
- Vocational Assessment

Social Security Benefits Overview

Work Incentive Planner (WIP)

Increase employment outcomes and self-sufficiency of DOR consumers receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

- Promote understanding the impact of employment on cash and health benefits
- Assist with wage reporting, financial literacy, and benefits management
- Provide recommendations on appropriate work incentives

- (Personal communication, March 24, 2016)
**Limited Examination and Appointment Program (LEAP)**

State Jobs! LEAP is an alternate examination and appointment process administered by the California Department of Human Resources (CalHR), designed to facilitate the hiring of persons with disabilities.

- DOR (Capitol Mall Branch ONLY) can certify adults with permanent disabilities
- Show proof of permanent disability and ID
- Apply for examination
- Job Readiness Evaluation
- Job Examination

- (California Department of Human Resources, 2013)

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**Crossroads**

In 1977, Crossroads started as a Sacramento County mental health program – serving individuals with disabilities by providing the services necessary to find gainful, competitive employment and to be enabled to become self-sufficient and not rely 100% on government benefits.

- Vocational assessment and Career Counseling
- Personal Vocational and Social Adjustment
- Job Development
- Post-Employment Support

- Must be referred by DOR

- (Crossroads Diversified Services, 2016)

- (Crossroads Diversified Services, n.d.)
PRIDE Industries

Provide the support, training, and opportunity necessary to help people with disabilities find meaningful employment and become contributing members of their communities. When we succeed, everyone benefits.

Must be referred by DOR

- (Pride Industries, 2016b)

NorCal Services for the Deaf & Hard of Hearing

NorCal is a non-profit, community-based organization providing an array of social services including peer counseling, support groups, advocacy, communication, assistance, employment assistance, and independent living skills instruction

Communication and Language Skills Assessment/Training

Personal and Work success

Must be referred by DOR

- (NorCal Services for Deaf and Hard of Hearing, n.d.)
Society for the Blind

- Empower individuals living with low vision or blindness to discover, develop, and achieve their full potential.

- Provide expert, state-of-the-art education and vision healthcare and enable those in our community affected by vision loss to live life to its fullest.

  Orientation and Mobility
  Independent Living Skills
  Computer and Assistive Technology
  Braille Literacy

-(Society for the Blind, 2016)

Rancho Cordova- Sacramento Works Job Center

10381 Old Placerville Rd #150, Sacramento, CA 95827

- A DOR QRP from the Northeast Branch visits the Rancho Cordova- Sacramento Works Job Center twice a month

- QRP is open to meeting with any consumer with a disability who is interested in DOR services.

- Appointments are available to book if requested

- (Personal Communication, March 21, 2016)
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