

Professional and youth perspectives on higher education-focused interventions for youth transitioning from foster care



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ABSTRACT

Youth transitioning from foster care to adulthood access and succeed in college at much lower rates than the general population. A variety of services exist to support youth with their postsecondary goals, but few if any have evidence for their effectiveness. As part of a National Institute on Drug Abuse-funded intervention development project to design Fostering Higher Education, a structured, testable postsecondary access and retention intervention for youth transitioning from foster care to adulthood, focus groups were conducted with community stakeholders to collect recommendations for how to most effectively structure the intervention. Analyses of focus group findings resulted in four theme groups: (1) general recommendations for intervention development; (2) recommendations for an educational advocacy intervention component; (3) recommendations for a mentoring intervention component; and (4) recommendations for a substance abuse prevention intervention component. These themes offered a variety of important insights for developing interventions in a way that is usable for youth and feasible for communities to implement.

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1. Introduction

1.1. Background

For the majority of youth transitioning from foster care to adulthood, achieving higher education is a goal toward which they aspire (Courtney, Terao, & Bost, 2004; McMillen, Auslander, Elze, White, & Thompson, 2003; Reilly, 2003). However, reaching this goal can be quite complicated for this population for a variety of reasons, some of which include not graduating from high school, lack of supportive adults and encouragement to pursue higher education, insufficient financial resources and housing, alcohol and substance abuse, lack of postsecondary and independent living preparation, physical and mental health challenges, lack of connection with resources and services, lack of support with academics and school/career planning, becoming a parent, and lack of campus involvement (Batsche et al., 2014; Cochran & Szabo-Kubitz, 2009; Courtney et al., 2004, 2007; Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012; Dworsky & Pérez, 2010; Graham, Schellinger, & Vaughn, 2015; Hernandez & Naccarato, 2010; McMillen & Raghavan, 2009; Merdinger, Hines, Osterling, & Wyatt, 2005; Rios & Rocco, 2014; Salazar, 2013; Unrau, Font, & Rawls, 2012; Wolanin, 2005). These challenges result in substantially lower postsecondary enrollment, retention, and completion rates for foster care alumni

compared to youth in the general population, as well as low-income, first-generation students (Casey Family Programs, 2011; Courtney, Dworsky, Lee, & Raap, 2010; Davis, 2006; Day, Dworsky, Fogarty, & Damashek, 2011; Pecora, Kesler, et al., 2006; Pecora et al., 2003; Pecora, Williams, et al., 2006; U.S. Census Bureau, 2012; Wolanin, 2005).

A variety of supports and programs exist to help mitigate the postsecondary challenges that youth transitioning from foster care face. For example, the John H. Chafee Foster Care Independence Program (Foster Care Independence Act of 1999, P.L. 106–169, 113 Stat. 1882, 1999) provides federal funding to states to provide transition planning and preparation services, primarily in the form of independent living programs (ILPs). Many ILPs offer postsecondary preparation services such as support filling out college admission and financial aid applications. In addition, many college campuses across the country are developing campus support programs specifically for youth with foster care experience (Dworsky & Pérez, 2010; Hernandez & Naccarato, 2010). However, there is very little evidence regarding what approaches are effective at improving postsecondary access and success for young people transitioning from care.

In an effort to address this, as part of a National Institute on Drug Abuse-funded intervention development project, we are developing the Fostering Higher Education intervention, a postsecondary access and retention intervention that is highly structured and evaluable (due to clearly articulated implementation guidelines and theory of change), and composed of intervention components that either already have an evidence base or hold promise for being particularly well-suited for this purpose due to their versatility and ability to address a host of

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challenges these youth may experience, in relation to both accessing and being successful in postsecondary education. The identified intervention components for inclusion in Fostering Higher Education are (1) professional educational advocacy, (2) mentoring, and (3) substance abuse prevention programming. The goal of the intervention development project is to create a program using these elements that (1) bridges and offers continuous support through the high school to college transition (programs typically focus on postsecondary access or retention, not both); (2) is applicable to all college-interested youth transitioning from foster care (rather than subpopulations); and (3) is easily integrated into current practice settings (such as foster care independent living programs, child welfare agencies, or local colleges and universities). However, in order to maximize the likelihood of successful adoption and implementation of this intervention approach by youth-serving organizations, it is crucial to ensure that youth and practitioners buy into and perceive as useful the intervention approach developed through this project. According to research on evidence-based practice, “stakeholder involvement in the research or evaluation process is likely to enhance dissemination” (Brownson, Colditz, & Proctor, 2012, p. 1693). Thus, community stakeholders were asked about the perceived utility of these intervention elements, as well as how they might be developed and delivered to maximize their effectiveness. The current study summarizes findings from community stakeholder focus groups to answer these questions.

1.2. Intervention elements

While there are currently no evidence-based interventions for improving postsecondary access and retention for youth transitioning from foster care to adulthood, there are a variety of intervention elements that offer promise for informing the development of a comprehensive intervention approach. The three identified intervention approaches—educational advocacy, mentoring, and alcohol and substance abuse prevention programming—have been used in a variety of forms and capacities to support the educational goals of youth in foster care and other vulnerable and at-risk populations. They are also quite versatile in terms of program structure possibilities and are able to address a host of challenges that youth may experience in relation to both accessing and participating in higher education. For example, educational advocacy can be used to address a wide variety of logistical challenges related to achieving educational goals and can be implemented through volunteers or professionals, while mentoring can be implemented in a wide variety of ways to provide both emotional and instrumental support for achieving a variety of goals and can be implemented one-on-one, in groups, by peers, by community members, or in a host of other forms. Due to the postsecondary focus of the intervention, substance abuse prevention is also highly valuable as this is a serious risk factor for all college-attending youth. A summary of each of these intervention components, its applicable evidence base (if any), and example implementations of each that may be useful for informing the design of Fostering Higher Education, can be found in the following sections.

1.2.1. Professional educational advocacy

Educational advocacy (EA) is a popular educational support approach used with youth in care in many locations across the United States (e.g., *Advocates for Children of New York*, 2005; Pennucci, 2010; Zetlin, Weinberg, & Kimm, 2004). EA responsibilities often include resolving complex barriers to educational success such as transfer or enrollment problems, educational consultation, and securing needed educational accommodations and supports for youth in foster care. Common goals of EA programs include improving access to services, maintaining enrollment, improving attendance, making academic progress, and reducing school disciplinary incidents (Pennucci, 2010). A variety of different EA program models have been developed for use with youth in foster care. For example, Treehouse for Kids, a

Washington State nonprofit, offers an educational advocacy program implemented by trained education specialists to provide direct advocacy, consultation, and referral services to help students resolve complex K-12 education-related challenges (*Washington State Department of Social and Health Services*, 2010). Treehouse also established Graduation Success to improve high school graduation rates using student-centered planning and student-engagement mentoring based on the Check and Connect model (which aims to enhance students' school engagement through relationship building, monitoring, and problem solving); this program is also implemented by trained educational specialists (Treehouse, n.d.; *University of Minnesota*, 2015). EA services can also be delivered through volunteers. For example, the FosterEd program partners with local agencies and helps youth identify supportive adults in their life to form the youth's education team. Team members are trained and coached by a FosterEd education liaison and work collaboratively to help the youth identify and achieve their academic goals (FosterEd, n.d.). EA services can also be provided through legal professionals. For example, the Tennessee Department of Children's Services (DCS) assigns an education consultant and attorney to each state region to ensure that students are receiving appropriate education services (Moses, Potts, & Morgan, 2006; *State of Tennessee Department of Children's Services*, n.d.). While no known randomized, experimental tests of the effects of EA have been conducted, programs have tentative findings suggesting a variety of positive impacts, including fewer school absences, less school mobility, improved high school graduation rates, increased educational support-related knowledge of social workers, and successful resolution of education-related challenges (*Advocates for Children of New York*, 2005; Burley, 2011, 2012; Zetlin et al., 2004; Zetlin, Weinberg, & Kimm, 2005).

1.2.2. Mentoring

Mentoring is another popular approach to providing support to youth. Studies have found mentoring relationships to have positive impacts for youth with foster care experience (e.g., Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Ahrens et al., 2011; Crisp, 2010; Crisp & Cruz, 2009; DuBois, Holloway, Valentine, & Cooper, 2002; Munson & McMillen, 2009; Rhodes, Haight, & Briggs, 1999). For youth in foster care, natural mentoring can be a particularly beneficial mentoring approach. A recent systematic review of studies assessing natural mentoring with older foster youth (Thompson, Greeson, & Brunsink, 2016) found positive associations between natural mentoring and positive psychosocial and academic outcomes.

Some mentoring programs have been developed specifically to support youth with foster care experience who are pursuing or attending a postsecondary program. For example, the Transition to Independence Program at Wayne State University matches incoming students who are alumni of foster care with upper level undergraduate peer mentors. When mentees become juniors they are eligible to apply to become peer mentors for the next cohort of underclassmen in the program. Preliminary findings from this program have found reduced student dropout rates as the program has matured (*Wayne State University*, 2016).

For foster youth with serious mental health challenges who have not yet completed the postsecondary application or enrollment process, the Better Futures near-peer coaching/mentoring program (Geenen et al., 2015; Phillips et al., 2015) has been found to improve students' postsecondary preparation and access outcomes. It uses an adaptation of the Take Charge model, a self-determination intervention developed for high-risk youth to improve student engagement (Geenen et al., 2015; Powers et al., 2001). Students enrolled in Better Futures receive support through one-on-one near-peer coaching, mentoring workshops, and by connecting with experienced alumni of foster care. Results from a randomized field test found that Better Futures participants were significantly more likely to be enrolled in a postsecondary program, report higher self-determination, and report greater mental health improvements compared to a control group (Geenen et al., 2015).

Mentoring programs have also focused on reducing problem behaviors while maintaining school enrollment of youth in foster care. In the Campus Corps mentoring program at Colorado State University, youth ages 10–18 are matched with undergraduate student mentors and are supported by a family therapist. Mentor pairs meet weekly for tutoring, coaching, and dinner. They also participate in prosocial group activities. Evaluations of Campus Corps have found that program participants reported improved school attendance, reduced substance use, reduced behavioral problems, and improved psychological well-being (Zimmerman, Haddock, Krafchick, & Weiler, 2014).

In summary, a wealth of mentoring approaches are available that offer encouraging findings and potential elements to inform or include in postsecondary access and retention interventions for youth transitioning from foster care.

1.2.3. Substance abuse prevention programming

The years immediately following high school are risky for substance misuse for all young people, with prevalence peaking in the early 20s and diagnosis rates peaking in the mid-20s (Johnston, O'Malley, Bachman, & Schulenberg, 2011; Substance Abuse and Mental Health Services Administration, 2005). College in particular is a risky environment for many young people as substance use and abuse rates rapidly escalate (Bachman et al., 2008; Carter, Brandon, & Goldman, 2010; Fleming, White, Haggerty, Abbott, & Catalano, 2012; Timberlake et al., 2007). While substance abuse is potentially problematic for all young people, it is especially risky for young people with foster care experience (Aarons, Brown, Stice, & Coe, 2001; Aarons et al., 2008; Braciszewski & Stout, 2012; Courtney et al., 2004; Narendorf & McMillen, 2010; Pecora, White, Jackson, & Wiggins, 2009; Pilowsky & Wu, 2006; Vaughn, Ollie, McMillen, Scott, & Munson, 2007; Wall & Kohl, 2007).

One reason young people in foster care may experience higher rates of substance abuse is because of their experiences in care and life circumstances that got them placed into care. They often experience few protective factors and a high degree of risk factors for problem substance use, including family substance use history, parent psychopathology, poor family relationships and family management, unstable living situations, poor educational attainment, history of abuse/neglect, conduct disorder and delinquent behavior, and a stressful life (Courtney et al., 2004, 2005; Davis, 2006; Hawkins, Catalano, & Miller, 1992; McMillen et al., 2005; Pecora et al., 2003; Salazar, Keller, Gowen, & Courtney, 2013; Scherr, 2007; Stone, Becker, Huber, & Catalano, 2012; Traube, James, Zhang, & Landsverk, 2012). Several studies have found leaving state care or living in an independent living setting to be a risk factor for increased substance misuse for transition-aged foster youth (Keller, Blakeslee, Lemon, & Courtney, 2010; Narendorf & McMillen, 2010; Thompson & Auslander, 2007; Vaughn et al., 2007). Due to the higher vulnerability of young people with foster care experience developing a substance use disorder, along with a lack of financial and relationship supports when aging out of care (Courtney & Dworsky, 2006; Day et al., 2012; Perry, 2006; Salazar, Keller, & Courtney, 2011), the availability of effective programming that addresses substance abuse prevention and early intervention along with postsecondary achievement is especially important for life success. Furthermore, education, especially higher education, offers stronger protection from substance abuse and the consequences of abuse (such as heavy drinking, alcohol-related problems, prescription drug misuse, and smoking cigarettes) later in life (Gfroerer, Greenblatt, & Wright, 1997; Merline, O'Malley, Schulenberg, Bachman, & Johnston, 2004; Muthén & Muthén, 2000; Skinner, Haggerty, Fleming, & Catalano, 2009; Townsend, Flisher, & King, 2007).

A variety of brief substance abuse prevention interventions have been developed for and tested with college-attending youth (though none have been tested specifically with foster youth). Screening, Brief Intervention, Referral to Treatment (SBIRT) approaches consist of four components that are delivered by a trained practitioner: universal screening, brief intervention, brief therapy, and referral (Office of

National Drug Control Policy [ONDCP], 2013). SBIRT approaches have been found to be effective in reducing both alcohol and illicit drug use among patients in medical settings, including young adults and adolescents (Mitchell, Gryczynski, O'Grady, & Schwartz, 2013; ONDCP, 2013; Sterling, Valkanoff, Hinman, & Weisner, 2012). Sterling et al. (2012) found that SBIRT programs housed in college health centers were effective in reducing students' blood alcohol concentration, number of drinks per week, and binge drinking, and improving overall quality of life.

One well-tested SBIRT-type approach to alcohol abuse prevention among college students is the Brief Alcohol Screening and Intervention for College Students (BASICS; Dimeff, Baer, Kivlahan, & Marlatt, 1999). BASICS uses motivational interviewing and cognitive-skills behavioral training to help college students reduce problems associated with their alcohol use. Students meet individually with a trained practitioner over two sessions. During these sessions, students complete an assessment of their drinking patterns, alcohol-related attitudes, and motivation to change their drinking behavior; review facts about alcohol use; receive personalized feedback of their alcohol risk; and learn strategies to monitor and reduce their drinking (Dimeff et al., 1999). The effectiveness of BASICS in reducing alcohol consumption, binge drinking, and alcohol-related problems among diverse groups of college students has been well documented (DiFulvio, Linowski, Mazziotti, & Puleo, 2012; Dimeff et al., 1999; Kulesza, McVay, Larimer, & Copeland, 2013; Larimer et al., 2001; Marlatt et al., 1998; Neighbors et al., 2012; Terlecki, Buckner, Larimer, & Copeland, 2015; Tomaka, Palacios, Morales-Monks, & Davis, 2012). For example, heavy-drinking college students who were assigned to the BASICS program significantly decreased their drinking, consuming one to two fewer drinks during a typical drinking occasion, three to four fewer drinks during peak drinking occasions, and approximately six fewer drinks per week, and reported significantly fewer alcohol problems compared to the non-intervention group (Terlecki et al., 2015). Similarly, first-year fraternity members who received BASICS reported significant reductions in average drinks consumed per week compared to controls (Larimer et al., 2001). In fact, a meta-analysis of randomized trials found that students who received BASICS demonstrated significant reductions in alcohol consumption, resulting in a mean difference of 1.5 fewer drinks per week, and alcohol-related problems compared to controls (Fachini, Aliane, Martinez, & Furtado, 2012).

Brief interventions have also been developed to specifically address marijuana use among college students. The Individual Choices for Alcohol and Marijuana Project (ICHAMP) is an intervention based on personalized feedback and motivational interviewing approaches adapted from the Teen Marijuana Check-up, another marijuana-specific prevention tool that aims to reduce students' marijuana use (Lee et al., 2013). Students complete a web-based assessment and are presented with personalized feedback about their marijuana use, marijuana-related attitudes, and self-reported consequences. Then, students meet with a trained practitioner for a single session to discuss the feedback they received and their motivations for behavior change. A randomized controlled trial found ICHAMP to be effective in reducing both the number of joints smoked in a typical week and marijuana-related consequences among marijuana-using college students (Lee et al., 2013).

These three intervention approaches (educational advocacy, mentoring, and substance abuse prevention programming) will provide the foundational elements of Fostering Higher Education. Prior implementations of each approach such as those reviewed above provide a starting place for considering the form each approach should take for this new purpose. In order to build an intervention that has both youth and practitioner buy-in, which will in turn improve the likelihood of successful adoption and implementation, community stakeholders were consulted on how these intervention components might be structured and delivered to maximize their effectiveness. This study summarizes the findings gleaned from these stakeholders through their participation in focus groups.

1.3. Theory

The theoretical framework used to guide the intervention development process is the Deployment-Focused Model of Intervention Development and Testing (Weisz, 2004). This model guides the development of interventions within the context of the settings in which they would naturally occur, so that they fit easily into everyday practice once they are ready for dissemination. Weisz's (2004) protocol/manualization stage involves "theoretically and clinically guided construction, refinement, and manualizing of the intervention protocol" (Weisz, Jensen, & McLeod, 2005, p. 28) based on a well-defined theory of change during which feedback from field professionals is used to refine the design. Our intervention development process based on this framework is shown in Fig. 1. The current study focuses on the findings from Step Two of this process.

1.4. Current study

In order to design an intervention approach that would work within the context of child welfare, independent living, college, and nonprofit organizational settings, we held focus groups with community stakeholders from each of these settings as well as youth with foster care experience to assess the perceived utility of these intervention approaches (educational advocacy, mentoring, substance abuse prevention) being used to improve the postsecondary outcomes of young people transitioning from foster care to adulthood and to glean recommendations for most effectively structuring these intervention components. The current study addresses the following research questions:

(1) *What are community stakeholders' overall or general recommendations for designing and implementing an intervention to support young people transitioning from foster care to adulthood in accessing and being successful in higher education?*

What are community stakeholders' recommendations for designing and implementing an intervention for this purpose, specifically in relation to using (2) mentoring, (3) professional educational advocacy, and (4) substance abuse prevention programming?

2. Methods

2.1. Participants

Thirty-seven community stakeholders participated in four focus groups held in December 2014 and January 2015 in two major

metropolitan areas in the Pacific Northwestern region of the United States. Each focus group had between 8 to 10 participants, and included young adults with foster care experience and professionals working in child welfare, higher education campus support services, ILPs, and other nonprofit organizations serving foster youth.

Professionals from child welfare, ILP, higher education, and related nonprofits were identified and recruited by the researchers or referred from other focus group participants based on their professional role in the community. Young adults with foster care experience were recruited through independent living and postsecondary campus support programs for foster care alumni, as these organizations serve large numbers of youth who are eligible for focus group participation. To be eligible to participate in a focus group, young adults had to have foster care experience and be between the ages of 18 and 21 (in order to have recent experience thinking through and/or navigating the postsecondary process); in addition, young adults from one metropolitan area (but not the other) were ineligible to participate if they indicated that they were in extended foster care at the time of the focus group; this was due to different research participation permission procedures used by the two states. At the time of recruitment, all potential participants were informed of the goal of the overall study and purpose of the focus group, and were asked of their availability and preference for which focus group to attend. Those who did not note a preference were assigned to a focus group based on group size and their professional role in order to fill and diversify the representation at each focus group. In addition, at least two youth were present at every focus group in order to help youth feel more comfortable sharing their thoughts. Prior to each focus group, research staff checked in with each youth to make sure they knew that adult professionals would be at the group, to ensure youth felt comfortable speaking at a group with adults present, and to offer preparatory coaching and support if needed. Young adults were also given a \$50 incentive for their participation, as they, unlike most adult participants, were not participating in the group as part of a paid workday. This study was determined exempt from IRB review by the Washington State Institutional Review Board.

Of the 37 participants, 10 were young adults with foster care experience and 27 were professionals working in child welfare ($n = 6$), ILPs ($n = 5$), higher education ($n = 10$), and nonprofits that provide services to or conduct research focusing on youth with foster care experience ($n = 6$). Among professionals, participants were mostly female ($n = 22$). When asked to identify their ethnic identity, 18 identified as White, 2 identified as mixed race/ethnicity, and 7 chose not to disclose. Most young adult participants were female ($n = 9$), while 2 identified as mixed race/ethnicity, 1 as Black, 1 as White, and 6 chose not to disclose.

2.2. Data collection

The semi-structured focus group protocol was developed by the research team over a 2-month period. Using the core research questions as a guide, the research team identified and scripted the background information to be presented, questions to be asked, and optional probes to elicit more detailed responses. A list of primary focus group questions is presented in Table 1. Minor modifications were made to the protocol following completion of each focus group in order to improve its overall clarity and flow. These modifications included: prioritizing key questions due to time constraints; developing effective prompts to elicit more in-depth feedback; providing more explicit background information for the proposed intervention design to improve participants' understanding; and changing the order in which intervention components were described and discussed to better distinguish between interventionist roles.

All focus groups were facilitated by a graduate research assistant who had prior focus group facilitation experience. To ensure that all participants felt comfortable sharing, we established and reviewed focus group "ground rules," explained how the findings will be used,

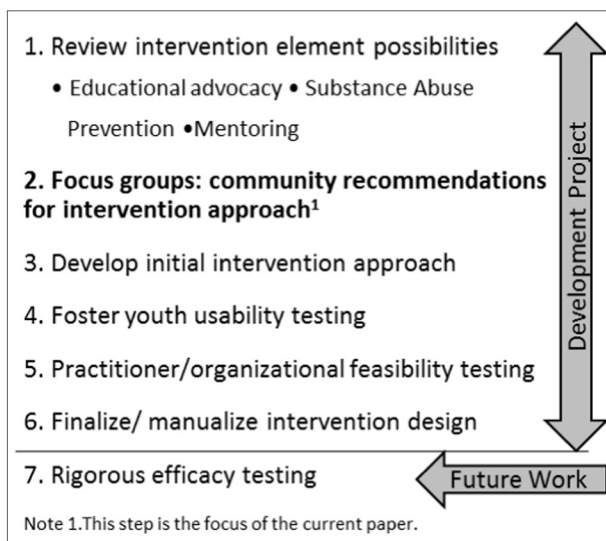


Fig. 1. Fostering Higher Education intervention development and testing process.

Table 1
Primary focus group questions.

| Topic area | Question |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Feedback on mentoring component | What specific mentoring activities might be beneficial for helping young people transitioning from foster care achieve their postsecondary goals? What qualifications/skills should mentors have to provide this kind of mentoring? |
| Feedback on educational advocacy component | Other than mentoring activities and mentor qualifications, what else do you think is important for us to consider? What are some challenges that educational advocates might need to help students work through? What qualifications should educational advocates have in order to succeed in this kind of job? |
| Feedback on substance abuse prevention component | How important do you think it is for us to include a specific substance abuse prevention component in our program? What other things might be useful to consider for this portion of the program? What should we NOT include or do in this portion of the program? |
| What not to do | Based on your experiences, what possible program approaches would you NOT recommend using and why? |
| Overall intervention implementation | What ideas do you have about how to keep youth engaged in a program like this? What kinds of organizations might be a good home for this kind of program? What would need to be in place for an organization to be able to implement a program like this? What is your perception of the willingness of higher education, child welfare, independent living program, or other non-profit staff to accept and promote the type of program that Fostering Higher Education offers? |

and used facilitation techniques to ensure that everyone had an equal opportunity to contribute to the discussion. The facilitator worked closely with the research team to develop and modify the protocol throughout the study period. All focus groups were between 1.5 to 2 h in length. Each focus group was audio recorded and these recordings were professionally transcribed.

2.3. Analyses

Data were analyzed using a conventional thematic content analysis approach (Hsieh & Shannon, 2005; Stirling, 2001), with a process similar to the one utilized by Storer, Barkan, Sherman, Haggerty, and Mattos (2012). Transcripts were analyzed by a team of four researchers. The four researchers included the project's principal investigator, the project coordinator, a social work doctoral student volunteer, and an undergraduate psychology student volunteer. Three of the four researchers have direct practice experience working with youth in foster care and/or institutionalized youth. Teams of two to three researchers coded each transcript separately for each research question. Both the principal investigator and project coordinator coded and analyzed transcripts for all four research questions, while the student volunteers worked on one to two research questions each.

For each research question, each researcher on the coding team independently coded the first of four transcripts. Key thoughts and concepts emerging from the transcript were identified as individual codes. Next, the team came together to review the coded transcript to (a) describe individual coding decisions, (b) resolve coding discrepancies, and (c) refine and merge similar individual codes to best capture the key thought or concept. The codes that emerged through this initial collaborative process were used to create a codebook which guided the team's subsequent coding for that research question. Then, each researcher independently coded the remaining three transcripts. New codes created during this process were identified and added to the codebook by the project coordinator. After all four transcripts were coded, the team came together once again to resolve coding discrepancies and make final refinements to the codebook. Finally, over multiple group meetings and discussions, the team used the updated and revised codebook of initial codes to collaboratively identify basic and organizing themes. This coding and analysis process was repeated for all four research questions. All coding and analyses were conducted using Dedoose qualitative data analysis software (SocioCultural Research Consultants LLC, 2015). These findings were summarized into a brief handout that was sent by email to all focus group participants with a request for feedback if the findings did not accurately reflect their experiences in the groups. No feedback was received from participants.

3. Results

Qualitative analysis of focus group data revealed a variety of themes related to developing an appropriate higher education intervention for youth transitioning from foster care. Focus group findings are grouped into four theme groups by research question: (1) general recommendations for intervention development; (2) recommendations for the educational advocacy portion of intervention; (3) recommendations for the mentoring portion of intervention; and (4) recommendations for the substance abuse prevention portion of intervention. Representative quotes from focus group participants were used to highlight certain key findings.

3.1. General recommendations for intervention development

A wide variety of suggestions were made for structuring and implementing the overall intervention design. Three organizing themes emerged from the general recommendations for the intervention: (1) program development and delivery should be a result of collaborative efforts among community stakeholders, including youth; (2) recommendations on how program services should be delivered; and (3) recommendations regarding program interventionists. The basic themes that comprise each organizing theme are listed in Table 2.

3.1.1. Collaborative program development and delivery

Participants felt there should be collaboration and cooperation among various community organizations and systems (e.g., child welfare, higher education, youth-serving nonprofits) regarding developing, evaluating, and ensuring sustainability of this intervention. They felt it was important to coordinate and align the services this intervention would provide with other services already available in the community rather than replicating services or offering services in a silo; similarly, they believed that a communication network among youth-serving programs should be maintained to bolster youth involvement and support common efforts. As one college representative described, "...it needs to be a partnership with the community partners, and the um, foster youth themselves, so that everybody has a piece of it. And that — that helps with the permanency and sustainability of it too, if it just becomes a program of one department, of one college, or even one person, it'll go away. Eventually, it'll go away. But if it's a community program, and it involves the community partners, the youth, and the college, it has a much better chance of sustaining itself, and engaging." Failure to have collaboration may have subsequent effects on youth participation and outcomes: "It's the agencies itself that have to try to figure [services] out, it just puts the young person, you know, either at risk of saying gosh, this is just too confusing, I can't do this or I don't care, I just need this help," said an independent living program representative. Participants also

Table 2
General recommendations for intervention development.

| Organizing themes | Basic themes |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community-collaborative program development and implementation | Broad systems-level collaboration Participatory process for all stakeholders, including youth Willingness and ability to implement depends on effectiveness Willingness and ability to implement depends on needed program resources |
| Program services and characteristics | Bridge high school to postsecondary transition period Cohort/group elements may be helpful Flexible and tailored to youth needs Help youth expand social network/supports Incentivize youth participation Program should be strengths based, youth centered, and youth empowering Program should have structured protocols in place Program should support staff to be successful Support youth in exploring options/goal planning Youth should be supported in easily accessing and navigating higher education and relevant systems and services |
| Program staff | Youth with foster care experience involved in program implementation Relationship-based factors Trained and knowledgeable staff |

elaborated on the importance of having young people with foster care experience play a large role in program design, development, and implementation. As one youth-serving nonprofit employee cautioned, *“For it to be successful and really work, having lots of youth participate in — in the very beginning; planning process, all the way through. Because it’s so easy for us to get lost in our own ideas that we really forget to include the youth, and then we plan the whole thing.”* Administrative entities and key leaders in positions of power and influence were also identified as important players to involve. Some participants also felt that organizations’ willingness and ability to implement an intervention such as Fostering Higher Education may hinge on the intervention’s demonstrated effectiveness and the amount of funding and resources it would take to implement it.

3.1.2. Recommendations Regarding Program Services

Participants felt that an intervention that bridged the high school to higher education transition and provided continuity among service providers would be an especially useful approach to this work. One college representative explained the value of having continuous support through this transition: *“Absolutely, that bridge is the most important, because as soon as you get to [college], then it’s like, ‘I’ve never been here before. This is a new land. And then who’s helped me navigate these kinds of things before? And that’s a person that I’ve worked with before, and that’s a person that I can call. And then that person can help me.”* Many participants also felt incorporating a cohort element for youth to connect with other youth with foster care experience would be beneficial. Participants stressed the importance of program flexibility in relation to program participation requirements, services offered, and ability for youth to return to the program at a later time if they so choose: *“...whatever it is, I mean, it’s gotta fit the person and their lifestyle and their circumstances. And it has to be individualized. One size doesn’t fit all,”* explained one college representative. Additional recommendations included offering incentives for participation; being strengths based, youth centered, and youth empowering; helping youth explore and clarify their postsecondary goals; and supporting youth in easily accessing and navigating higher education and relevant systems and services. The program should provide funding for sufficient and appropriate staffing, as well as sufficient support and supervision to program staff. Finally, the intervention should include roles for youth with foster care experience in the actual program delivery.

3.1.3. Recommendations regarding program interventionists

Participants felt strongly that all interventionists should be equipped to deliver intervention content in the context of a well-established relationship with youth. Trust was resoundingly crucial for working with these youth according to participants. *“I think it really boils down*

to trust, support, and basic needs. If those things are there then the chances for success are a lot more likely,” said one independent living program representative. Finally, program staff should be trained, knowledgeable, and capable of the tasks for which they are responsible.

3.2. Recommendations for mentoring component

Five organizing themes emerged from recommendations for the mentoring portion of the intervention: recommendations regarding (1) mentor characteristics, (2) responsibilities the mentor may have, (3) mentoring program characteristics, (4) mentoring program structure varieties, and (5) potential program challenges. The basic themes that comprise each organizing theme are listed in Table 3.

3.2.1. Mentor characteristics

Key characteristics that respondents felt mentors should have included being authentic, engaged, empathetic, and proactive; having a wealth of college, resource, and system knowledge and experience; having some level of understanding of foster youth-specific issues and circumstances; being a role model; and being a fun person. For example, stakeholders from child welfare and college support programs felt that mentors should be *“somebody who... the youth, themselves, can relate to, then recognize that this person has gone ahead of me and done it”* and someone who has *“engaged it. They’ve struggled, but they have [been] successful”* yet they should also be someone who is *“able to bring some of that like silliness to the room when it is appropriate.”*

3.2.2. Mentor responsibilities

Respondents felt mentors should have a variety of responsibilities as part of their mentor role, including advocating for youth and facilitating their success; being consistent and reliable in their role; helping youth build new social connections; making a long-term commitment to the relationship; and supporting youth in goal planning and pursuit. One stakeholder from a postsecondary institution suggested that a general activity for mentors should be to help youth understand *“how much they are in control of things that happen to them, and their own personal sense of motivation, the goals that they’re trying to pursue, [and] how they can help them create steps to get there.”* In addition, the effects of smaller, concrete tasks were also stressed by youth: *“it actually made me want to do [my FAFSA] even more because she was actually pushing me, because I don’t have parents to actually push me.”*

3.2.3. Mentoring program characteristics

Respondents made a variety of suggestions regarding the characteristics of the mentoring program. A very common theme was that the program should be flexible in relation to the matching process,

Table 3
Recommendations for mentoring intervention component.

| Organizing themes | Basic themes |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mentor characteristics | Authentic and engaged Empathetic Knowledge and experience Proactive Qualifications (e.g., experience working with youth; successful postsecondary experience; able to make long-term commitment to position) Role model |
| Mentor concrete responsibilities | Understands foster youth-specific issues and circumstances Advocate and facilitate Consistent and reliable Helps build social connections/capital Long-term commitment Mentor as life coach Support goal planning and pursuit |
| Mentoring program characteristics | Flexible matching Flexible programming Mentoring activities (e.g., accompany youth to campus events; college visits; help youth navigate first week of college; career exploration; having fun) Program structure (e.g., mentor as volunteer position; framed as postsecondary focused; aligned with existing campus programs to avoid duplication of services; based on youths' needs; intentional relationship closing process) Program support and supervision |
| Mentoring program structure varieties | Relationship-based Group mentoring Natural mentoring Peer mentoring |
| Potential mentoring program challenges | Potential mentoring program challenges (e.g., youth feeling over-mentored; mentors adopting savior mentality; risk of creating complete dependence on mentor; youth not ready for mentoring relationship) |

participation expectations, and meeting routines. One local college representative pointed out the importance of considering “*what might work best*” for each youth when matching them with a mentor. That is, does the youth prefer “*someone who’s a youth who’s been through this, or... a mentor who works at this institution that could help get you connected to places?*” Others described the importance of flexible activities and procedures; as one youth explained, “*...like maybe one meeting they have is a more serious meeting, but then another time it’s, ‘Hey do you wanna go to this thing that’s happening on campus?’ So that relationship develops. But it’s not a strict, ‘No, you can’t be with this youth after this time of day,’ or weird things that are supposed to be protective measures but end up hindering that relationship.*” Participants suggested a wide variety of potential mentoring activities, including accompanying youth to college-related events, career exploration, experiential activities, and having fun. Participants also stressed the importance of support and supervision being provided to mentors, including programs providing activity ideas, regular supervision and check-ins, training, and access to support when needed.

Finally, another theme involved the importance of the mentoring being relationship based. Work to build the relationship must start immediately, allowing for the development of trust, a casual and close relationship, and healthy boundaries. As one stakeholder from a postsecondary institution claimed, “*You have to get to know each other. You cannot dive into time-management, motivation, all of that stuff, because they don’t care what you have to say if they don’t like you.*” Yet mentors must also understand that this process takes time, as pointed out by one youth: “*Um, I think that before you like get someone to be like a mentor, you’re gonna want to have them meet with that person like multiple, multiple, multiple times... I have to meet with you to actually trust you, and so, I think that building that takes time, too.*” Respondents stressed the importance of a long-term commitment, and suggested the possibility of the mentoring relationship developing into a natural relationship that continued beyond the intervention program. Alternatively, some participants suggested that mentors be chosen from natural supports already in youths’ lives so that the relationship piece is already established and additional new “helpers” do not need to be brought into youths’ lives.

3.2.4. Mentoring program structure varieties

Participants had a variety of suggestions about potential structures for the mentoring portion of the intervention. Some of these included group mentoring, peer mentoring, natural mentoring, and a hybrid group/one-on-one mentoring approach. Some participants felt that a traditional one-on-one approach may put too much pressure on the mentor to be all things for youth, and may also create safety concerns. A variety of suggestions from professionals in independent living programs and youth-serving nonprofits were given for incorporating group or cohort elements to the mentoring program, such as having “*a social component...a gathering of youth and their mentors and the ed advocates,*” “*a college success class*” where youth are given “*opportunities to take leadership in creating an environment for themselves,*” or “*having a space where folks can go, kind of with a purpose and idea of thinking.*”

3.2.5. Potential program challenges

Finally, participants shared a variety of potential program challenges that should be considered and avoided, such as youth being over-mentored, mentors adopting a savior mentality, the risk of creating complete dependence on a mentor, and youth not being ready for a mentoring relationship.

3.3. Recommendations for educational advocacy component

Three organizing themes emerged from recommendations for the educational advocacy portion of the intervention: recommendations regarding the educational advocate’s (1) knowledge and experience, (2) relational skills, and (3) concrete responsibilities. The basic themes that comprise each organizing theme are listed in Table 4.

3.3.1. Knowledge and experience

Participants agreed that EAs need higher education experience, as well as knowledge of policies, procedures, and resources applicable to child welfare, high school/GED programs, higher education, and any others that may apply to or benefit youth transitioning from care. EAs should also have some level of understanding of trauma and foster

Table 4
Recommendations for educational advocacy (EA) intervention component.

| Organizing themes | Basic themes |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EA concrete responsibilities | Concrete supports (e.g., arranging college visits; helping work out housing arrangements; help with legal issues; help plan for catching up on credits; help choose appropriate college courses; assist with moving to college) Connect/link to resources Deal with conflict Help expand social support networks Help with financial issues Help with skills development Monitoring progress Planning/goal setting/being future-focused |
| EA relational skills | Empowering youth Being proactive and assertive Positive, healthy relationships with youth |
| EA knowledge and experience | EA experience and qualifications (i.e., before starting the job, EA should have recent experience navigating postsecondary education and a college degree) EA knowledge and/or experience of foster care Specific types of knowledge (e.g., knowledge of relevant policies, procedures, and resources applicable to child welfare, high school/GED, and higher education; barriers to academic success; training on the first-year college experience) |

care experience, whether lived or through work experience. As one child welfare representative noted, “Well, if they haven’t been through the system, I think having some education about the effects of trauma in kids growing up. You have the trauma from the family of origin, you have the trauma of being removed, growing up in foster care. All that stuff is very traumatic and it’s something people need to be knowledgeable about how it affects others.”

3.3.2. Relational skills

Participants felt it was important for EAs to be able to build a positive relationship with youth before real progress could be made. One independent living program representative referred to this as “the art of the science.” A child welfare representative explained, “It’s really about the relationship and the engagement along the path that, that youth has traveled. Who in that path has had the ability to connect, be willing to connect and be willing to allow that youth to feel comfortable and develop trust that there’s that exchange of information?” Important characteristics that EAs should possess included being authentic and engaged; proactive and assertive in their support of youth; and compassionate and empathetic to the challenges foster youth have faced. The EA’s relational skills should work toward empowering the youth to be able to take charge of their futures.

3.3.3. Concrete responsibilities

Participants listed a host of concrete responsibilities that EAs might fulfill. Major themes emerging from these concrete responsibilities included helping youth with goal setting and planning; providing concrete supports (such as arranging college visits or helping work out housing arrangements); connecting youth with resources; dealing with conflict; helping youth expand their social support networks; helping with financial issues; facilitating skills development (such as study or time management skills); and monitoring progress. Many of

these responsibilities may need to be combined in the effort to prepare students for higher education, as suggested by one college representative: “...a barrier that a lot of students face, not just foster youth, is that they come out of high school with a high school diploma, say, well, I’m ready for college work, and they’re not. 75% of our students have to take remedial work. And so I think getting an understanding of um, what it means to go to college, to get accepted to college, or to actually begin your college education, what kind of courses you’re gonna be able to take, um, prior to getting there, and be shocked to learn, well, I can’t take a college level course because I don’t have enough math. Um, and I think just preparing people to know what to expect, and — and how to get started is really critical.”

3.4. Recommendations for substance abuse prevention component

Three organizing themes emerged from recommendations for the substance abuse portion of the intervention: recommendations regarding (1) sensitivity to the experiences of youth transitioning from foster care, (2) interventionist characteristics and skills, and (3) program structure. The basic themes that comprise each organizing theme are listed in Table 5.

3.4.1. Sensitivity to experiences of youth transitioning from care

One of the most prevalent recommendations regarding implementing a substance abuse prevention element involved the importance of understanding that this could be an especially sensitive topic for youth in foster care, and the need to be particularly mindful and intentional about how this component would be delivered in order for youth to find it helpful without being emotionally triggered. Respondents were concerned that, depending on the delivery, introducing substance abuse-related materials could likely cause young people to shut down, lose trust in interventionists, and disengage. This could occur due to the triggering of past traumas such as substance abuse problems in

Table 5
Recommendations for substance abuse prevention component.

| Organizing themes | Basic themes |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sensitivity to the experiences of youth with foster care experience | Potential foster youth-specific programmatic pitfalls (e.g., potential triggering of past traumas; challenge of implementing this without making youth feel stigmatized or singled out) Normalize content to avoid stigma |
| Interventionist characteristics and skills | Skillful, authentic, and engaged program delivery Relationship-based programming |
| Program structure | Acknowledge not all substance use is problematic Importance of understanding substance use context Program structure and guidelines (e.g., embedding substance abuse material into broader trauma/mental health and wellness framework; presented as a college-prep activity; implemented before student transitions into higher education; use campus-based substance use guidelines to guide work with students) Intervention structure varieties (e.g., universal or selective; voluntary or required; individual or group-based) Strengths-based programming |

their families of origin; it could also occur if youth feel like they are being stigmatized or singled out for substance abuse intervention due to their identity of being a foster youth. As one youth explained, “I mean, I don't know. I feel like it would be hard for a foster youth, for an adult that they're trying to build relationship with asking them if they have drug and alcohol problems, because if I was asked that, I would get defensive, and I'd be like, I'm not like my mom.” However, another youth explained why it was an important topic to acknowledge: “I'm just going to say that I think that for foster youth, it could turn into a lifestyle and I think that more likely than anyone else because of the trauma you've experienced and how you're trying to cope and so I just, I think that it should be out there like you're more prone to be a substance abuser and let's be real, it could affect your life. And how it goes out there, and I would love for someone to tell me that like if you really wanna do this, be cautious of this and it doesn't mean on a constant but just one time just to get it out there. I think that's really important.” This concurrent need to support youth through potential challenges while also not introducing relationship-building barriers between the youth and interventionists was a recurring theme. Suggestions to ameliorate these potential pitfalls involved normalizing the substance abuse-related content to make it clear this is a potential issue for all college students, making this intervention component voluntary, and waiting to introduce this material until strong relationships are built. One child welfare representative summarized an approach to maximizing benefit while minimizing risk that seemed to resonate with the recommendations of many participants: “I can envision if you were really careful about making sure that you're not suggesting that this as being in any way related to the fact that these are former foster youth, that it's — we want to help you, and college students in general are more likely to have this as an issue. So just as a — kind of a preventative nature because you're in college, and because you're in college you're more likely to do this. We're just throwing this in and want to see if it's helpful. Maybe just approach it that way... I think you really want to stay away from the fact that you guys are foster youth, that 'that means your family of origin had — more likely to have substance abuse issues and we think you gotta really do this or you're in trouble' kind of thing.”

3.4.2. Interventionist characteristics and skills

Many of the skills that respondents felt the interventionists delivering the substance abuse intervention component should have were related to addressing the concerns in the previous theme. Respondents suggested the interventionist be authentic, engaged, and skillful in delivering this type of intervention in a nonjudgmental and non-scripted fashion. Stakeholders from independent living programs and youth-serving nonprofits emphasized how “our youth are wise beyond their years” and that youth can tell when someone is trying to “sugarcoat things” especially when they are afraid to talk about drugs, disability, or other challenges. One college representative demonstrated the importance of taking a nonjudgmental, youth-centered approach to this work: “The [interventionist] being skilled at knowing um, when you have built that rapport, and you have a relationship, and that person is sharing, maybe they do share with you, that they are struggling with um, using something, whatever, that then it's not about 'how can we get you to stop?' It's 'what do you want to do?' ... It's really just kind of sitting with them, and allowing them to specifically figure, problem-solve these things themselves. And you're there to kind of do what they ask of you, you know. I need this resource. Let's figure that out, you know. But it's not really — so I just think that [interventionists] would have to be skilled in not having their own agenda as well.” And like the other intervention components, they felt it was important that the person delivering this portion of the intervention had developed a relationship with the youth before introducing this material.

3.4.3. Program structure

Respondents had many ideas about potential program structures and characteristics for this portion of the intervention. Respondents felt that the program should not take an abstinence-only approach, as

this is not realistic for youth this age, and acknowledge that not all substance use is problematic. They also felt it was important for interventionists to understand and address the context in which substance misuse and abuse takes place for youth. Some suggestions for taking into account the context included embedding substance abuse material into a broader trauma/mental health-informed intervention framework and/or health and wellness framework; understanding the coping skills that may result in substance abuse; viewing substance abuse as just one of many potential postsecondary risk factors; and understanding the potential comorbid overmedication issues that foster youth may also be struggling with. One stakeholder from an independent living program described the importance of understanding the larger context when approaching this topic: “So like the topic of substance abuse, substance abuse is a consequence of other things, right? Previous experience, trauma, mental health-related issues,” while a postsecondary representative explained, “Because this is all interconnected, right? Your emotional state influences whether you drink or engage in some of these risky things, but also you're managing your physical health and working out, or going for walks or whatever it is that you find as a way to de-stress and keep up your physical health. So I feel like this is a component of bigger pieces of personal management and wellness that might be helpful.”

Respondents had varying ideas about whether the substance abuse intervention component should be universal or selective; voluntary or required; or in an individual versus group setting. Group-based activities were brought up as a potentially effective approach for facilitating personal accountability and social support in the context of healthy behaviors. However, there was agreement that the intervention should be strengths based, and using a brief, motivational interviewing approach to present this as a college preparatory activity before youth transition to college was appealing to many respondents.

4. Discussion

4.1. Summary of findings and implications

Youth and professional community stakeholders had a wealth of ideas, perspectives, and recommendations to share regarding how to best structure postsecondary-focused interventions for youth transitioning from foster care to adulthood. The themes emerging from analysis of the focus group data offer a variety of important insights for developing intervention approaches for supporting postsecondary access and retention for young people transitioning from foster care to adulthood. One overarching conclusion based on focus group findings is the importance of consistent, relationship-based, flexible, youth-driven programming, delivered in an engaged and non-stigmatizing way, by staff who have a broad foundation of knowledge and resources. These recommendations were equally applicable to the educational advocacy, mentoring, and substance abuse prevention intervention approaches discussed. The second key conclusion focuses on the importance of developing and implementing interventions through collaborative processes that involve input from a variety of key players, including program staff, youth, administrators, funders, and anyone else who could ultimately have an impact on the successful implementation of an intervention. Leaving out key players in both development and implementation opens programs to risks such as being unable to maintain program funding, not having strong staff participation in implementation, and being unable to interest youth in participating in the programs provided—circumstances that ultimately result in program failure. Finally, the third key conclusion is that any intervention elements that may involve discussing sensitive topics, such as substance abuse that interferes with educational goals, must be delivered in a highly skilled, non-confrontational and non-triggering manner in order to be accepted by youth, be effective, and not have deleterious consequences. Table 6 summarizes some of the ways the findings from the focus groups have been used to inform the Fostering Higher Education intervention design.

Table 6
Examples of ways focus group findings have informed the Fostering Higher Education (FHE) intervention design.

| Selected findings | How finding informed the FHE intervention design |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cohort element for youth | Include group mentoring in addition to one-on-one mentoring to give youth the opportunity to connect with youth with similar experiences |
| Intervention should be strengths-based, youth-centered, and youth-empowering | Education goal planning will be centered around youths' self-identified strengths; training for mentors and EAs will include youth-empowerment and strengths-based youth work modules |
| Recommendations regarding program interventionists' knowledge and skills | Key knowledge areas and skills such as trauma-informed youth work, pertinent child welfare policies, and working with students who are parents will be included as training areas all interventionist must complete prior to working with youth. |
| Importance of early, intentional, ongoing relationship building between youth and staff/mentors | All program staff and mentors must receive initial and ongoing training in intentional relationship building techniques. |
| Reducing number of new people introduced into youths' lives; acknowledging natural supports | Two types of mentors will be used: natural mentors and community mentors. First, students will be given the opportunity to identify an adult already in their life to become their mentor. In cases where no eligible natural mentor exists, youth will be matched with a volunteer mentor from the community based on youths' interests. |
| Substance abuse intervention component – sensitivity to experiences of youth in foster care | Present substance abuse as a risk for ALL youth; delivery must be intentional, well thought-out, and sensitive to the needs, experiences, and potential triggers of youth in care; deliver this component as information we are offering to help youth be informed rather than to make them feel targeted based on their foster care status |

As noted above, there is a critical need for tested and effective transition programs for youth transitioning out of foster care and moving into higher education. We have outlined here important dimensions of a program that would be acceptable to key stakeholders, as well as youth with foster care experience, if administered mindfully and from a strengths perspective. Designing for dissemination (Brownson et al., 2012) is an important dimension to consider as we move toward developing such a program. One typical barrier is consideration of where such a program might be housed. The federally funded independent living programs that provide transition planning and preparation services to youth in foster care offer an excellent nationwide mechanism for delivering such a program. In federal fiscal year (FFY) 2012, over 100,000 youth nationwide received services from independent living programs (Children's Bureau, 2013). However, there is strikingly little evidence about what works and what does not in current ILP services, and most scholarly studies of these programs find little if any evidence of their effectiveness (e.g., Courtney, Zinn, Zielewski, Bess, & Malm, 2008a, 2008b; Greeson, Garcia, Kim, & Courtney, 2015; Montgomery, Donkoh, & Underhill, 2006; United States General Accounting Office, 1999). Taking advantage of this nationwide, federally funded ILP structure to deliver transition services that are evidence based along with or in place of that those that are not could be a highly efficient and effective means of disseminating evidence-based transition services to youth transitioning from care. Other potential places to house such a program include local colleges and universities, high schools, child welfare offices, and other nonprofit organizations that serve youth transitioning from foster care.

4.2. Limitations

Focus groups were conducted with participants from two rather similar major metropolitan areas in the Pacific Northwestern region of the United States. Focus group participants were composed primarily of youth and professionals who live and work in urban settings. As with any focus group findings, generalization of findings is not warranted. Most participants in our focus groups were female. Including more rural, suburban, and male participants, as well as participants from different parts of the United States or other countries, may result in different program recommendations. Second, due to time and budgetary constraints, youth and professionals were brought together to participate in the focus groups. Having separate groups for youth and professionals may or may not result in different recommendations being shared. Finally, our purpose in conducting the focus groups was to gain insights into stakeholders' reactions to and recommendations for three dimensions of transitional programming: educational advocacy, mentoring, and substance abuse prevention programming. There

may be other areas that are important to stakeholders that we left unexplored.

5. Conclusions

Given the dearth of evidence-based programs available to support the goals of youth transitioning from foster care to adulthood, intervention development and testing in this area of service provision is greatly needed. Using the findings from this study to inform development of youth transition interventions could help programs avoid potential pitfalls or complications that sometimes accompany the implementation of new interventions, such as a lack of provider support or youth interest in participating. The information gleaned in the current study can also be used to inform refinement of interventions that are already taking place, to help improve their appeal to youth as well as providers.

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