Working with Teenagers
Objectives

1. Review of adolescent development
2. Understand the importance of one important adult in the life of an adolescent
3. Discuss essential topics for successful transition to adulthood
Relationship is the cornerstone of tribal community, and the nature and expression of community is the foundation of tribal identity. Through community, Indian people come to understand their ‘personhood’ and their connection to the communal soul of their people” (Stangeland & Walsh, 2013).

- Young Adult, Formerly in Foster Care: My People Heal Us [https://www.youtube.com/watch?v=afCnnBUQhFs](https://www.youtube.com/watch?v=afCnnBUQhFs)
Development

- Peer identification/Social acceptance
- Identity formation
- Prefrontal cortex
  - Understand and predict consequences of behavior
  - Ability to recognize danger and safety
  - Ability to control behavior/emotion regulation and impulse control
Other Factors

Youth have difficulty getting their needs met in foster care, especially when these risk factors are present:

- Substance Abuse (Meth, Opiates)
- Mental Health/Suicide
- Gang Involvement
- Group home/residential treatment placement
- Multi-system (juvenile & child welfare)
HISTORICAL CONTEXT

There are currently 566 federally-recognized Native American tribes in 35 states in the United States. Each tribe is distinct, with its own culture, traditions, language and community. These tribes are recognized as sovereign nations by the United States Constitution and have the power of self-government.

The federal government has legal, treaty, and trust obligations to provide individuals from federally-recognized tribes with health care, education, law enforcement, and other services. For example treaties between Indian tribes and the federal government, including those which exchanged land or other goods, call on the provision of medical, hospital or physician services. The Snyder Act of 1921 authorized Congress to appropriate funds specifically for providing health care to American Indians and Alaska Natives (AI/ANs). Many laws, Executive Orders, and court cases, including Supreme Court cases, have confirmed the responsibility of the government to provide a variety of benefits and services to AI/ANs.

However, many of the federal systems in place to fulfill these responsibilities are chronically underfunded, leaving much of Indian Country with limited access to health care, education, and law enforcement services.

Critical federal agencies serving AI/AN youth and dedicated solely to Indian issues include:

- Indian Health Service (IHS), within the Department of Health and Human Services, provides federal health care services to American Indian and Alaska Natives (AI/AN) through direct services and health programs contracted or compacted through IHS and then run by a tribe or tribal organization.
- Bureau of Indian Affairs (BIA), housed in the Department of Interior, is responsible for the management of 55 million surface acres and 57 million acres held in trust by the US for Native Americans. BIA services include economic development, information technology, tribal government and performance management.
- Bureau of Indian Education (BIE), housed in the Department of Interior, provides educational opportunities to AI/ANs by funding elementary and secondary schools for AI/ANs. BIE schools are located on 64 reservations in 23 states, serving about 42,000 Native students. However, reports show that today more than half of AI/AN youth now go to public schools or other, non-BIE schools. In fact, some Indian tribes have created their own charter schools.
NATIVE AMERICAN DEMOGRAPHICS

- Indian Country is defined as “land within an existing Indian reservation under the jurisdiction of the United States Government.”
- There are currently 566 federally recognized tribes in 35 states in the Unites States. A full list can be downloaded from the Bureau of Indian Affairs.
- There are approximately 5.2 million self-identified AI/ANs living in the United States today, of whom 2 million qualify for federal services. Eligibility for federal services varies based on the program; however the most general qualification is being a member of a federally-recognized Indian tribe. Over 2.1 million self-identified AI/ANs are under the age of 24.
- In 2010, 25 percent of AI/ANs lived on reservations or other US Census-defined tribal areas.

DOCUMENTED NEEDS IN INDIAN COUNTRY

Historical trauma, chronically underfunded federal programs, ineffective government policies, and failure to meet trust responsibilities to tribes have all contributed to negative health, education, and economic disparities in Indian Country relative to the general population.

- In 2009, the poverty rate among Native Americans in 2009 was 23.6% and 32.4% of the under-18 AI/AN population lives in poverty.
- The average AI/AN household income is $33,300, compared with the national average of $46,200.
- According to statistics released by IHS in 2012, approximately 12% of AI/AN homes do not have safe water and or basic sanitation facilities, compared with 0.6% of non-Native homes reported in 2005.

NATIVE AMERICAN YOUTH PRIORITIES

The most at-risk population in the United States is AI/AN youth (ages 15-24), who face serious disparities in a number of areas, including:

1. Health Promotion
   - Suicide Prevention
   - Obesity and Diabetes Prevention
   - Substance and Drug Abuse Prevention

2. Education

3. Safety and Juvenile Justice
   - Violence and Gang Activity

For further statistical information, read the Center’s Fast Facts or the National Congress of American Indians’ “Introduction to Indian Nations in the United States.”
SUICIDE PREVENTION

- Suicide is the second leading cause of death among AI/AN youth age 15 to 24 years old. Native teens experience the highest rates of suicide of any population in the United States— at least 3.5 times higher than the national average.\(^\text{18}\)

- Alaska has the highest rate of suicide in the country, with 22.6 suicides per 100,000 people, compared with 12 suicides for every 100,000 people nationally.\(^\text{19}\)

- Compared with other racial groups, the rate of suicide among AI/AN males aged 15-24 is up to 4 times higher; for AI/AN females of the same age bracket, the suicide rate is up to 11 times higher.\(^\text{20}\)

Ongoing Initiatives and Promising Practices

- Both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Suicide Prevention Resource Center (SPRC) maintain comprehensive lists of evidence-based programs proven to be effective in suicide prevention:

  SAMHSA’s National Registry of Evidence-based Programs and Practices lists over 200 mental health and substance abuse prevention and treatment measures.\(^\text{21}\)

  SPRC’s Best Practices Registry provides information about proven and culturally-relevant measures that have reduced the risk of and increase protective factors for suicide.\(^\text{22}\)

- The 24-hour National Suicide Prevention Hotline is available at 1-800-273-TALK (8255). This hotline is free to all callers, including young people in Indian Country.

- The Center for Native American Youth maintains a comprehensive and evolving list of suicide prevention organizations.\(^\text{23}\)

Literature, Legislation, and Other Resources

- “To Live To See the Great Day That Dawns:” Preventing Suicide by American Indian and Alaska Native Youth and Young Adults.\(^\text{24}\)

- Methamphetamine and Suicide Prevention Initiative (MSPI) is a national project funded by IHS to raise awareness of and develop prevention measures to address high rates of methamphetamine use and suicide in Indian Country.\(^\text{25}\)

- Indian Health Care Improvement Act (IHCIA), reauthorized in 2010, provides important updates and authorizations for Indian health care programs, including key mental and behavioral health programs and services.\(^\text{26}\)

Inspiring Native Youth: Teressa Baldwin

Teressa Baldwin is a young Alaska Native from Mt. Edgecumbe high school in Sitka, Alaska. Losing multiple loved ones to suicide galvanized Tessa to become part of the solution to Alaska’s tragic rates of youth suicide. (Alaska has the highest rate of suicide in the country, with 22.6 suicides per 100,000 people compared with 12 suicides for every 100,000 people nationally.)

Teressa founded Hope4Alaska, a campaign dedicated to raising awareness and increasing suicide prevention resources across the state of Alaska. “Instead of waiting for this to stop itself,” Tessa said, “let’s be the generation to teach the rest of the generations that suicide is not the answer.”
OBESITY AND DIABETES PREVENTION

- Rates of diabetes in the AI/AN population are 177% higher than the US general population.²⁷
- American Indians and Alaska Natives have the highest rate of Type 2 diabetes in the United States. Type 2 diabetes was once exclusive to adults, but is increasingly common among youth in AI/AN communities.²⁸
- A 2009 CDC report revealed 31.2% of AI/AN four year olds are currently obese, which is a rate much higher than the any other racial group in the study.²⁹
- Both diabetes and obesity are on the rise in the general US population, but have higher rates among AI/ANs. Between 1994 and 2004, Diabetes rates among AI/AN youth aged 15-19 rose 68%.³⁰, ³¹

Ongoing Initiatives and Promising Practices

- Let’s Move! In Indian Country (LMIC) is a nationwide campaign created by the Office of the First Lady geared towards promoting physical activity and healthy eating in Indian Country.³²
- Notah Begay III Foundation is dedicated to combatting the Type 2 diabetes epidemic in the AI/AN population and providing opportunities for AI/AN youth to realize their full potential as future leaders of Indian Country.³³

Literature, Legislation, and Other Resources

- Special Diabetes Program for Indians (SDPI) was founded in 1997 and is comprised of 336 community-directed programs in 35 states that implement diabetes treatment and prevention programs.³⁴
- Indian Health Care Improvement Act (IHCIA) authorizes health care programs for AI/ANs, including important programs and services related to obesity and diabetes in Indian Country.³⁵
- Coyote and the Turtle’s Dream is a children’s book series designed by the Centers for Disease Control and Prevention’s Native Diabetes Wellness Program that promotes lifestyle choices key to preventing Type 2 diabetes.³⁶

Inspiring Native Youth Sports Program: The San Felipe Place-Based Program

The San Felipe Place-Based Program established youth and community development programs at the San Felipe Pueblo. The program is a partnership between San Felipe and the Notah Begay III Foundation that was formed in 2005 and aims to reduce childhood obesity and Type 2 diabetes and develop a model for place-based programs in other tribal communities.
### Substance and Drug Abuse Prevention

- Alcoholism mortality rates are 514% higher amongst AI/AN populations than in the general population.\(^{37}\)
- 22.9% of AI/AN youth aged 12 and older report alcohol use, 18.4% report binge drinking and 16.0% report substance dependence or abuse. In the same group, 35.8% report tobacco use and 12.5% report illicit drug use.\(^{38}\)
- According to SAMHSA, AI/AN teenagers, young people, and middle-aged adults have the highest rates of methamphetamine use and associated trauma in the United States. Additionally, some international drug cartels are increasingly targeting Indian Country as a methamphetamine market.\(^{39}\)

### Ongoing Initiatives and Promising Practices

- The Native American Center for Excellence (NACE) provides online resources and trainings on a wide variety of substance abuse prevention and treatment programs.\(^{40}\)
- Project Venture is an outdoor experiential youth development program for Native American Youth listed on SAMHSA’s National Registry of Evidence-based Programs and Practices.\(^{41, 42}\)

### Literature, Legislation, and Other Resources

- The 2010 National Survey on Drug Use and Health: Summary of National Findings provides a series of statistics related to substance and alcohol abuse across several racial and ethnic groups, including AI/ANs.\(^{43}\)
- The Indian Health Service’s Methamphetamine and Suicide Prevention Initiative (MSPI) provides programming and lists resources related to alcohol and substance abuse prevention in Indian Country.\(^{44}\)
- “Tobacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian Affairs-Funded Schools- United States, 2001.”\(^{45}\)

### Inspirational Story – Healthy Living: Dirk Whitebreast

After the suicide of his sister in 2008, Dirk Whitebreast from the Sac and Fox tribe decided to “take control of his own life” and become a stronger leader for his family and community. He began living a healthier lifestyle, stopped drinking alcohol, and began running regularly. In 2011, Dirk ran 10 marathons in 30 days to raise awareness about the rate of youth suicide in Indian Country. Visit the “Stories of Inspiration” page on the Center’s website for more information about Dirk Whitebreast.
EDUCATION

- AI/ANs attain the lowest level of education of any racial or ethnic group in the United States. Graduation rates for AI/AN high school students are around 50% nationwide, compared to over 75% for white students.46
- 13.3% of Native Americans have undergraduate degrees, versus 24.4% of the general population.47
- Among AI/AN populations living in Census-designated American Indian Areas (AIAs), one-third of the population 25 years and older has not graduated from high school, and only 35% have attended college.48

Ongoing Initiatives and Promising Practices
- In 2010, the Department of Education conducted and published a study highlighting successes in improving AI/AN education entitled Promising Practices and Partnerships in Indian Education.49
- Center for Indian Education at Arizona State University develops specific programs dedicated to increasing access to education for AI/AN youth and to training teachers and innovators working to reduce education disparities between AI/AN youth and the general population.50

Literature, Legislation, and Other Resources
- National Indian Education Study (NIES) published in 2009 by the National Assessment of Education Progress, describes the condition of education for Native American students in 4th through 8th grade in the US public school system.51
- Executive Order 13592: Improving American Indian and Alaska Native Educational Opportunities and Strengthening Tribal Colleges and Universities was signed by President Barack Obama in December 2011 to improve the educational resources available to students in Indian Country.52
- Native CLASS (Native Culture, Language and Access for Success in Schools) Act (S. 1262) will be reintroduced in the 112th Congress in 2012 to improve the academic success of AI/AN students.53
- Indian Self-Determination and Education Assistance Act was signed into law in 1975, increasing tribal self-determination by granting tribes more control of tribal affairs, including education programs to tailor to specific needs of diverse tribal communities and unique needs of Native American students.54

Inspiring Native Youth: Anastasia Sutton

Anastasia Sutton, from the Ramah Navajo Community, participated in the Columbia University High School Summer Program. The summer program offers a full scholarship to a Native high school student.

“Being given this opportunity for a young Navajo lady to leave her boundaries of a small rural community in search of a quality education is a dream come true. I gained significant knowledge that I applied to my senior year of high school”.

– Anastasia Sutton, Scholarship Recipient Summer 2011
VIOLENCE AND GANG ACTIVITY

• American Indian and Alaska Native communities experience rates of violent crime nearly twice as high as in the general population.\textsuperscript{35}

• Tribal justice systems are chronically underfunded, including access to training for law enforcement officers, and programs that focus on preventing juvenile delinquency, intervention services, and administering appropriate sanctions.\textsuperscript{56}

• A 2004 study conducted by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) at the US Department of Justice reported gang activity in over 23\% of AI/AN communities, compared to 20\% of communities with similar demographics.\textsuperscript{57}

• 15\% of AI/AN youth are involved in gang activity, compared to 8\% of Latino youth and 6\% of African American youth.\textsuperscript{58}

Ongoing Initiatives and Promising Practices

• Tribal Youth Program (TYP) is an Office for Juvenile Justice and Delinquency Prevention (OJJDP) resource for federally-recognized tribes seeking to improve tribal juvenile justice systems and prevent delinquency in their communities.\textsuperscript{59}

• Boys and Girls Clubs in Indian Country serves nearly 90,000 Native American youth in over 90 tribal communities, providing a positive outlet and safe alternative to gang activity.\textsuperscript{60}

Literature, Legislation, and Other Resources

• The Tribal Law and Order Act (TLOA), which became law in 2010 and aims to strengthen tribal law enforcement and develop juvenile delinquency preventative programs.\textsuperscript{61}

• In 2009, the American Youth Policy Forum and the OJJDP published a report, “Strengthening Indian Country through Tribal Youth Programs”, outlining several case studies, success stories, and program recommendations for preventing violence and gang activity among tribal youth.\textsuperscript{62}

• In 2006, the International Association of Chiefs of Police published “Promising Practices in Indian Country,” a summary report discussing specific instances of success in improving policing of tribal communities.\textsuperscript{63}

Inspiring Role Model: Kenny Dobbs

Kenny Dobbs, a member of the Choctaw Nation of Oklahoma, is an ambassador for Nike N7 and the Native American Basketball Invitational (NABI) Foundation. Kenny uses his story of overcoming substance abuse, gang violence, and other risky behavior, as well as surviving a suicide attempt, to engage Native youth and share messages of hope and prevention through sport.
ENDNOTES


Planning with Adolescents

► Developmental expectations
► Respect
► Communication
► Involvement in decision making
Transition to Independence

- Finances + Money Management
- Job + Career
- Life Skills
- Identity
- Permanence
- Education
- Self Care + Health
- Housing
- Transportation

http://store.fosterclub.com/transition-toolkit/
Finances & Money Management

- IIM Accounts - (assessment to supervise if needed)
- Bank Account
- Budgeting/Bills
- Credit
- Taxes
- Social Security
- Per Capita
Job & Career

- Goals
- Skills
- Resume/Application/Interview
- How to search
- How to keep a job
Life Skills

- Casey Life Skills Assessment
- Cook/cleaning/laundry
- Personal Hygiene
- Legal Issues
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<td>I can find what I need on the Internet.</td>
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<tr>
<td>I know how to use my email account.</td>
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<tr>
<td>I can create, save, print and send computer documents.</td>
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<tr>
<td>I know the risks of meeting someone in person that I met online.</td>
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<tr>
<td>I would not post pictures or messages if I thought it would hurt someone’s feelings.</td>
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<tr>
<td>If someone sent me messages online that made me feel bad or scared, I would know what to do or who to tell.</td>
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<tr>
<td>I know at least one adult, other than my worker, who would take my call in the middle of the night if I had an emergency.</td>
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<tr>
<td>An adult I trust, other than my worker, checks in with me regularly.</td>
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<tr>
<td>When I shop for food, I take a list and I compare prices.</td>
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<tr>
<td>I can make meals with or without using a recipe.</td>
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<tr>
<td>I think about what I eat and how it impacts my health.</td>
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<tr>
<td>I understand how to read food product labels to see how much fat, sugar, salt, and calories the food has.</td>
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<tr>
<td>I know how to do my own laundry.</td>
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<tr>
<td>I keep my living space clean.</td>
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<tr>
<td>I know the products to use when cleaning the bathroom and kitchen.</td>
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<tr>
<td>I know how to use a fire extinguisher.</td>
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</tbody>
</table>
## Self Care

<table>
<thead>
<tr>
<th>Are the following statements like me</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can take care of my own minor injuries and illnesses.</td>
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<tr>
<td>I can get medical and dental care when I need it.</td>
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<tr>
<td>I know how to make my own medical and dental appointments.</td>
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<tr>
<td>I know when I should go to the emergency room instead of the doctor’s office.</td>
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<tr>
<td>I know my family medical history.</td>
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<tr>
<td>I know how to get health insurance when I am older than 18.</td>
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<tr>
<td>I have at least one trusted adult who would visit me if I were in the hospital.</td>
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<tr>
<td>There is at least one adult I trust who would be legally allowed to make medical decisions for me and advocate for me if I was unable to speak for myself.</td>
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<tr>
<td>I know how to get the benefits I am eligible for, such as Social Security, Medicaid, Temporary Assistance for Needy Families (TANF), and Education and Training Vouchers (ETV).</td>
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<tr>
<td>I bathe (wash up) daily.</td>
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<tr>
<td>I brush my teeth daily.</td>
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<tr>
<td>I know how to get myself away from harmful situations.</td>
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<tr>
<td>I have a place to go when I feel unsafe.</td>
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<tr>
<td>I can turn down a sexual advance.</td>
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<tr>
<td>I know ways to protect myself from sexually transmitted diseases (STDs).</td>
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<tr>
<td>I know how to prevent getting pregnant or getting someone else pregnant.</td>
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<tr>
<td>I know where to go to get information on sex or pregnancy.</td>
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</tbody>
</table>
## Relationships and Communication

<table>
<thead>
<tr>
<th>Are the following statements like me</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can speak up for myself.</td>
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<tr>
<td>I know how to act in social or professional situations.</td>
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<tr>
<td>I know how to show respect to people with different beliefs, opinions, and cultures.</td>
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<tr>
<td>I can describe my racial and ethnic identity.</td>
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<tr>
<td>I can explain the difference between sexual orientation and gender identity.</td>
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<tr>
<td>I have friends I like to be with who help me feel valued and worthwhile.</td>
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<tr>
<td>I am a part of a family and we care about each other.</td>
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<tr>
<td>I can get in touch with at least one family member when I want to.</td>
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<tr>
<td>I have friends or family to spend time with on holidays and special occasions.</td>
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<tr>
<td>I know at least one adult I can depend on when I exit care.</td>
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<tr>
<td>I know an adult who could be a grandparent, aunt or uncle to my children now or my future children.</td>
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<tr>
<td>My relationships are free from hitting, slapping, shoving, being made fun of, or name calling.</td>
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<tr>
<td>I know the signs of an abusive relationship.</td>
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<tr>
<td>I know what my legal permanency goal is.</td>
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<tr>
<td>I have information about my family members.</td>
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<tr>
<td>I think about how my choices impact others.</td>
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<tr>
<td>I can deal with anger without hurting others or damaging things.</td>
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<tr>
<td>I show others that I care about them.</td>
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</tbody>
</table>
## Housing & Money Management

<table>
<thead>
<tr>
<th>Are the following statements like me</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand how interest rates work on loans or credit purchases.</td>
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<tr>
<td>I understand the disadvantages of making purchases with my credit card.</td>
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<tr>
<td>I know the importance of a good credit score.</td>
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<tr>
<td>I know how to balance my bank account.</td>
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<tr>
<td>I put money in my savings account when I can.</td>
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<tr>
<td>I know an adult who would help me if I had a financial emergency.</td>
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<tr>
<td>I use online banking to keep track of my money.</td>
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<tr>
<td>I know the advantages and disadvantages of using a check cashing or payday loan store.</td>
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<tr>
<td>I know how to find safe and affordable housing.</td>
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<tr>
<td>I can figure out the costs to move to a new place, such as deposits, rents, utilities, and furniture.</td>
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<tr>
<td>I know how to fill out an apartment rental application.</td>
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<tr>
<td>I know how to get emergency help to pay for water, electricity, and gas bills.</td>
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<tr>
<td>I know what can happen if I break my rental lease.</td>
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<tr>
<td>I can explain why people need renter’s or homeowner’s insurance.</td>
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<tr>
<td>I know an adult I could live with for a few days or weeks if I needed to.</td>
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<tr>
<td>There is at least one adult that I have regular contact with, other than my case manager or other professional, who lives in stable and safe housing.</td>
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<tr>
<td>I know an adult I can go to for financial advice.</td>
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<tr>
<td>I plan for the expenses that I must pay each month.</td>
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</tbody>
</table>
### Life Skills Assessment

<table>
<thead>
<tr>
<th>Are the following statements like me</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I keep records of the money I am paid and the bills I pay.</td>
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<tr>
<td>I know what happens in my state if I am caught driving without car insurance or a driver's license.</td>
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<tr>
<td>I can explain how to get and renew a driver's license or state ID card.</td>
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<tr>
<td>I can figure out all the costs of car ownership, such as registration, repairs, insurance, and gas.</td>
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<tr>
<td>I know how to use public transportation to get where I need to go.</td>
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</tbody>
</table>

### Work and Study Life

<table>
<thead>
<tr>
<th>Are the following statements like me</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>I know how to develop a resume.</td>
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<tr>
<td>I know how to fill out a job application.</td>
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<td>I know how to prepare for a job interview.</td>
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<td>I know what the information on a pay stub means.</td>
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<tr>
<td>I can fill out a W-4 payroll exemption form when I get a job.</td>
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<tr>
<td>I know what employee benefits are.</td>
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<tr>
<td>I know what sexual harassment and discrimination are.</td>
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<tr>
<td>I know the reasons why my personal contacts are important for finding a job.</td>
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<tr>
<td>I know how to get the documents I need for work, such as my Social Security card and birth certificate.</td>
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<tr>
<td>I know how and when I can see my child welfare or juvenile justice records.</td>
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<tr>
<td>I know an adult who will go with me if I need to change schools.</td>
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</tbody>
</table>
### Life Skills Assessment

<table>
<thead>
<tr>
<th>Are the following statements like me</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to get help from my school’s mental health services.</td>
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<td>I know where I can get help with an income tax form.</td>
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<tr>
<td>I have an adult in my life who cares about how I am doing at school or work.</td>
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<tr>
<td>I can take criticism and direction at school or work without losing my temper.</td>
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<tr>
<td>I know how to prepare for exams and/or presentations.</td>
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<tr>
<td>I know where I can get tutoring or other help with school work.</td>
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<tr>
<td>I look over my work for mistakes.</td>
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<tr>
<td>I get to school or work on time.</td>
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<tr>
<td>I get my work done and turned in on time.</td>
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</table>

### Career and Education Planning

<table>
<thead>
<tr>
<th>Are the following statements like me</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to find work-related internships.</td>
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<tr>
<td>I know where to find information about job training.</td>
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<tr>
<td>I can explain the benefits of doing volunteer work.</td>
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<tr>
<td>I have recently talked to an adult who works in a job I would like to have.</td>
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<tr>
<td>I know what type (college, trade school) education I need for the work I want to do.</td>
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<tr>
<td>I know how to get into the school, training, or job I want after high school.</td>
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</table>
### Are the following statements like me

<table>
<thead>
<tr>
<th>Statement</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to find financial aid to help pay for my education or training.</td>
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<tr>
<td>I have talked about my education plans with an adult who cares about me.</td>
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<tr>
<td>I know an adult who will help me apply for training or education after high school.</td>
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</tbody>
</table>

### Looking Forward

<table>
<thead>
<tr>
<th>Statement</th>
<th>No</th>
<th>Mostly No</th>
<th>Somewhat</th>
<th>Mostly Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe I can influence how my life will turn out.</td>
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<tr>
<td>I can describe my vision for myself as a successful adult.</td>
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<tr>
<td>I have a good relationship with a trusted adult I like and respect.</td>
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<tr>
<td>I would like to use my experience to help other youth.</td>
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<tr>
<td>I believe my relationships with others will help me succeed.</td>
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<tr>
<td>I feel I am ready for the next phase of my life.</td>
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<tr>
<td>Most days, I am proud of the way I am living my life.</td>
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<td>Most days, I feel I have control of how my life will turn out.</td>
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</tbody>
</table>
Identity

- Birth Certificate
- Social Security Card
- Medicaid Card
- ID/Driver’s License
- Credit Check
- Foster Care/School Records
- File System
- Selective Service/Vote
- Certificate of Indian Blood
- Tribal ID
Permanency

“Forming strong relationships around a youth, as they become young adults is particularly vital” (Stangeland and Walsh, 2013).

- Support system
- Parent relationships
- Sibling relationships
- Community, culture & social Life
Education

- High School
  - Credits/Records
  - IEP
  - GED, HiSET
- College
  - How to apply/where
  - Financial Aid/Scholarships
Self Care & Health

- Health Care Provider (private/IHS)
- How to make an appointment
- Dental/Vision
- Prescriptions
- Insurance/Medicaid
- How to seek out help
Housing

- Tribal housing
- Cost/Resources to help
- Rental Application (tribal and other)
- Co-signers
- Household items
- Renter rights
Transportation

- Bus ??
- Driver’s License
- Emergency options
Chafee Foster Care Independence Program

**Who**
- 14 – 21 years old
- guardianship @ 16

**What**
- Education, Employment, Transportation, Housing, Support
- Montana – Stephanie @ (406) 694-6430
- Wyoming – Stacey @ (307)777-6684
MT Chafee Program information

WHO

1. 14-21 and likely to remain in foster care until age 18
2. 16 years old, have left foster care for kinship guardianship or adoption
3. 18-21 who have "aged out" of the foster care system

WHAT

...this program is for current and former foster care youths who want to become a successful, healthy, independent adult. Incentives that are included, but are not limited to, help with:

1. Education ($ for graduating high school or obtaining GED; $ for extracurricular sports/clubs; $ for college, $ for tutoring)
2. Employment (help with building a resume, job applications, interview skills, job shadowing, etc.)
3. Financial Management ($500 for vehicle license/registration, insurance, repairs, or bike and bike lock; $ to assist youth to take positive steps to safe, healthy independent adulthood)
4. Housing ($ for 1st month’s rent or deposit, $ for items needed to fill your new home; assistance to find housing; eligibility for our Transitional Living Home)
5. Emotional support and assured connections to caring adults for older youth in foster care (we are dedicated to helping YOU succeed ($ for participating in our Life Skills Assessments and Groups; option to participate in our social outings at no cost to you (transportation provided, also); access to many resources within the community to assist your journey to adulthood.

WHERE

Lindsay Harp, Youth Support Specialist, (406) 697-0590, lindsyh@forfamilies.org
Dannielle McInnis, Youth Support Specialist, (406) 850-3373,
Chafee Foster Care Independence Program

Aka CFCIP; Chafee Program; Youth Transitional Living Program; Youth Matters

Tonight, I dream. Tomorrow, I do.
### Chafee Foster Care Independence Program
**Referral**

Youth must be 14-21 years old to be eligible for CFCIP service.

<table>
<thead>
<tr>
<th>DATE:</th>
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<tbody>
<tr>
<td>TO:</td>
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<tr>
<td>FROM:</td>
<td>E-mail: Phone:</td>
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</table>

<table>
<thead>
<tr>
<th>Youth Name:</th>
<th>CAPS ID:</th>
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<tbody>
<tr>
<td>DOB:</td>
<td>SSN:</td>
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<tr>
<td>Foster Care Provider:</td>
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<tr>
<td>Mailing Address:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Case Manager’s Name (if receiving services):</td>
<td>Phone #:</td>
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</table>

Please describe any special needs of the youth for assessment:

<table>
<thead>
<tr>
<th>Is youth receiving SSI?</th>
<th>Is youth receiving other benefits?</th>
</tr>
</thead>
</table>

Additional information or questions:

Chafee Regional Provider Contact List

Central Office
PO Box 8005, 301 S. Park, Helena, MT 59601
John Schroack (Program Manager)
(406) 841-2469
jschroeck@mt.gov
Derek Deeney (VISTA)
(406) 841-2404
ddeeney@mt.gov

Region 1
Hi-Line Home Programs
605 3rd Ave South, Glasgow, MT 59230
Janice Stommen
(406) 228-9431 or Mobile (406) 263-7408
janice@hilinehomeprograms.org
Shelia Doll (Program Director)
(406) 228-9431
sheliad@hilinehomeprograms.org
Rhonda Olson (Fiscal)
(406) 228-9431
Rhonda@hilinehomeprograms.org

Region 2
Kairos Youth Services
PO Box 3066, Great Falls, MT 59404
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Bryce Watterud
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James Corrigan (Director)
(406) 727-0076
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Sherry Temple (Fiscal)
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Region 3
The Center for Children & Families
3021 3rd Ave North, Billings, MT 59101
Stephanie Marquis
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Samantha Mistar
(406) 850-3373
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Donna Huston (Director and Fiscal)
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HRDC 9 (Bozeman Area)
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Jeremy Alcove
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Jackie Haines (Program Manager)
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Rhonda Thompson (Fiscal)
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Youth Homes (Helena Area)
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Amber Harrness
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Rebecca Hargis (Supervisor)
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Dann Swallow (Fiscal)
(406) 541-1644
dhs64@msn.com

HRDC 12 (Butte Area)
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Region 5
Confederated Salish & Kootenai Tribes
PO Box 278, Pablo, MT 59855
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Charlene Petet
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Youth Homes
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Melissa Sundberg (Missoula)
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Dann Swallow (Fiscal)
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Favon McWilliams (Supervisor)
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Cleva Moore (Office Manager)
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cmoore@youthhomesmt.org
Identification of Adolescent Needs and Community Resources

- Transition to Adulthood activity
- What is most effective in helping youth?
**Working with Teenagers Scenario**

James is getting ready to be discharged from an inpatient treatment facility. He received substance abuse treatment for methamphetamine and marijuana and mental health treatment for exposure to trauma throughout his childhood. James turns 18 next month and will be returning to his hometown. While James realizes that he needed help to get off meth, he doesn’t understand why he was separated from his siblings for so long. After all, he was their main caretaker and he hasn’t even got to see them for several months. He does talk to them on the phone once a month or so, but Brooklyn really doesn’t remember him. James really wants to try to do the right thing and maybe get his GED and a job. He’s worried about his gang wanting him back and falling back into the same lifestyle as before. James did phone therapy with his mother, but is still upset that his mother didn’t take any responsibility for where he ended up. James does not want to live with his mother and stepfather when he gets out of treatment.

- Develop a transition plan including the topics discussed in training.
  - Finances + Money Management
  - Job + Career
  - Life Skills
  - Identity
  - Permanence
  - Education
  - Self Care + Health
  - Housing
  - Transportation

- List resources in your community that could be accessed for James. Are there resources that he needs that are not in your community? Where could James go to get the needed services?

- Have participants list the long term effects possible if the youth doesn’t transition successfully.