

**Testimony Regarding  
DCF Services to Prepare Youth Aging out of State Care**  
Kenny Feder  
Program Review and Investigations Committee  
October 3<sup>rd</sup>, 2013

Senator Kissel, Representative Mushinsky, and distinguished members of the Committee:

I am testifying today on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families.

**I. Introduction**

Youth who “age out” of DCF care are some of our state's most vulnerable. In many ways, these are the young people who our child welfare agency has failed – after being removed from their families to protect them from abuse and neglect, DCF has been unable to reunify these children with their families, transfer their guardianship to a loving family member, or find them an adoptive parent. As such, upon reaching a designated age, these young people will see the State agency that has been their statutory parent suddenly cut off all support. In spite of the fact that many of these young people still suffer from the after-effects of the trauma to which they have been subjected, and have been raised in a range of institutional or non-family settings that have afforded them few opportunities to develop basic relationship and life skills, they will be forced to transition into their impending adulthood with few permanent connections or mentors to guide them. As a result, these youth are at extremely high risk for unemployment, poverty, homelessness, hospitalization, dependency on public programs, criminal justice involvement, and future child welfare involvement. **Therefore, it is essential that Connecticut provide an adequate array of relationships, services, and supports to these young people to ensure that their transition to adulthood goes as smoothly as possible, so that the State can fulfill its obligation to these children as statutory parent, and avert the future costs to other State agencies that result from poor life outcomes.**

*“I think the thing youth fear the most is aging out of DCF... you think you're going to be dropped on a concrete slab some place, and then they say 'here you go, here's the world.'”*

Through my work at Connecticut Voices, supported by the Jim Casey Youth Opportunities Initiative,<sup>1</sup> I have extensively studied literature and data on improving outcomes for youth aging out of foster care. I have also worked closely with the members of DCF's Youth Advisory Boards (YAB) – boards of youth in DCF care organized at each DCF area office who advise the Department on policy and practice. All the recommendations I will make today are informed both by research *and* by the needs identified by the Youth Board members with whom I have worked.

<sup>1</sup> “The mission of the Jim Casey Youth Opportunities Initiative is to ensure that young people – primarily those between the ages of 14 and 25 – make successful transitions from foster care to adulthood.” See, Jim Casey Youth Opportunities Initiative, Available at <http://jimcaseyyouth.org/about>.

There are three points I would like to make today, to help guide the committee as you seek to evaluate and improve DCF services to prepare youth aging out of foster care:

- **First**, at minimum, DCF programming should ensure that youth who age out of the foster care system a) have close personal and committed relationships, b) have acquired basic life skills that will be necessary for independent living, c) have received quality education and job training that will prepare them for further academic pursuits or employment, d) have access to quality affordable healthcare, and e) have access to stable housing. To evaluate programming and improve outcomes in these five areas, DCF must have a mechanism for examining the impact of programming *after* youth have already exited foster care; examining youth outcomes in adulthood is the most important component of assessing whether programming actually prepared youth for life after care.
- **Second**, DCF currently employs a tiered eligibility structure for providing support to young adults in its care. By allowing youth over age 18 to remain with – or reenter – the agency’s care only if they are enrolled in a post-secondary education program, DCF currently does the least for those who need the most. Many of these youth who DCF does not serve past age 18 are transferred to, or will eventually be served by, other agencies such as DMHAS and DOC, where they will continue to incur costs for the State. By allowing all consenting young people to remain in DCF care to at least age 21, Connecticut could improve outcomes for this population, while leveraging federal Title IV-E foster care reimbursements to achieve net savings for the State.
- **Third**, it is essential that: a) PRI consult with young people currently or formerly in DCF care to inform its investigation; and b) DCF policy and practice continuously be informed by meaningful feedback from youth in care. **Emerging adults in foster care know the ins-and-outs of the system that has raised them better than anyone, and often know best what the agency can do to improve care.** Connecticut should support and establish structures that empower young people in foster care to inform and dictate the policies and practices that will affect their lives, such as strong DCF Youth Advisory Boards, meaningful inclusion of youth in transition planning, and excellent legal counsel for all youth in care.

Because youth voice is such an essential component of developing effective child welfare policy, throughout our testimony, we have included quotes from adolescents and young adults who are currently or were formerly in DCF care. Quotes are taken from youth board meeting discussions over the last two years, youth interviews for an advocacy video made by Connecticut Voices, youth presenters at various conferences over the last three years, and a youth speech given at a retiring social worker’s graduation party.<sup>2</sup> We urge you to listen to young people speaking about aging out of foster care at <http://www.ctvoices.org/events/2012/success-beyond-18-conference-exploring-opportunities-and-services-older-youth-connecticu/>.

## II. Five Outcome Areas for Assessing Programming

### 1. Permanency

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<sup>2</sup> The full text of this speech, by Crystal Astrachan, is available at <http://www.ct.gov/dcf/cwp/view.asp?a=3623&q=484258&PM=1>. Quotes from this speech are on pages 15 and 18. Connecticut Voices for Children

All children in DCF care deserve to leave care with permanent connections to loving and supportive adults. To facilitate these connections, all children in DCF care are assigned a “permanency goal.” There are four *preferred* permanency outcomes for youth in DCF care – reunification with parents, adoption, transfer of guardianship, or a legal permanent placement with a relative (“kinship care”).<sup>3</sup> However, children for whom there is no obvious permanent connection available are given a permanency goal of Another Planned Permanent Living Arrangement (APPLA).<sup>4</sup> This is not a *preferred* permanency goal,<sup>5</sup> precisely because if another goal is not identified by the age at which DCF must terminate care, these young people will age out of care without any stable permanent relationships at all. Unfortunately, as of May 2013, 20% of all children in DCF custody who had a permanency goal had “APPLA” as the goal.<sup>6</sup> This is twice the national average.<sup>7</sup> Identifying and accomplishing one of the four preferred permanency goals is key to reducing the number of youth who are forced to age out of foster care. For children who do exit care with an APPLA goal, it is important that DCF make every effort to find *true* alternative permanent connections for these youth; APPLA should not be used as a substitute for long-term foster care (no longer permitted under federal law),<sup>8</sup> or no goal at all.

*“A key to being successful in life is having that support system, having someone to lean on when you need them, to cheer you up when you’re down, or just to say ‘no, this isn’t a good decision.’”*

DCF has made major strides over the past few years at implementing best practices that facilitate permanency. Most importantly, the agency is now placing many more children with families – family placements have grown from 15% of DCF’s caseload in February of 2011<sup>9</sup> to 28.3% at the end of 2012.<sup>10</sup> DCF has also reduced its overreliance on residential settings – residential placements have fallen from 10% of the Department’s out-of-home caseload at the beginning of 2011

to 5% by March of 2013.<sup>11</sup> This allows more children to reside in communities where they have the opportunity to develop permanent relationships. DCF should continue the practice of prioritizing family placements.

<sup>3</sup> See, DCF Policy Manual 48-14-6.1. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=332576>.

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> As of May of 2013, there were 643 youth with an APPLA goal, up from 613 three months prior. 20% was calculated by adding up the number of children with Reunification, Adoption, Guardianship, Long Term Foster Care – Relative, and APPLA goals, and dividing 643 by that denominator. See, *Juan F. v. Malloy Exit Plan*, Quarterly Report, January 1, 2012 – March 31, 2012, Civil Action No. 2:89 CV 859 (SRU). Available at [http://www.ct.gov/dcf/lib/dcf/positive\\_outcomes/pdf/1st\\_qtr\\_report\\_2013\\_final.pdf](http://www.ct.gov/dcf/lib/dcf/positive_outcomes/pdf/1st_qtr_report_2013_final.pdf).

<sup>7</sup> See, U.S Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth, and Families, Children’s Bureau, “The AFCARS Report.” July, 2013. Available at <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport20.pdf>.

<sup>8</sup> See, DCF Policy Manual 48-14-6.1. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=332576>.

<sup>9</sup> See, Jacob Siegel, “Promoting Successful Transitions for Adolescents Aging Out of Foster Care,” Footnote 3. September, 2011. Available at <http://www.ctvoices.org/sites/default/files/cw11fosteryouth.pdf>.

<sup>10</sup> See, *Juan F. v. Malloy Exit Plan*, Quarterly Report, October 1, 2012 – December 31, 2012, Civil Action No. 2:89 CV 859 (SRU). Available at [http://www.ct.gov/dcf/lib/dcf/publications/pdf/4th\\_quarter\\_2012\\_report\\_final\\_%282%29.pdf](http://www.ct.gov/dcf/lib/dcf/publications/pdf/4th_quarter_2012_report_final_%282%29.pdf).

<sup>11</sup> See, See, *Juan F. v. Malloy Exit Plan*, Quarterly Report, January 1, 2013 – March 31, 2012, Civil Action No. 2:89 CV 859 (SRU). Available at

DCF has also recently instituted “Permanency Roundtables” – meetings of case staff and permanency experts that are held on behalf of the youth who have been in care the longest to help to develop and improve detailed plans for achieving alternative permanency.<sup>12</sup> These Roundtables have been identified as a best practice.<sup>13</sup> **It is important that DCF staff be appropriately trained on how to best use these forums to facilitate genuine alternative permanency, and that they not be misconstrued as top-down pressure to change youth permanency goals from APPLA to a preferred goal simply to improve statistics reported by the Department.**<sup>14</sup>

Sibling relationships are an important form of permanency for all youth in care. However, for many older youth who are at risk of aging out, sibling relationships are particularly essential, since there are few other sources of relational stability in their lives.<sup>15</sup> DCF has made some improvement in placing more children with their siblings; however, DCF still places fewer children with siblings than is mandated by the *Juan F.* court order.<sup>16</sup> <sup>17</sup> Recent legislation requiring that

*“It’s a sad story, really. I have two brothers, and a sister... through DCF we were split up... now I’m 22, and they’re all grown, and now we have no relationship.”*

when siblings not placed together, they be allowed to visit each other once a week, and that DCF collaborate with youth in its care to adopt a “sibling bill of rights” into DCF policy, will help facilitate the maintenance of this important relationship.<sup>18</sup> Unfortunately, DCF has yet to develop this Bill of Rights, in spite of the fact that it should have been submitted to the Children’s Committee on October 1<sup>st</sup> of this year.<sup>19</sup> **It is essential that this law be fully enforced, and that DCF take seriously its obligation to develop a sibling bill of rights in collaboration with youth in care and ensure its enforcement to enhance this essential form of relational permanency.**

Finally, Youth Advisory Board members have suggested that a healthy, stable, supportive, and trusting relationship with a social worker is an important precursor to forming other lasting

<sup>12</sup> See, *Juan F.* v. Malloy Exit Plan, Quarterly Report, October 1, 2012 – December 31, 2012, Civil Action No. 2:89 CV 859 (SRU). Available at

[http://www.ct.gov/dcf/lib/dcf/publications/pdf/4th\\_quarter\\_2012\\_report\\_final\\_%282%29.pdf](http://www.ct.gov/dcf/lib/dcf/publications/pdf/4th_quarter_2012_report_final_%282%29.pdf).

<sup>13</sup> See, Child Welfare Information Gateway, “Enhancing Permanency for Youth in Out of Home Care.” May, 2013. Available at <https://www.childwelfare.gov/pubs/focus/enhancing/enhancing.pdf>.

<sup>14</sup> Anecdotal reports from knowledgeable attorneys representing children with an APPLA goals have raised concerns that early implementation of this Roundtable initiative may be primarily superficial.

<sup>15</sup> To hear members of the DCF Youth Advisory Boards talk about the importance of their sibling relationships, see <http://www.ctvoices.org/node/2754>.

<sup>16</sup> DCF has operated under federal court supervision for over 20 years as a result of the *Juan F.* case, a 1989 class action lawsuit that alleged that the Agency was failing to provide necessary services for abused and neglected children. In order to exit court supervision, the Department must comply with the terms of a consent decree, which specifies a set of outcome measures that the Department must achieve and sustain for an extended period of time. See, Robin Cohen, “OLR Backgrounder: *Juan F.* Consent Decree.” October, 2012. Available at <http://www.cga.ct.gov/2012/rpt/2012-R-0461.htm>.

<sup>17</sup> Currently, 89.5% of children in out-of-home placement are placed with siblings, short of the 95% benchmark necessary to comply with the *Juan F.* consent decree. See, *Juan F.* v. Malloy Exit Plan, Quarterly Report, October 1, 2012 – December 31, 2012, Civil Action No. 2:89 CV 859 (SRU). Available at

[http://www.ct.gov/dcf/lib/dcf/publications/pdf/4th\\_quarter\\_2012\\_report\\_final\\_%282%29.pdf](http://www.ct.gov/dcf/lib/dcf/publications/pdf/4th_quarter_2012_report_final_%282%29.pdf).

<sup>18</sup> See, PA 12-71, “AAC Sibling Visitation for Children in the Care and Custody of the Commissioner of Children and Families.” Available at [http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Public+Act&bill\\_num=71&which\\_year=2012&SUBMIT1\\_x=0&SUBMIT1\\_y=0](http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Public+Act&bill_num=71&which_year=2012&SUBMIT1_x=0&SUBMIT1_y=0).

<sup>19</sup> *Id.*

relationships and achieving permanency. However, youth often change workers frequently, or do not have a productive and trusting relationship with the workers they do have. During a recent statewide board meeting, youth suggested that the Department have a Youth/Social Worker Bonding Day,<sup>20</sup> to help facilitate this relationship. Youth also emphasized their desire to be matched with social workers who were a “good fit for them,” or whose working style met their needs; they suggested using get-to-know-you surveys to facilitate healthier youth/worker matches.<sup>21</sup>

## 2. Life Skills

All children in DCF care deserve to leave care with the basic life skills that will be necessary for them to support themselves throughout adulthood. Most young people learn basic independent living skills from their parents. This is not an option for youth who age out of foster care. Therefore, it is essential that adolescents and young adults in the foster care system be afforded opportunities to develop independent living life skills as diverse as opening a bank account, driving, shopping, saving money, writing checks, cooking, cleaning, maintaining personal hygiene, and paying rent.

DCF offers a life skills course to youth in care age 15 and above, based on the Ansel Casey Life Skills curriculum.<sup>22 23</sup> This course covers many of the most important skills youth must develop before exiting care. Furthermore, youth must complete the program before moving into a DCF supported independent living program, such as the Community Housing Assistance Program (CHAP).<sup>24</sup> However, Youth Advisory Board members have suggested that the life skills courses they have attended vary in quality, and often miss crucial skills that *youth themselves know they need*. For example, in a recent meeting, one 20-year-old young woman described being taught how to make eggs three times, but says she still does not know how to write a check. Board members have also pointed out that they have few opportunities to actually practice life skills, since until their 18<sup>th</sup> birthdays, they often live in restrictive group home or residential settings. Finally, youth have suggested that interpersonal communication skills – like how to talk to a potential employer or colleague – are some of the most important, but that these soft skills often don’t receive enough focus.<sup>25</sup>

*“I’ve been taught how to make eggs three times now. Obviously I know how to make eggs. But I still don’t know how to write a check. How am I supposed to get an apartment of my own?”*

Youth board members have recommended that youth be given more 1-on-1 life skills instruction tailored to their individual needs. Youth have also made it clear that growing up in family settings such as foster homes, rather than in group homes, affords youth a greater

<sup>20</sup> Youth described a day long event or conference, during which time adolescents in care and social workers could eat, play games, engage in “get-to-know-you” activities, and spend time together, to form a more personal relationship outside the confines of the traditional youth/worker dynamic.

<sup>21</sup> See, Recommendations of the DCF Youth Advisory Board, available upon request from Kenny Feder at [kfeder@ctvocies.org](mailto:kfeder@ctvocies.org).

<sup>22</sup> See, DCF Policy Manual 42-5-1. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327748>.

<sup>23</sup> See, “DCF – Life Skills,” *Marrakech Inc.* Available at, <http://www.marrakechinc.org/workforce-development/dcf-life-skills.html>.

<sup>24</sup> See, DCF Policy Manual 42-5-3. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327752>.

<sup>25</sup> See, Recommendations of the DCF Youth Advisory Board, available upon request from Kenny Feder at [kfeder@ctvocies.org](mailto:kfeder@ctvocies.org).

opportunity to practice and build both relationship and life skills with the supervision of parental figures. Finally, youth have pointed out that life skills materials would be far more useful if they were easily available outside the course, either online, or through a smartphone app that youth were taught how to use. That way, youth could review essential life skills easily at the times they are actually needed.<sup>26</sup>

### 3. Education and Employment

All children in DCF care deserve to leave care with an excellent education that prepares them for future employment. Unfortunately, recently released local data,<sup>27</sup> national research,<sup>28</sup> and the stories of youth in care all suggest that youth in foster care often struggle tremendously in school and, as a result, face diminished employment opportunities after passing from care. In fact, if all the students in DCF care comprised a school district, the district would be one of the lowest performing school districts in the State of Connecticut.<sup>29</sup>

There are numerous reasons youth in foster care struggle in school. To begin, because youth in care often move from placement to placement, they are also often forced to change schools frequently. This results in lost class time, a disjointed curriculum, and a disrupted social environment. Furthermore, when youth transfer schools, their credits are often lost or delayed. As a result, they are too often enrolled in inappropriate classes or even the wrong grade. It is therefore unsurprising that frequent school transfers have been shown to lead to diminished academic performance.<sup>30</sup>

*"When I first came into care I got suspended so many times I can't even count. I used to get suspended, go home, come back in in two days and get suspended the same day, over and over. Nobody ever asks you 'what's wrong, is something going on at home?'"*

Often, youth are also struggling with mental health needs and trauma associated with their disruptive home lives and their moves into foster care. As a result, they may act out in school.<sup>31</sup> Unfortunately, both the stories of Youth Board members and national research suggest that schools often respond to this behavior with exclusionary discipline policies – such as suspension, expulsion, or school arrest – that both force youth to miss class time, and do not address the mental health challenges causing the disruptive behavior.<sup>32</sup> In fact, at a recent Youth Board meeting, one

<sup>26</sup> *Id.*

<sup>27</sup> See, Department of Children and Families Budget Presentation to the Appropriations Committee, February 22<sup>nd</sup>, 2013. A far smaller percentage of youth in DCF care are passing the CMT and CAPT exams than in Connecticut as a whole. Available upon request from Kenny Feder at [kfeder@ctvoices.org](mailto:kfeder@ctvoices.org).

<sup>28</sup> See, American Humane Association, "Education is a Lifeline for Youth in Foster Care." October, 2011. Available at <http://www.americanhumane.org/children/stop-child-abuse/advocacy/educationfostercareresearchdatasheetjuly2011-00005200.pdf>.

<sup>29</sup> See, Department of Children and Families Budget Presentation to the Appropriations Committee. A far smaller percentage of youth in DCF care are passing the CMT and CAPT exams than in Connecticut as a whole. Available upon request from Kenny Feder at [kfeder@ctvoices.org](mailto:kfeder@ctvoices.org).

<sup>30</sup> See, Tamara Kramer and Alexandra Dufresne, "School Stability Promotes Educational Opportunity for Connecticut's Youth in Foster Care" and sources cited therein. November, 2009. Available at <http://www.ctvoices.org/publications/school-stability-promotes-educational-opportunity-connecticuts-children-foster-care>.

<sup>31</sup> See, American Humane Association, "Education is a Lifeline for Youth in Foster Care." October, 2011. Available at <http://www.americanhumane.org/children/stop-child-abuse/advocacy/educationfostercareresearchdatasheetjuly2011-00005200.pdf>.

<sup>32</sup> *Id.*

young woman spoke of how, during the time just prior to DCF's moving her from her home into foster care, she was suspended multiple times within the same month. At one point, she said, she was suspended, sent home for two days, allowed to return to school, suspended that same day, sent home for *another* two days, allowed to return to school again, and immediately suspended *for a third time*. While missing nearly an entire month of school, this young woman stated that at no point did any one inquire about *why* she was suddenly causing trouble. Rather, the school simply sent her home, to precisely the place where she was experiencing the trauma that was causing her to act out in school.

In addition to unmet mental health needs, youth in foster care often have unmet special education needs.<sup>33</sup> This is in part because children in foster care often lack parental advocates, who can fight for appropriate special education services. Furthermore, DCF social workers are not trained to navigate the complex special education process.

Finally, youth in DCF custody can attend school in educational programs run by the facilities in which they live – whether they be educational programs in DCF-run facilities, or programs in facilities that are funded by DCF. There is little quality control for these programs. In fact, standardized test scores for students attending USD 2, the school district run in DCF institutions, are the worst of any school district in the State.<sup>34</sup>

*“Other kids would bully me. They would say, ‘your mom didn’t want you, she left you in the trash.’ And the teachers, the school, the administrators, they don’t do anything, some of them bully you too. They don’t know what to do.”*

“Despite recent legislation and implementation of some support programs, efforts to address these educational challenges remain inadequate. Current education supports include the following:

- As required by the Fostering Connections Act of 2008, children who enter into foster care must be allowed to remain in their school of origin, provided that it is in their best interest.<sup>35</sup> When children in care do change schools, their essential records must be transferred within a day.<sup>36</sup> However, there are no reporting or enforcement mechanisms for these provisions. As a result, it is difficult to determine how many children still experience frequent and unnecessary school transfers, or how many have their school records lost during a transfer.
- Children in foster care in Connecticut with special education needs are also entitled to Surrogate Parents, who can help to fill the void of parental advocacy in the special education process.<sup>37</sup> However, a special education need must first be identified in order for youth to receive this important additional support.

<sup>33</sup> *Id.*

<sup>34</sup> For example, in the 2010-2011 school year, only 19% of children in USD 2 taking the CAPT test could read at the Proficient level. This is compared to 88% percent of all Connecticut students who took the CAPT test. See, CT Voices' analysis of data available through the SDE portal, "CEDaR." CEDaR is available at [http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/DIHome.aspx](http://sdeportal.ct.gov/Cedar/WEB/ct_report/DIHome.aspx).

<sup>35</sup> See, CGS 17a-16a. Available at <http://www.cga.ct.gov/2011/pub/chap319.htm#Sec17a-16a.htm>.

<sup>36</sup> *Id.*

<sup>37</sup> This services is provided by SDE. See, DCF Policy Manual, 45-10. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=395114>.

- To further support children with grossly unmet special educational needs, the Department recently entered into a collaboration with a group of attorneys to form the Connecticut Child Justice Foundation (CCJF), an organization of attorneys who will provide *pro bono* representation to children in foster care in special education suits.<sup>38</sup> However, this small group of volunteers can provide representation to only a small number of children with extreme needs.
- With support from the Jim Casey Youth Opportunity Initiative, DCF provides work/learn programming to youth in Hartford, Bridgeport, and New Haven, which offers job training and access to matched savings accounts.<sup>39</sup> However, these supports are only available to a limited number of young people in those DCF regions.
- State legislation passed this year requires, for the first time, that SDE share data with DCF on educational performance, that DCF track the educational progress of youth in its care, that DCF include educational plans in a child's case plan, and that DCF develop a plan to establish quality controls in the schools it operates in its facilities.<sup>40</sup> Finally, further legislation passed this year establishes the Raise the Grade Pilot Program, which will provide dedicated coordinators in the cities of New Haven, Hartford, and Bridgeport to facilitate school and credit transfers, identify youth who are struggling academically and help to develop an academic success plan for these youth. Unfortunately, most children in foster care do not live in these three cities, and the additional supports provided by Raise the Grade are needed throughout the State.

*"Both my sisters have a surrogate parent, and I don't. And that's really helped them, with figuring out how to recover credits... I think every kid in DCF should have a surrogate parent."*

Perhaps the most important educational support provided by DCF is that the agency pays for part of the remaining costs of college for youth who have already applied for financial aid and who maintain a 2.0 GPA.<sup>41</sup> This program is an educational lifeline for youth for whom, the costs of an education seem insurmountable. Youth Board members have frequently described how learning about DCF's college assistance at age 14 or 15 played a major role in

helping them to turn their lives around; knowing that college was affordable encouraged these youth to rededicate themselves to their secondary school academics. Furthermore, while many students who attend college while in DCF care struggle, national research suggests that even those who do not graduate will often return to school at around age 26, and are able to make good use of the credits they earn.<sup>42</sup> **Support for higher education is one of DCF's most important transitional supports, and should be maintained.**

<sup>38</sup> See, Connecticut Child Justice Foundation, "Standing Up for Children in Need." January, 2013. Available at <http://www.sgtlaw.com/silvergolubteitell/inc/EFT.CCJF.2013.pdf>.

<sup>39</sup> See, Jacob Siegel, "Promoting Successful Transitions for Adolescents who Age Out of Foster Care," and sources cited therein. September, 2011. Available at <http://www.ctvoices.org/sites/default/files/cw11fosteryouth.pdf>.

<sup>40</sup> See, PA 13-234, AA Implementing the Governor's Budget Recommendations for Housing, Human Services, and Public Health, Sec. 124. Available at [http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Public+Act&bill\\_num=234&which\\_year=2013&SUBMIT1\\_x=0&SUBMIT1\\_y=0](http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Public+Act&bill_num=234&which_year=2013&SUBMIT1_x=0&SUBMIT1_y=0).

<sup>41</sup> See, DCF Policy Manual 42-20-20. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=32772>.

<sup>42</sup> See, Mark Courtney et al., "The Midwest Evaluation of Former Foster Youth: Outcomes at Age 26, *Chapin Hall at the University of Chicago*. 2011. Available at [http://www.chapinhall.org/sites/default/files/Midwest%20Evaluation\\_Report\\_4\\_10\\_12.pdf](http://www.chapinhall.org/sites/default/files/Midwest%20Evaluation_Report_4_10_12.pdf).  
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However, the poor educational outcomes of youth in care clearly demonstrate that these supports are insufficient. At minimum, the supports of the Raise the Grade Pilot program should be evaluated, modified as needed, and extended to the entire state, not just three cities, and youth in care should have access to excellent in-school mental health care that can prevent the kinds of behavioral health crises that often lead to exclusionary discipline.<sup>43</sup> Youth Advisory Board members have also recommended that all youth in care have a surrogate parent, and not just those with special education needs; that all youth in care have access to tutoring, mentoring, and excellent school counselors; and that DCF run college visitation trips, to help get youth excited about the prospect of higher education.<sup>44</sup>

#### 4. Healthcare

All children in DCF care deserve to leave care with access to quality, affordable healthcare. By definition, children in the foster care system have been exposed to extraordinary trauma, and often suffer from mental health problems. In fact, the rate of Post Traumatic Stress Disorder (PTSD) for alumni of the foster care system is twice as high as the rate for U.S. war veterans.<sup>45</sup> As a result, it is essential that youth transitioning from foster care have access to affordable health insurance and know how to protect their health and maintain their health insurance coverage.

Nearly all children in DCF care are on HUSKY A health insurance. Currently, all children who are in DCF care on their 18<sup>th</sup> birthday are also eligible for HUSKY A (Medicaid) until the age of 21.<sup>46</sup> However, beginning in 2014, under the Affordable Care Act (ACA), most youth in the foster care system on their 18<sup>th</sup> birthday will be categorically eligible for HUSKY A until their 26<sup>th</sup> birthday.<sup>47</sup> Exceptions include undocumented immigrants and youth who were incarcerated on their 18<sup>th</sup> birthday.<sup>48</sup> Connecticut has the option to cover youth who were in foster care in other states, but is not required to do so.<sup>49</sup> Medical services for eligible youth will be reimbursed at 50% by the federal government, the standard FMAP rate for Connecticut.<sup>50</sup>

It is essential that DCF help youth take full advantage of their new opportunity to maintain health coverage. All youth should be notified *in person*, prior to their discharge from care, of their eligibility for health insurance. Social workers should begin talking to youth on their

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<sup>43</sup> For discussion of how excellent mental health interventions Connecticut schools have dramatically reduced exclusionary discipline, see Jeana Bracey et al., "Improving Outcomes for Children in Schools: Expanded School Mental Health," *Impact*, the Child Health and Development Institute. 2013. Available at <http://www.chdi.org/SchoolMH-IMPACT>.

<sup>44</sup> See, Recommendations of the DCF Youth Advisory Board, available upon request from Kenny Feder at [kfeder@ctvoices.org](mailto:kfeder@ctvoices.org).

<sup>45</sup> See, Kenny Feder and Sharon Langer, "Health Reform Provides New Health Coverage for Youth Formerly in Foster Care" and sources cited therein. July, 2013. Available at <http://www.ctvoices.org/sites/default/files/h13healthcovformerfosteryouth.pdf>.

<sup>46</sup> See, DCF Policy Manual 42-20-30. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&q=327784>.

<sup>47</sup> Categorical eligibility means that there are no income or asset limits for this population. See, Kenny Feder and Sharon Langer, "Health Reform Provides New Health Coverage for Youth Formerly in Foster Care," and sources cited therein. July, 2013. Available at <http://www.ctvoices.org/sites/default/files/h13healthcovformerfosteryouth.pdf>.

<sup>48</sup> See, Kenny Feder and Sharon Langer, "Health Reform Provides New Health Coverage for Youth Formerly in Foster Care" and sources cited therein. July, 2013. Available at <http://www.ctvoices.org/sites/default/files/h13healthcovformerfosteryouth.pdf>.

<sup>49</sup> *Id.*

<sup>50</sup> *Id.*

caseloads about how to maintain health insurance by at least age 16. Furthermore, social workers should teach youth how to manage their benefits through DSS's online ConneCT system,<sup>51</sup> and how to fill out a Medicaid application, so that youth are prepared to maintain their eligibility after exiting care. Connecticut should take advantage of the option under federal law to use "presumptive eligibility" when enrolling this population, which allows hospitals, clinics, and homeless shelters to enroll these young adults without delay at the point of service. Finally, since essentially all children eligible for HUSKY A as a result of their former foster care status must remain eligible in every year until their 26<sup>th</sup> birthday, DSS should never dis-enroll any young adult under age 26 who is enrolled in HUSKY A as a foster care adult, regardless of whether he or she correctly reapplies for coverage each year.<sup>52</sup> This will ensure that young adults with severe health needs are not unnecessarily discharged from a health insurance program for which they are guaranteed to be eligible.

Connecticut should also exercise the option to provide Medicaid to all youth who were in foster care in other states, and to provide state-funded health coverage to age 26 to youth who were in foster care but incarcerated on their 18<sup>th</sup> birthdays. These young people are no less likely to have severe health needs than their peers who grew up in foster care. If the health needs of these young adults are not met, they are at increased risk for hospitalization, an enormous expense that the State will be forced to bear the cost of anyway. If Connecticut were to expand Medicaid to these populations, it would receive 50% reimbursement for the youth being served from out-of-state.<sup>53</sup> While Connecticut would not receive reimbursement for formerly incarcerated youth, it is legally permitted to pay for medical services for this very small population without federal reimbursement.<sup>54</sup>

## 5. Housing

All children in DCF care deserve to be able to move into safe, stable, affordable housing when they leave DCF custody. National research suggests that youth who age out of foster care are far more likely to become homeless than their peers in the general population.<sup>55</sup> This is in part because youth often transition from foster care with little income or savings. Many young people aging out of care also still have unaddressed mental health needs. Since the transition from foster care can so easily lead to housing instability, it is essential that DCF prepare youth both financially and emotionally for the time when they must search for housing on their own.

DCF offers a variety of independent living programs for young adults in the foster care system. The most important of these is the Community Housing Assistance Program (CHAP), which allows youth who remain in DCF care after age 18 because they are in college and who also have completed a life skills course, to live in apartments in the community, with their rent and other living costs (e.g., food, furniture, bills) subsidized by DCF.<sup>56</sup> Currently, 477 youth are enrolled in the

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<sup>51</sup> Available at <https://connect.ct.gov/access/>.

<sup>52</sup> *Id.*

<sup>53</sup> *Id.*

<sup>54</sup> See, Connecticut Department of Social Services, a Snapshot of the DSS Healthcare Transformation Agenda for the Continuum of Care Partnership. Available for download at <http://www.ct.gov/dcf/cwp/view.asp?a=4159&Q=488020>.

<sup>55</sup> See, Mark Courtney et al., "The Midwest Evaluation of Former Foster Youth: Outcomes at Age 26, *Chapin Hall at the University of Chicago*. 2011. Available at [http://www.chapinhall.org/sites/default/files/Midwest%20Evaluation Report 4 10 12.pdf](http://www.chapinhall.org/sites/default/files/Midwest%20Evaluation%20Report%204%2010%2012.pdf).

<sup>56</sup> See, DCF Policy Manual 42-5-3. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327752>.

CHAP program.<sup>57</sup> For youth over age 16 who are not yet ready for the CHAP program, but who would benefit from a transitional independent living setting, DCF offers the Supportive Work, Education, and Transition Program (SWETP).<sup>58</sup> This very small transitional living program offers youth more independence than residential facilities or group homes, and offers life skills courses to help youth transition to their own apartments; however, youth still all reside on the premises of a single facility, rather than in apartments they choose for themselves, and more supportive services are offered on the premises.<sup>59</sup> As of 2011, there were 24 SWETP beds available – 8 for males and 16 for females, with four beds reserved for females with children.<sup>60</sup>

DCF's subsidized apartment and transitional housing programs provide youth with valuable independent living experience that is necessary to help them transition to independence, and in many ways the CHAP program is a model of how foster care for older youth should work. However, CHAP policy has not been modified since 2007,<sup>61</sup> and some of the details of the program are inconsistent with the realities of modern life and place extraordinary financial and personal strain on the young person. To begin, while the program technically only requires that youth be in school and DCF has no work requirement in policy, in practice the living subsidies are generally insufficient to cover the costs of independent living. Consequently, many youth are working one – if not two – jobs in addition to attending school. As students with few educational credentials, these jobs are often minimum wage jobs. In addition, DCF requires that youth put at least 50% of all earned income in a savings account, which may be spent only with permission from a worker. Additionally, many youth have not truly mastered budgeting skills when they first move into CHAP apartments. As a result, Youth Board members often describe struggling to find the money for food or bills. Phone bills in particular pose a problem, as the costs of phone service have skyrocketed in the modern era where smartphones are often required for work or school, but the CHAP phone subsidy amount has not kept up.<sup>62</sup> For youth who have grown up in highly restrictive group home settings, transitioning to apartments with this level of independence and this tight a budget can be extremely difficult. **It is important DCF regularly reassess each component of the CHAP stipend to ensure that the full stipend keeps up with the true cost of living.**

*“Being financially realistic is very important... I’m taking a class where I’m just starting to realize how expensive things are, and how little money you’re actually making... that’s important for anyone, but especially an 18 year old. When you’re making, what, \$20,000 a year, realistically, half your paycheck is going to rent.”*

Programs like SWETP should provide an appropriate transition to CHAP. However, as already mentioned there are very few beds available. Further, some Board members have described their SWETP program as overly restrictive, and similar to a group home. For example, one youth

<sup>57</sup> See, e-mail from Eugene Marchand, October 2<sup>nd</sup>.

<sup>58</sup> *Id.*

<sup>59</sup> *Id.*

<sup>60</sup> See, Connecticut Department of Children and Families, “Congregate Care Rightsizing and Redesign: Young Children, Voluntary Placements: and a Profile of Therapeutic Group Homes (Appendix A),” *Fostering the Future*. August 2011.

Available at

[http://www.ct.gov/dcf/lib/dcf/latestnews/pdf/cc\\_right\\_sizing\\_report\\_young\\_children\\_and\\_voluntary\\_placements\\_8\\_4\\_11.pdf](http://www.ct.gov/dcf/lib/dcf/latestnews/pdf/cc_right_sizing_report_young_children_and_voluntary_placements_8_4_11.pdf).

<sup>61</sup> See, DCF Policy Manual 42-5-3. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327752>.

<sup>62</sup> The current allotment for phone service is \$35 per month. See, DCF Policy Manual 42-5-3. Available at

<http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327752>.

described losing her job, because she was required to work night shifts, and her SWETP program mandated a 9:00 pm curfew. DCF must ensure that it has enough transitional living beds to meet demand for this type of living, so that children do not transition to CHAP apartments too quickly. It is also essential that these transitional living programs strike an appropriate balance between support and independence.

Finally, all DCF housing support for youth ends once youth age out of care, and for youth who are not in a post-secondary education program (the cohort of youth that is probably least prepared for independent living) this termination of services can come as soon as an 18<sup>th</sup> birthday. Many youth suddenly find that this sudden transition occurs before they can find decent employment, leaving them unable to pay rent. For this reason, it is essential that DCF help youth identify affordable housing and, when appropriate, supportive housing options prior to passing from care. It is also essential that the agency take advantage of new opportunities under federal law to allow all youth to remain in foster care until age 21, to prevent the most vulnerable youth in State care from losing DCF support when they are still unprepared to support themselves. (This opportunity is discussed extensively in the next section.)

### III. Opportunities to Expand Care for Young Adults Under the Fostering Connections Act

DCF's current eligibility structure for youth over the age of 18 does the least for those youth who need the most. Currently, youth who turn 18 in foster care are permitted to remain in DCF care only if they are finishing high school, enrolled in a college or vocational program, or enrolled in an approved job training program.<sup>63</sup>

*"When people say 18, you think 'I'm going to move out, I'm going to start life all by myself.' What do you do when you're 18 and you don't have a home, you don't really have a family... in some circumstances some people don't have anywhere to go, not friends nowhere. So I think there should be something for you to fall back on, something to catch them so they don't have to fall."*

While, as already discussed, DCF has a wide range of transitional programming for these older youth, only those young people who are prepared to continue their education at age 18 can take advantage of this programming. Those youth who are least ready to be on their own – those who do not yet have the ability to continue their education or who have medical challenges that preclude further education or work – are the ones who are forced to age out at 18. This structure makes no sense for two reasons:

- 1) First, national research suggests that youth who can remain in foster care until age 21 have greater educational attainment, higher lifetime earnings, delayed pregnancy, and reduced involvement with the law.<sup>64</sup> Therefore, by discharging Connecticut's most vulnerable youth at age 18, the State increases their risk for poverty, young pregnancy, and criminal justice involvement;
- 2) Second, new federal reimbursement for foster care services provided to youth age 18 to 21 under the Fostering Connections to Success and Adoptions Act of 2008 (Fostering

<sup>63</sup> See, DCF Policy Manual 42-20-30. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2774&q=327784>.

<sup>64</sup> See, Mark Courtney, "Research on the Transition to Adulthood from Out-of-Home Care: Implications for Developmentally Appropriate Policy and Practice." December, 2012. Available at <http://www.ctvoices.org/sites/default/files/files/welf12powerpointMarkCourtney%281%29.pdf>.  
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Connections) means that Connecticut can save money by allowing these young people to remain in foster care until age 21.

Fostering Connections allows States to claim Title IV-E<sup>65</sup> financial reimbursement for “post-majority” foster care services provided to youth age 18 to 21.<sup>66</sup> For these expenses, States are reimbursed at the Federal Medical Assistance Percentage (FMAP) rate; for Connecticut, this is 50%. Certain expenses incurred for training, foster parent recruitment, and development and maintenance of data systems are also reimbursed.<sup>67</sup>

Under Fostering Connections, states may extend post-majority services to five categories of youth who wish to remain in care after age 18:<sup>68</sup>

- 1) Youth completing secondary education (e.g., high school);
- 2) Youth enrolled in a post-secondary education program (e.g., college or vocational school);
- 3) Youth enrolled in a program designed to promote, or remove barriers to, employment (e.g., Job Corps);
- 4) Youth working at least 80 hours per month;
- 5) Youth suffering from a medical condition that prevents them from falling in categories 1 through 4.

States have the option to extend foster care to any age up to 21 (e.g., a state could allow youth to remain in care to age 19), and to any subset of the five categories listed above.<sup>69</sup>

For those youth over 18 who the State does choose to serve, the State may claim reimbursement for a range of alternative “foster care” placements including independent living programs like Connecticut’s CHAP program. For any category of youth the State extends foster care to beyond age 18, the State must also extend adoption and guardianship assistance subsidies to that same category, if the adoption or guardianship was finalized after the youth’s 16<sup>th</sup> birthday.<sup>70</sup> This ensures that it will not be financially disadvantageous for families who wish to adopt or assume guardianship of older youth to do so.

It is important to note that a peculiarity of Fostering Connections actually allows Connecticut to receive nearly double the IV-E reimbursement for youth age 18 to 21 than it receives for youth age birth to 18. As already stated, States may claim Title IV-E reimbursement for services provided to only those youth whose families would have met the income eligibility requirements of the old AFDC program, unadjusted for inflation since its repeal in 1996. As a result, with each passing year,

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<sup>65</sup> (Title IV-E of the Social Security Act is an entitlement program that provides States with reimbursement for foster care assistance payments, adoption assistance payments, and subsidized guardianship payments made on behalf of children who were removed from homes with incomes that meet the income eligibility standards of the old Aid to Families with Dependent Children (AFDC) at the time of its repeal in 1996. See, “Compilation of the Social Security Laws, Title IV.” Available at [http://www.ssa.gov/OP\\_Home/ssact/title04/0400.htm](http://www.ssa.gov/OP_Home/ssact/title04/0400.htm).

<sup>66</sup> See, ACF Program Instructions for Fostering Connections, ACYF-CB-PI-10-11. July, 2010. Available at <http://www.acf.hhs.gov/sites/default/files/cb/pi1011.pdf>.

<sup>67</sup> See, Compilation of Social Security Laws, Title IV – Grants to States for Aid and Services to Needy Families With Children and for Child Welfare Services, Sec. 474 [42 U.S.C. 674]. Available at [http://www.ssa.gov/OP\\_Home/ssact/title04/0474.htm](http://www.ssa.gov/OP_Home/ssact/title04/0474.htm).

<sup>68</sup> See, ACF Program Instructions for Fostering Connections, ACYF-CB-PI-10-11. July, 2010. Available at <http://www.acf.hhs.gov/sites/default/files/cb/pi1011.pdf>.

<sup>69</sup> *Id.*

<sup>70</sup> *Id.*

DCF can claim reimbursement for fewer and fewer children as incomes increase, but the income eligibility standard does not. At this point, only about 50% of all children in DCF care are IV-E eligible. Since IV-E reimburses Connecticut for 50% of the cost of eligible children, Connecticut is actually only reimbursed about 25 cents for every dollar it now spends on foster care, adoption, and guardianship assistance payments. *However*, under Fostering Connections, States have the option of structuring post-majority foster care as a “voluntary reentry program.” Youth technically exit State care and then voluntarily reenter the new post majority services program. (This is the structure Connecticut already uses for youth over age 18 that it serves). Upon entry into the voluntary post-majority services program, the federal Administration for Children and Families (ACF) allows states to reassess the AFDC eligibility of these children *based on their own income only*. Since these 18-year-olds are rarely earning substantial income, nearly all the youth become IV-E eligible. As a result, the State’s reimbursement for this population also nearly doubles – for 18 to 21 year olds, Connecticut recoup 50 cents of every dollar it spends, rather than 25 cents.<sup>71</sup>

Currently, Connecticut serves youth in categories 1, 2, and in limited cases, category 3 and this year, for the first time, DCF is claiming federal reimbursement for these youth it was already serving but only with state funds.<sup>72</sup> Notably, many youth in categories 4 and 5 are eligible for DMHAS or DDS services, and are transferred to those agencies at age 18 where they reside in supportive housing or other institutions paid for entirely by the State. The remaining youth are simply discharged. However, national research indicates that youth who are struggling at their time of exit from DCF are at substantially higher risk for homelessness, hospitalization, and incarceration than even their higher-functioning peers who turn 18 in foster care.<sup>73</sup> As a result, even many of those youth who are not transferred to DMHAS or DDS at age 18 will nonetheless soon face a crisis and seek care in expensive hospitals or through agencies like DMHAS and DOC anyway.

There is nothing that precludes youth from remaining in DCF care and also being served by DMHAS or DDS; in fact, some youth in college and vocational programs do this already. As a result, if DCF were to allow all youth eligible under Fostering Connections to remain in DCF care until their 21<sup>st</sup> birthdays, Connecticut could newly capture 50% Title IV-E reimbursement for the housing *that it is already providing to these youth anyway* through DMHAS or DDS with no federal support, while still providing necessary DMHAS and DDS services. In doing so, Connecticut would: a) make many more youth eligible for the valuable transitional supports and permanency oriented services that DCF, as child welfare agency, is uniquely qualified to provide; b) consequently avert crises for its most vulnerable young adults; and c) recoup 50 cents for every dollar it is already spending on housing this population through other State agencies. Youth would achieve better life outcomes, and the State would save money both by capturing new federal revenue *and* by avoiding the costs of future negative life outcomes.

**Allowing all eligible youth to remain in DCF care is both ethically and fiscally responsible. Connecticut should remedy its current tiered eligibility structure for older youth in care, and**

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<sup>71</sup> See, Kenny Feder and Shelley Geballe, “Testimony Regarding H.B. 6367: AA Implementing the Governor’s Budget Recommendations for Human Services” and sources cited therein. February, 2013. Available at [http://www.ctvoices.org/sites/default/files/022613\\_humanservices\\_hb6367\\_fundingfosteringconnections.pdf](http://www.ctvoices.org/sites/default/files/022613_humanservices_hb6367_fundingfosteringconnections.pdf).

<sup>72</sup> See, PA 13-234 Secs. 71 and 72, AA Implementing the Governor’s Budget Recommendations for Housing, Human Services, and Public Health. Available at [http://www.ctvoices.org/sites/default/files/022613\\_humanservices\\_hb6367\\_fundingfosteringconnections.pdf](http://www.ctvoices.org/sites/default/files/022613_humanservices_hb6367_fundingfosteringconnections.pdf).

<sup>73</sup> See, Mark Courtney, “Research on the Transition to Adulthood from Out-of-Home Care: Implications for Developmentally Appropriate Policy and Practice.” December, 2012. Available at <http://www.ctvoices.org/sites/default/files/files/welf12powerpointMarkCourtney%281%29.pdf>.

fulfill its responsibility to the most vulnerable young adults it has raised. More traditional parents do not generally cut off all support for their children and transfer them to supportive housing if they are not accepted to college; DCF, the statutory parent of these children, should not do so either.

#### IV. The Importance of Youth Empowerment

Authentic engagement of young people in the care of DCF is critical to both appropriate young adult development and to the formulation of strong DCF policy and practice. Adolescence is a time of rapid growth and brain development, and provides an opportunity for youth to take

*“Challenge us. Ask us these questions: “What are your dreams? What is your purpose? What are your talents? How can you utilize your talents to help others?” Let us know that you are there to help us reach our goals and we will feel empowered.”*

on increasingly adult roles while still under the supervision of family. Since youth in DCF care have been removed from their families, it is essential that the Agency actively engage youth in their own case planning, transition planning, and other decisions made about them, so that youth can begin to learn to take on these adult planning responsibilities.<sup>74</sup> Furthermore, youth who grow up in the foster care system often come to know the intricacies and realities of the system better than anyone. Policy makers who actively engage with young people in the foster care system learn valuable lessons about which parts of the foster care system are working well and which are not. Youth also often know best what it is they really need from the State to transition to a healthy and meaningful adulthood, and can help to inform strong policy and practice. By a) engaging youth in care in Department policy making, b) engaging every youth in care in the development of their case plan that integrates both permanency and transition planning, and c) engaging youth in the development of this PRI study, youth in care and policy makers can be dual beneficiaries of authentic youth engagement.

##### 1. Youth Engagement in Policy

DCF Youth Advisory Boards (YAB) are currently the primary outlet through which youth have the opportunity to engage in the policy process. DCF requires that each area office have a YAB.<sup>75</sup> However, in practice, smaller offices often combine their boards to have larger group meetings.<sup>76</sup> There is no dedicated employee in each office responsible for running the YABs; rather, interested adolescent workers work overtime to fill the role. The boards also vary in size, from 3 or 4 active members to as many as 15 in some offices. DCF policy tasks these boards with “addressing Department policies and procedures involving youth issues, and the unique problems of youth transitioning from out-of-home care.”<sup>77</sup> In practice, boards generally engage in a wide range of activities which include advocating for improved Department policy, recruiting foster parents, doing community service, and celebrating educational achievement.

<sup>74</sup> See, Jim Casey Youth Opportunities Initiative, “Authentic Youth Engagement: Youth Adult Partnerships.” 2012. Available at <http://jimcaseyyouth.org/authentic-youth-engagement-youth-adult-partnerships>.

<sup>75</sup> See, DCF Policy Manual 42-20-15. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327768>.

<sup>76</sup> For example, Waterbury, Meriden, and New Britain usually have their board meetings together, youth from the Stamford and Norwalk office join Bridgeport’s board, Norwich’s board sometimes merges with Willimantic’s.

<sup>77</sup> See, DCF Policy Manual 42-20-15.

*"I would tell the commissioner that I would love to have more programs out there for more DCF children... it will keep people knowing that yeah, we have a voice, and, yeah, we are getting somewhere."*

YABs have played an integral role in advancing policies that promote permanency and smooth the transition to adulthood. A YAB-championed campaign to allow youth to see their siblings regularly led to the passage of PA 12-71, which requires that DCF permit youth in care who are not placed with their siblings be allowed to visit them at least once each week.<sup>78</sup> YAB members have also worked to raise awareness about the unique challenges youth face transitioning from foster care;<sup>79</sup> this advocacy helped lead

to the passage of PA 13-124, which gives youth in foster care on their 18<sup>th</sup> birthday internship preference with the State until age 24.<sup>80</sup> Commissioner Katz has also begun holding regular meetings with representatives of the YABs, and youth have been given the opportunity to review and make recommendations on drafts of DCF adolescent policy (which is currently being reworked). Unfortunately, while Commissioner Katz's commitment to partnering with the YABs is commendable, DCF policy does not mandate that the Commissioner meet regularly with the youth board. As a result, there is currently no guarantee that Department leadership will continue to seek out the invaluable input of the youth in its care after Commissioner Katz has left the Department. DCF also does not provide offices with a full time staff member to lead youth empowerment activities and to conduct the Boards. **Regular YAB meetings with the Commissioner are a best practice, and should be mandatory. DCF should also have a worker in each office whose sole responsibility is youth empowerment programming and youth board recruitment and management.**

## 2. Youth Engagement in Case Planning<sup>81</sup>

YABs provide an opportunity for youth to influence Department policy. However, it is also important that *every* youth in DCF care be engaged in the details of their case. There are several simple changes that could be made to better engage youth in their case planning process.

First, one important way youth can influence the development of their own case plan and transition process is by attending their Administrative Case Reviews (ACR). DCF policy requires that all youth over age 12 be invited to their ACRs.<sup>82</sup> Unfortunately, anecdotal reports from attorneys representing youth in care and from Youth Board members suggest that, currently, youth in care rarely actually attend. This is in part because DCF has no requirement that adolescent ACRs be scheduled in the afternoon,<sup>83</sup> in spite of the fact that this has been identified as a best practice for youth

<sup>78</sup> Film of YAB advocates testifying on the importance of sibling connections can be found at <http://www.ctvoices.org/node/2754>.

<sup>79</sup> This film shows YAB members discussing their apprehensions about aging out of care. Available at <http://www.ctvoices.org/events/2012/success-beyond-18-conference-exploring-opportunities-and-services-older-youth-connecticu>.

<sup>80</sup> See, PA 13-124, AAC Foster Children and Internship Opportunities. Available at [http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill\\_num=273&which\\_year=2013&SUBMIT1.x=0&SUBMIT1.y=0](http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=273&which_year=2013&SUBMIT1.x=0&SUBMIT1.y=0).

<sup>81</sup> For an in depth discussion of best practices for engaging youth in case planning, see Lauren Frey, "A Call to Action: An Integrated Approach to Youth Permanency and Preparation for Adulthood," *Jim Casey Youth Opportunities Initiative*, April, 2005. Available at

<http://www.chhs.ca.gov/initiatives/CAChildWelfareCouncil/Documents/A%20Call%20to%20Action.pdf>.

<sup>82</sup> See, DCF Policy Manual 24-5. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=393334>.

<sup>83</sup> *Id.*

engagement.<sup>84</sup> As such, as youth are often in school during the ACR and cannot attend. Adolescent ACR's should not be held during school hours.

Second, all children under age 18 in DCF care are provided with an attorney.<sup>85</sup> However, few attorneys actually communicate regularly with their youth clients, and many YAB members report they do not even know they have one. This is unfortunate, as attorneys can play an important role advancing their clients' interests in the case planning process. Further, youth over 18 are currently not granted an attorney at all. Connecticut should, at a minimum, provide legal representation to *all* youth in DCF care,<sup>86</sup> and should institute safeguards to ensure that attorneys regularly communicate with their clients.<sup>87</sup>

Third, while DCF does mandate that all youth who are approaching their 18<sup>th</sup> birthday have an Adolescent Transition Plan, current policy mandates the plan be developed at a youth's final ACR, during the 90 day period prior to the youth's 18<sup>th</sup>

*"Make sure you support us for who we are, and not just think 'that's a foster kid.' We're all unique in our own way and we all need to be treated in our own way and not just like the typical foster child."*

birthday.<sup>88</sup> This gives workers and youth little time to collaborate on important transitional decisions like: identifying permanent connections; finding educational and employment resources; determining benefits eligibility; and setting post-foster-care goals. Furthermore, DCF does not provide a detailed transition planning checklist or "toolkit," to help guide workers through all the many facets of ensuring a smooth transition from care. In other States, these checklists often help guide workers as they partner with youth in their care to develop a plan for life after care. (A sample checklist, provided by the Jim Casey Youth Opportunities Initiative, is attached). DCF should provide its workers with a similar transition toolkit, to help workers engage youth in their case planning process.

### 3. Youth Engagement in PRI's Study

Finally, as PRI investigates the efficacy of DCF programs that help youth transition from care, it is essential that this committee consult with youth who are currently preparing to transition from care *and* youth who have already aged out of the foster care system. DCF practice often differs from stated policy, and practices also vary widely across regions, offices, and even social workers. Youth who will age out of care, or have already, are best suited to inform the committee about the adequacy of DCF services. Only by engaging youth will this committee be able to learn what is truly most important to the young people DCF hopes to serve through its transitional programming.

<sup>84</sup> See, Jim Casey Youth Opportunities Initiative, "Opportunities to Shape Their Own Future." Available at <http://jimcaseyyouth.org/opportunities-shape-their-own-future>.

<sup>85</sup> See, CGS 46b-129(c). Available at <http://cga.ct.gov/2011/pub/chap815t.htm#Sec46b-129.htm>.

<sup>86</sup> See, Jacob Siegel, "Promoting Successful Transitions for Adolescents Aging Out of Foster Care," Footnote 3. September, 2011. Available at <http://www.ctvoices.org/sites/default/files/cv11fosteryouth.pdf>.

<sup>87</sup> For a somewhat outdated but detailed discussion of ensuring quality legal representation for youth in foster care, see William Bowen, Joshua Hudner, and Blair Warner, "Giving Families a Chance: Necessary Reforms for the Adequate Representation of Children and Families in Child Abuse and Neglect Cases." March, 2007. Available at <http://www.ctvoices.org/publications/giving-families-chance-necessary-reforms-adequate-representation-connecticuts-children->

<sup>88</sup> See, DCF Policy Manual 42-10-3. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327718>. Connecticut Voices for Children

## V. Conclusion

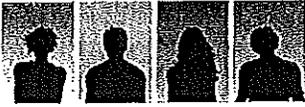
When DCF chooses to take children away from their homes to protect them from abuse and neglect, it does so with the promise that, whether through reunification, adoption, kinship care, or transfer of guardianship, it will one day be able offer these children a healthy, loving, and supportive family to grow up in. When youth are allowed to age out of the foster care system, the State breaks this promise. Instead of a loving and supportive permanent family, these abused and neglected children have only a statutory “parent” in DCF. As a State, we have collectively assumed responsibility for parenting these children, and we owe it to them to provide them with every opportunity to live a fulfilling adult life.

DCF has many excellent supports and programs for youth transitioning from the foster care system. However, there is much room for improvement. **As you seek to help DCF improve the transition from foster care to independence, CT Voices urges you to ensure that:**

- a) All adolescents and young adults in foster care receive evidence based, high quality services that successfully guide them toward permanency, the development of life skills, educational success and gainful employment, healthy living, and stable housing;
- b) DCF fulfills its ethical responsibility as statutory parent to the youth in its care and extends foster care to age 21 for all youth eligible under federal law;
- c) Youth in care be provided with ample opportunity to influence both their own case plans and Department policy.

No youth should be forced to transition to adulthood without the support of a loving and responsible family. Connecticut should adopt the aforementioned recommendations, to ensure that, for those youth who are forced to age out of foster care, the transition to adulthood is a smooth one that provides every opportunity for a healthy, happy, and fulfilling life.

*“Give to us without expecting anything in return; we may be too hurt and angry to express appreciation when you are helping us, but trust that one day we will remember that we had someone who gave to us this way.”*



## WORKER'S CHECKLIST

### TRANSITION PLANNING WITH YOUTH

To be completed by the worker with the youth as part of the transition planning process.

A copy must be placed in the youth's case file. This document supports the building of the TLP/ILP and the youth's *Transitioning Into Adulthood Packet*

Date inventory completed (month, day, year)	<input type="checkbox"/> initial <input type="checkbox"/> 6-month update <input type="checkbox"/> 90 day final plan
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Youth Information			
First name and middle initial	Last name	Case number	
Projected date youth will leave care (month, day, year)	Date of birth (month, day, year)	Current age	Gender

The CFS Specialist and Transition Team should assist youth to address relevant tasks prior to case closure.

- All underlined items are required by policy or memo to be distributed to the youth.
- Where indicated, workers should:
  - 1) document provision of documents on the *Readiness Checklist* on N-FOCUS
  - 2) retain a copy of the documents for the file

### Key Documents

#### OBTAIN OR LOCATE

- Personal filing system (lock box, *Transitioning Into Adulthood Packet*, or other way to organize and save these documents)
- Original or certified copy of birth certificate<sup>1</sup> (document on the *Readiness Checklist* in N-FOCUS and retain a copy in case file)
- Records of tribal affiliations, including tribal identification cards or *Certificates of Indian Blood*<sup>2</sup> (if applicable) (retain a copy in case file)
- Personal records and certificates<sup>3</sup> (baptism, confirmation, achievements, etc.)
- Original Social Security card<sup>4</sup> (document on the *Readiness Checklist* in N-FOCUS and retain a copy in case file)
- Green Card, Immigration, citizenship/naturalization documents and records, and/or school visa (if not a U.S. citizen) (document on the *Readiness Checklist* in N-FOCUS)
- Driver's license or state identification card (document on the *Readiness Checklist* in N-FOCUS)
- Voter registration card or form
- Selective Service Registration card (males)
- Documentation of Social Security or other benefits (if applicable) (document on the *Readiness Checklist* in N-FOCUS) (see the *Services and Resources* tab)
- Information regarding trust accounts and amounts (funds held by the Department in *Guardianship Account*)<sup>5</sup> (if applicable)
- Insurance policies
- Will/Legal directives (*Durable Power of Attorney for Health Care, etc.*)<sup>6</sup>
- Written summary of the family background including any family (names, birthdates, medical history, etc.)<sup>7</sup>
- List of emergency contacts, supportive adults to contact in crisis situations
- Contact information of all known relatives, with permission of involved parties (including relationships, addresses, and telephone numbers) (document on the *Readiness Checklist* in N-FOCUS)
- Contact information of siblings (particularly if siblings are still in foster care)
- Life Book or a compilation of personal history (include photographs of youth and family contained in the case record)<sup>8</sup> (document on the *Readiness Checklist* in N-FOCUS)
- Written summary of the youth's out-of-home placement history<sup>9</sup>
- Information on how to access or obtain information from youth's DHHS case file

- Copy of final court order terminating the Department's custody\* (becomes part of the closed file)
- Letter on DHHS letterhead indicating the youth was a state ward and dates in DHHS custody
- Copy of court order that terminates parental rights of youth's parents or a copy of relinquishments (if applicable)
- Certified copy of death certificate(s) of deceased parent/s (if applicable) (document on the *Readiness Checklist* in N-FOCUS)
- Information on how to replace important documents (birth/death certificates, Social Security Card, Green Card/immigration records, driver's license/state identification card, insurance policies, will/legal directives, etc.)
- Copy of signed *Voluntary Services and Support Agreement* or information on how to access the Young Adult Voluntary Services and Support Program (available after 1/1/2014)

**FIND NEEDED INFORMATION**

CONTACT PERSON FOR ACCESSING YOUTH'S DHHS FILE

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HOW TO REPLACE IMPORTANT DOCUMENTS

(Include address, phone, e-mail, web links, and name of contact person for each set of documents needed)

- Birth/Death Certificates
- 

- Social Security Card
- 

- Green Card/Immigration Records
- 

- Driver's License/State Identification Card
- 

- Insurance Policies
- 

- Will/Legal Directives
- 

**Life Skills**

**PLAN AND PREPARE**

- Complete or obtain a copy of youth's completed *Ansell-Casey Life Skills Assessment* /consult with the youth's PALS provider (if applicable) (see the *Services and Resources* tab) (see the *Services and Resources* tab)
- Obtain signed copies of youth's *Transition Planning with Youth Checklist* and *Transition Proposal*
- Obtain a signed copy of *Readiness Checklist* from N-FOCUS (document on the *Readiness Checklist* in N-FOCUS)
- Seek information on all of youth's known addresses
- Seek education and experience driving and maintaining a car
- Obtain a Driver's License
- Attend Driver Education classes
- Obtain car insurance (if applicable)
- Seek education on and experience using public transportation
- Obtain bus card/s
- Connect to independent living services (e.g. PALS, Branching Out, Project Everlast, etc.) and classes that will assist after leaving care (see the *Services and Resources* tab)
- Access free online resources (see the *Services and Resources* tab)

**FIND NEEDED INFORMATION**

ALL YOUTH'S KNOWN ADDRESSES (continue on back of page if needed)

FROM \_\_\_\_\_ TO \_\_\_\_\_

**CONTACT INFORMATION FOR YOUTH'S CASE WORKERS**

FROM \_\_\_\_\_ TO \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

## Education

### PLAN AND PREPARE

- Obtain school records (including high school diploma/general equivalency diploma (GED), report cards, transcript of grades,<sup>xj</sup> education-based goals and strategies, and an updated copy of the youth's Individual Education Plan (IEP), if applicable) (document on the *Readiness Checklist* in N-FOCUS)
- Seek information on the Educational Training Voucher (ETV) Program<sup>xk</sup> (document on the *Readiness Checklist* in N-FOCUS)
- Seek information on the Former Ward Program
- Seek information on the Young Adult Voluntary Services and Support Program (available after 1/1/2014)
- Seek information on financial aid and other scholarship opportunities<sup>xll</sup> (document on the *Readiness Checklist* in N-FOCUS)
- Seek information that must be disclosed on financial aid application (criminal conviction, etc.)
- Locate an updated copy of Individual Education Plan (IEP) to be provided to the college/university (if applicable) (document on the *Readiness Checklist* in N-FOCUS)
- Access Nebraska Department of Education Special Education Transition Services, required to be in IEP in youth's 16<sup>th</sup> year (if applicable) (see the *Services and Resources* tab)
- Take aptitude/vocational interest assessments to help determine career path (see the *Services and Resources* tab)
- Identify education-based goals and strategies (document on the *Readiness Checklist* in N-FOCUS)
- Identify ACT/SAT prep and testing times and places
- Identify college/school contacts
- Plan college/school visits
- \_\_\_\_\_
- \_\_\_\_\_

### LOCATE RECORDS

- High school report cards<sup>xlv</sup> (document on the *Readiness Checklist* in N-FOCUS)
- High school transcript of grades<sup>xv</sup> (document on the *Readiness Checklist* in N-FOCUS)
- Updated copy of youth's Individual Education Plan (IEP), (if applicable) (document on the *Readiness Checklist* in N-FOCUS)
- High school diploma or GED
- Certificates of competency/training certificates
- ACT/SAT scores
- \_\_\_\_\_
- \_\_\_\_\_

### SUBMIT APPLICATIONS AND SAVE A COPY OF COMPLETED APPLICATIONS

(if college bound, copies of completed forms are needed)

- Applications to college
- Applications to vocational/trade school
- Free Application for Federal Student Aid (FAFSA) application (see the *Services and Resources* tab)
- Education and Training Voucher (ETV) program application (see the *Services and Resources* tab)
- Former Ward program application
- Voluntary Services and Support Agreement (available after 1/1/2014)
- Applications for other available grants, scholarships, and tuition waiver programs (see the *Services and Resources* tab)

**FIND NEEDED INFORMATION**

(Include the address, phone, e-mail, web links, and name of contact person for each set of documents needed)

- Schools (start with the school the youth most recently attended, as the records office should have the most complete set of records)

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- Training Sessions Attended

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- IEP

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**Employment**

**PLAN AND PREPARE**

- Create an employment record that includes volunteer experience (document on the *Readiness Checklist* in N-FOCUS)
- Identify people who will agree to write letters of recommendation or provide references
- Create a resume (including both work and volunteer experience and contact information of at least three references) (document on the *Readiness Checklist* in N-FOCUS)
- Attend job or career fair to help you decide where you would like to work
- Seek information about job placement agencies (e.g. Job Corps, AmeriCorps, Peace Corps, Conservation Corps) (see the *Services and Resources* tab)
- Explore job shadowing opportunities, mentorships, internships, employment training programs, etc.
- Practice a mock job interview
- Seek information that must be disclosed on a job application (e.g. criminal activity)
- Request the youth's juvenile record be sealed or Central Registry record be expunged/ (if applicable)
- Practice completing a job application
- Seek information on how to read a Form W-2, the wage and tax statement provided at year end by an employer to use when submitting taxes.
- Complete a W-4 so youth's employer can withhold the correct federal income tax from your pay. Consider completing a new form each year, or when personal or financial situations change (e.g. marry, become single, birth of child)
- Complete a sample job application
- Access a professional interview outfit
-

**LOCATE RECORDS**

- Resume
- Record of juvenile record sealed or Central Registry expungement (if applicable)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SUBMIT APPLICATIONS AND SAVE A COPY OF COMPLETED APPLICATIONS**

- \_\_\_\_\_
- \_\_\_\_\_

**FIND NEEDED INFORMATION**

(Include the address, phone, e-mail, web links, and name of contact person for each item)

- Resume Writing  
\_\_\_\_\_  
\_\_\_\_\_
- At Least Three References/People to Write Letters of Recommendation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Juvenile Record Sealed/Central Registry Expunged (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_
- Previous Jobs and Contact Person/s (begin with the job you most recently held or applied for)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Job Skills Identification (review skills used in previous jobs to create youth's employment record)  
\_\_\_\_\_  
\_\_\_\_\_

**Health and Health Care Coverage**

**PLAN AND PREPARE**

- Access the youth's Medicaid or other health insurance card (document on the *Readiness Checklist* in N-FOCUS)
- Before age 17, seek information on the *Transition Aged Youth Referral and Coordination Process* (for youth with mental health and/or substance abuse disorder)<sup>SM</sup> (see the *Services and Resources* tab)
- Seek information on the Affordable Care Act and the category providing youth who age out of foster care with coverage until 26, including contact information and details about how to access this coverage.

- If not covered under the Affordable Care Act, seek information about other possible services for medical coverage.
- Seek information on accessing health care and life insurance (document on the *Readiness Checklist* in N-FOCUS)
- If needed, plan for a designated adult to make health care or other decisions on youth's behalf (may require court involvement)
- Seek authorization to remain with the same medical professionals OR a plan to switch care providers
- Seek contact information (names, telephone numbers, and addresses) of medical, dental, and mental health providers in order to request medical history or a copy of medical records
- Seek information on how to access or obtain copies of past mental health evaluations and/or records (if needed)
- Get a comprehensive physical, dental, vision, and hearing screenings BEFORE leaving care
- Seek medication information and diagnosis confirmation (document on the *Readiness Checklist* in N-FOCUS)
- Acquire an adequate supply of all prescribed medications, including instructions on how to access refills
- Seek information on medication and manufacturing companies as possible resource for free medication
- Seek information on medication assistance programs
- Seek information about services to prevent pregnancy and sexually transmitted diseases
- \_\_\_\_\_
- \_\_\_\_\_

**LOCATE RECORDS**

- A written summary of medical history or a copy of medical records (including names, addresses, and phone numbers of primary medical providers<sup>xvii</sup> (document on the *Readiness Checklist* in N-FOCUS)
  - Medical records<sup>xviii</sup> (document on the *Readiness Checklist* in N-FOCUS)
  - Mental health records (including past evaluations)
  - Dental records
  - Vision records
  - Immunization records<sup>xix</sup> (document on the *Readiness Checklist* in N-FOCUS)
  - Diagnosis confirmation (document on the *Readiness Checklist* in N-FOCUS)
  - List of current medication/prescriptions
  - Any other documents related to medical history
- Health Insurance/Medicaid Card (document on the *Readiness Checklist* in N-FOCUS)
- Other health care eligibility documentation (document on the *Readiness Checklist* in N-FOCUS)

**SUBMIT APPLICATIONS AND SAVE A COPY OF COMPLETED APPLICATIONS**

- Application for Medicaid or other type of health, dental, and vision insurance
- \_\_\_\_\_

**FIND NEEDED INFORMATION (include name, address, phone number, and FAX number)**

DOCTOR/S

\_\_\_\_\_

\_\_\_\_\_

DENTIST/S

\_\_\_\_\_

\_\_\_\_\_

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

\_\_\_\_\_

OTHER/S-List (with contact information) various local free and/or sliding scale health clinics or medication assistance, including medication and manufacturing companies as possible resources for free medication:

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### Finances

#### PLAN AND PREPARE

- Seek stable source of income (job, public assistance, etc.)
- Seek information on banks, credit/debit card companies, the major credit reporting agencies, etc.
- Request and review the youth's credit report<sup>xx</sup>
- Build money management/budgeting skills (see the *Services and Resources* tab)
- Create a monthly budget (including a long-term savings plan)
- Seek education about the risks of credit cards and the difference between credit and debit cards (see the *Services and Resources* tab)
- Seek education on basic versus compound interest
- Seek education about the risks of identity theft
- Seek education on writing checks and balancing checkbooks
- Seek education on reading a paycheck stub
- Seek education on taxes: (see the *Services and Resources* tab)
- Seek information about resources for free tax and Earned Income Tax (EITC) preparation (e.g. free IRS services) (see the *Services and Resources* tab)
- Seek information on the resources available through AccessNebraska (see the *Services and Resources* tab)
- 

#### LOCATE RECORDS

- Copy of completed DHHS *Application for Benefits* form or ACCESSNebraska confirmation number (if applicable)
- Credit report<sup>xxi</sup>
- Checking account statements
- Savings account statements
- Monthly budget
- Previous income tax records
- 

#### SUBMIT APPLICATIONS AND SAVE A COPY OF COMPLETED APPLICATIONS (if applicable)

- Supplemental Nutrition Assistance Program (SNAP)
- Aid to Dependent Children (ADC) program
- Supplemental Security Income (SSI) program

#### FIND NEEDED INFORMATION

BANK(S) AND CREDIT/DEBIT CARD COMPANIES (include contact person, address, phone number, and FAX number)

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CREDIT REPORT AGENCIES (to check on credit scores)

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OTHER SERVICES

DHHS "Application for Benefits" form or ACCESSNebraska (be sure to apply for all relevant programs (see the *Services and Resources* tab)

Supplemental Nutrition Assistance Program (SNAP)

Aid to Dependent Children [ADC] program

Supplemental Security Income (SSI) program (see the *Services and Resources* tab)

Opportunity Passport in Omaha (see the *Services and Resources* tab)

Housing/Home Maintenance

PLAN AND PREPARE

Seek information on housing through the Young Adult Voluntary Services and Support Program (available after 1/1/2014)

Seek information on Transitional Living Services (document on the *Readiness Checklist* in N-FOCUS)

Seek information on how youth's need for housing will be addressed<sup>xxd</sup>

Create a housing plan (specific housing options, housing budget, furnishings needed, etc.)

Create a back-up housing plan (other than staying at a homeless shelter)

Seek education on working with a landlord and youth's rights as a tenant (see the *Services and Resources* tab)

Create a list of people to contact in case of an emergency

Seek education on renter's insurance

Seek education on local homeless shelters (how to access services, contact information, visit/tour, etc.)

Develop housekeeping skills: cleaning, minor household repairs, grocery shopping, etc.

Identify people to serve as references and/or co-signers

LOCATE RECORDS

Housing plan

Back-up housing plan

Sample lease and rental application

Copy of renter's insurance policy

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SUBMIT APPLICATIONS AND SAVE A COPY OF COMPLETED APPLICATIONS**

- Public Housing and/or Housing Choice Voucher (Section 8) application (see the *Services and Resources* tab)
- \_\_\_\_\_
- \_\_\_\_\_

**FIND NEEDED INFORMATION**

LANDLORD (include name, address, phone number, and FAX number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES/CO-SIGNERS (include name, address, phone number, and FAX number)

\_\_\_\_\_

HOUSING/RENTER'S INSURANCE RESOURCES (include contact person, address, phone number, and FAX number)

\_\_\_\_\_

OTHER RESOURCES TO ASSIST WITH HOUSING SUPPLIES, FURNISHINGS, RENT, ETC. (with contact information)

- Public housing
- Section 8 vouchers
- Subsidized housing
- Family Unification Program vouchers (if available)
- Transitional Living Programs

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

IN CASE OF EMERGENCY (include name, relationship, and phone number)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Relationship Development**

**LIFELONG CONNECTIONS TO CARING ADULTS**

**PLAN AND PREPARE**

- Consider permanency plan (continued exploration of the possibility of adoption, guardianship, and/or reunification)
- Seek a copy of youth's Life Book or a compilation of personal history and photographs (document on the *Readiness*

Checklist in N-FOCUS)

- Connect with birth family members with whom youth can maintain a safe and appropriate relationship (including siblings)
- Seek contact information (names, telephone numbers, and addresses) of siblings (particularly if siblings are still in foster care)
- Seek contact information of all known relatives (with permission)
- Create a list of known relatives with names, relationships, addresses, and telephone numbers (with permission) (document on the *Readiness Checklist* in N-FOCUS)
- Seek contact information of other significant adults committed to providing ongoing support
- Complete Permanency Pacts with as many supportive adults as possible
- Seek contact information of agencies offering Family Finding services
- Create an emergency contact information list (names, telephone numbers, and addresses) of supportive adults to turn to in crisis situations (e.g. youth is lost, scared, depressed, anxious, sick, injured, out of food and money, utilities disconnected, heat goes out, etc.) (document on the *Readiness Checklist* in N-FOCUS)
- Create a reference/resources sheet identifying specific agency resources (PALS, GAL, etc.) (document on the *Readiness Checklist* in N-FOCUS) (see the *Services and Resources* tab)
- Seek information on additional community resources (document on the *Readiness Checklist* in N-FOCUS)

**LOCATE RECORDS**

- Copy of the results of kinsearch or Family Finding done by DHHS
- Updated Life Book
- Compilation of personal history and photographs
- \_\_\_\_\_

**FIND NEEDED INFORMATION**

POLICE (911), HOTLINE/S

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT INFORMATION (include contact person, address, and phone number)

\_\_\_\_\_

\_\_\_\_\_

FAMILY CONTACT INFORMATION (Include name, relationship, and phone number)

\_\_\_\_\_

\_\_\_\_\_

FRIENDS/SUPPORTIVE ADULTS (Include name, relationship, and phone number)

\_\_\_\_\_

\_\_\_\_\_

**AGENCIES/COMMUNITY CONNECTIONS (see the *Services and Resources* tab)**

- Contact information of and connections to local support groups, mentoring programs, or other supportive services (PALS, Project Everlast, GAL, etc.)
- \_\_\_\_\_
- \_\_\_\_\_

- Connections to peer-to-peer websites

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**Adult Services**

**PLAN AND PREPARE**

- Screen for disabilities to determine Supplemental Security Income (SSI) eligibility – ideally at age 16/17<sup>xxiii</sup>
- Seek information on applying for change in payee with the Social Security Administration, Veterans Administration, or Railroad Retirement Board<sup>xxiv</sup> (if applicable)
- Seek information on Behavioral Health resources<sup>xxv</sup> (see the *Services and Resources* tab)
- Seek information on Developmental Disability Services<sup>xxvi</sup> (see the *Services and Resources* tab)
- Seek information about the Young Adult Voluntary Services and Support Program, including details about eligibility and other requirements, the services and supports young adults can receive, how to access the program, and how to prevent a lapse in services and support (1/1/2014)
- Seek information on other forms of public assistance (Assistance to the Aged, Blind, or Disabled (AABD), Emergency Cash Assistance Program, Low Income Energy Assistance Program, Employment First, etc.)<sup>xxvii</sup> (see the *Services and Resources* tab)

**LOCATE RECORDS (if applicable)**

- Copy of completed application for the Supplemental Security Income (SSI) program (if applicable)
- Copy of completed DHHS *Application for Benefits* form or ACCESSNebraska confirmation number
- Copy of completed application for the Public Housing and/or Housing Choice Voucher (Section 8) programs
- Copies of other applications for public assistance

**SUBMIT APPLICATIONS AND SAVE A COPY OF COMPLETED APPLICATIONS (copies of completed applications or confirmation numbers are needed to access previous records)**

- DHHS *Application for Benefits* form or ACCESSNebraska (see the *Services and Resources* tab) (be sure to apply for all relevant programs, such as Medicaid, Supplemental Nutrition Assistance [SNAP], Aid to Dependent Children [ADC], etc.)
  - Medicaid application (if not already included in ACCESSNebraska application)
  - Supplemental Nutrition Assistance Program (SNAP) application (if not already included in ACCESSNebraska application)
  - Aid to Dependent Children (ADC) application (if youth is a parent and if not already included in ACCESSNebraska application)
  - Assess for Developmental Disabilities eligibility/referral information
- Public Housing and/or Housing Choice Voucher (Section 8) application (see the *Services and Resources* tab)
- Other forms of public assistance (Emergency Cash Assistance Program, Low Income Energy Assistance Program, Employment First, etc.)

**IF YOUTH HAS SPECIAL NEEDS**

- Consult with Adult Services about eligibility for specific services upon leaving care (including Group Residential Housing)

**SUBMIT ADDITIONAL APPLICATIONS AND SAVE A COPY OF COMPLETED APPLICATIONS (if eligible, copies of completed applications or confirmation numbers are needed)**

- Supplemental Security Income (SSI) application (see the *Services and Resources* tab)
- Assistance to the Aged, Blind, or Disabled (AABD) application (see the *Services and Resources* tab)
- Disability Insurance application

RESOURCE LIST OF OTHER FORMS OF PUBLIC ASSISTANCE (see the *Services and Resources* tab)

Additional Topic

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Additional Topic

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Signatures of Transition Team Members**

Signature of youth	Email	Phone number	Date (month, day, year)
Signature of caseworker	Email	Phone number	Date (month, day, year)
Signature of guardian ad litem	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)
Signature and role	Email	Phone number	Date (month, day, year)

- <sup>i</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, pps. 46, 48
- <sup>ii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>iii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>iv</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, pps. 46, 48
- <sup>v</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>vi</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 44
- <sup>vii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>viii</sup> Adapted from DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>ix</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>x</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 47
- <sup>xi</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>xii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 44
- <sup>xiii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 46
- <sup>xiv</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>xv</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>xvi</sup> DHHS Administrative Memo #17-2012, Transition Aged Youth Referral and Coordination Process
- <sup>xvii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>xviii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>xix</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 48
- <sup>xx</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 44; DHHS Administrative Memo #12-2012, Ongoing Case Management, pps. 1-2
- <sup>xxi</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 44; DHHS Administrative Memo #12-2012, Ongoing Case Management, pps. 1-2
- <sup>xxii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 46
- <sup>xxiii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 47
- <sup>xxiv</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 47
- <sup>xxv</sup> DHHS Administrative Memo #17-2012, Transition Aged Youth Referral and Coordination Process
- <sup>xxvi</sup> DHHS Administrative Memo 20-2013 State Ward Application for Developmental Disability Services
- <sup>xxvii</sup> DHHS Administrative Memo #17-2013, Ongoing Case Management, p. 47