

A TIME OF TRANSITION: THE IMPACT OF RURAL YOUTH SERVICES ON EDUCATION, HOUSING, AND EMPLOYMENT

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ABSTRACT: The transition to adulthood can be a difficult process for any youth. This paper explores an outcome-impact assessment of the Intensive Transitions Treatment (ITT) Program. This service system works with youth facing the challenges of mental illness, substance abuse, and involvement with CYS or Court Supervision Services, with little, if any, support for the transition to adulthood. The primary adult living domains of education, housing, and employment are examined both qualitatively and quantitatively at different points of program involvement. The findings indicate program achievements, opportunities for improvement, and the need for additional research regarding intensive services and relevant supports. Implications for comparable youth programs and resources, service staff, policymakers, and community members are discussed.

Keywords: rural youth, child welfare, youth service programs

Marcus is a 21-year-old biracial male living in rural Pennsylvania. He has been involved with the child welfare system for years, including a boot camp, at least three residential stays, and foster care. He has faced legal issues and a past probationary status of approximately two years. He has no relationship with his father, a tumultuous connection with his mother, and several challenging diagnoses (e.g., borderline personality disorder). Marcus connected with the Intensive Transitions Treatment (ITT) Program after a referral from his personal care home; a recommendation was made to maximize independent living skills, with the hope of enabling him to live in the community one day, despite relatively few local transitional housing options.

Marcus entered into the ITT Program at the age of 19. Treatment plan goals included living independently, improving relations with his mother and peers, getting gainful training and employment, and being able to take medications appropriately. He also expressed interest in learning more about his ethnic heritage (which was unique in his county of residence). During the first year of program involvement, provided services included several in-person contacts, all of which took place in his personal care home. No residential moves or hospitalizations were indicated. During a focus group, Marcus stated that the ITT staff "Keep me out of trouble," and that his goal was "Try to get a place of my own."

At the age of 20, Marcus provided more positive feedback during his second year of program involvement. He shared successes and planning in domains of employment and volunteering, education, independent living, and legal matters. He stated, "I'm working at the hospital," and "Physical therapy assistant .

. . . that's my main goal." Marcus also said, "Now I live on my own," and "Gotta give credit to [staff name] . . . she helped me get my record expunged." He also denied any crises.

Marcus's mother confirmed that the ITT Program led to improvements with independent living and related areas like cooking. Other noted successes were decreased aggression and improved anger management, successful home-based meetings, and personalized case management and skills training. His mother also stressed her son's hospital volunteering and future goals of specialized training. A former residential treatment service provider described the case of Marcus as a large success. Within 1.5 years of his being referred to the ITT program, he was living alone, setting realistic future educational goals, and receiving an award for his volunteer work. The provider said, "He wouldn't have been as successful without them."

The transition to adulthood, including exploration of self, environment, possibilities, and perspectives, could be a challenge for any young individual (Arnett, 2000). As the case of Marcus demonstrates, both his rural residency and child welfare system involvement complicated the move to adult living (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Crockett & Bingham, 2000; Small & Memmo, 2004). Various services across the United States have been implemented to support and aid subpopulations entering young adulthood. One such initiative is the ITT Program, located in a rural county in northwestern Pennsylvania. This article describes ITT and all aspects of an assessment of this program's impacts on consumers' employment, housing, and education statuses. Thus, it will be indicated whether or not ITT encourages and aids youth consumers in three primary domains as they transition to adulthood. The goal of this investigation is to demonstrate if success stories (such as that of Marcus) are widespread in the ITT consumer population and what opportunities for improvement exist.

Relevant Literature

Arnett (2000) defines emerging adulthood as a distinct life period during which youth experience "change and exploration . . . examine the life possibilities open to them and gradually arrive at more enduring choices in love, work, and worldviews" (p. 479). Thus, the move from adolescence to more mature life stages is a complex and dynamic process that can be affected by several factors. All youth encounter some challenges as they exit childhood and enter young adulthood, and these obstacles may be due to or intensified by emotional disturbances or other life circumstances (Heflinger & Hoffman, 2009; Keller et al., 2007).

Adolescents aging out of the child welfare system are in an exceptional position. The Midwest Evaluation of the Adult Functioning of Former Foster Youth indicates that there may be unique vulnerabilities, such as history of abuse, that create subgroups of young adults emerging from foster care (Courtney et al., 2010). Each of these smaller populations, as well as the individuals within these groups,

could possess distinct problems and related effects that will shape adulthood. In addition, these youth might be challenged to find a balance between independence from child welfare services and the necessary continuing support for emotional and mental well-being, housing, and other requirements (Wells & Zunz, 2009). These issues provide some insight into why individuals who have aged out of the foster care system exhibit more unemployment, less educational attainment, greater homelessness, and additional problems than their peers one year later (Courtney & Dworsky, 2006).

Courtney et al. investigated 141 adults leaving foster care in 1995-1996; consumer reports of maltreatment during system involvement, social support disruptions, and system departure prior to age 18 were identified contributors to the difficulty youth experienced during the shift to independence (Courtney et al., 2001). Out-of-home placements remove an individual from his or her familiar others and environment and thus may add to or complicate these challenges (Keller et al., 2007). Perhaps the individual loses a place that provides comfort, or no longer has a familiar adult to model him or herself after. Further obstacles could arise if the young adult has both mental health and substance use issues but is only receiving treatment for one problem type, rather than cooperative mental and behavioral health services (Anderson & Gittler, 2005; Courtney, Hook, & Lee, 2010). For any or several of these reasons, youth may possess vulnerabilities (partly) as a result of what they experienced while involved with the child welfare system.

Young adults in rural areas face additional challenges. Rural areas might offer resources like cleaner air or large backyards, but also create difficulties of insufficient mental and physical healthcare, limited public transportation, limited employment options, poverty and economic uncertainty, and stigma when using social services (Crockett & Bingham, 2000; Puskar, Serika, Lamb, Tusaie-Mumford, & McGuinness, 1999; Saywell, Zollinger, Schafer, Schmit, & Ladd, 1993). These factors could explain why youth in rural locations tend to expect to become adults sooner than their peers in urban and suburban areas (Crockett & Bingham, 2000). Additionally, this might be why such youth have been found in co-occurring high-risk groups of mental health, substance use, behavioral and developmental disabilities, and frequent service users (Crockett & Bingham, 2000; Heflinger & Hoffman, 2009). Heflinger and Hoffman (2009) found that when compared to urban youth, rural adolescents are more likely to be at high risk for difficulties (e.g., having a substance use issue) during the transition to adult living. Youth with co-occurring conditions could be further challenged by lacking and varying treatment options in rural areas; trends suggest that individuals in such settings who are less depressed, more antisocial, or struggling with other complications may be less likely to receive cooperative services (Anderson & Gittler, 2005).

Heflinger and Hoffman (2009) found in a unique study that rural living can cause difficulties during the entrance into adulthood and that participation with

the foster care system was a primary factor that increased and intensified such risk. Thus, youth who are involved in the child welfare system and living in rural areas could be particularly vulnerable due to overlapping risk factors. The unmet needs, frequency of co-occurring conditions, and lack of coordinated mental and behavioral health care for youth in rural settings and for those departing from the child welfare system have been demonstrated in several studies (e.g., Anderson & Gittler, 2005; Courtney et al., 2010; Keller et al., 2007; Wells & Zunz, 2009). McGuinness (2009) identifies rural foster care participants as a population that is nearly invisible to researchers, policymakers, and service providers. Existing programs and services are generally segmented for either rural young adults (i.e., 4-H) or foster care youth (i.e., Regional Youth Services); the former type has goals like improving school performance, and the latter has goals for achievements of family reunification or independence (National 4-H Council, 2010; Regional Youth Services, Inc., 2008).

This paper will build upon limited existing literature and investigate if an intensive program specific to rural areas assists system-involved youth as they transition to adulthood. The ITT program supports Marcus and other rural young adults as they exit child welfare or related services. Thus, the program identifies and aids a population that might be challenged by both their residency location and their unique entrance into adulthood. Evaluation may encourage awareness to policymakers, staff, and community members. Additionally, ITT implements the aspects (i.e., consideration of youth perceptions) recommended to improve transitional services. This exploration will potentially show the value of these or other key elements, as well as encourage the maintenance and improvement of ITT and other related services.

Research Questions and Hypotheses

In the current project we investigated the impact of ITT participation on youth consumers' employment, housing, and education. These areas were selected for investigation because they are often primary determinants of an individual's successful adult living. We asked these questions:

- "Does ITT Program participation impact a youth's employment status?"
- "Does ITT Program participation impact a youth's residential status?"
- "Does ITT Program participation impact a youth's educational status?"

We hypothesized that ITT participation would positively affect the domains of interest and that longer enrollment in the ITT program would be related to greater change when compared to shorter involvement timeframes.

ITT Program Description

The ITT program was established in 2008 to assist youth with their preparation for adult life. Intended long-term outcomes of ITT involvement include healthy living, support networks, and, when applicable, recovery or sobriety; intended community outcomes include decreased institutionalization costs, housing stability, and academic or employment achievements of residents (Transitional ACTION Team Logic Model, 2008). Aspects of Assertive Community Treatment, Transitions to Independence, and Partnership for Youth Transition programs have been blended together for the creation and implementation of ITT (Davis et al., 2009). Program team members include team leader, peer specialist, substance abuse specialist, transitional specialist, nurse, occupational or vocational specialist, and psychiatrist. ITT has a low consumer-to-staff ratio, shared caseloads, daily or as-needed contact between staff and consumers, related programs and services, and family involvement when applicable (Transitional ACTION Team Logic Model, 2008).

Recipients of ITT services are youths facing challenges of mental illness and substance abuse, involvement with CYS or Court Supervision Services, and little (if any) familial support for the transition to adulthood. Thirty-four youth had been involved with ITT at the time of this evaluation, and these individuals are predominately white males. Assessment, service planning, and delivery focus on the home and community; specific supports are mental health and substance abuse counseling, psychiatric care, skills training (i.e., financial planning), case management, crisis intervention, and health promotion (Transitional ACTION Team Logic Model, 2008).

Methods

Research Design And Data Collection Methods

A nonexperimental mixed methods design was used. The primary research methods of data collection included focus groups and review of assessment forms completed by the ITT staff at various points of the youths' program involvement. These forms are the Outcomes and Indicators tool and the Young Adults Needs and Strengths Assessment (YANSA) (Buddin Praed Foundation, 2009). Both forms were used to collect longitudinal data. The Outcomes and Indicators tool was to be completed by ITT staff at the 1-month, 7-month, and 13-month points, while the YANSA was to be used by the staff at baseline (e.g., the consumer's entry into ITT) and at the 12-month mark. Completed forms were analyzed for responses relevant to the areas of employment, housing, and education.

Sampling Techniques

The population for this evaluation was 34 current and previous ITT service recipients. Participation recruitment in the current evaluation was not necessary because it involves existing program data and releases previously obtained for broader ITT program evaluations. The focus group sampling frame consisted of 15 invited consumers who could self-select to participate. ITT staff reports, as well as researchers' review of consumer records, indicate that self-selecting members of the focus group were comparable to youth who did not participate. Institutional Review Board approval was obtained from the University of Pittsburgh to conduct this research.

Instrumentation

The focus groups questions included entry into ITT, staff members, changes and developments while involved with ITT, future goals, crises, medications, successes, failures, and adult living. The research supervisor and the ITT program director believed that the consumers would provide valid and reliable feedback. Outcomes and Indicators and YANSA data were collected from ITT records. Outcomes and Indicators consisted of 60 closed-ended items. ITT-created response possibilities were "yes," "no," "not applicable," or missing response to specific indicators within broad outcome types. "Not applicable" response examples involved items such as working 20 hours per week (if not having completed training or education) and missing fewer days of school than last year (if not enrolled in school). For consideration in this study, six indicators from four outcomes were pertinent: community stability, employment stability, educational attainment, and housing stability. Specific indicators were fewer out-of-home placements, fewer days in out-of-home placements, at least 20 hours of work per week, passing grades, fewer school absences, and safe housing.

The YANSA contained 59 closed-ended items. Topic headings included functioning, mental health, substance abuse, culture, educational or vocational, risk behaviors, strengths, and the (optional) caregiver needs and strengths. Residential stability, educational functioning, educational attainment, and job functioning were relevant to the selected domains. Ratings of "0," "1," "2," "3," or "unknown" were given for each item. The strengths assessment ratings range from a "0" for a present strength to a "3" for no current strength. All other ratings, including the relevant items, involve need and a range from a "0" for no need to a "3" for urgent need.

Data Analysis Procedures

Focus groups. Both of the focus groups were transcribed with indications of topic changes, happenings during the meetings, and stopping and starting points. All dialogue relevant to the target questions, ITT program and staff, consumer experiences, and the evaluation process was transcribed word-for-word. Tangents on matters not relevant to these topic headings, such as food, were indicated in brief summaries (e.g., "tangent on burning macaroni and popcorn"). Focus group transcripts were analyzed for information relevant to the domains of employment, housing, and education.

Outcomes and indicators. Within selected outcome measures, indicators of fewer out-of-home placements, fewer days in out-of-home placements, at least 20 hours of work per week, passing grades, fewer school absences, and safe housing (e.g., HUD-inspected and in a safe neighborhood) were analyzed. Data was entered into SPSS to obtain descriptive statistics. The frequency and proportion of all "yes," "no," and "not applicable" (or missing) responses were calculated for the selected indicators. The mean of responses at the 1-month, 7-month, and 13-month assessment-grouping points was also determined.

YANSA. YANSA topic headings included functioning, mental health, substance abuse, culture, educational and vocational, risk behaviors, strengths, and the (optional) caregiver needs and strengths. Scores were analyzed for specific items (i.e., family involvement, danger to self) within these domains. Descriptive statistics were calculated for the YANSA data. The frequency and proportion of scores "0," "1," "2," "3," or "unknown" was determined for baseline and the 12-month point of ITT program involvement for the selected items. In addition, the mean of scores was calculated for the baseline and 12-month assessment points. An independent samples t-test was then used to test if mean scores were significantly different at the .05 level.

Findings

Description of the Sample

The population for this evaluation was 34 current and previously enrolled ITT service recipients. The ages of the youth ranged from 15 to 25 years old, with more than 80% of the population being ages 18 to 22. The focus group sampling frame originally consisted of the 15 invited representative youth, but only 9 of the 15 invited consumers chose to participate. The sample for the Outcomes and Indicators and YANSA would ideally involve all 34 past and present consumers and their records at each assessment point. However, the Outcomes and Indicators sample consisted of 28 consumers at the 1-month point, 13 consumers at the 7-month point, and 3 consumers at the 13-month point. The YANSA sample was also smaller than expected, with 26 consumers at baseline and 5 consumers at the 12-month assessment.

Focus groups

Results from the focus group analysis were generally positive about the important (effective) elements of approaches in the ITT program. The first identified theme involved the multidisciplinary approach. Consumers expressed awareness of and gratitude for services regarding employment, housing, and education domains. One individual stated, “[Staff] and I work on a bunch of stuff . . . getting a place, getting a source of income.” Landmark or daily improvement reports included, “I graduated,” “I have a place of my own . . . I’m very independent,” and “Move out and take a job . . . both worked out well.”

A second major theme dealt with youth valuing practical support, such as assistance with senior class projects and employment referrals. Individualized support or help with needs was appreciated. Consumers provided specific examples of applicable and beneficial services, stating, “[Staff] was trying to help me with cyber school,” “They said they would pay for me to be a [physical therapy assistant],” and “I was referred to [housing].”

Success variation emerged as a third theme from the focus groups. For some of the youth, locating a place to live or finding employment were not only necessary tasks but also significant successes. Other consumers expressed achievements that could suggest a higher level of goal setting and reaching, either independently or with ITT staff support. One youth, for example, shared the message, “I got enough in scholarships and grants that I got a free ride [to college].”

Specific goals and the length of youth ITT involvement were a final theme of the focus groups. Consumers who had been receiving program services for less than one year generally discussed future plans in a vague way. Clearer objectives were more often expressed by the youth who had been associating with ITT for at least one year. Specific notable goals by these individuals were, “I’m hoping to get my bachelor’s degree in accounting,” “I want to get [an apartment],” and “Physical Therapy Assistant . . . that’s my main goal.”

Outcomes and Indicators

All questions contained within the Outcomes and Indicators assessment form are worded in a positive way (e.g., a “yes” response indicates a positive indicator, such as working at least 20 hours per week). Thus, it was expected that “yes” responses were the majority response for all selected indicators of education, housing, and employment.

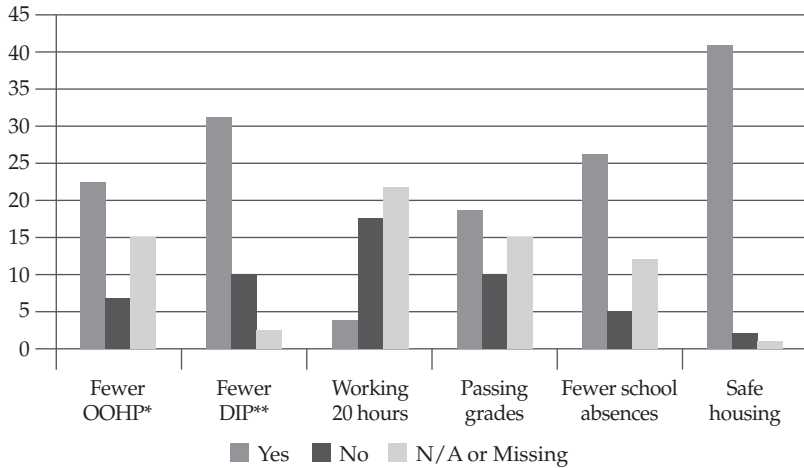


Figure 1: Frequency of Outcomes and Indicators Responses at 1, 7, or 13 month(s) of program involvement. This figure illustrates the proportion of desirable “yes” responses (and “no” and “not applicable” or missing responses).

* OOHP = Out of home placements; **DIP = Days in placements

“Yes” responses were the majority responses for the all indicators except working at least 20 hours per week. This indicator had most of its responses in the “not applicable” or missing category and the second largest response type in the “no” category. This finding might be due to the fact that consumers as young as 14 are participating with ITT services and are therefore too young to be working at this weekly rate, or might be due to the current economic environment locally and nationally. It was also hypothesized that the “yes” response would have the highest mean in all assessment groups, suggesting that participation with ITT is related to more positive indicators and outcomes. Additionally, it was expected that the mean of “yes” responses would increase with longer ITT program involvement.

Table 1: Outcomes and Indicators: Means of Responses

Time of Assessment	Proportion of Assessment	Mean of “yes” Responses	Mean of “no” Responses	Mean of “not applicable” or Missing Responses
1 month	63.6% (28)	30.47	22.21	2.11
7 months	29.5% (13)	41.62	11.92	3.08
13 months	6.8% (3)	35.00	20.33	1.00

The majority of the Outcomes and Indicators were administered when the consumer had been involved with ITT for 1 month. Fewer assessments took place at the 7-month mark and the least number of assessments occurred at the 13-month mark. This trend could be due to data not being completed as intended, or a result of consumers departing early from the ITT program. Analysis also revealed that the mean of “yes” responses was greater than the mean of “no” and “not applicable” or missing responses at all assessment marks and that mean “yes” responses increased from the 1-month to 7-month assessments. However, the “yes” response mean was greatest at the 7-month mark, rather than at the 13-month mark.

YANSA

We hypothesized that improvements in the domains of employment, housing, and education would be observed with longer ITT program involvement. We therefore expected that for residential stability, educational functioning and attainment, and job functioning, need ratings of a “2” (help is needed) or a “3” (help is needed now) would decrease from baseline to the 12-month assessment mark.

Table 2: Yansa Baseline and 12-month Assessment Needed Help Scores

Domain	Baseline		12 months	
	% of “Help is Needed” Responses (n)	% of “Help is Needed Now” Responses	% of “Help is Needed” Responses	% of “Help is Needed Now” Responses
Residential Stability	23.1% (6)	15.4% (4)	20.0% (1)	—
Educational Functioning	34.6% (9)	15.4% (4)	—	—
Educational Attainment	53.8% (14)	3.8% (1)	40.0% (2)	—
Job Functioning	61.5% (16)	11.5% (3)	40.0% (2)	—

Overall, youth exhibit higher levels of need and immediate need at baseline. Improvement (e.g., fewer “2” and “3” need scores at the 12-month assessment) is evident in all four areas of interest. The greatest positive change is in the educational functioning domain, while the most minimal improvement is in residential stability. Certain factors, including the limited amount of safe, affordable housing and independent living facilities in the surrounding county, could provide a context for these findings. Also the 12-month mark offers fewer YANSA measures to analyze. This decrease, potential consumer departure from ITT, and the longer duration of services might explain why there is less need demonstrated at the 12-month mark.

We expected YANSA mean score analyses to be similar to the frequency statistics. We thought, therefore, that lower mean scores of need would be demonstrated

at the 12-month assessment of the selected domains. This would demonstrate that ITT services decrease need exhibited by youth as they enter into the program.

Table 3: Yansa: Mean Scores of Need at Baseline and the 12-month Point

Domain	Baseline Mean Score (n=26)	SD	12-month Assessment Mean Score (n=5)	SD
Residential Stability	1.23	1.07	.60	.89
Educational Functioning	1.42	1.03	.20	.45
Educational Attainment	1.35	.94	.80	1.10
Job Functioning	1.77	.77	.80	1.10

On average, greater need scores were recorded at baseline. Scores at this point tended to range between a “1” score of watchful monitoring of need and a “2” score of help is needed. Mean scores at the 12-month mark were between a “0” score of no need and a “1” score of watchful monitoring of need. The wide range of standard deviations of scores should be noted for both assessments (particularly for educational attainment, which had the largest deviations). These suggest that certain youth may have experienced much greater or much less needs in the selected domains when compared to mean scores and to their consumer peers.

An independent-samples t-test was conducted to compare YANSA need scores at baseline and the 12-month mark. There was a significant difference in educational functioning scores for baseline ($M=1.42$, $SD=1.03$) and 12-month assessment ($M=.20$, $SD=.45$); $t(29)=2.59$, $p=.001$. A significant difference also was noted in job functioning scores for baseline ($M=1.77$, $SD=.77$) and 12-month assessment ($M=.80$, $SD=1.10$); $t(29)=2.43$, $p=.02$. No significant differences existed for residential stability scores for baseline ($M=1.23$, $SD=1.07$) and 12-month assessment ($M=.60$, $SD=.89$); $t(29)=1.23$, $p=.23$. No significant difference was identified for educational attainment scores for baseline ($M=1.35$, $SD=.94$) and the 12-month assessment ($M=.80$, $SD=1.10$); $t(29)=1.17$, $p=.25$. These results suggest that ITT involvement positively impacts educational and job functioning, but does not affect residential stability or educational attainment.

Overall findings of the study are mixed. The focus groups, the frequency of “yes” responses on the Outcomes and Indicators, and the YANSA descriptive statistics suggest that ITT involvement positively impacts employment, education, days in out-of-home placements, and housing safety. Inferential statistics also supported this idea with the YANSA domains of educational and job functioning. However, Outcomes and Indicators desirable “yes” responses decreased from the 7-month to 13-month mark, and inferential statistics did not demonstrate sig-

nificant differences from baseline to 12 months for YANSA residential stability or educational attainment. Thus, it appears that initial improvements were not necessarily maintained over time, and improved functioning did not universally translate to achievements such as steady work, graduation, or safe housing.

Discussion

Limitations

There are five limitations to this outcome and impact assessment. The first involves the small population size. Since the ITT program had serviced only 34 consumers at the time of this evaluation, data availability was limited by nature and provides only a glimpse at rural youth involved with the child welfare system. The second involves incomplete and missing data, as well as the self-selecting quality of the focus groups, which narrowed this scope further. The third is that the 1-month baseline assessments compose the majority of Outcomes and Indicators responses and YANSA scores. This distribution must be considered because available data is more frequently indicative of newly involved youth instead of ITT consumers throughout the duration of services. The limited amount of data at the 12-month mark could also have influenced the findings of greatest improvement occurring within the first six months of program participation.

The fourth limitation involves the differentiation of housing stability and housing safety concepts. Indicators of a youth having safe housing at the time of assessment do not necessarily mean that he or she is in a stable residence. The fifth is that the issue of concentrated treatment “dosing” at the start of a youth’s involvement with ITT should be explored further. While the introduction of intensive services appears to be creating positive change (particularly within the first 6 months of program involvement), maintained improved functioning is not strongly indicated by this study. This is likely related to the common challenge of maintenance of treatment gains; that is, initial improvements can be difficult to preserve and build upon as service options are used, limited, or exhausted, and actual progress does not always line up with early expectations. However, this finding may also be viewed as good news for service providers in that greater investments initially and for a short duration seem to foster success to some degree.

Implications and Conclusions

For community members and practitioners not affiliated with intensive support services, this study provides a context for (rural) independent services aiding youth in their transition to adult living. We explored three primary domains of adulthood, a service program designed to improve these areas, and the outcome measures of the study. Every social service organization and individual professional must consider outcome indicators, resource delivery, unique consumer elements, and the maintenance and improvement of their services through evaluation. ITT, exemplified in the

case of Marcus, indicate such possibilities and give a potential framework to follow.

We hypothesized that ITT Program participation positively impacts youth multisystem services with reference to achieving employment, obtaining safe and stable housing, and completing high school and obtaining post-secondary degrees. The findings are encouraging, particularly with regard to improving educational and job functioning. Quotes from focus group participants illustrate the success stories that support the maintenance of certain program aspects, such as individualized planning and practical help and support. The mixed findings, however, suggest that despite individual successes, broad improvements in employment, housing, and education domains have not been the case for all ITT consumers.

We offer several recommendations for programs aiding rural youth in their transition to adult living. First, there is a need for the monitoring of coordinated services and outcomes (Heflinger & Hoffman, 2009). Coordinated services encourage responding to risk and protective aspects, fitting aid to the home and community, and planning for how changes in one area may influence others (Bogenschneider, 1996). Such processes could permit unified expectations for independence, as well as the growth of youths' goals and supports beyond the foster care system (Courtney et al., 2010). Second, identification of those fitting into the subgroup of interest reinforces holistic assessments and results in more appropriate policies, practices, and resource distributions (Courtney et al., 2010; Keller et al., 2007). Third, evaluations of current services are necessary. Research might lead to removing barriers to treatment, valuing qualified staff, the establishing of concrete and creative supports, and comparing ongoing challenges facing rural youths aging out of child welfare services (Anderson & Gittler, 2005; Bogenschneider, 1996; Courtney et al., 2001). Fourth, the involvement of various life domains and a range of youths' strengths and risks are vital to a program's success (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). Fifth, future analyses should target adolescent perceptions. Little research has been directed at the ideas and expectations of young people actually going through the transition to adulthood (Crockett & Bingham, 2000).

Our investigation revealed multiple effective strategies and actions. The success of Marcus suggests the value of community-based contacts, "collateral contacts" (i.e., follow-up phone calls), personalized case management, and supportive elements of broader goals (e.g., learning to cook as part of independent living). Marcus's case involved creative adaptations to employment and skills training by partnering a consumer with a volunteer organization with the potential of later being hired or being more educated. In rural areas where resources might be limited, collaboration could be the most effective way of addressing needs.

On a broader level, ITT puts many of the recommendations for rural transition services into action. The multidisciplinary team approach permits the coordination of services and outcomes in a holistic manner. The Outcomes and Indicators and the YANSA, assessment forms used by the program staff, also encompass a

wide range of items including life domains and strengths and risks. ITT addresses individual consumer perspectives and life situations and the importance of individual success. Staff and services are open to evaluation processes and serious consideration of adolescent perceptions. Perhaps the greatest achievements of ITT are evidenced by the consumer focus groups; here, the youth expressed appreciation for a range of supports, services, and creation of specific goals with longer program involvement. Providers in other relevant social organizations might reflect upon ITT and its success and opportunities for improvement to better plan and implement additional resources for the “almost invisible” (McGuinness, 2009, p. 55) rural child welfare population.

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