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Staff Findings and Recommendations

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Department of Children and Families  
Services to Prepare Youth Aging Out  
of State Care

February 6, 2014

Legislative Program Review  
and Investigations Committee

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Connecticut General Assembly

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Legislative Program Review and Investigations Committee  
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## Department of Children and Families (DCF) Services to Prepare Youth Aging Out of State Care

### Background

In June 2013, the PRI committee authorized a study to assess DCF services to prepare youth aging out of state care. The study also examined coordination between DCF and other state systems and services involved in transitioning the DCF population aged 18 and over.

Using a results-based accountability (RBA) approach, the study focuses on answering the questions: *How much did we do? How well did we do it? Is anyone better off?*

The study focus is on youth who turn 18 in DCF care, and how DCF prepares them to be self-sufficient adults. The population reviewed includes older youth aged 18 and over who voluntarily continue to receive DCF services and adolescents aged 13 up to 18 still committed to DCF's care.

DCF provides adolescent and transitional services intended to assist youth under its care make the transition from out-of-home care to self-sufficient, productive lives as adults in the community. DCF provides case management services, monitoring, and support services through a variety of programs.

Since June, committee staff had ongoing meetings with staff from the DCF Adolescent Services Division as well as with other agency staff on a number of cross-cutting topics. Interviews were conducted with program personnel for the Departments of Mental Health and Addiction Services (DMHAS), Developmental Services (DDS), and Social Services (DSS).

In addition, committee staff spoke with representatives of several youth advocacy groups, former and current DCF youth and social workers, and other interested stakeholders, as well as with research experts on transitional issues for foster care youth and specialized treatment services.

### Main Staff Findings

An overall assessment about how well DCF is preparing youth who age out of DCF care is not possible, and is hindered significantly by a lack of quality aggregate information on program activities and measures, and individual youth outcomes. Implementation of recent initiatives will strengthen data-sharing and performance monitoring efforts.

The number of DCF youth discharging at age 18 is relatively small but has increased as a percentage of all discharges.

There is a slight increase in enrollment to post-secondary programs and significantly fewer youth are discharged for education non-compliance.

Many entities, in addition to DCF, are responsible for assisting these youth and study-identified issues related to those entities require further review.

Many strategies to improve outcomes for DCF youth have been identified by national researchers, advocacy groups, and youth advisory boards, or are in some way already being considered or developed by DCF.

### PRI Staff Recommendations

**Permanency.** Assist youth to establish stable and enduring connections; continue to gather professionals to review policies and practices; and develop tools to ensure the discharge process begins early to address developmental or academic needs, and facilitates youth involvement.

**Housing.** Improve access to housing options through an internal needs assessment; ensure regions are aware of housing opportunities; and continue to leverage resources with local housing authorities and community-based organizations.

**Education.** Promote goal setting, minimize disruptions in education, and continue post-secondary education preparatory activities and supports.

**Employment.** Continue to build partnerships with workforce investment boards and private employers; encourage further work readiness activities.

**Health Care.** Develop mechanisms to improve access to health care and maintain Medicaid coverage; continue collaboration with DMHAS and DDS to improve data-sharing and life skill instruction.

**Life Skills, Re-Entry, Targeted Services.** Re-vamp life skill instruction; connect youth to more formal aftercare services; continue collaboration with community providers for target populations (e.g., pregnant youth).

**Youth Empowerment.** Explore ways to increase mentorship; encourage diverse participation in youth advisory boards; continue support for Wilderness School activities; develop a website designed for older youth.

**Data Collection.** Improve data development through compliance with recent federal initiatives.



# Acronyms

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ACA	Affordable Care Act
ACF	Administration for Children and Families
ACR	Administrative Case Review
APPLA	Another Planned Permanent Living Arrangement
CAPT	Connecticut Academic Performance Test
CBLS	Community Based Life Skills
CCJF	Connecticut Child Justice Foundation
CHAP	Community Housing Assistance Program
CMHA	Connecticut Mental Health Affiliates
CMT	Connecticut Mastery Test
DCF	Department of Children and Families
DDS	Department of Developmental Services
DMHAS	Department of Mental Health and Addiction Services
DMST	Domestic Minor Sex Trafficking
DOL	Department of Labor
DSS	Department of Social Services
GED	Graduate Equivalency Diploma
IWG	Integrated Wellness Group
LGBT	Lesbian Gay Bisexual Transgender
LIST	Learning Inventory of Skills Training
LS	Life Skills
MOA	Memorandum of Agreement
NYTD	National Youth in Transition Database
OU	Over Age/Under Credit
PASS	Preparing Adolescents for Self Sufficiency
PCP	Primary Care Provider
PRT	Permanency Roundtable Team
PSE	Post-Secondary Education
RBA	Results Based Accountability
RHY	Connecticut Team for Runaway and Homeless Youth
SDE	State Department of Education
SWETP	Supportive Work Education and Transition Program
TFC	Therapeutic Foster Care
WIB	Workforce Investment Board
WS	Wilderness School
YAB	Youth Advisory Board

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# Executive Summary

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## DCF Services to Prepare Youth Aging Out of State Care

When the Department of Children and Families (DCF) removes abused and/or neglected children from their homes, DCF assumes the responsibilities associated with parenting them during that time. This may include preparing them, in developmentally-appropriate ways, for eventual independence and adulthood. While DCF works to reunite these children and youth with their birth families, or establish new families through adoption, this is not always possible. These children and youth may remain in state care for an extended period of time - sometimes until they reach 18, the age of majority. It is DCF's duty, serving as a parent, to decide how to best prepare these youth to be on their own.

The transition to adulthood and self-sufficiency can be challenging for any young person. In today's society, many young people do not become self-sufficient until well after their 18<sup>th</sup> birthdays. Many are dependent on their families for longer periods, often remaining or returning to live at home well into their 20s and receiving both emotional and financial support as they continue with education or work in low paying entry-level jobs. Often, youth who exit state care do not have the same safety nets and support networks as others their age, and the transition to adulthood can be an even greater challenge. While some former DCF youth are resilient and thrive after leaving state care, others continue to struggle to overcome the challenges of being on their own.

Child welfare literature indicates youth in state care are at high risk for poor outcomes due to multiple compounding factors including: exposure to severe trauma; frequent school transfers and unmet special education needs; extended time in non-family placements such as congregate care settings; and limited opportunities to learn basic life skills. Research shows that youth who age out of the child welfare system are more likely to experience a myriad of problems such as a lack of high school education, behavioral health issues, unemployment, homelessness, criminal involvement, and pregnancy and parenthood at an early age.<sup>1</sup>

The Legislative Program Review and Investigations Committee voted to conduct a study in June 2013 to assess DCF services to prepare youth aging out of state care, with a focus on services to transition and discharge these youth. The study was also to review coordination efforts between DCF and other state agencies that assist DCF youth who age out of care. Continuing the recent PRI practice of conducting at least one study annually using the principles of Results-Based Accountability (RBA), this study was designated as that project for 2013.<sup>2</sup>

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<sup>1</sup> Courtney, M.E., & Dworsky, A. (2005). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago

<sup>2</sup> RBA "means the method of planning, budgeting and performance measurement for state programs that focuses on the quality of life results the state desires for its citizens and that identifies program performance measures and indicators of the progress the state makes in achieving such quality of life results in addition to the programs and partners that make a significant contribution to such quality of life results." (P.A. 09-166)

A compelling reason to pick this topic for the RBA assessment was the existence of the CT Kids Report Card.<sup>3</sup> The report card, while still a project in process, is one of the most developed applications of the RBA approach in Connecticut at the state government level. The foundational concept of RBA is to first identify a quality of life result the state desires, and then measure all related activities and programs conducted by state government for their actual contributions in achieving that desired result. The law requiring the CT Kids Report Card includes a statewide quality of life result for Connecticut’s children:

**All Connecticut children grow up in stable environments, safe, healthy, and ready to lead successful lives.**

Achievement of the result is for all children, which includes the group of children in Connecticut who are the focus of this study—those who are under the commitment of DCF when they turn 18, the legal age of adulthood. Given the ongoing work of the CT Kids Report Card that is already in progress on the broader population level results, PRI committee staff determined the study’s RBA focus would be most useful on the program level. However, quality of life results statements targeted to DCF youth who are aging out were also developed to guide this study and augment the CT Kids Report Card statement.

In terms of an overall finding, a comprehensive assessment about how well DCF is preparing youth who age out of DCF care is not possible at this time, and is hindered significantly by a lack of quality aggregate information on program activities and measures, and individual youth outcomes. Implementation of recent initiatives will strengthen data-sharing and performance monitoring efforts.

There is no one single strategy that will improve the outcomes of youth in DCF care who are aging out. There are several interconnections across issues and needs for this population. These youth may cross several jurisdictions and service delivery systems such as child welfare, education, juvenile justice, and behavioral health. Therefore, DCF should not be considered alone in its responsibilities. Together, the agencies must undertake complementary strategies in education, employment, health care, and other areas. As such, many identified issues will require further review.

Many of the strategies described in this report have been mentioned by national researchers, advocacy groups, youth advisory boards, or are in some way already being considered or developed by DCF. This report highlights strategies and approaches aimed at improving outcomes for youth in care in a number of areas outlined below.

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<sup>3</sup> As of July 1, 2011, the Children Committee is required to “maintain an annual report card that evaluates the progress of state policies and programs in promoting the result that all Connecticut children grow up in stable environments, safe, healthy, and ready to lead successful lives”, in consultation with OFA, OLR, and the Commission on Children.” (P.A. 11-109, codified at C.G.S. Sec. 2-53m)

## PRI STAFF RECOMMENDATIONS

### **PERMANENCY** - *Assist youth to establish stable and enduring relationships*

DCF should help identify and support permanent adult/family connections for youth through various means including an enhanced search of a youth's natural network system, sibling visitations, mentorships, and policies to improve youth and social worker interactions. The department should continue to gather professionals and experts to review its policies and practices regarding permanency goals. DCF should also develop discharge policies and tools to ensure the planning process: 1) begins early to address any developmental or academic needs for youth, and 2) facilitates youth involvement.

#### *Permanency Roundtables*

- 1. DCF should consider implementing the recommendations and proposals assembled from the recent permanency roundtable experience. DCF should continue the permanency roundtable approach to help achieve a preferred permanency goal for youth designated as “another planned permanent living arrangement” (APPLA).**

#### *Sibling Connections*

- 2. DCF must continue to implement the provisions of P.A. 12-71 that ensures sibling visitation for children in the care and custody of the department and prepare the Sibling Bill of Rights as prescribed by law.**

#### *Youth and Social Worker Relationships*

- 3. DCF should consider the implementation of the statewide youth advisory board recommendations aimed at developing positive youth and worker relationships.**
- 4. DCF should develop informational sessions offering staff and caregivers a better understanding of adolescent behavior and practical case management tips.**

#### *Transition/Discharge Plans*

- 5. DCF should develop enhanced discharge tools and checklists to ensure planning occurs in an earlier, well-timed, and orderly manner to allow for periodic assessments to address any developmental delays in particular for educational and post-secondary readiness. A multidisciplinary approach should be used to address permanency, education, life skills, and medical/mental health issues.**
- 6. Every effort must be made to ensure the active participation of adolescents in the planning process. Meetings should be held, whenever possible, at a time and place that facilitates the youth's participation (e.g., after school hours or held at a facility if a youth resides in congregate care.)**

7. **DCF should consult with social workers and youth advisory members to develop youth-friendly or youth-designed tools to help engage youth in their case planning and understand the topics that may be discussed and how to provide feedback about their plans.**
8. **DCF should explore the feasibility of hiring or appointing a transition planning specialist in each region. The department should re-examine its transition/discharge planning documents and develop additional tools to ensure all relevant domains are fully addressed.**
9. **DCF must ensure that no youth is discharged from the system without identified permanent relationships with supportive adults. DCF must increase its efforts to assist committed youth to identify significant others.**

**DCF should engage in activities that foster and support the development of enduring connections. DCF should develop policy and staff training to help youth to re-establish and support, when appropriate, relationships with relatives and other significant others prior to discharge.**

#### **HOUSING – *Improve access to housing options.***

DCF should examine its existing placement options to ensure current and future residential needs are being met in the least restrictive setting. The department must ensure social workers and regional offices are aware of local housing assistance services available to young adults. DCF and local housing authorities and community-based organizations should continue to leverage resources to assist youth locate affordable, safe, and stable housing.

#### ***Needs Assessment***

10. **DCF should conduct a placement needs assessment for adolescents in out-of-home care. The assessment should include a periodic trend analysis of DCF's aging youth demographics to assist in planning an inventory of placement options and alternatives to ensure older youth are placed in the least restrictive and most appropriate settings. Specifically, the assessment should examine whether options for supportive housing programs should be expanded to ensure that youth, particularly those in congregate care settings, can gradually transition from more restrictive settings to fully independent living.**
11. **DCF should review all of its existing supportive housing and independent living program policies and related stipend allotments for any necessary updates.**
12. **DCF should continue its work to reduce reliance on congregate care and transition youth into less restrictive settings through efforts such as targeted recruiting of foster care homes for adolescent and older youth.**

### *Housing Assistance After DCF Discharge*

- 13. DCF policy should clearly dictate social workers' responsibilities to help youth locate affordable housing and, when appropriate, supportive housing options prior to passing from care.**

**At a minimum, DCF workers should educate and familiarize youth with public and private entities that can provide housing assistance. DCF should ensure that each regional office knows what housing options and resources exist for youth over 18 in their communities.**

- 14. If program outcomes continue to prove successful, DCF should seek to expand capacity of The Connection pilot program for older youth at risk for homelessness.**
- 15. DCF must ensure that youth understand the basic rights and responsibilities of a landlord and tenant, basic sections of a lease, legitimate reasons for being evicted and how to terminate a lease agreement, and the appropriate entity to turn to when housing assistance is needed. This should be incorporated into the Life Skills course instruction.**

### **EDUCATION – *Promote educational attainment.***

Low educational attainment rates may limit a youth's employment opportunities, earning potential, and ability to maintain financial stability. DCF, in conjunction with the State Department of Education (SDE), should develop policies and programs to promote educational goal setting, minimize disruptions in education, and inform youth about educational opportunities that will improve their college and career outcomes.

### *Improving High School Educational Attainment*

- 16. DCF should track and monitor provisions relating to school transfers and remaining in the same school of origin pursuant to C.G.S. Section 17a-16a.**
- 17. Upon completion of the two-year Raise the Grade Pilot, the program should be evaluated and modified as needed to be extended to the entire state.**
- 18. DCF should evaluate the ratio of educational consultants and specialists to determine whether the number should be adjusted to adequately review every youth's educational needs and consultation requests.**
- 19. DCF should consult with the State Department of Education on the feasibility of appointing educational surrogates to all DCF committed youth.**
- 20. To assist incorporating education goals into case plans, DCF's educational consultants should develop a checklist to ensure educational needs and potential Post-Secondary Education (PSE) requirements are met. The checklist should be**

specific to the youth's age/year in school and be reviewed every six months during administrative case reviews.

21. Schools districts should be required to report in their strategic school profiles the number of DCF committed youth they are serving with and without special needs, the academic progress of these youth, and the percentage who have success plans and individual transition plans.

*Improving Post-Secondary Education (PSE) Attainment*

22. DCF should encourage and resume offering PSE preparatory activities. College visitation trips should be held periodically to help DCF youth visualize the prospect of higher education as a possibility.
23. DCF should continue to provide additional supports for PSE students and examine whether other on-campus support and mentorships for post-secondary success should be developed and offered to youth. DCF should also improve its efforts to make resource information available to PSE youth.

**EMPLOYMENT** - *Connect youth with employment and career training.*

DCF should continue to build partnerships with the workforce investment boards (WIBs) and private employers to create training and employment opportunities. The agency should also encourage further work readiness activities such as job shadowing or volunteer experience.

*Work Readiness Activities*

24. DCF should offer career assessments to assist youth explore various career paths and support other career preparation activities such as online research, attendance at career fairs, speaking to a career counselor, or arranging a visit to a work site or job shadowing.
25. DCF should assist foster care parents and other care-givers to help youth understand and practice important skills for obtaining a job such as developing a resume, finding job listings, completing applications, and interviewing (for example, hold mock interviews).
26. DCF should encourage youth participation in volunteer or vocational experience every year starting at an early age.
27. Job training program providers should continue efforts to recruit and re-engage youth participation through mentorships and outreach efforts.

**HEALTH CARE** – *Assist youth access and manage health care.*

DCF should develop policies and mechanisms to improve youth access to medical and behavioral health care services and maintain Medicaid coverage. DCF should continue its collaboration with the Departments of Mental Health and Addiction Services (DMHAS) and Developmental Services (DDS) to ensure smooth transition of DCF youth to appropriate systems of care by improving data-sharing and better instruction of life skills.

*Access to Health Care and Medicaid*

- 28. DCF should examine the current DCF health advocate workload to determine the need to have, at a minimum, one health advocate in each regional office.**
- 29. DCF should consider implementing the recommendations proposed by Connecticut Voices for Children to ensure continued Medicaid coverage.**

*Transitions to Other Systems of Care*

- 30. An appropriate case plan must be in place prior to transition of a DCF youth into another system of care.**
- 31. Collaboration between DCF and DMHAS should continue on the Learning Inventory of Skills Training (LIST) program.**
- 32. The DCF placement needs assessment should include a determination of sufficiency of emergency and respite beds for youth with behavioral health issues over the age of 18 in DCF care.**
- 33. The memorandum of agreement (MOA) between DCF and DDS should be modified to include provisions regarding maintaining a centralized process for referral receipt, eligibility determination, and transition planning.**
- 34. Improvements should be made to ensure better data-sharing occurs in a timely fashion for youth transitions to DMHAS and DDS.**
- 35. DCF, together with DDS, should examine whether disincentives exist for adopting or seeking legal guardianship of youth requiring DDS services. If so, the agencies should prepare potential statutory or administrative remedies to address such disincentives.**

**LIFE SKILLS, RE-ENTRY, & TARGETED SERVICES** – *Prepare youth for independent living*

DCF should offer life skills instruction at various age intervals with course options appropriate to the youth skills and needs with more hands-on experience. The department should also connect former DCF youth to formal aftercare services that may direct them to more

appropriate assistance and referrals to adult services. DCF should continue collaboration with various community providers to address concerns of specific target populations such as pregnant or parenting teens, gay youth, runaways, or victims of sex trafficking.

### *Life Skills Instruction*

#### **36. Life skills instruction should be:**

- offered at various age intervals such as ages 14, 16, 18, and six months prior to discharge;
- tailored to topics most appropriate to the age group to which it is offered;
- expanded to include additional instruction on health care and intangible (soft) skills such as how to communicate with landlords or apply for benefit programs;
- modified for youth populations with particular needs (e.g., behavioral health, pregnant and/or parenting);
- providing more hands-on opportunities for youth practice of life skills; and
- made available, when possible, online or through mobile devices.

**37. A monitoring and tracking system should be established to identify DCF youth eligible for life skills instruction beginning at age 14 and to ensure all eligible youth receive an initial assessment of basic life skills and periodic reassessment. Case plans should include the initial life skills assessment and continuing assessments until the youth's discharge.**

**38. DCF should consider having the contracted life skills providers conduct a student satisfaction survey at the end of each life skill course.**

### *Re-Entry Services*

**39. DCF should consider developing formal aftercare services for young people aged 18 to 21 by instituting a resource network of agency and providers who may assist youth with locating a range of needs.**

**40. DCF should consider the New York approach of using a trial discharge period from care of six months duration during which the youth's case remains open eliminating the need for re-entry.**

### *Pregnant and/or Parenting Youth*

**41. DCF should collect and evaluate data on pregnant and/or parenting youth in state care. Among the data components that should be considered are: annual trends, demographics, custodial status, living arrangements, educational attainment, employment status, health histories, government benefits status, and the length of time in care or return to care.**

- 42. DCF should assess the existing practices and policies to prevent pregnancy and support pregnant and/or parenting youth in care. The assessment should identify the strengths and weaknesses of current services along with potential remedies.**
- 43. Adolescent case planning should take into consideration the specialized case planning and supports needs for unique adolescent population such as pregnant or parenting youth.**
- 44. DCF should consider developing mentorship service for pregnant/parenting youth to provide support and guidance.**

#### **YOUTH EMPOWERMENT – *Offer leadership and community engagement opportunities***

DCF should explore ways of increasing mentorships, encourage diverse participation in youth advisory boards, continue to support Wilderness School activities, and develop a website specifically for older DCF youth.

##### ***Mentoring Programs***

- 45. DCF should consider the Missouri approach of developing mentorship programs for different aspects (e.g., employment, parenting, education). It should also consider using youth advisory boards to develop a youth-to-youth mentoring program.**
- 46. DCF should educate prospective foster families, mentors, and kin resources about how they can be a life-long support to a youth even if the youth does not come to live with them full-time.**

##### ***Youth Advisory Boards***

- 47. Regular youth advisory board meetings with the DCF commissioner should be incorporated into agency policy to ensure continuity in each administration.**
- 48. Each DCF area office should have an individual appointed whose responsibility is youth advisory board recruitment and management. Additional efforts should be made to offer a cross-section of youth from all types of DCF placements (e.g., congregate, juvenile justice, maternity) an opportunity to participate in youth advisory boards and provide their perspective.**

##### ***Wilderness School***

- 49. Participation in Wilderness School activities by youth and agency staff should continue to be supported and encouraged. Wilderness School staffing levels should be examined to ensure participation requests are met and to preserve continued program stability with permanent employee positions.**

*Youth Website*

- 50. DCF should act on the 2012 proposal of the DCF Family Foster Care Committee and develop a website for DCF adolescent and transitioning youth that helps youth know and understand the resources available to them during and after DCF care.**

**DATA COLLECTION** – *Improve data development*

DCF should continue to implement recent federal and state initiatives on collecting and sharing data about outcomes of youth in agency care and use it to evaluate the services and supports that are being provided. DCF should also complete its mandated cost analysis of implementing the federal Fostering Connections provisions.

- 51. DCF must remedy its federal National Youth in Transition Database compliance issues to ensure penalties are not imposed and allow for better performance measures of its transitional services for older youth.**
- 52. The statutorily mandated cost analysis report on the federal Fostering Connections should be completed and results released to legislative committees as required by P.A. 13-234.**

## DCF Services to Prepare Youth Aging Out of State Care

Children and families become involved with the Department of Children and Families (DCF) for various reasons and in different ways. When an abuse or neglect determination is made, a court may commit the child or youth to the care and custody of DCF. The length of the commitment is subject to periodic court review but may last for years. For some committed youth, it may last until they reach 18 the age of majority. At this point, commitment ends and DCF no longer has legal authority over them.<sup>1</sup> As a legal adult, the young person may leave or “discharge” from DCF at any time. Youth also have the option to voluntarily receive DCF services under certain conditions up to the age 23.

“Aging out” for this study refers to the fact that DCF has age limitations for agency program participation. When a youth reaches that certain age for a program, program eligibility ends. As stated above, one of the most significant age limits is dictated by state law that says a person who is 18 years old is a legal adult, with the rights and responsibilities for his or her own decision-making. Absent a voluntary choice on the part of a person becoming 18 years of age, all DCF support and services ends.

The transition to adulthood and self-sufficiency can be challenging for any young person. There are many new responsibilities and experiences that come from living on one’s own from obtaining employment, paying for housing and other living expenses, dealing with health care and insurance issues, and problem-solving and decision-making on a host of daily activities. Few young adults are ready to tackle the world at the age of majority 18. Youth who have been in the committed care of DCF until age 18 generally have additional challenges. They must manage the after-effects of the trauma and conditions that brought them into DCF care. Often, they do not have the emotional or financial safety net of a family that their general population peers may have. While some former DCF youth are resilient and thrive after leaving state care, others continue to struggle to overcome the challenges on being on their own.

The Legislative Program Review and Investigations Committee voted to conduct a study in June 2013 to assess DCF services to prepare youth aging out of state care, with a focus on services to transition and discharge these youth. The study will also discuss coordination efforts between DCF and other state agencies that assist DCF youth who age out care. Continuing the recent PRI practice of conducting at least one study annually using the principles of Results-Based Accountability (RBA), this study was designated as that project for 2013.<sup>2</sup>

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<sup>1</sup> Except in cases where legal guardianship continues to be needed and no other guardian has been appointed.

<sup>2</sup> RBA “means the method of planning, budgeting and performance measurement for state programs that focuses on the quality of life results the state desires for its citizens and that identifies program performance measures and indicators of the progress the state makes in achieving such quality of life results in addition to the programs and partners that make a significant contribution to such quality of life results.” (P.A. 09-166)

A compelling reason to pick this topic for the RBA assessment was the existence of the CT Kids Report Card.<sup>3</sup> The report card, while still a project in process, is perhaps the most developed application of the RBA approach in Connecticut at the state government level. The foundational concept of RBA is to first identify a quality of life result the state desires, and then measure all related activities and programs conducted by state government for their actual contributions in achieving that desired result. The law requiring the CT Kids Report Card includes a statewide quality of life result for Connecticut’s children:

**All Connecticut children grow up in stable environments, safe, healthy, and ready to lead successful lives.**

Achievement of the result is for all children, which would include the group of children in Connecticut who are the focus of this study—those who are under the commitment of DCF when they turn 18, the legal age of adulthood. Given the ongoing work of the CT KIDS report card that is already in progress on the broader population level results, PRI committee staff determined the study’s RBA focus should be on the program level.

### **Target Population: Pre- and Post-18**

DCF provides adolescent and transitional services to assist youth under the department’s custody make the transition from DCF care to a self-sufficient, productive life as an adult in the community. DCF offers case management and support services through a variety of programs.

For the purposes of this study, the target population includes young adults who are voluntarily receiving DCF services after age 18, and potentially up to age 23. The target population also includes adolescents and youth ages 13 up to 18 who are committed to DCF’s care and custody, and may turn 18 in DCF care.

Descriptions and activity data for the DCF programs and services are organized by the core foundations for young adult success, as outlined in the October update. These core foundations are aligned with the quality of life statement for all Connecticut children’s future success, and are:

- A permanent adult/family connection that provides an enduring source of emotional support
- A stable, safe, affordable place to live
- Educational attainment that includes post-secondary opportunities
- Workforce opportunities to achieve economic success
- Access to comprehensive coordinated medical and behavioral health
- Opportunities to be listened to, to be informed, to be respected, and to exert control over one’s life

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<sup>3</sup> As of July 1, 2011, the Children Committee is required to “maintain an annual report card that evaluates the progress of state policies and programs in promoting the result that all Connecticut children grow up in stable environments, safe, healthy, and ready to lead successful lives”, in consultation with OFA, OLR, and the Commission on Children.” (P.A. 11-109, codified at C.G.S. Sec. 2-53m)

## Methodology

A primary information source for this study was committee staff interviews conducted with personnel from the main state agencies involved with the study's target population, other key stakeholders, and experts. Over the course of the study, PRI committee staff has had ongoing meetings with DCF staff from the Adolescent Services Division as well as other agency staff on a number of cross-cutting topics. Interviews have also been held with program personnel from the Departments of Mental Health and Addiction Services (DMHAS), Developmental Services (DDS), and Social Services (DSS).

In addition, committee staff sought and received input from representatives of several youth advocacy groups, former and current youth under DCF care, DCF social workers, and other interested stakeholders. Research experts on transitional issues for foster care youth and specialized treatment services were consulted and the DCF court monitor was also interviewed.

PRI committee staff attended a DCF social worker training conference where a panel of DCF youth spoke on a variety of topics regarding transitional services. The committee staff also attended a Youth Advisory Board meeting to listen to youth discuss their experiences and concerns. PRI staff observed a DCF regional advisory council meeting with community program providers, social workers, and DCF management staff where information was presented on new initiatives for adolescents and older youth. PRI committee staff also visited and toured the DCF operated Wilderness School. Finally, research and literature were reviewed, which provided best practices and examples of other states' approaches and strategies.

PRI staff also requested data from DCF on a broad range of program and service areas including, but not limited to, education, employment, housing, medical and behavioral health, transitional and discharge planning, life skills, and re-entry services. A major committee staff task included: determining what program performance and client outcome data were readily available for the purposes of this study; what information could be developed within the study timeframe; and what items should be considered for data development and future research.

*Data limitations.* The original PRI data request was submitted to DCF in October 2013. While some of the information requested required customized and time-consuming data analysis, much of the data request was for basic capacity and utilization information for a period of three fiscal years. As of January 2014, a number of the requested items were not readily available or not produced in time for committee staff to analyze. According to DCF, the best currently available information was provided. The data obstacles included: 1) program data provided for a mix of fiscal and calendar years; 2) historical information not available so only the most recent year of data was provided; 3) DCF was not the primary source for some data and had to seek information from other agencies, and 4) DCF program and service data was not aggregated but rather located in individual case files.

On occasion, PRI committee staff relied on data collected from the Court Monitor Quarterly reports. As a result, the data received presents piecemeal information and time constraints made it challenging to drill down further on the information that was provided. The

presented information, therefore, makes it difficult to accurately and comprehensively assess DCF programs and services for youth who age out.

## **Report Format**

In addition to a background section, the report has seven chapters. Each covers a separate domain and relevant DCF programs on:

- Permanency
- Housing
- Education
- Employment
- Healthcare
- Life Skills, Re-Entry, Targeted Services
- Youth Empowerment

Each chapter contains four parts:

- **Quality of Life Result** – the desired outcome for the domain with a brief explanation of why it is important for youth aging out of care.
- **DCF Contribution to the Result** – a synopsis of the DCF programs and services aimed at achieving the desired outcome and an examination of the DCF data related to the programs and services identified for the domain intended to lead to answering the RBA program measure questions: *How Much Did We Do and How Well Did We Do It?*
- **Program Performance Summary** – a compilation of the available performance measure data related to each of the three main RBA program accountability questions: *How Much Did We Do? How Well Did We Do It? Is Anyone Better Off?*
- **Story Behind the Data and Actions to Turn the Curve** - more discussion and information on the identified issues and a description of current and proposed actions for improving outcomes.

Finally, each chapter concludes with a recommendation summary and suggested data development for future research.

Not surprisingly, there is some cross-over between programs and services. For example, programs related to education and employment can intersect. On occasion, there is discussion of related issues in more than one chapter.

# Chapter I: Background

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## DCF Committed Youth

A child is committed to DCF’s care and custody through a court order. A child may enter DCF custody at any age prior to reaching 18. For every child in its care, DCF must prepare a case plan discussing the steps taken to ensure the safety, well-being, and a permanent home for the child. One of the guiding child welfare principles is that all children need permanent families or family relationships. As part of its responsibility, DCF must conduct permanency planning for children in its care and custody.

All children and youth who are committed into DCF care are assigned a permanency goal.<sup>4</sup> The preferred goal is that all youth leave care prior to age 18 as part of a “family” whether through reunification with parents, another guardianship, or to an adoptive family, as soon as reasonably possible after the initial removal from home. The least preferable goal is known as “another planned permanent living arrangement” (APPLA). This is usually reserved for older youth when the possibility of the other permanency goals is unlikely. Instead, the department is helping them to develop independent living services and to build solid relationships with significant people in the youth's life that may continue after DCF commitment ends.

The youth’s plan is reviewed every six months at a DCF administrative case review (ACR) and annually by the court throughout the child’s commitment up to the age of majority 18. DCF policy states that the case plan for a child who is aged 13 or older shall include, but not be limited to, the following topics:<sup>5</sup>

- the child's need to develop Life Skills and knowledge to enable self-sufficient living;
- the need for an assessment to determine the child's educational or vocational interests and level of ability, and/or post high school educational interests;
- whether the child has taken a career interest assessment/learning style inventory;
- issues of sexual orientation;
- issues of cultural awareness;
- the need for future referral to adult services;
- medical coverage;
- housing;
- finances (including any ongoing sources of income and any survivor benefits);
- parenting issues;
- essential documents; and
- the identification of workforce supports or employment services.

Ideally, these case plan components should build into and culminate into the youth’s transition/discharge plan prior to leaving DCF care.

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<sup>4</sup> DCF Policy (48-14-6.1)

<sup>5</sup> DCF Policy (36-5)

*Transition/discharge plans.* Transition and discharge planning is required by federal law for every DCF committed youth exiting care. Ninety days prior to a youth's 18<sup>th</sup> birthday (or whichever date is determined for discharge) the youth, his or her caseworker, and other representatives of the youth's choosing must develop the plan. The intended goal of transition/discharge planning is to ensure that the resources and services necessary to assist young people make a smooth transition to adulthood are available based on their individual needs and goals. Specifically, the plan must include:<sup>6</sup>

- the anticipated date the youth will leave DCF care;
- identification of at least three significant family members or other adults;
- the youth's anticipated living arrangements;
- an estimated budget;
- sources and amount of income;
- health insurance;
- education;
- local opportunities for mentoring;
- continuing support services, including application for benefits;
- work force supports;
- employment services;
- immigration services, if not already addressed; and
- any other needs the youth may have.

Theoretically, many of these items should be part of the DCF youth's ongoing case plan, which is reviewed every six months. The DCF discharge plan is provided in Appendix A.

### Major Age Milestones

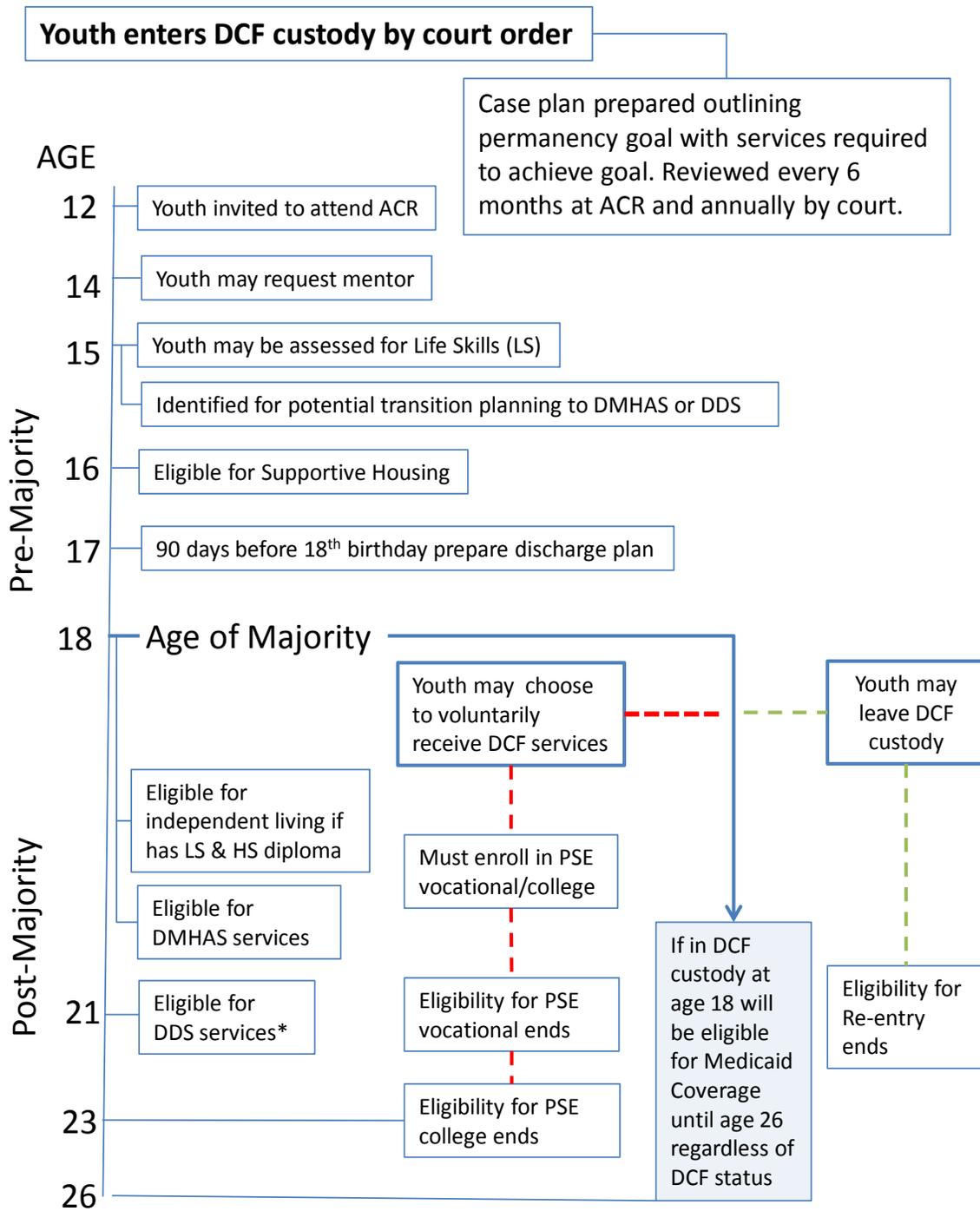
Figure I-1 presents an outline of the major adolescent and youth milestones and related age eligibility program requirements for youth committed to DCF's care.

Pursuant to DCF policy, youth may begin to attend administrative case reviews (ACR) meetings at age 12. They may participate in the department's mentorship programs and request a mentor at age 14. At age 15, a youth's social worker may consider enrolling the youth in life skills instruction starting with a skill assessment evaluation, depending on where the youth is residing. In addition, at age 15 youth in DCF care are also identified and screened for the potential need of services from the Departments of Mental Health and Addiction Services (DMHAS) and Developmental Services (DDS) for when they are ready to leave DCF care. This is done in order to facilitate planning for the future transition of DCF youth into the other state systems of care. Youth become eligible for DMHAS services at age 18. DCF youth with developmental disabilities may remain in DCF care, on a case-by-case basis, until age 21 before transitioning to DDS.

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<sup>6</sup> DCF Policy (42-10-3)

**Figure I-1. Milestones for Youth in DCF Care**



Youth may be eligible at age 16 for supportive housing that allows them to reside in a staff-supervised apartment with other youth that is less restrictive setting than a group home but not yet independent living. At age 18, youth are eligible to participate in DCF's subsidized independent living program if they have completed the life skill instruction and attained a high school diploma.

At 18, the youth reaches the age of majority and is no longer under DCF commitment. The youth must make the decision whether to: 1) leave DCF care, or 2) remain voluntarily in DCF care and continue to receive services that must include some form of education or vocational job training. The youth must also comply with all agency rules and program requirements. Youth voluntarily remaining in DCF care may attend a post-secondary education or vocational program until age 21 or a college program until age 23.

As explained previously, transition planning is a process that occurs in anticipation of a young person reaching the age of majority. Ninety days before a youth turns 18 (or a later date if the youth voluntarily remains in DCF care), DCF must prepare a transition/discharge plan indicating how the youth expects to meet all his or her living needs after exiting care.

Youth who were DCF committed at age 18 may apply for re-entry to department services if they are willing and eligible to participate in the post-secondary education program. Re-entry services are available until age 21.

Youth who are in DCF's custody at age 18 are eligible for Medicaid coverage until age 26 regardless of whether they continue receiving DCF services after 18. (Prior to 2014, Medicaid coverage was available until age 21 or 23 under certain circumstances.)

### Recent Federal Initiatives

There have been two recent federal government initiatives that directly affect the target population for this study: the National Youth in Transition Database (NYTD) and the 2008 Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections).

*National Youth in Transition Database.* The federal Administration for Children and Families (ACF) has been mandated to establish the National Youth in Transition Database (NYTD) that requires states to conduct two data collection and reporting activities to track which independent living services states provide and assess the collective outcomes of youth.

First, states must collect and report basic demographic data on each youth and the independent living services they receive from the state in 13 broad categories including:

- Independent living needs assessment,
- Academic support,
- Post-secondary educational support,
- Career preparation,
- Employment programs or vocational training,
- Housing education and home management training,

- Budget and financial management,
- Health education and risk prevention,
- Family support and healthy marriage education,
- Mentoring,
- Supervised independent living,
- Room and board financial assistance, and
- Educational financial assistance.

Second, states must conduct a baseline survey of foster care youth at age 17 and conduct follow-up surveys at age 19 and 21 to collect and report information on a number of youth outcomes including:

- Financial self-sufficiency,
- Experience with homelessness,
- Educational attainment,
- Positive connections with adults,
- High-risk behavior, and
- Access to health care.

States must collect and report outcome information on a new cohort of youth every three years. States are required to get at least 80 percent of youth in foster care and at least 60 percent of youth who have left care to participate in the outcome surveys. The outcomes will help measure a states' performance in preparing youth for their transition from foster care to independent living. States were to begin collecting the information in October 2010 and submit their first reports by May 2011.

ACF determines whether a state's data comply with required standards. If a state does not meet the standards, ACF may impose a penalty of between 1 and 5 percent of the state's annual allotment of federal dollars for independent living services for foster care youth. DCF reports staffing resources has hindered its NYTD compliance but the department has yet to be penalized. AS will be seen throughout the report, it is not possible to tell how former DCF youth who turned 18 in DCF care are doing. Thus, the federal initiative is imperative as evidenced by the various data development agendas suggested in the different domains.

**PRI staff recommends DCF must remedy its National Youth in Transition Database compliance issues to ensure penalties are not imposed and allow for better performance measure of its transitional services for older youth.**

*Federal Fostering Connections.* National research suggests that youth who remain in care until age 21 have greater educational attainment, higher lifetime earnings, delayed pregnancy, and reduced involvement with the law.<sup>7</sup> In 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act which, among other provisions, allows states to provide foster care supports and services to young people up to age 21. The legislation offers state child

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<sup>7</sup> Mark Courtney, Research on the Transition to Adulthood from Out-of-Home Care: Implications for Developmentally Appropriate Policy and Practice. December, 2012.

welfare agencies the option to expand eligibility for federal reimbursement for serving previously committed youth through age 21 if the youth is either:

- enrolled in college,
- enrolled in a vocational program,
- working at least 80 hours per month,
- enrolled in a program that removes barriers to employment, or
- incapable of doing any of these things because of a medical condition.

The federal law gives states flexibility whether to serve all or just some of these categories in order to get the federal reimbursement. DCF currently serves youth in three of these categories: enrolled in college, enrolled in vocational education program, or enrolled in a program that removes barriers to employment.

In 2013, Connecticut passed legislation codifying DCF's current practice and ensuring that it will get federal reimbursements for costs of services it already provides.<sup>8</sup> However, the same legislation required the DCF commissioner, by October 1, 2013, to publish on its website an independent cost analysis of full implementation of the 2008 federal Fostering Connections Act as well as report the results to the legislature's Children's and Human Services committees. The report is to consider all available reimbursements as well as current costs to other state agencies for serving existing or former foster youth through age 21. As of January 2014, the report has not been released.

PRI staff recommends that **the statutorily mandated cost analysis report on the federal Fostering Connections should be completed and results released to legislative committees as required by P.A. 13-234.**

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<sup>8</sup> P.A. 13-234

## Chapter II: Permanency

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### Quality of Life Result

All youth who age out of DCF committed care have a permanent adult/family connection that provides an enduring source of emotional support.

The importance and urgency of achieving permanency intensifies as young people age out because of the life challenges they will face without a permanent connection to a caring adult. Permanent connections with caring adults provide youth in care with emotional support and guidance to help them make important decisions and overcome obstacles. As such, transition and permanency planning must be an integrated effort toward supporting youth in making new connections, strengthening existing relationships, and assisting youth in reconnecting with their families of origin, if appropriate, before they leave the system.

### DCF CONTRIBUTION TO RESULT

Achieving permanency is at the core of all programs and services for DCF-involved youth. Each child and youth is required to have a permanency plan and goal, as described in the previous chapter. The department attempts to achieve permanency for all youth in out-of-home care by identifying, developing, and supporting permanent family relationships, where possible, and a network of community connections. Some of the specific services and programs involved in building permanency and enduring connections for older youth are summarized here.

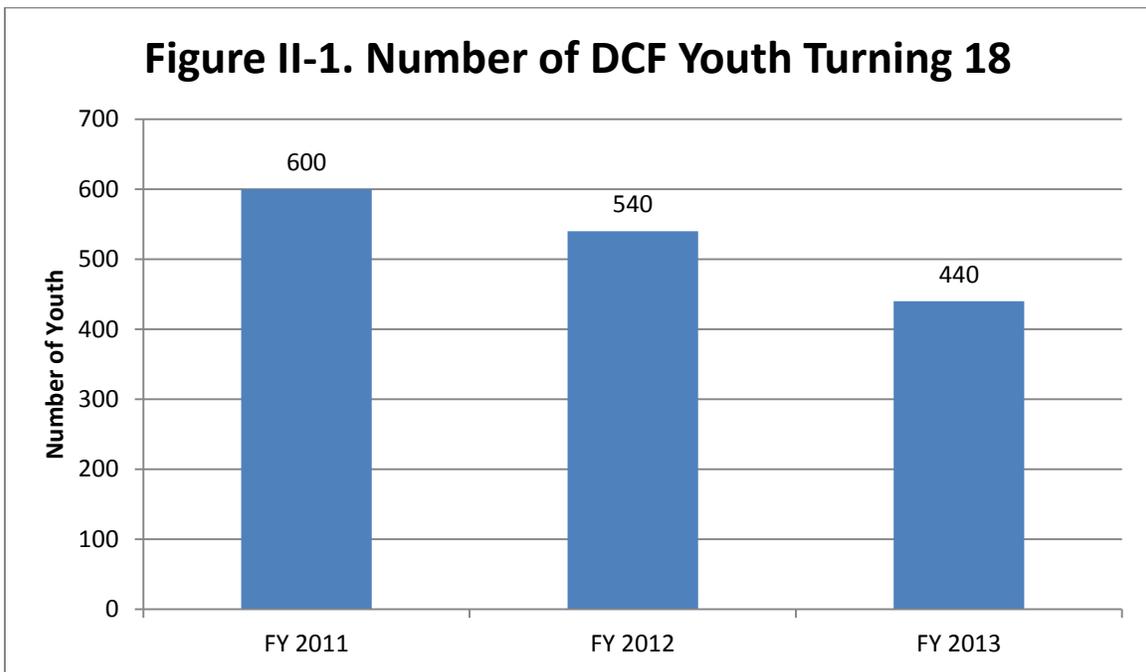
- *Transition/Discharge Planning* is required by federal law for each youth exiting care. DCF policy indicates the plan must identify at least three significant adult individuals with a description of their commitment to the youth.
- *Adolescent Specialists* are social workers with training to provide services to youth age 14 and older. They assess the youth's strengths and needs for comprehensive preparation for adulthood including independent living, educational and vocational planning, and developing permanent supportive adult connections.
- *Sibling Connections* is a program designed for DCF youth age 14 and up who reside apart from their siblings. The program provides various opportunities for sibling interaction in an effort to support permanent family connections.
- *One-on-One Mentoring* is a program designed to provide DCF adolescents aged 14 and older with a caring positive adult role model who can become a permanent support in the youth's life. The mentor can help guide and support youth during their transition to adulthood. (This program is further discussed in Chapter VIII on Youth Empowerment.)

**Transition/Discharge Plans**  
*How Much and How Well?*

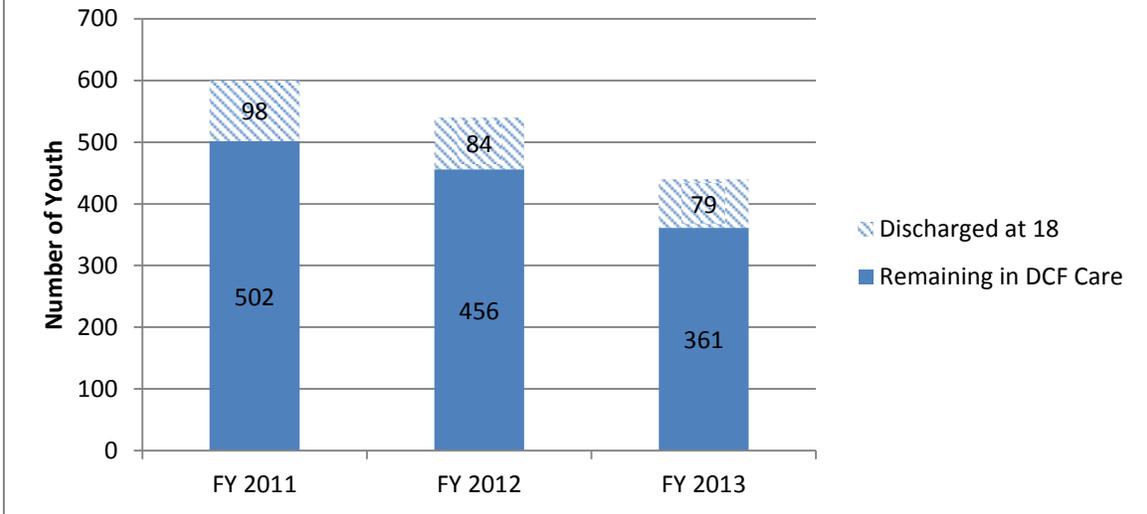
As described in the Background chapter, a court may commit a youth into DCF care and custody. When a DCF-committed youth turns age 18, the age of majority, he or she must decide whether to leave DCF custody or to remain voluntarily in DCF care and continue to receive agency services that require participation in further education or training.

Transition/discharge plans are required by federal law for each youth exiting care, which may happen at age 18 or at a later age for youth who voluntarily continue with DCF services. DCF policy indicates the plan must identify at least three significant adult individuals with a description of their commitment to the youth.

Figure II-1 below presents the number of DCF-committed youth turning 18 in each of the last three fiscal years, and shows the number turning 18 has decreased 27 percent since FY 2011. The subsequent chart (Figure II-2) shows approximately 80 percent of those choose to remain in DCF voluntary care.

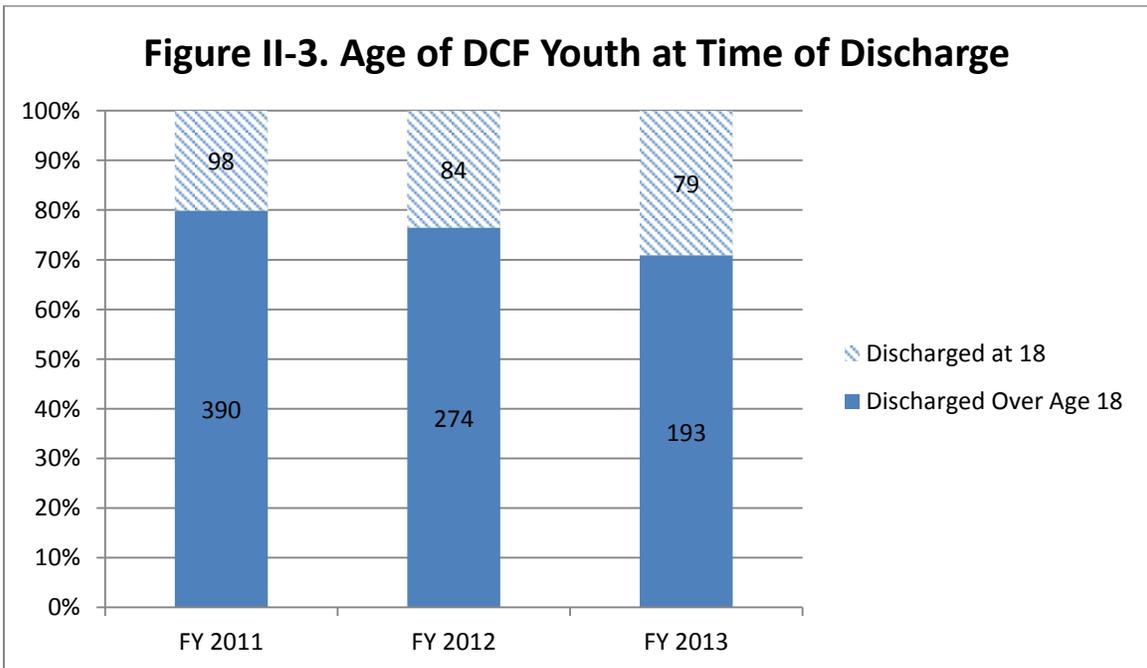


**Figure II-2. Number of DCF Youth Who Discharge or Remain in DCF Care at Age 18**



*Age at discharge.* Figure II-3 shows the annual number of discharges by age for FYs 2011-13. As seen in the previous figure, most DCF committed youth do not discharge at 18. Figure II-3 illustrates that while the number of youth discharged from DCF care at age 18 is relatively small but it has increased as a percent of all discharges from 20 percent in FY 2011 to almost 30 percent in FY 2013. A much larger portion of the DCF youth population voluntarily remained in care and is discharged after age 18.

**Figure II-3. Age of DCF Youth at Time of Discharge**



*Transition/Discharge Plan Components.* The transition planning and resulting discharge plan is important as it represents the young person's next steps and resources. Different components of the discharge plan, as outlined in the Background chapter, are discussed in the relevant domain (e.g., where the youth expects to live after DCF discharge is discussed in the Housing chapter.) In the area of permanency, PRI staff hoped to measure the timing and youth engagement in the development of the discharge plans and efforts to identify significant adult/family connections. Specifically, the PRI committee staff requested recorded information from the DCF discharge plans for a three-year period including:

- Number and percent of discharge plans prepared within the mandated 90 days of discharge
- Number and percent of discharge plans prepared without DCF youth participation
  - Percent breakdown of reasons for no DCF youth participation in discharge plan
- Number and percent of discharge plans with at least one identified significant person

Initially, DCF responded to PRI committee staff that it was working on collecting this information. However, after repeated follow-up requests DCF determined that the data would be difficult to collect and would not be available. Therefore, the information was not provided.

Without the data PRI committee staff cannot make any conclusions regarding transition/discharge plans in the following critical areas:

- Compliance with mandated timeframes
- Youth involvement in transition/discharge planning
- Ability to identify significant others for youth as they exit care

### **Use of Adolescent Specialist** ***How Much and How Well?***

Adolescent specialists are social workers who have training specific to the needs of adolescent youth. If possible, DCF will assign youth to an adolescent specialist when the youth begins to use adolescent services. However, assignments are based on availability.

PRI committee staff requested the number of DCF adolescent specialists per region and the ratios of specialists and social workers to DCF-committed youth. DCF responded it has 93 adolescent specialists spread across the state. DCF states it expects to add 40 additional social workers in the near future. Information was not available regarding the number of DCF youth currently assigned an adolescent specialist because caseloads are fluid and split by different types of cases (e.g., protective services, in home). DCF estimates that currently the caseload ratio for adolescent specialist is one specialist for every 13 adolescents in DCF custody (1:13).

The use of an adolescent specialist versus a social worker was noted in several committee staff interviews. Discussions with various current and former DCF workers and youth reveal different views on this subject. There is general consensus that all social workers and providers (including foster parents) benefit from training on issues specific to the needs of adolescents.

However, most also agree that the relationship established between a social worker and youth prior to adolescence is essential to maintain.

A social worker is frequently the representation of stability for youth. Some youth have longtime relationships with a social worker and may not want to be switched to an adolescent specialist. Unfortunately, sometimes these relationships face several obstacles. Social workers may have mixed age caseloads that require different case management skills. Some youth indicate that social workers with clients of different ages tend to focus more on younger children and assume older youth can proceed with less attention. DCF youth interviewed by PRI committee staff reported instances where they felt they had to “act out” or threaten misconduct in order to get a social worker’s attention. Some youth felt this behavior was later used against them at administrative case reviews.

There is no empirical data that supports the exclusive use of adolescent specialists. However, better efforts at matching youth and workers as well as activities to nurture case worker and youth relationships may be mutually beneficial.

### **Sibling Connections Program**

#### ***How Much and How Well?***

When children are placed in DCF custody, their family and community relationships are often traumatically disrupted. Sibling relationships serve as a source of emotional support to youth in care. Ideally, all siblings in out-of-home care should be placed together unless such placement is not in their best interest. However, when this is not possible, DCF should provide for ongoing visitation to help sustain sibling bonds.

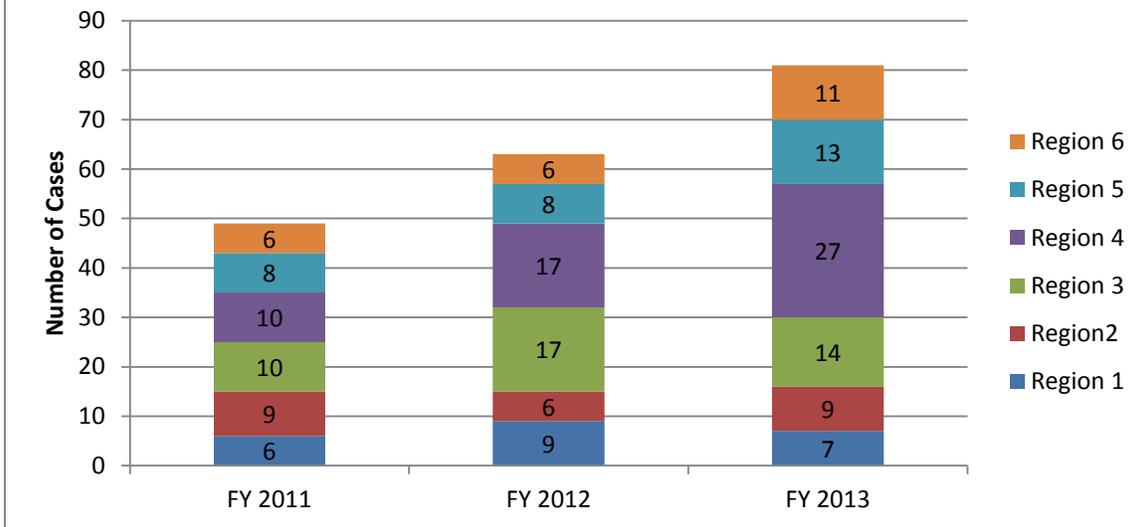
DCF’s current policy indicates that sibling visits occur as frequently as reasonably possible based upon the consideration of the best interests of the child, including age and developmental level of the child.<sup>9</sup> According to testimony of advocacy groups and youth in care, visitation is usually once a month but sometimes less frequently.

PRI committee staff asked DCF to provide information on the number of youth (aged 13-18) who are in out-of-home placement with their sibling. As the Figure II-4 shows, the number of cases where adolescents are placed with siblings has grown in four of the six DCF regions.

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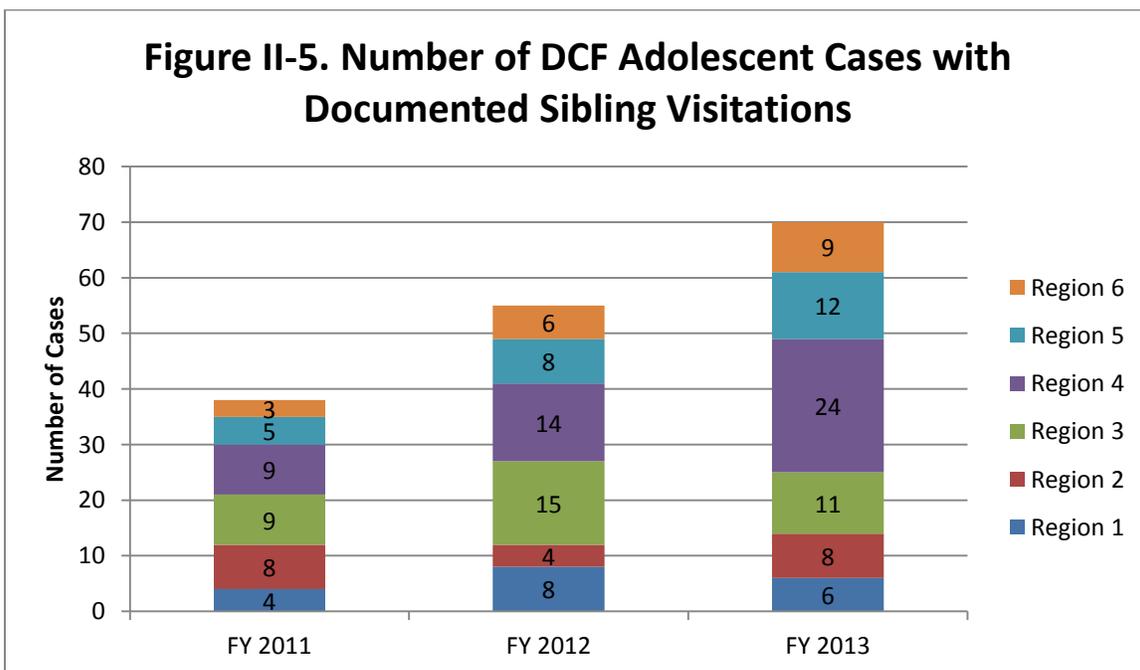
<sup>9</sup> DCF Policy (34-10-7.1)

**Figure II-4. Number of DCF Cases Where Adolescent is Placed with Siblings**



*Sibling visitation.* For those siblings who are not able to reside together, visitation is important. PRI committee staff requested information regarding the number of sibling visitations for DCF youth aged 13 to 18. The information in Figure II-5 below presents DCF reported number of cases documenting in the case file notes that an adolescent (aged 13+) in out-of-home placement had a visit with a sibling. The number of cases reflects sibling groups but not the number of unique siblings involved or the number of visits.

**Figure II-5. Number of DCF Adolescent Cases with Documented Sibling Visitations**



As the chart shows, DCF reported 38 adolescent cases where sibling visitations were documented in FY 2011. This number has substantially increased to 70 cases in FY 2013, an 84 percent growth. However, information to put these figures in context was not obtained. For example, data was not available on the total annual number of adolescent cases in out-of-home placements who have siblings as well as data on the number of individual siblings involved. Without these figures, it is difficult to gauge the extent of improvement in this area.

PRI committee staff also requested information on DCF’s Sibling Connections program. The largest program component is the annual Channel 3 Kids Camp, which allows sibling groups to interact while participating in week-long camp activities every August. The DCF-reported results are presented in Table II-1 below showing a consistent level of participation of individual youth and sibling groups served.

<b>Table II-1. Sibling Connections Statistics (FYs 2012-2014)</b>			
<b>Sibling Connections Kids Camp</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
Individual Youth Served	41	46	45
Sibling Groups Served	17	19	18
Source: DCF			

The Sibling Connections program has also offered youth the opportunity to interact with siblings in other settings. In FY 2012, dinner at a restaurant was offered to 25 siblings to share time and a meal together. In FY 2013, an event was held at Lake Compounce for 86 siblings. However, the number of sibling groups served is unknown for either event.

## Permanency Programs Performance Summary

Symbols Used to Denote Progress (on Measures of How Well and Better Off)

+ Positive Trend   - Negative Trend   ⇔ Little/No Change or Mixed   ? Cannot be Determined

### *How Much Did We Do?*

- Over a three year period, DCF prepared slightly more than 1,000 discharge plans.
- As of January 2014, DCF reports it has 93 adolescent specialists spread across the state.
- In FY 2013, the Sibling Connections Kids Camp served 45 individuals youth and 18 sibling groups. An additional event held at an amusement park included 86 siblings.
- There has been a substantial growth in the number of adolescent cases documenting sibling visitation from 38 in FY 2011 to 70 cases in FY 2013.

### *How Well Did We Do It?*

Key Measures	Progress	Current Data
Percentage of Discharge Plans Prepared within Mandated Timeframe	?	<ul style="list-style-type: none"> <li>• Data was not readily available.</li> </ul>
Rate of Youth Participation in Preparing Discharge Plan	?	<ul style="list-style-type: none"> <li>• Data was not readily available.</li> </ul>
Percentage of Discharge Plans Identifying at Least One Significant Individual for Youth	?	<ul style="list-style-type: none"> <li>• Data was not readily available.</li> </ul>
Ratio of DCF Youth Assigned Adolescent Specialist vs Social Worker	?	<ul style="list-style-type: none"> <li>• Data was not complete.</li> </ul>
Number of Adolescent Cases Where Siblings are Placed Together	+	<ul style="list-style-type: none"> <li>• The number of adolescent cases with siblings residing together has increased in the recent three-year period.</li> </ul>
Percentage of DCF Adolescent Youth Receiving Regular Sibling Visitation	?	<ul style="list-style-type: none"> <li>• Data was not complete.</li> </ul>

## Is Anyone Better Off?

### Number of Youth Aging Out of the System

As discussed earlier, the number of youth turning 18 while still in DCF commitment has decreased 27 percent since FY 2011. This may imply improvement has been made in moving youth out of DCF custody and back with birth parents, relatives, or adoptive families prior to the age of majority.

DCF has made substantial progress in establishing best practices that promote permanency. According to the Court Monitor reports, more children are being placed with families. In February 2011, 15 percent of DCF’s caseload was family placements. This percentage grew to 28 percent by the end of 2012. The agency has also decreased its reliance on residential settings by reducing such placements from 10 percent of DCF’s out-of-home caseload at the beginning of 2011 to 5 percent by March of 2013. These changes permit more children to live in communities where they may develop permanent and enduring relationships.

### APPLA

More than 600 DCF youth have the federally non-preferred “another planned permanent living arrangement” (APPLA) designation, which is described in the Background chapter. As seen in Table II-2 below, there has been a ten percent decrease in the total number of youth with an APPLA designation.

<b>Table II-2. Number of DCF Youth with APPLA Goal</b>							
	May 2012	Aug. 2012	Nov. 2012	Feb. 2013	May 2013	Aug. 2013	Total % Change
Total Number of Youth with APPLA Goal	671	634	629	613	643	602	-10%

Source: DCF Court Monitor Quarterly Reports

Many of these youth grow up in congregate (group or institutional) care without an enduring connection to a nurturing supportive adult. The use of congregate care for DCF children under the age of 12 have been greatly reduced, with a focus on ensuring children six and under are cared for in family settings. (Reliance on congregate care placements is further discussed in Chapter III.)

### Sibling Connections

Data are not available to assess whether siblings have established or maintained connections while in DCF out-of-home placement.

### Use of Adolescent Specialists

There is no empirical data indicating whether the exclusive use of adolescent specialists is more beneficial to youth aging out of care.

## Story Behind the Data and Actions to Turn the Curve

Youth in DCF care need to be connected to caring adults who are willing to make a long-term commitment to that youth, if they are to make a successful transition to adulthood. These youth frequently experience extended separations from family members and other loved ones, so establishing these permanent connections can be challenging and requires deliberate effort and planning on the part of youth, their family, and the child welfare system. Below are some of the actions that can assist in this area.

### Permanency Roundtables (PRT)

Recently, DCF has used an approach known as permanency roundtables as a means to review permanency outcomes for older youth in care. Identified as a best practice, PRT meetings were directed by a team of professionals that includes the youth's social worker, other case staff and stakeholders, and permanency experts to examine 136 cases in a structured and facilitated process.

The roundtables help develop alternate solutions to permanency obstacles for youth, identify and mitigate system barriers, and provide the department with information of what works well and where improvements could be made. The majority (84 percent) of the cases reviewed had an APPLA goal while the remainder had goals of reunification or adoption. On average, the youth involved in this project were 15.8 years old.

A report on the PRT experience summarized the top ten issues that emerged as consistent themes as well as potential recommendations to eliminate barriers. The top ten issues included:

1. *Use of APPLA* – PRT participants noted an over-reliance on APPLA designations for older youth with a focus on preparation for adulthood but a decrease in permanency planning. The participants recommend more attention be placed on concurrent planning as well as development of training and tools to assist staff in this area.
2. *DMHAS/DDS Transitions* – PRT participants indicated transitions from DCF to DMHAS or DDS need a more collaborative planning process. Better data-sharing among agencies is required to better understand the types of services and supports are needed. It was also noted that there is disincentive for youth who achieve legal permanency (e.g., adoption or guardianship) before transitioning to DDS because the available supports and services from DDS shrinks significantly. (DMHAS and DDS transitions are further discussed in Chapter VI on Healthcare.)
3. *Family Engagement* – The PRT case review found a lack of outreach to fathers and paternal relatives. The PRT group recommended training to assist in the location of youth's relatives.
4. *Subsidized Guardianship* – The PRT teams identified limitations of the subsidized guardianship program that allows youth to be placed with relative caregivers. The group recommended DCF consider changing the statutory language for the eligibility requirement that the caregiver be related.

5. *Fostering Connections* – PRT reported that DCF staff and youth repeatedly expressed interest in maintaining a connection between former caseworkers and youth including those from previous caseloads but still active with DCF and cases that have been closed by DCF. Caseworkers know much of the youth’s history and have built trusting and positive relationships that can provide ongoing support to youth beyond their DCF involvement.
6. *Contract Revision* – Recommendations were made to revised contractual language for two particular service contracts that promote permanency. Specifically, one revision was to reflect a program practice change and the other to encourage more planning prior to program graduation.
7. *Social Media* – The PRT groups proposed providing access to Skype and Facebook as a means for increased contact between youth and family/natural supports where geography may be a barrier.
8. *One Youth = One Clinician* – PRT teams advocated for DCF to explore ways to reduce the number of changes in service providers each time a youth change placements. The teams believe the practice of one youth and one clinician promotes treatment consistency and eliminates the need for youth to retell their experience and reconnect with another clinician.
9. *Post Permanency Supports* – PRT suggestion was made that DCF policy be revised to allow youth aged 18 and older who are already enrolled in a post-secondary program to continue to receive educational financial support when adoption or transfer of guardianship occurs after age 18.
10. *Permanency Expectations for Service Partners* – A PRT recommendation was made to explicitly outline the expectation of permanency outcomes for youth in various program service contract provisions including therapeutic foster care.

PRI committee staff believes the combination of professionals and experts in the permanency roundtables allows for more creative thinking about developing and using different tools and strategies. As such, DCF should continue to conduct these roundtables and consider the feasibility of implementing the array of recommendations produced.

#### Awareness of Adolescent Behavior

Understanding adolescence is viewed as critical to the case planning process and an integral part of effective communication and collaboration between the youth and support team. DCF has acknowledged this importance by assigning adolescent specialists to youth whenever possible. The department also recognizes the significant connection between the development of the adolescent brain and the delivery of services.

It is clear that a better understanding and awareness of adolescent issues and needs is beneficial. For example, research suggests that social workers when communicating with youth ask non-accusatory and open-ended questions to facilitate dialogue, avoid judging or making assumptions based on appearances or previous experiences, not taking a teen’s behavior

personally; and occasionally meet the youth halfway in decision-making. In PRI committee staff conversations with DCF youth and other stakeholders, they noted that caregivers and workers in congregate care and foster care providers do not always seem to understand how to handle adolescents and try to impose their own beliefs and practices.

Therefore, PRI committee staff suggests DCF offer informational sessions on adolescent development with practical case management tips and encourage agency staff and caregivers including foster care parents who deal with adolescents and older youth to attend such courses.

### Social Worker Relationships with Youth

One of the most significant relationships a DCF youth has is with his or her social worker. Developing a positive, trusting, and caring relationship with a youth is an ongoing effort for case workers. Interviews and testimony from former and current DCF youth suggests a good match between the youth and worker is essential to form a healthy relationship based on trust.

In order to be effective and create confidence between young people and members of their team, communication must be intentionally nurtured. The Statewide Youth Advisory Board (YAB) consisting of DCF youth representatives have made some recommendations to address this issue including:

- Periodically require a Social Worker/Youth Bonding Day to provide each an opportunity to get to know the other during an activity specific to the youth's interests.
- Encourage more youth and social worker participation in activities at the Wilderness School. (The Wilderness School is further discussed in Chapter VIII on Youth Empowerment.)
- Encourage communication via text and e-mailing between youth and workers to increase interactions that youth feel most comfortable using.
- Improve matching between worker and youth through the use of surveys and profiles that indicate preferences (e.g., gender match, racial match, hands off/on management style) before assigning a case.
- Social workers should develop profiles providing particular interests that allow youth to know them better.
- Reduce the number of times case worker are changed and allow youth opportunity to maintain contact with social worker after a re-assignment is made.
- Encourage social worker and youth interactions in places other than DCF offices or residential settings.

PRI committee staff believes DCF should take the statewide YAB recommendations under consideration. According to the department, the commissioner regularly meets with the YAB members to hear their concerns. Chapter VIII has more information on the work of YABs.

## Sibling Connections

Sibling relationships serve an important role for aging out youth since there are usually few other sources of family stability in their lives. Recent legislation (P.A. 12-71) requires DCF to support the maintenance of sibling relationships for youth in care through minimum sibling visitation requirements and the creation of a Sibling Bill of Rights.

Beginning in 2014, DCF must establish a minimum visitation of one weekly visit between siblings who are placed in-state and within 50 miles of each other, unless such frequent visitation is deemed not in the best interest of the siblings. DCF is required to annually report to the legislature on its compliance with this mandate on October 1<sup>st</sup>.

DCF is also required to meet with youth advisory board (YAB) members to draft a Sibling Bill of Rights that includes recommendations to protect sibling relationships separated as a result of DCF's intervention. The final version of the bill of rights must be incorporated into DCF policy, shared with all youth in DCF care, and presented by October 1, 2013 to the Select Committee on Children for consideration of further legislative action. To date, DCF has yet to develop this bill of rights.

*Other connections.* Permanent connections are essential to youth successfully transitioning from care. In addition to siblings, ongoing connections to other significant individuals are also important. DCF policies and practices should support ongoing efforts to connect youth with supportive adults as early as possible and to help these relationships perhaps become life-long. From the time the youth enters DCF care, an earnest search should be made to find connections with extended family and other adults who can serve as an enduring connection or perhaps a mentor. Follow-up inquiries should be made on routine basis to note changes in any identified relationships.

It is also important for youth to develop the skills to understand and manage unresolved relationships and begin to create a sense of closure allowing them to move forward in their lives.

## Transition/Discharge Plans

Although PRI committee staff could not make any conclusions regarding several aspects of the DCF transition/discharge plans due to the lack of data, committee staff did find several best practices in the research and literature that should be noted.

Transition planning should begin well before the youth prepares to exit the system in order to have a solid discharge plan when the time comes for the youth to be on his or her own. In many cases, plans need to account for any developmental or academic delays that may have occurred during childhood. Not only does a youth need to have developed life skills while in care, the youth needs to have a plan for continuing education or employment, housing, access to health care, and maintaining a positive support system.

Literature on adolescent youth identifies examples of necessary components of a comprehensive transition plan, outlining the steps that must be taken in successful transition

planning, including assessing the youth's strengths and needs and setting goals in major life areas.<sup>10</sup> PRI committee staff reviewed approaches used by other states for discharge plans. For example, New York utilizes an extensive 11 page transition plan asking numerous questions covering various domains. Nebraska uses a worker's checklist for its transition planning with youth to ensure relevant tasks are performed prior to case closure. (See Appendix B)

Best practices suggest the creation of the transition plan should not be viewed as a singular event but rather a process that is youth-guided, strength-based, comprehensive, collaborative, and needs-focused. This is accomplished in some states, notably Iowa, through the use of a transition planning specialist.

The Iowa Department of Human Services has five transition planning specialists, one in each service area, who focus on the overall transition process/protocol for older youth who are expected to age out. Transition specialists have a solid understanding of adolescent development, knowledge of the processes of major life transitions, and cultural competence and awareness to facilitate transition planning. They also help overcome barriers to cross system (e.g., special education, mental health field, and juvenile justice) information sharing. In this way, all services to work together to serve youths, rather than fragmented plans and services operating in isolation of each other. Specialists also help determine clear lines of accountability regarding who is responsible for ensuring the plan is carried out. A plan is ineffective if there is no follow through by the people willing to help youth accomplish their goals.

For these reasons, DCF should develop additional discharge planning tools and consider employing or appointing a transition planning specialist in each of its regions. These specialists would be responsible for coordinating with case managers, juvenile court personnel, and other stakeholders to ensure that older youth receive appropriate assessments, referrals, and are engaged in transition planning.

### Youth Involvement in Planning

Youth engagement is critical to the successful creation and implementation of any plan. Young people must become invested in the development of their own case plans for positive outcomes to occur. Youth in care must fully understand their rights and responsibilities and be aware of and be able to consider available options. This empowers them to be part of the process and allows them to build relationships with adults involved in the planning.

Interviews with current and former social workers indicate that a youth's transition plan must be driven by the youth's ideas and desires. If the social worker is working harder on the plan than the youth, the plan will not work. The youth must view themselves as full partners in making decisions that affect their lives. Plans must be flexible because situations and circumstances change with adolescents especially in terms of interests and needs. Social workers must be willing to be open-minded, make modifications when appropriate, and resist settling for the "easy fix".

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<sup>10</sup> Transition Planning with Adolescents: A Review of Principles and Practices Across Systems, National Resource Center for Youth Development, June 2010

Social workers must be aware of what the youth thinks and how he or she views the future. Social workers must help a young person be realistic but not discouraging if the youth has greater expectations and plans than they can meet. Experts indicate it is better for the youth to overreach than underachieve as goals can later be modified back to reality. YAB members recommend that youth should be encouraged to ask questions about their situations. They also propose DCF help youth know and understand the resources available to them including that they have an attorney representing their interests whom they can contact.

It is imperative that youth are able to be involved in their own plans. DCF policy states youth aged 12 and older may be invited to administrative case review meetings (DCF Policy 36-11-4). Best practice indicates for successful youth engagement both the adults and youth must be adequately prepared to work together. This may mean spending a considerable amount of time preparing young people before meetings, offering respectful support during meetings, and debriefing them after a meeting has ended. Adults need to explain to young people before the meeting why they are going to be there, why they are needed, what their role is, and how the process will unfold. This also means facilitating youth attendance by scheduling meetings at times when the young person can attend and hold them in an accessible location. It may mean giving them the youth-friendly tools to engage and understand their plans.

## **RECOMMENDATION SUMMARY:**

### **Permanency Roundtables**

- 1. DCF should consider implementing the recommendations and proposals assembled from the recent permanency roundtable experience. DCF should continue the permanency roundtable approach to help achieve a preferred permanency goal for youth designated as “another planned permanent living arrangement” (APPLA).**

### **Sibling Connections**

- 2. DCF must continue to implement the provisions of P.A.12-71 that ensures sibling visitation for children in the care and custody of the department and prepare the Sibling Bill of Rights as prescribed by law.**

### **Youth and Case Worker Relationships**

- 3. DCF should consider the implementation of the statewide youth advisory board recommendations aimed at developing positive youth and worker relationships.**
- 4. DCF should develop informational sessions offering staff and caregivers a better understanding of adolescent behavior and practical case management tips.**

### **Transition/Discharge Plans**

- 5. DCF should develop enhanced discharge tools and checklists to ensure planning occurs in an earlier, well-timed, and orderly manner to allow for periodic**

assessments to address any developmental delays in particular for educational and post-secondary readiness. A multidisciplinary approach should be used to address permanency, education, life skills, and medical/mental health issues.

6. Every effort must be made to ensure the active participation of adolescents in the planning process. Meetings should be held, whenever possible, at a time and place that facilitates the youth's participation (e.g., after school hours or held at a facility if a youth resides in congregate care.)
7. DCF should consult with social workers and youth advisory members to develop youth-friendly or youth-designed tools to help engage youth in their case planning and understand the topics that may be discussed and how to provide feedback about their plans.
8. DCF should explore the feasibility of hiring or appointing a transition planning specialist in each region. The department should re-examine its transition/discharge planning documents and develop additional tools to ensure all relevant domains are fully addressed.
9. DCF must ensure that no youth is discharged from the system without identified permanent relationships with supportive adults. DCF must increase its efforts to assist committed youth to identify significant others.

DCF should engage in activities that foster and support the development of enduring connections. DCF should develop policy and staff training to help youth to re-establish and support, when appropriate, relationships with relatives and other significant others prior to discharge.

## **Data Development Agenda**

### Transition/Discharge Plans

DCF should be able to measure compliance with discharge plan requirements including:

- Being prepared within the mandated 90 days before discharge
- Being prepared with youth participation
  - including reasons why there was no youth participation
- Identifying three significant adults with a commitment to youth

### Sibling Connections

Recent legislation requires DCF to document its implementation of provisions for sibling visitation. The documentation should include number of individual and sibling groups affected.

## Chapter III: Housing

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### Quality of Life Result

All youth who age out of DCF committed care have a place to live that is safe, stable, and affordable.

Housing stability is one of the most immediate, yet challenging, needs for youth who age out of care. Various studies have found high rates of homelessness among former youth in state care. Nationally, many youth who age out report being homeless at least once after being discharged from custody.<sup>11</sup> Research shows a high prevalence of depression, suicide initiations, and other mental health and substance abuse disorders among youth who are homeless.<sup>12</sup>

To secure housing in the rental market, a youth needs steady income, stable credit, rental histories, bank accounts, and references. In addition, these youth may not have skills to negotiate a lease with a landlord, or know their rights as tenants.

### DCF CONTRIBUTION TO RESULT

DCF operates a continuum of placement options for youth in its care. These options range from highly structured supervised living arrangements in congregate care settings such as residential treatment centers or therapeutic group homes to an independent living program where support is provided but the structure and restrictions are decreased. DCF's goal is to place youth in the least restrictive setting whenever possible.

This chapter discusses different DCF residential settings for adolescents and older youth including supportive and transitional housing. Specifically, information is provided on:

- *Foster Care Placements*
- *Congregate Care Placements*
- *Preparing Adolescents for Self Sufficiency (PASS)*
- *Supportive Work Education and Transition Program (SWETP)*
- *Community Housing Assistance Program (CHAP)*

### **Foster Care Placements**

#### ***How Much and How Well?***

Figure III-1 shows the type of out-of-home placement for youth in DCF custody and youth in voluntary DCF care as of August 2013. The type of placement a youth has as he or she ages out is important because as youth prepare to be self-sufficient out in the community it is

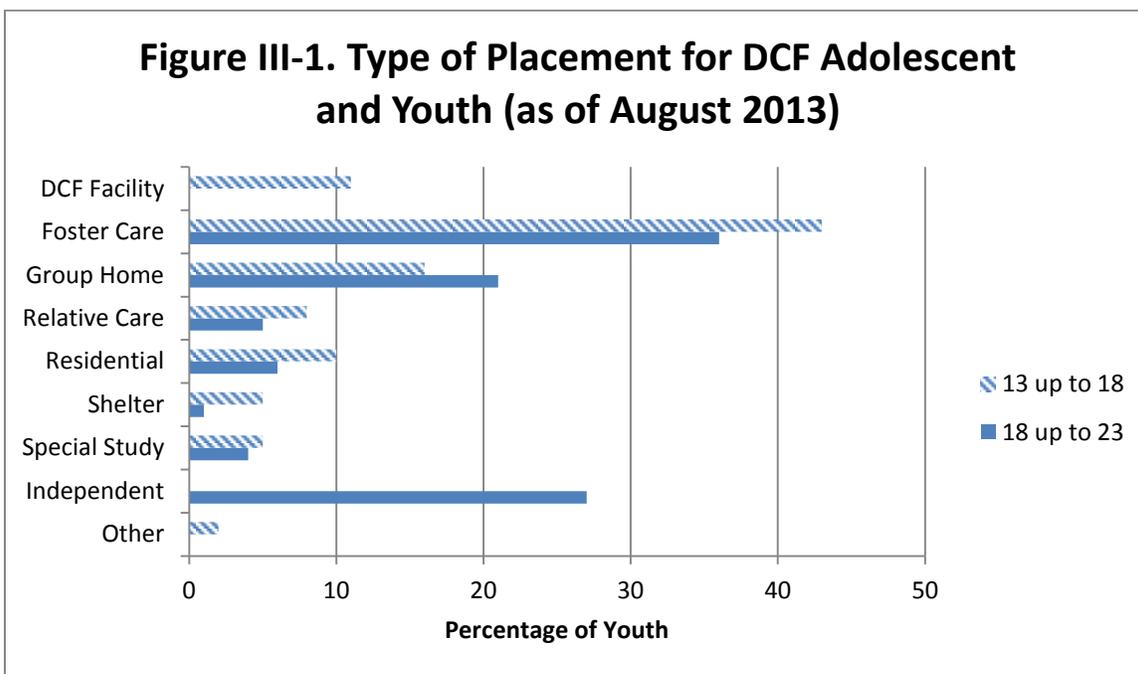
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<sup>11</sup> Predictors of Homelessness During Transition from Foster Care to Adulthood, accessed at: <http://www.chapinhall.org/research/inside/predictors-homelessness-during-transition-foster-care-adulthood>

<sup>12</sup> Unaccompanied and homeless youth review of literature (1995-2005). National Center for Homeless Education, 2008.

preferable for them to be in the least restrictive environment. As such, it is preferable for older youth to be placed in the community either in foster care home or independent living.

As the chart illustrates, foster care is the most common type of placement for DCF adolescents (aged 13 up to 18) and young adults (18 up to 23). This is consistent with the department’s policy to place youth in the least restrictive (and most family-like) setting. For those aged 18 and over, independent living is the second most common type of placement followed by group homes. After foster care homes, adolescents aged 13 up to 18 are more likely to be in a congregate setting (e.g., group homes, DCF facility, residential treatment centers).



**Congregate Care Placements**  
*How Much and How Well?*

Congregate care placements include intermediate term treatment settings such as residential treatment centers and therapeutic group homes and temporary/transitional programs such as Star, Safe Homes, and crisis stabilization units.

Research indicates that congregate care placements for youth can have significant negative impacts on their overall development. Institutional care often lacks many of the characteristics that lead to healthy emotional and cognitive development. Youth in these settings experience the loss of support systems such as extended family, school and peers, lapses in formal learning, and difficulties readjusting to life in the community.<sup>13</sup>

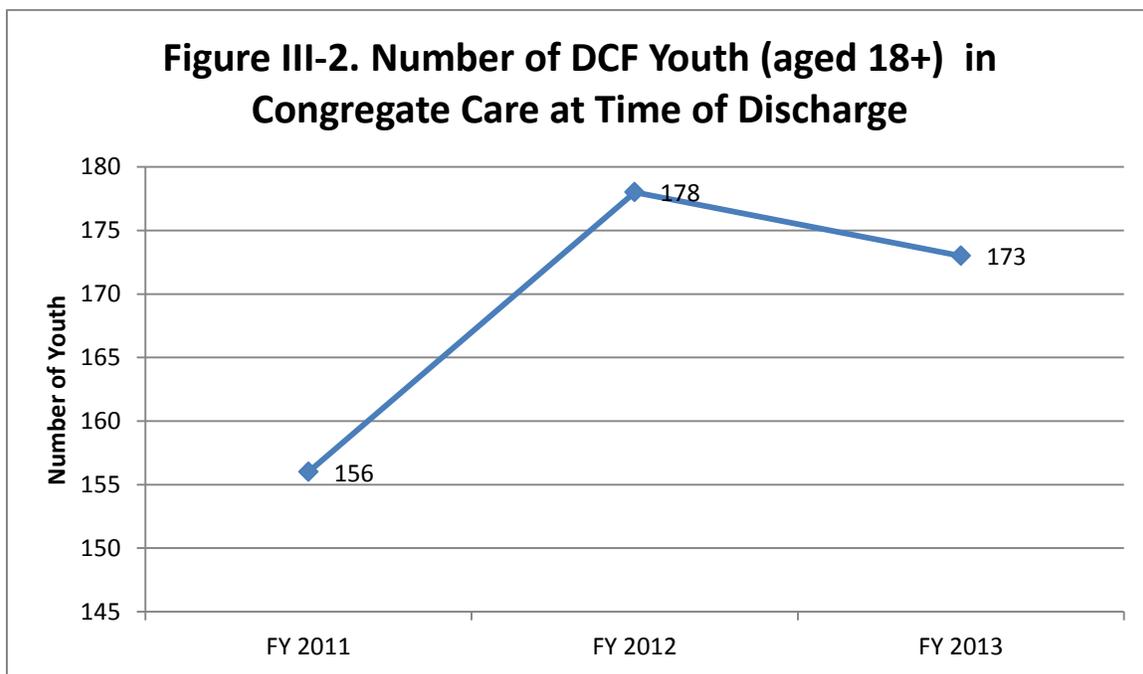
<sup>13</sup> “Congregate Care Rightsizing and Redesign: Younger Children, Voluntary Placements and a Profile of Therapeutic Group Homes”, Connecticut Department of Children and Families, August 4, 2011, p.6

According to the most recent Consent Decree Quarterly Report, the number of DCF youth in congregate care has decreased for all ages under 18 (Table III-1). The total number of youth aged 12 years old and younger in congregate care decreased 47 percent from May 2012 to August 2013. There was a 24 percent drop in the total number of congregate care youth aged 13 to 17 during the same time period.

<b>Table III-1. Age of DCF Youth Placed in Congregate Care Settings</b>							
Total Number of Youth in Congregate Care	May 2012	Aug. 2012	Nov. 2012	Feb. 2013	May 2013	Aug. 2013	Total % change
Aged 12 years old and under	78	55	58	43	57	41	-47%
Aged 13 to 17	624	576	556	538	516	477	-24%

Source: Juan F. v Malloy Exit Plan Quarterly Report (October 2013)

According to DCF data, the number of youth residing in congregate care at the time of discharge (at age 18 or older) from DCF has fluctuated during the last three years (Figure III-2). From FY 2011 to FY 2012, the number of youth in congregate care at time of discharge increased 14 percent. The number then decreased two percent from FY 2012 to FY 2013.



DCF has made substantial strides in reducing the number of younger children in congregate care. Limiting the amount of time children are in congregate care will benefit these youth as they develop into young adults. Among the services that DCF now employs to prevent congregate placements and aid in the return of children to family settings include intensive in-home services for the child and family, child-specific treatment services, day treatment, enhanced foster family care and respite. While these efforts will serve today’s younger children as they age out in the future, additional efforts are needed to help the older adolescents who currently reside in congregate care.

In particular, the department needs to develop strategies for alternative placements so that there can be a decrease in the number of youth who are in congregate care because there are not more appropriate placement options available (e.g., fewer foster homes for teenagers). Specifically, DCF has and should continue to place more emphasis on:

- recruiting and training foster parents willing to serve adolescents aged 14 and older;
- ongoing efforts for earlier identification and increase use of kinship placements; and
- moving more youth to permanency through reunification, guardianship or adoption.

### **Transitional and Independent Living**

As one way to prepare youth as they age out of state care, DCF offers a series of transitional and independent living housing programs and services for youth both before and after age 18. These housing programs provide youth with an opportunity to learn to live independently while continuing their education and building employment skills. The programs may include time-limited rental subsidies and case management services. The experience helps youth build a positive rental history to increase their access to a more permanent stable housing situation. The DCF transitional and independent living options include:

- Preparing Adolescents for Self Sufficiency (PASS),
- Supportive Work Education and Transition Program (SWETP), and
- Community Housing Assistance Program (CHAP).

PRI committee staff requested capacity, utilization, wait list, and budget information on all the DCF supportive and independent living housing programs. Data analysis on the programs is provided below.

#### **Preparing Adolescents for Self Sufficiency (PASS)**

##### ***How Much and How Well?***

PASS homes are located in neighborhood settings and are staffed with round-the-clock non-clinical paraprofessionals. The homes serve adolescents ages 14 and up with mild to moderate behavioral health needs who are either too young or lack the necessary skills to move into an independent living environment. The staff assists the youth in the development of independent living skills such as budgeting, employment, transportation, and food preparation. All PASS homes employ an educator/vocational instructor that help youth in care obtain vocational training, work readiness and other community integration skills. Youth attend school and obtain clinical services in the community.

There are 10 PASS homes located throughout the state with a combined bed capacity of 82. Table III-2 below shows the number of youth residing in PASS homes has steadily declined 23 percent over the last three years. The annual PASS program budget has decreased six percent since FY 2011. The PASS program cost per participant has increased. In FY 2011, the average cost per participant was \$62,991. This number increased 22 percent to \$76,630 in FY 2013.

PASS	FY 2011	FY 2012	FY 2013	Percent Change over Three-Years
Participants	144	120	111	23%
Expenditures	\$9,070,714	\$9,110,410	\$8,505,953	-6%
Average Cost Per Participant	\$62,991	\$75,920	\$76,630	-22%

Source: DCF

During the timeframe examined, the length of time a youth resides in a PASS home has ranged from six days to four and half years (Table III-3). The average length of time was 21 months.

PASS Length of Stay	FY 2011	FY 2012	FY 2013
Range	15 days-3.5 years	6 days-4.5 years	62 days-3.3 years
Average	21.6 months	27.6 months	21.4 months

Source: DCF

**Supportive Work Education and Transition Program (SWETP)**  
*How Much and How Well?*

SWETP is a staff supervised apartment program in a single building complex serving adolescents aged 16 and up. The program’s target population is youth who are currently in residential care, group homes, or foster care, and are prepared for a less restrictive setting, but are not yet ready for independent living in the community. SWETP gives youth the opportunity to live in a supervised apartment setting with other youth in an independent living environment. The youth are responsible for all of their own cooking, shopping, and cleaning with staff providing on-site support for life skills development. All clinical and medical services are provided by community providers, and youth attend public school settings or other educational settings as arranged for by the youth’s school district.

Table III-4 shows the number of DCF youth in SWETP has increased 54 percent since FY 2011 and has remained stable at approximately 90 participants in the last two fiscal years. The annual SWETP program budget has increased 58 percent since FY 2011. The average cost per SWETP participant dropped in FY 2012 yet has experienced only two percent increase since FY 2011. DCF reports that the length of stay in SWETP in the last three years has ranged from one to 18 months, with an average length of stay of 9 months.

SWETP	FY 2011	FY 2012	FY 2013	Percent Change over Three-Years
Participants	59	92	91	54%
Expenditures	\$2,235,612	\$2,379,398	\$3,528,135	58%
Average Cost Per Participant	\$37,892	\$25,863	\$38,770	2%

Source: DCF

Interviews with former and current DCF youth and various program staff suggest more youth would benefit from an interim step dwelling between a congregate care setting and independent living. Housing programs like SWETP should provide an appropriate transition to the department's independent living CHAP program. However, there are a limited number of SWETP slots. Further, youth contend that SWETP is very restrictive and operates more like a group home.

The youth and staff expressed concern about whether DCF has enough transitional living capacity (e.g., supportive housing) to meet demand for an interim step of residence. The interim step is critical so that youth do not transition to CHAP apartments too quickly or miss out on an opportunity to live independently at all. They believe it is important that these transitional living programs provide the appropriate balance between support and independence.

### **Community Housing Assistance Program (CHAP)**

#### ***How Much and How Well?***

CHAP is a subsidized housing program for youth aged 18 and up who are ready for less intensive supervision and more independence. These youth are former committed DCF youth who now voluntarily receive DCF services. CHAP participants must have graduated high school or obtained their GED and have an approved post-secondary education plan. To be eligible, the youth's social worker and case record must indicate the youth has adequate social, behavioral and life skills. The program provides participants with individual case management services and continued life skills development.

Youth are required to achieve, at a minimum, forty productive hours per week. This may include time devoted to classes, study time, part-time work, internship, volunteering, training, apprenticeship, or treatment activities, or any combination of those activities. Youth may work up to 20 hours per week and must deposit at least 50 percent of their earned income to a savings account.

As part of the program, each youth develops a monthly budget based on expenditures for rent, food, utilities, telephone, transportation, clothing and miscellaneous expenses (e.g. personal care items, recreation, laundry, household items). Each youth receives a monthly subsidy payment to spend on budget items. The staff monitors expenditures to assess the youth's compliance with his/her budget.

Table III-5 provides the number of DCF youth participating in CHAP, the department's independent living program. As the chart shows, the number of participants has decreased 16 percent since FY 2011. CHAP apartments are almost exclusively for youth pursuing post-secondary education in community college or trade schools. (Four-year colleges have dormitories.) DCF reports the decrease in CHAP enrollment is linked to the generally low completion rates in these schools. In addition, the department has made efforts to encourage PSE youth to remain with a foster care family, if possible. DCF states there is no set number of CHAP slots. Any eligible youth can receive this support and there is no waiting list.

CHAP	FY 2011	FY 2012	FY 2013	Percent Change over Three-Years
Participants	724	629	609	16%
Expenditures	\$5,700,712	\$5,348,965	\$5,852,854	3%
Average Cost Per Participant	\$7,874	\$8,504	\$9,610	22%

Source: DCF

CHAP’s annual budget has fluctuated over the last three fiscal years with a 3 percent increase since FY 2011. The average cost per CHAP participant has increased over the last three years as the program had fewer participants with an increasing budget.

Program data in Table III-6 reveals that approximately half of the DCF youth participate in the CHAP program for less than a year. The other half remain in the program for 1 to 3 years while a handful of youth stay 4 to 5 years. There was one individual who remained in the program for 6 years.

CHAP: Length of Stay	FY 2011	FY 2012	FY 2013
< 1 year	270	227	209
1-3 years	212	214	240
4-5 years	13	12	9*

\*One individual had 6 years  
Source: DCF

Testimony received from advocates and youth advisory board members suggest the living subsidies provided in the CHAP program are generally insufficient to cover the costs of independent living. YAB members indicate that the transition is difficult for youth who have typically grown up in a highly restrictive group home setting to living independently in an apartment with a tight budget.

CHAP subsidizes expenses for young people who voluntarily receive DCF services after the age 18. Depending on the area in which they live, youth enrolled in CHAP receive between \$733 and \$1,314 per month in rental assistance. They also receive a food subsidy of \$180 per month, a utility subsidy of \$60 per month, a heat subsidy of \$50 per month and other forms of assistance.

YAB members suggest that stipends do not reflect the true cost of living and creates financial struggle for youth. PRI staff did not have an opportunity to evaluate this claim; however, DCF should re-examine its housing policies and stipends given that they have not been modified since 2007.

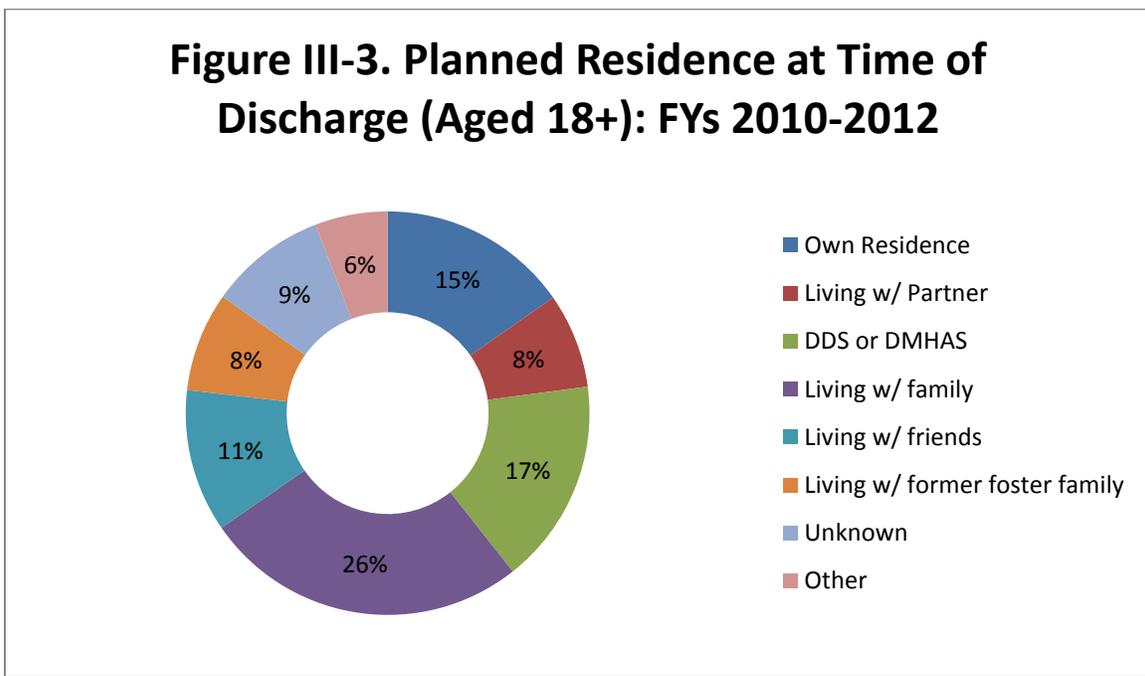
### **Access to Housing After Discharge**

DCF’s subsidized apartment and transitional housing programs provide youth with valuable independent living experience that is necessary to help them transition to independence. Permanent housing and/or ongoing rental assistance services after DCF discharge are part of

other government agencies' mission, such as the Department of Social Services (DSS) and the federal Housing and Urban Development (HUD).

Ideally, DCF should ensure all youth have a concrete plan for permanent housing after they age out. PRI committee staff requested information regarding where the youth aging out of the system expected, according to the discharge plan, to be residing after their DCF commitment. The data results illustrated in Figure III-3 for a three-year period (FYs 2010-2012) show in descending order:

- The largest portion (26%) of discharged youth will be living with relatives either parent(s) or extended family;
- The second largest portion (17%) will be going to DMHAS or DDS;
- 15 percent will be living in their own residence;
- 11 percent will be living with friends;
- 9 percent had no known address;
- 8 percent will be residing with a former foster care family;
- Another 8 percent will be living with a partner;
- 6 percent will be residing in other various places such as college dorm, military barracks, hospital, or incarcerated.



As the mentioned above, only 15 percent of DCF youth planned to live in their own residence after discharge. Connecticut is known to have one of the most expensive apartment rental markets in the country. Many individuals and families are unable to find affordable housing without some type of rental assistance. According to data from the National Low Income Housing Coalition, the average fair market rent for a one-bedroom apartment in

Connecticut is \$958 and would require a renter to earn more than triple of Connecticut's minimum wage of \$8.25.<sup>14</sup>

Government rental subsidies play a significant role for many individuals seeking affordable housing. However, resources for subsidies are limited and very competitive. Young adults are competing with other needy populations such as families with children, elderly, and disabled adults. Demand for government housing subsidies from federal and state programs such as Section 8 and DSS rental assistance program (RAP) continues to dramatically exceed supply. According to the DSS website, applications for Section 8 and RAP have been closed in Connecticut since 2007. Wait lists have not been opened.

Housing is a critical component of being self-sufficient, yet affordable options in Connecticut are scarce. DCF needs to continue to take this reality into consideration in the discharge process.

*Credit History Checks.* As mentioned earlier, youth seeking to enter the rental market must have a stable credit history. Credit history may pose a unique challenge to youth in state care. Youth in out-of-home placement are often at risk for identity theft when someone uses the minor's personal information to commit fraud. Youth in care are particularly vulnerable to this crime because their personal information is often shared widely among various caretakers, service providers, and schools. The stolen information can be used for multiple purposes including: open a credit card account, apply for government benefits, rent an apartment, sign-up for utilities, or request a car loans. Years may pass before the identity theft and fraud are discovered. It may not be uncovered until the youth exits state care and tries to apply for an apartment or utilities. Remediating the damage resulting from identify theft can be a challenge for any adult but can be a daunting task for young adults.

Pursuant to federal law, DCF is responsible for securing consumer credit reports for every child age 16 or over in out-of-home placement on a yearly basis. The credit report is sent to the youth's social worker who explains the information and, if necessary, assists the youth with resolving any inaccuracies. Any credit fraud or identify theft discovered is reported to the Office of the Chief State's Attorney for action.

Although the federal requirement has been in place since 2010, DCF reports that 2013 was the first full year of performing credit checks. During 2013, 250 credit checks were performed. Fraud was found in eight cases (3 percent). DCF states that the procedure for dealing with identified cases of fraud include informing credit bureaus of the fraud and following up to ensure no additional fraud occurs. In addition, DCF social workers provide counseling to adolescents on this topic and how to deal with the issue on an ongoing basis.

Some other preventative measures suggested by best practices include educating young people about the importance of keeping financial information secure and remedial measures such as financial counseling and legal assistance for young people the victims of fraud. These are components that should be incorporated into the life skills instruction.

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<sup>14</sup> "Out-of-Reach 2013: Connecticut," National Low Income Housing Coalition, 2013, State Data Appendix

## Housing Programs Performance Summary

Symbols Used to Denote Progress (on Measures of How Well and Better Off)

+ Positive Trend   - Negative Trend   ⇔ Little/No Change or Mixed   ? Cannot be Determined

### *How Much Did We Do?*

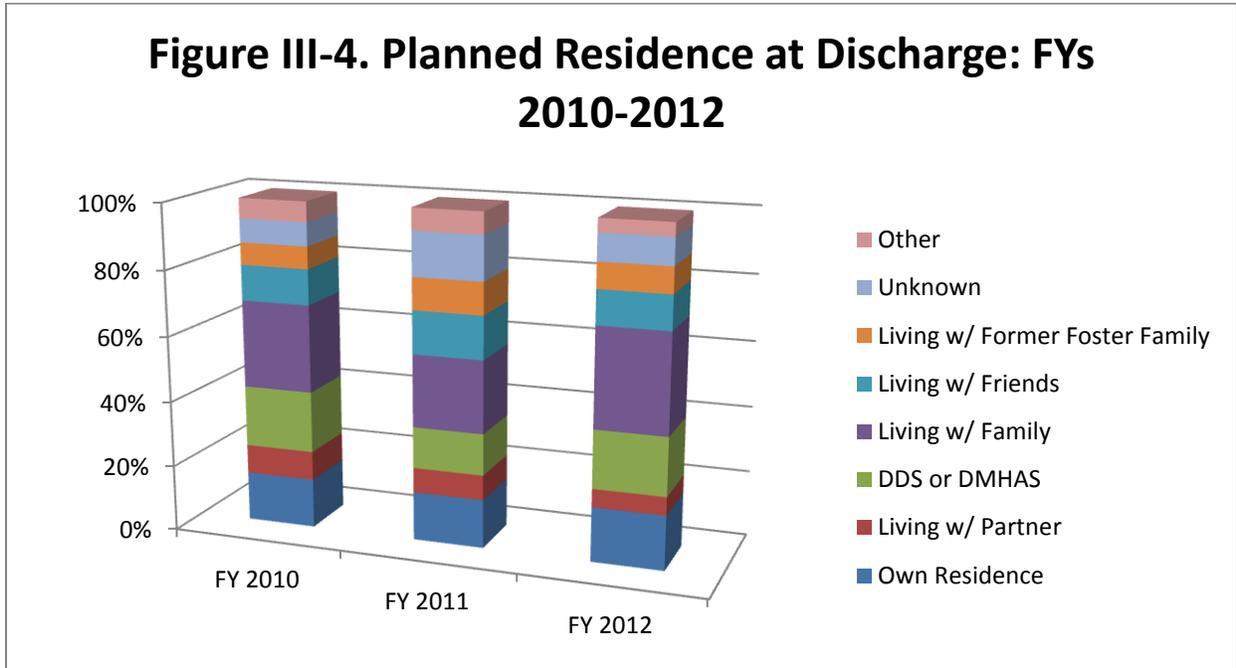
- The number of participants in DCF’s independent living program has decreased 16 percent since FY 2011.
- Youth enrollment in SWETP, the department’s supportive housing program, has increased 54 percent since FY 2011.
- Youth residing in PASS homes has steadily declined 23 percent over the last three years.
- The number of youth aged 13 to 17 residing in congregate care has declined 24 percent since May 2012.
- As of August 2013, more than 40 percent of DCF youth aged 13 and older were in foster care placement.

### *How Well Did We Do It?*

Key Measures	Progress	Current Data
Average Cost per Participant	⇔	<ul style="list-style-type: none"> <li>• With a budget increase but decrease in participation, the average cost per CHAP participant has increased.</li> <li>• The average cost per SWETP participant dropped in FY 12 yet increased only two percent since FY 2011.</li> <li>• The average program cost per PASS resident has increased since FY 2011.</li> </ul>
Length of Stay in Program	⇔	<ul style="list-style-type: none"> <li>• Approximately half of CHAP participants stay in program less than year.</li> <li>• SWETP residents had an average length of time of 9 months.</li> <li>• The average length of time in a PASS home was 21 months.</li> </ul>
Residing in the Least Restrictive Setting	+?	<ul style="list-style-type: none"> <li>• DCF youth aged 13 and older are most commonly placed in foster care.</li> <li>• No data on the number of youth in congregate care waiting for less restrictive placements.</li> </ul>

## Is Anyone Better Off?

Looking at three years of data on an annual basis (Figure III-4), there has been increase in the percentage of youth planning to reside with family after discharge. In FY 2012, 30 percent of youth were planning to reside with relatives, up from 22 percent the previous year. The percentage of youth residing with former foster care family decreased from 10 percent in FY 2011 to 8 percent in FY 2012. There was also a change in the number of youth with unknown residence. In FY 2011, there were 13 percent of discharged youth with unknown residence which dropped to 8 percent in FY 2012.



## Story Behind the Data and Actions to Turn the Curve

### Expanding DCF Placement Options

DCF placements offer a continuum of settings and with a mandate to place youth in the least restrictive setting. One issue DCF has acknowledged to be of concern is the practice of “bumping up”.<sup>15</sup> When lower levels of care cannot be identified and made available for a youth they can be bumped up to higher levels of care, even though they may not require that higher level of care. This practice is contrary to the principle of providing services in the least restrictive environment and leads to youth being placed by default into unnecessary higher levels of care.

When asked by PRI committee staff, DCF could not readily produce a wait list number of youth residing in congregate care who could potentially be in a less restrictive setting but were not because alternative options were not available. Additionally, advocates and youth have testified that they believe more interim step housing options should be available between congregate care and independent living.

PRI committee staff believes DCF should perform a statewide placement needs assessment for youth in its care. DCF has examined various separate aspects of its placement options (e.g., foster care, congregate care), but it has not prepared any trend analysis information regarding the level of placement needs of the older youth in its custody. By projecting future demand, DCF can better anticipate and plan for aging youth placement needs and any related appropriations.

### Expanding Housing Options After Discharge

DCF already partners with state and local housing authorities and community-based organizations for supportive housing programs for families with children (e.g., Family Unification Program). DCF should continue to partner with these groups to pool and leverage resources from available affordable housing programs that can allow more youth aging out to access these important supports.

Discussions with DCF youth and case workers indicate that the level of assistance youth receive to obtain housing as they age out varies by worker. More targeted interventions are needed such as hands-on housing search assistance and expanded transitional living programs aimed at those who are most at-risk of becoming homeless. In addition, aftercare and supportive services provide essential supports to help youth maintain their housing placement. Youth also need instruction on basic housing rights and responsibilities. This information is provided if youth participate in CHAP but not all youth will have that experience. It should be developed as part of life skills instruction.

*The Connection Inc. Pilot Program.* Unless a youth agrees to continue DCF voluntary services through a post-secondary program, all DCF housing support ends once a youth turns 18. This group of youth who age or sign out (without post-secondary plans) is likely the most

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<sup>15</sup> “Congregate Care Rightsizing and Redesign: Younger Children, Voluntary Placements and a Profile of Therapeutic Group Homes”, Connecticut Department of Children and Families, August 4, 2011, p.35

vulnerable and least prepared for independent living. If they have not found employment, many of these youth will leave the department's care unable to pay rent and at higher risk of homelessness. This potential at-risk homeless outcome also applies to DCF youth who are ineligible or unwilling to transition to another system of care such as the Department of Mental Health and Addiction Services (DMHAS). (This is further discussed in Chapter VI.)

In November 2011, DCF began collaborating with The Connection, Inc. to pilot a subsidized housing and supportive services program for young adults. The pilot targets former foster care youth ages 18-24 who are aging out of care or are ineligible for re-entry to DCF services and are homeless or at risk of becoming homeless.

The Connection pilot program offers assistance for housing and living expenses for its participants. The program covers rent, security deposit and utility bills, and offers small grants for the purchase of furniture and appliances. The program also helps transition youth to self-sufficiency by providing intensive case management services with a focus on employment readiness skills, continuing education, financial literacy, and asset building while providing temporary rental assistance. Rental assistance is provided for two years and is gradually decreased over time to prepare the young adult for self-sufficiency.

Initial outcomes indicate young adults in the program have a 79 percent employment rate compared to the 61 percent employment rate for a general sample of young adults ages 20-24 in Connecticut.<sup>16</sup> Although program results appear promising, the pilot only has funding and personnel to serve 36 clients statewide. Of the 36 youth currently served, 73 percent were aging out of DCF services or were planning to sign themselves out of care while 27 percent were trying to re-enter DCF services but were not eligible. Essentially, the pilot serves as a safety net for vulnerable at-risk youth with limited supports.

## **RECOMMENDATION SUMMARY**

### **Needs Assessment**

- 1. DCF should conduct a placement needs assessment for adolescents in out-of-home care. The assessment should include a periodic trend analysis of DCF's aging youth demographics to assist in planning an inventory of placement options and alternatives to ensure older youth are placed in the least restrictive and most appropriate settings. Specifically, the assessment should examine whether options for supportive housing programs should be expanded to ensure that youth, particularly those in congregate care settings, can gradually transition from more restrictive settings to fully independent living.**
- 2. DCF should review all of its existing supportive housing and independent living program policies and related stipend allotments for any necessary updates.**

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<sup>16</sup> Youth & Work, Anne E. Casey Foundation, 2012

3. **DCF should continue its work to reduce reliance on congregate care and transition youth into less restrictive settings through efforts such as targeted recruiting of foster care homes for adolescent and older youth.**

#### **Housing Assistance After Discharge**

4. **DCF policy should clearly dictate social workers' responsibilities to help youth locate affordable housing and, when appropriate, supportive housing options prior to passing from care.**

**At a minimum, DCF workers should educate and familiarize youth with public and private entities that can provide housing assistance. DCF should ensure that each regional office knows what housing options and resources exist for youth over 18 in their communities.**

5. **If program outcomes continue to prove successful, DCF should seek to expand capacity of The Connection pilot program for older youth at risk for homelessness.**
6. **DCF must ensure that youth understand the basic rights and responsibilities of a landlord and tenant, basic sections of a lease, legitimate reasons for being evicted and how to terminate a lease agreement, and the appropriate entity to turn to when housing assistance is needed. This should be incorporated into the Life Skills course instruction.**

#### **Data Development Agenda**

DCF needs to better understand where youth reside once they exit agency care. This will help the department identify how well it is preparing youth to find and maintain affordable housing and live independently. DCF should collect and analyze housing data on the number of youth who age out of care annually. This information is required for the federal NYTD mandate, as discussed in the Background chapter.

## Chapter IV: Education

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### **Quality of Life Result**

All youth who age out of DCF committed care have a stable education that includes post-secondary opportunities.

The lack of educational attainment is a significant disadvantage to a young person's economic future that limits their employment prospects, earning power, and ability to remain financially stable over a lifetime. Poor educational outcomes for youth in state care have been linked to frequent placement and school changes as well as to developmental delays due to physical or emotional trauma. As a result, they are often behind their peers in grade-level achievement.<sup>17</sup> Research has also suggested that youth in care do not attend or succeed in post-secondary education programs because of a lack of awareness of available opportunities, a lack of skills to navigate the application process, and a lack of financial assistance.<sup>18</sup>

### **DCF CONTRIBUTION TO RESULT**

DCF supports older youth in care by encouraging the attainment of a high school diploma or graduate equivalency diploma (GED). This is a pivotal point in education, which can happen before or after the youth turns 18, providing the foundation for youth to take advantage of post-secondary education and job training programs.<sup>19</sup> This chapter discusses DCF activities to assist youth achieve educational goals including a high school diploma and post-secondary education.

### **Attainment of High School Diploma or GED**

#### ***How Much and How Well?***

DCF policy states that social workers must encourage all youth to remain in and graduate from high school. As noted above, research studies indicate that youth in care tend to perform worse academically than their peers. Educational data indicates that Connecticut children in foster care, on average, performed well below their peers in every subject area and at every tested grade level on both the Connecticut Mastery Test (CMT) and Connecticut Academic Performance Test (CAPT) assessments. Table IV-1 presents the performance of 10<sup>th</sup> grade foster care youth on the CAPT administered in Spring 2012.

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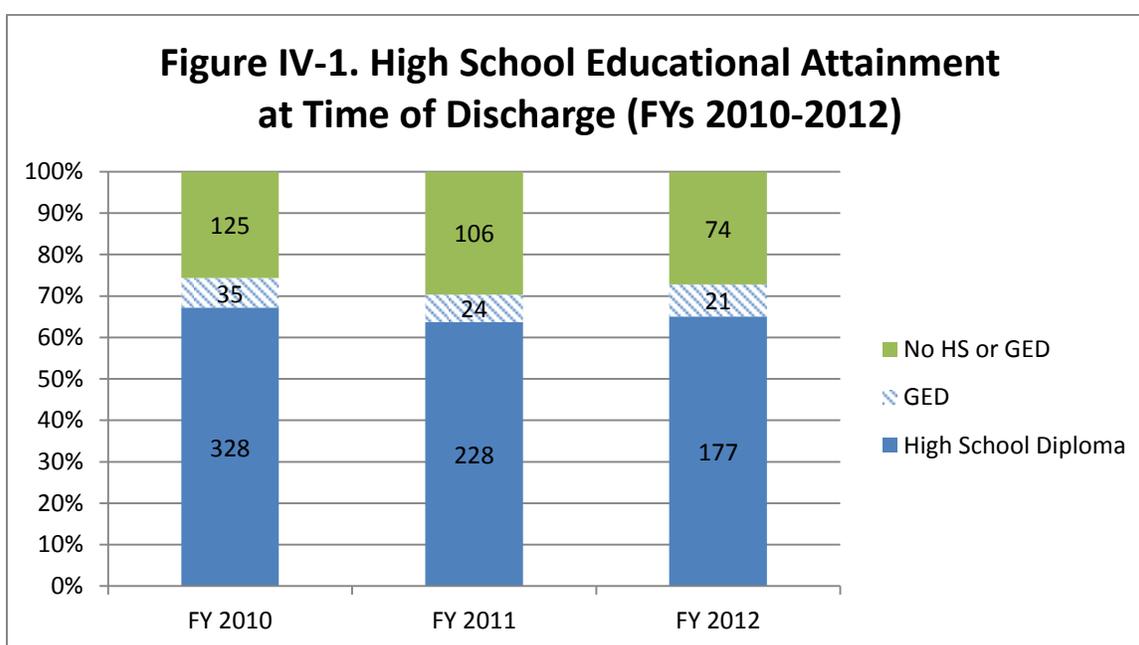
<sup>17</sup> Educating Children in Foster Care: State Legislation 2008-2012, National Conference of State Legislatures 2013

<sup>18</sup> Education is the Lifeline For Youth in Foster Care, Research Highlights on Education and Foster Care, National Working Group on Foster Care and Education, July 2011

<sup>19</sup> According to DCF policy, post-secondary education program means college, technical school or state accredited job training program. (DCF Policy 42-20-20)

<b>Table IV-1. Performance of Foster Care Youth on the CT Academic Performance Test</b>		
10 <sup>th</sup> Grade	Children in Foster Care	State Average
Subject	% Proficient or above	% Proficient or above
Math	31.7	78.8
Reading	45.3	80.9
Science	41.7	80.2
Writing	54.7	88.8
Spring 2012 Administration Source: DCF		

As Figure IV-1 shows, the percentage of youth with a high school diploma or GED at the time of DCF discharge hovers around 70 percent for the last three years. This means approximately 30 percent of DCF youth discharged do not have a high school diploma or GED.



### **Use of Education Specialists & Consultants**

#### ***How Much and How Well?***

Monitoring the educational experience of youth in DCF out-of-home care in the community is generally the responsibility of each youth’s social worker, and a subject of every six-month administrative case review. DCF currently employs 12 educational consultants and specialists to assist the DCF worker navigate the education system. These are professionals experienced in assessing children’s educational needs and progress. The consultants help establish connections between school systems and DCF staff to improve coordination and facilitate resolution of difficulties. DCF estimates that the caseload ratio is approximately 584 cases for each educational consultant.

Youth in state care often have special education needs. The consultants and specialists help assess a child’s eligibility for special educational services. Every DCF youth with special

education needs also has a State Department of Education (SDE)-appointed surrogate parent to ensure a youth's educational needs are met.

DCF also employs two Post-Secondary Education (PSE) consultants to help area offices and service providers with education workshops for youth to explore post-secondary education and job training programs. The consultants disseminate resource information and coordinate college and vocation preparation activities and services. The educational consultants, upon a social worker's request, will review a committed youth's educational profile during the youth's senior year in high school to determine an appropriate match to a higher educational program. Over the last three years, the consultants received an estimated 4,896 consultant requests on educational matters and reviewed 753 PSE profiles to help match youth to higher education programs.

DCF also contracts with the Integrated Wellness Group (IWG) of New Haven to conduct achievement and occupational assessments of DCF involved youth. This service is designed to assess aptitudes and interests while assisting staff and youth to determine which course of study or occupation is likely to be the most successful choice. The education consultants assist in streamlining referrals for IWG. In 2013, 41 of the 45 youth DCF referred to IWG completed an assessment. The average age of the youth was 18.

### **Post-Secondary Education (PSE) Program** ***How Much and How Well?***

DCF policy indicates that planning for students interested in continuing post-secondary education must begin early during a youth's junior year of high school. The planning should be a cooperative effort between the youth, caregiver(s), social worker, school counselor, surrogate parent, and other educational stakeholders, if any.

If a DCF youth is eligible, he or she may be assisted to enroll in two- year and four-year colleges, as well as vocational, technical and certification programs. Tuition funding is available to youth voluntarily remaining in DCF care after commitment up to the Connecticut Central State University cost of attendance rate. Currently, the annual budget for a youth in post-secondary education is \$22,500. Youth may receive additional services that include tutoring, case management, and other support services.

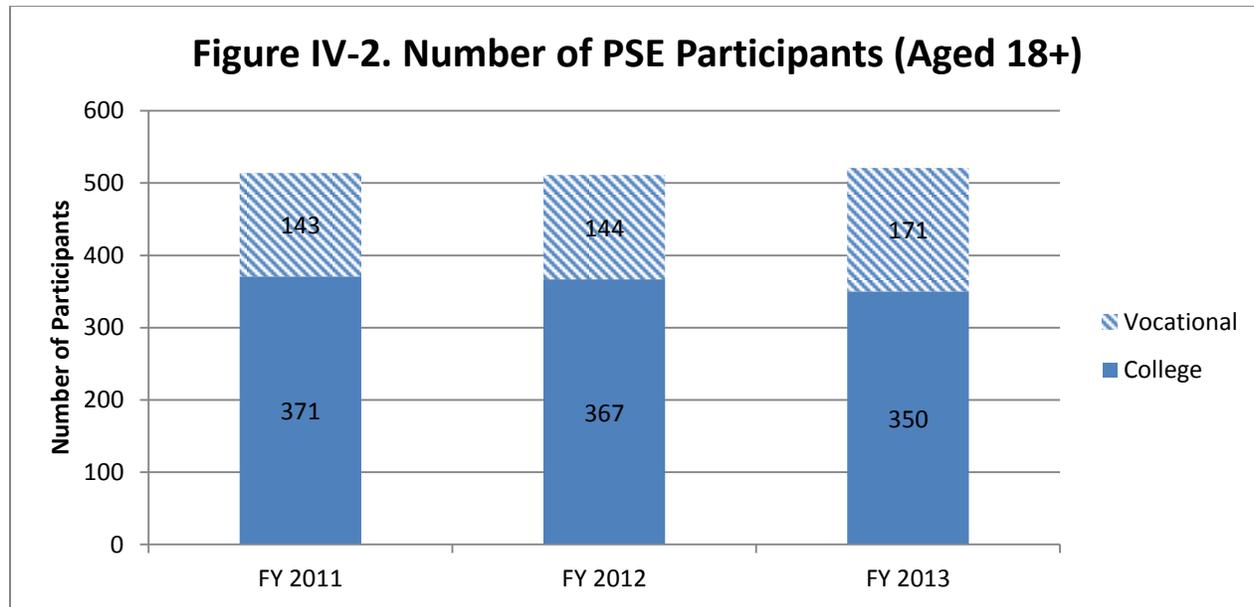
*PSE awareness.* As noted earlier, the two PSE educational consultants work with social workers to assist in directing youth to an appropriate post-secondary education track. Among the PSE consultants' responsibilities is to coordinate college and vocation preparation activities and services such as workshops, conferences, college and vocational tours, and disseminate resource information such as school applications, scholarships, and grants. When necessary, the consultants assist youth who are unsuccessful in their first post-secondary educational attempt and are seeking a second higher education, vocational or employment program.

PRI committee staff asked DCF for information regarding these PSE preparatory activities. The department reports that college and vocational tours, and fairs, have not been offered in the last three years. The agency also states that no requests for resource information

were received by the PSE staff. The department does report that a workshop is currently being provided to 29 youth and a larger conference is anticipated later this year. The agency also expects to resume tours again in Spring 2014.

*PSE enrollment.* According to DCF policy, a youth’s social worker must forward a packet of informational materials on the youth’s education (e.g., school transcript, various educational testing scores) for any youth interested in pursuing post-secondary education to an educational consultant. The consultant reviews the materials and provides feedback to the social worker as to the appropriateness of the plan or proposed changes to the plan. Interviews with various agency staff indicates that the consultant reviews occur only at the social worker’s request.

The number of PSE participants for the last three fiscal years is presented in Figure IV-2. As the chart illustrates, the majority of PSE participants are college bound. The total number of youth enrolled in the PSE program has increased 1 percent from 514 students in FY 2011 to 521 in FY 2013. While there was a six percent decline in the number of youth enrolled in college, there was a 20 percent increase in the number of youth enrolled in vocational programs. In FY 2011, there were 143 participants in the vocational programs. By FY 2013, the number rose to 171 PSE vocational participants.



*PSE tuition.* As noted above, DCF funding for post-secondary education is limited to an amount not to exceed the maximum cost of attendance at Central Connecticut State University. Youth who wish to attend programs or colleges that exceed the DCF funding limit are responsible for procuring the difference.

Since FY 2011, the total amount of PSE tuition expenditures grew 12 percent. Tuition for college and vocational programs each increased by approximately 12 percent. Vocational expenditures increased from \$938,425 in FY11 to \$1,057,662 in FY13. College tuition grew from \$2,873,913 in FY 2011 to \$3,212,913 in FY 2013.

Table IV-2 shows the overall average cost per PSE student increased 11 percent over the three-year period covering FYs 2011-2013. The average cost per college student grew 19 percent during that same time period. However, the rise in vocational program enrollment has decreased the average cost per student by six percent.

<b>Table IV-2. PSE College and Vocational Statistics for FYs 2011-2013</b>			
FY 2011	<i>Expenditures</i>	<i>Students</i>	<i>Average Cost</i>
College Tuition	\$2,873,913	371	\$7,746
Vocational	\$938,425	143	\$6,562
Total	\$3,812,338	514	\$7,417
FY 2012			
College Tuition	\$3,061,407	367	\$8,342
Vocational	\$932,413	144	\$6,475
Total	\$3,993,820	511	\$7,816
FY 2013			
College Tuition	\$3,212,913	350	\$9,180
Vocational	\$1,057,662	171	\$6,185
Total	\$4,270,575	521	\$8,197
Source: DCF			

*Housing and other living subsidies.* A PSE student may also be eligible for additional DCF subsidies for housing and other living expenses during academic breaks when other housing is not available. Youth attending four-year colleges may reside in dormitories. Youth in community colleges or trade schools typically reside in CHAP apartments in the department's independent living program.

PRI committee staff requested information regarding additional support services including housing and living subsidies, tutoring and case management. However, the information pertaining to additional support services could not be used due to data glitches.

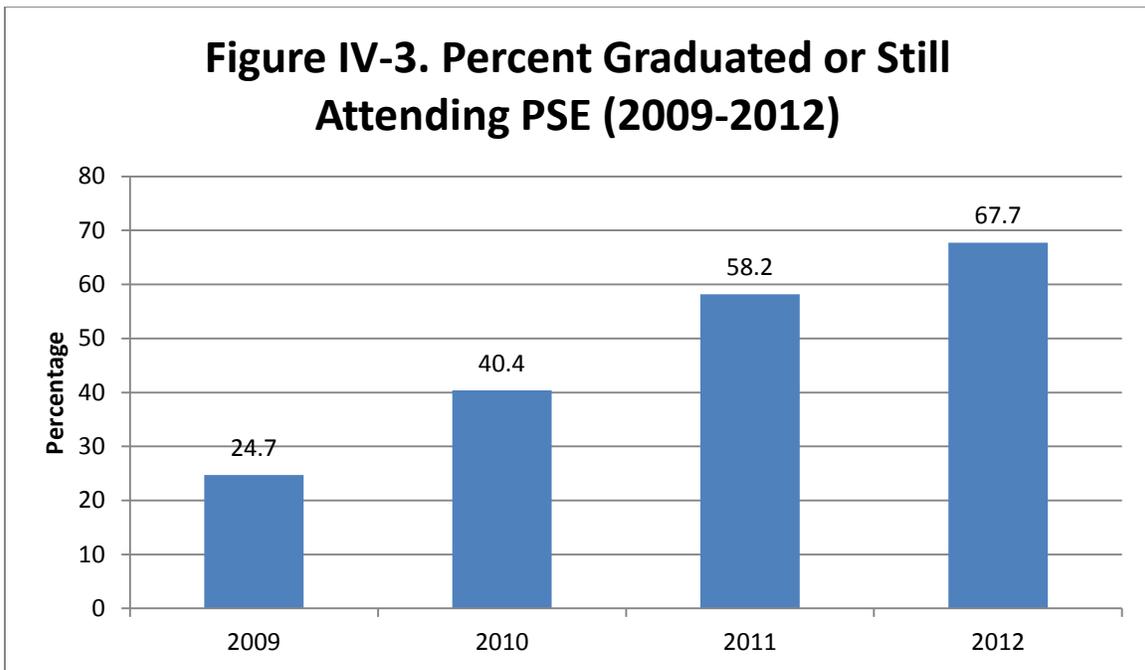
*Program completion.* Youth in the PSE program are required to maintain a GPA of at least 2.0. If a student does not maintain the GPA, another educational consultation will be held. If deemed appropriate, the youth may be allowed a second chance to enroll in a new program. If the youth does not succeed in the second chance, they are no longer eligible for PSE funds.

Social workers must review their youth's progress in the educational program. The review must include academic performance and financial status. The youth must maintain good academic standing, financial aid eligibility, and continue to cooperate with DCF to receive ongoing financial assistance. If needed, additional supports may be requested upon a meeting with educational consultant.

At the October 2013 PRI committee public hearing, DCF submitted testimony on PSE program outcomes for the 257 youth enrolled in the program in 2010. DCF reports that less than half of the youth continued to be enrolled in the program while 58 percent did not complete the program. Among the reasons youth did not stay in the program:

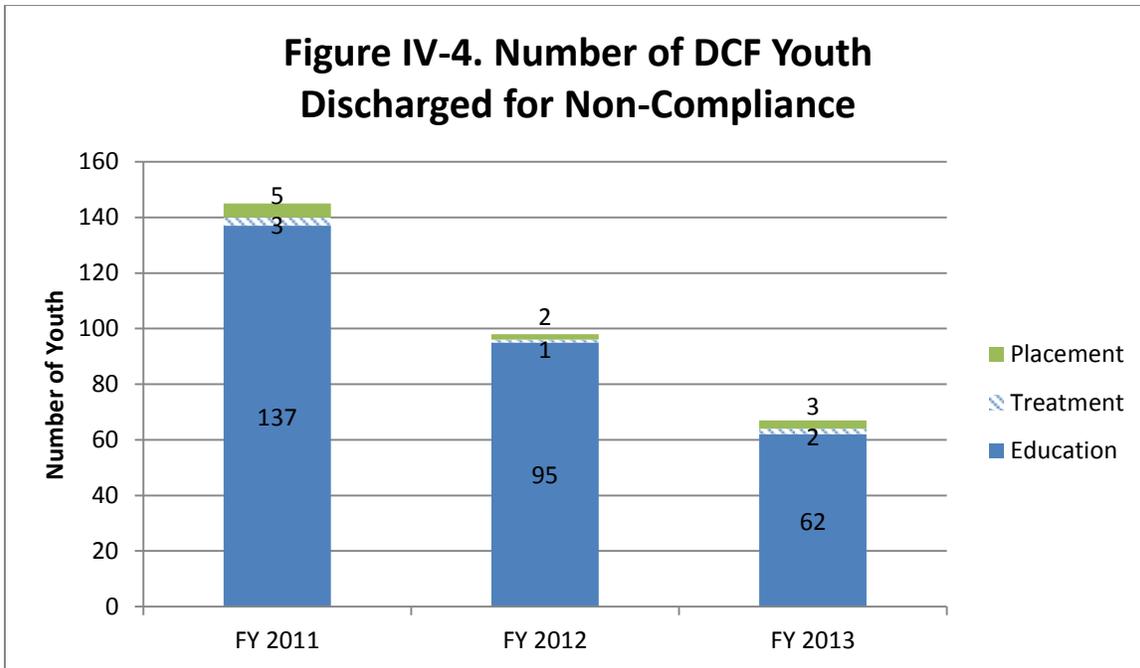
- 26 changed their mind and did not participate after applying to the program (17 percent)
- 81 were discharged from the program for non-compliance (54 percent)
- 31 withdrew after trying the program (21 percent)
- 11 transferred to DMHAS or DDS (7 percent)

According to DCF, the percentage of youth graduating or still attending PSE has shown vast improvement in recent years. Figure IV-3 shows by year the rates of youth eligible to graduate or still attending post-secondary school out of those who could. In 2009, only a quarter of the youth were eligible to graduate or still in the PSE program. In 2012, close to 70 percent were graduated or were still in school.



*Discharge for Non-compliance.* As explained earlier, youth voluntarily in DCF care post-18 must comply with agency policy and program rules. Youth may be discharged due to non-compliance with department requirements for education, treatment, or placement. Over the course of three years, 30 percent of all discharges were due to non-compliance.

Non-compliance with educational requirements is the primary reason for discharge in these cases with a handful of youth being discharged for non-compliance with treatment or placement. As the numbers in Figure IV-4 show, significantly fewer youth are being discharged for non-compliance since FY 2011. In FY 2011, there were 145 youth discharged for non-compliance. This number fell to 67 youth in FY 2013, a drop of 54 percent.



Prior to a discharge for non-compliance, DCF must provide a termination notice to the youth which offers them an appeal hearing with the opportunity to present evidence and witnesses. Legal counsel is at the youth's expense. The table below provides results for termination appeal hearings for youth aged 18 and older. As Table IV-3 shows, there have been just over 300 appeal hearings requested with only a handful where youth had legal counsel. By and large, DCF decisions are upheld with few reversals, although there are a number of instances where the parties reached an agreement.

Hearing Status	2010	2011	2012	2013	TOTAL
TOTAL	77	86	71	75	309
DCF Upheld	41	35	28	31	135
DCF Reversed	2	3	1	3	9
Appealed	-	1	-	1	2
Denied/Dismissed	21	25	20	13	79
Pending	-	-	1	14	15
Re-opened	-	1	1	-	2
Settled	10	16	16	9	51
Withdrawn	3	5	4	4	16
Youth With Legal Counsel	2	4	4	1	11
<b>DEFINITIONS</b>					
<i>Appealed:</i> Administrative Hearings Unit decision appealed by requesting party					
<i>Denied/Dismissed:</i> Hearing denied/dismissed for timeliness, standing, court finding, no show					
<i>Pending:</i> Decision not been issued					
<i>Re-Opened:</i> Can be modification request, or hearing previously denied, deferred or dismissed					
<i>Settled:</i> Parties reached agreement					
<i>Withdrawn:</i> Can also be indicative of an agreement					

## Education Programs Performance Summary

Symbols Used to Denote Progress (on Measures of How Well and Better Off)

+ Positive Trend   - Negative Trend   ⇔ Little/No Change or Mixed   ? Cannot be Determined

### *How Much Did We Do?*

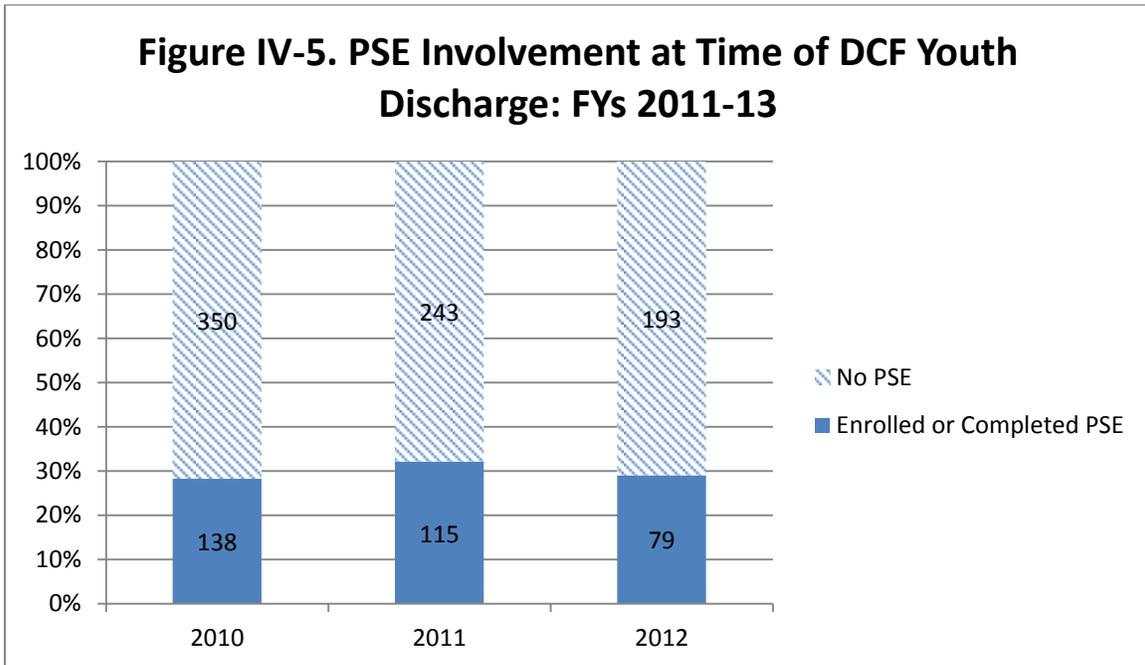
- Post-Secondary Education (PSE) consultants received a total of 4,896 consultant requests and reviewed 780 PSE profiles to help match youth to higher education programs.
- No college or vocational tours, fairs or workshops were held during the last three years.
- In FY13, 67 percent of the youth enrolled in PSE program were pursuing a college education.
- The number of PSE participants in vocational programs has increased 20 percent since FY 2011.
- Funding for PSE program has increased 12 percent since FY 2011.

### *How Well Did We Do It?*

Key Measures	Progress	Current Data
Average Cost per PSE Participant	⇔	<ul style="list-style-type: none"> <li>• Since FY 2011, the average cost per PSE college student has increased 11 percent with only a 1 percent increase in PSE enrollment.</li> <li>• An increase in vocational program enrollment has decreased the average cost per participant 6 percent since FY 2011.</li> </ul>
Rate of Youth Participation in PSE Preparatory Activities	⇔?	<ul style="list-style-type: none"> <li>• No college or vocational tours, fairs, or conferences were held but workshops were conducted.</li> <li>• No information available regarding individual social worker initiated activities in this area.</li> <li>• In FY 2013, 41 youth completed an IWG achievement and occupational assessment.</li> </ul>
PSE Program Completion Rate	+	<ul style="list-style-type: none"> <li>• In 2009, only a quarter of PSE youth remained in program. By 2012, close to 70 percent were still participating.</li> </ul>
Percentage of DCF Youth Discharge for Non-compliance with Education Requirements	+	<ul style="list-style-type: none"> <li>• The percentage of youth discharged for educational non-compliance has decreased 55 percent from 137 youth in FY 11 to 62 in FY 13.</li> </ul>

## Is Anyone Better Off?

PRI committee staff requested information regarding the PSE enrollment or educational attainment of DCF youth at time of discharge. Although the total number of DCF youth who are enrolled in or completed PSE at time of discharge has decreased over the last three years, the percentage has remained relatively stable at approximately 30 percent (Figure IV-5).



## Story Behind the Data and Actions to Turn the Curve

Youth in care fall behind academically for a variety of reasons placing them at risk of: 1) failing to achieve a high school diploma or GED; or 2) being unprepared to pursue post-secondary education. Trauma experienced at a young age may present itself in a number of developmental delays hampering educational achievement. In addition, research literature indicates that youth in care often struggle in school due in part to the number of school changes and disruptions that often occur throughout their education. Specifically, chronic absenteeism and frequent school transfers because of placement changes have been documented to result in poor academic performance.<sup>20</sup>

Efforts to support education attainment must occur at all grade levels, -- elementary, middle, and high school -- and continue through college and early careers. Research experts on transitioning foster care youth to economic self-sufficiency recommend the following educational strategies:<sup>21</sup>

- Minimize school changes by keeping foster care youth in the same school,
- Work with youth and school administrators to track academic records,
- Ensure coordination and monitoring of individual education plans,
- Raise awareness about educational and job training options,
- Connect students with mentors and on-campus support for post-secondary success, and
- Waive tuition for and offer scholarships to youth who attend state higher educational institutions.

### Same School During Placement

The federal Fostering Connections Act of 2008 requires child welfare agencies like DCF to coordinate with local educational agencies to ensure that a child remains in the school that they were enrolled in at the time of removal unless it is not in the child's best interest. Typically, youth in care often move to new home placements within the same school district or close enough to the school of origin that transportation can reasonably be provided to avoid another school change. Multiple school transfers may result in youth being enrolled in an inappropriate class or even the wrong grade. It could also result in lost class time, a disjointed curriculum or credit loss, and a disrupted social environment for youth. The research literature suggests it takes, on average, four to six months for a child to recover academically after each school change.

In 2010, Connecticut passed legislation enacting the federal mandate allowing children who enter into foster care to remain in their school of origin, provided it is in their best interest.<sup>22</sup> If they must change schools, their records must be transferred within a day. PRI staff requested DCF provide information regarding the implementation of these provisions.

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<sup>20</sup> Tamara Kramer and Alexander Dufresne, "School Stability Promotes educational Opportunity for Connecticut's Youth in Foster Care" November 2009.

<sup>21</sup> Transition to Adulthood: How States Can Support Older Youth in Foster Care, National Governors Association (NGA) Center for Best Practices, December 2010

<sup>22</sup> C.G.S. Sec.17a-16a

DCF, in conjunction with the State Department of Education (SDE), provided PRI committee staff with snapshot figures on the number of school placements for all DCF youth committed for abuse/neglect on September 1, 2013. The figures in Table IV-4 provide a point-in-time picture and do not allow for trend analysis. The agencies report this is a new data collection process and they anticipate the information will become more useful over time.

<b>Table IV-4. DCF Students by Number of School Transfers over Three-Year Period (as of September 1, 2013)</b>		
Number of Transfers	Total Students	Percent of Students
0	580	33%
1	525	30%
2	315	18%
3	190	11%
4	74	4%
5	30	2%
6	12	<1%
7	9	<1%
8	3	<1%
TOTAL Students	1,738	36%
Total Transfers	2,330	
Source: SDE & DCF		

As the table shows, 36 percent of the 1,738 students experienced two or more school transfers in a three-year period. A third of the students (33%) remained in the same school with no transfers while another 30 percent of the students had one school transfer. SDE reports that 80 percent of all the transfers were between Connecticut public school districts.

#### Use of Educational Consultants and Specialists

Since 2011, the number of DCF educational consultants and specialists has increased from six to twelve. Anecdotally, PRI committee staff has been told that the specialists cannot meet the demand to review the educational needs of children in care and ensure needs are met.

*Surrogate Parents.* If DCF is a youth's guardian or statutory parent and the youth requires or may require special education services, they may be eligible for a surrogate parent. A surrogate parent is appointed by SDE to serve as a youth's advocate in the educational decision-making process for youth aged 3 to 21. However, a special education need must first be identified in order for a youth to receive this support. Currently, there are 77 SDE surrogate parents for DCF youth.

*Child Justice Foundation.* In 2012, DCF entered into a collaborative effort with a group of attorneys from the Connecticut Child Justice Foundation (CCJF). This organization provides pro bono representation to DCF children who may not be receiving the educational services to which they may be entitled. This team of 63 volunteers provides representation to a limited number of children with complex needs.

PRI committee staff believes DCF should continue to strengthen its collaboration and communication with SDE and CCJF to ensure that adolescents with special learning needs are readily identified and have a plan designed to meet needs. In addition, DCF should, in conjunction with SDE, explore the possibility of having surrogate parents appointed to all DCF youth.

### Data-sharing and Monitoring Performance

Data-sharing and performance monitoring are essential components for course correcting educational attainment. Several recent initiatives to improve each are discussed below.

*“Raise the Grade” Pilot Program.* In 2013, legislation was passed requiring DCF, in consultation with SDE, to establish a two-year Raise the Grade pilot program in Bridgeport, Hartford, and New Haven to increase the academic achievement of youth in DCF custody or youth being served by the Court Support Services Division (CSSD) of the Judicial Department in these cities.<sup>23</sup> The program provides full-time coordinators in each city to facilitate prompt school and credit transfers, identify youth who are performing below grade level, and help to develop an academic success plan for these youth. The coordinators report to DCF and the SDE educational surrogates critical educational information, including progress monitoring, absenteeism, and discipline.

At the end of the two-year pilot, DCF, CSSD, and SDE must prepare a report on the numbers and educational profiles of children the program serves and its impact on their educational performance, including achievement, absenteeism, and adverse disciplinary measures.

*Academic Progress of Children in State Custody.* Another provision of P.A. 13-234 requires additional reporting on the academic progress of children in state custody. Specifically, the legislation requires:

- SDE to share data with DCF to annually track the educational progress of DCF youth from pre-kindergarten through grade 12;
- DCF to provide information on the youth's current educational performance level, including absenteeism and grade-level performance, and the support or services that will be, or are being, provided to improve academic performance in a youth's treatment plan; and
- DCF to develop a plan by July 1, 2014 to establish various quality controls in the schools it operates in its facilities.

*Strategic School Profiles.* Current state law requires each local and regional board of education to annually submit to the education commissioner a strategic school profile which contains information on measures of student needs, school resources, and student and school performance. The primary goal of the strategic school profile is to improve schools through informed decision-making. The profiles serve two basic purposes: 1) to serve as an

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<sup>23</sup> P.A.13-234

accountability system which informs the public about what is happening in Connecticut schools, and 2) to stimulate school improvement through shared information.

PRI committee staff believes the continued implementation of these initiatives will promote and strengthen data-sharing and performance monitoring efforts.

## **Post-Secondary Education**

At the PRI public hearing, the DCF commissioner testified that the department will pursue the following strategies to increase the number of youth who are successful in the PSE program:<sup>24</sup>

- assure youth are prepared for college-level work;
- employ the latest scientific approaches to aptitude and interest assessment and career matching;
- provide supports so more youth remain in post-secondary education; and
- increase the number of post-secondary services available to youth who want training but do not want to go to college.

### Career Exploration and PSE Awareness

According to youth and advocates interviewed by PRI committee staff, many youth in care do not apply for college because they are not aware of the opportunities available to them or of the value of post-secondary education. One approach to address this is to raise awareness and educate youth about their career and PSE options at an early age. Research literature as well as various agency staff and youth have indicated that providing youth exposure to and discussion of potential PSE plans must be done earlier than junior or senior year in high school. For many DCF youth that may be too late for them to make up for any academic delays they have experienced.

*Student Success Plan.* Since July 2012, the legislature has required each local and regional board of education to prepare a student success plan for each student enrolled in public school starting in sixth grade.<sup>25</sup> The plan is developed to help students stay connected in school and to achieve post-secondary educational and career goals. Beginning in sixth grade and continuing through high school, the plan is intended to help students set goals for academic, social, emotional, and physical development that meets high school expectations and provides for exploring post-secondary education and career interests. The plan should be electronic and portable following the student from school to school. Interviews with various educational stakeholders indicate progress has been slow implementing this new requirement.

*Early College Experience and Summer Bridge Program.* DCF has established a partnership with UCONN's First Star program to recruit 30 foster care youth entering 9<sup>th</sup> grade to participate in a year-round program that includes a four-week residential summer immersion

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<sup>24</sup> DCF Commissioner Joette Katz PowerPoint Testimony "Services for Transition-Aged Youth" presented at the PRI Public Hearing on October 3, 2013.

<sup>25</sup> P.A. 11-135 section 2(j)

on the university's main campus at Storrs. The experience will give a head start to the youth's high school years by providing an array of academic and college prep supports along with strong and positive social association of early college awareness issues. DCF reports that 18 of the 19 DCF youth recruited to the program in 2013 have completed the first year and will continue for an additional three to four years earning summer college credits every year they participate. Another group is slated to begin in 2014.

*CT Post-Secondary Education Committee.* DCF has established a network of 13 different higher education institutions across the state to help youth in care get access and succeed in the institutions. The goal of the Connecticut Post-Secondary Education Committee is to help transition youth to post-secondary options and support them through graduation. Services from this network include individualized orientation, campus support groups, year-round housing, peer mentoring program, on-campus liaison, and problem resolution. The schools in the network include: Mitchell College, Southern Connecticut State University, University of Saint Joseph, Housatonic Community College, Manchester Community College, Fairfield University, Lincoln Technical Institute, Sacred Heart University, University of Connecticut, Gateway Community College, Middlesex Community College, Lincoln College of New England, and Capital Community College. According to DCF, there are 119 DCF youth who have benefited from the partnership school network between FY 2010 and FY 2012.

*DCF Preparatory Activities for PSE.* DCF's collaborations and initiatives acknowledge the importance of exposure to and participation in PSE preparatory activities. PRI committee staff believes that DCF has relied upon its collaborations and initiatives for much of its PSE preparatory efforts. In addition, cultivating interest and establishing PSE goals is often left to the diligence of the individual social worker or perseverance of the youth. A more formalized guidance should take place on a regular basis following the youth's age/school year to ensure youth have consistent exposure to opportunities.

In its literature review, PRI committee staff found the state of Illinois has been noted as a best practice in its creation of annual high school academic plan meetings.<sup>26</sup> At the start of each school year, a caseworker schedules a meeting to discuss the youth's academic plan. Using a year by year checklist, the meeting allows all educational stakeholders (e.g., school counselors, education consultants, and other relevant school staff) to review the student's academic progress, to discuss problems/issues, and begin post-secondary planning. The plan becomes part of the youth's ongoing administrative case review. The plan's purpose is to ensure that youth are prepared for post-secondary education, vocational training, or employment, and that they learn about the agency's programs that support their plans.

### PSE Supports

Besides enrollment assistance to PSE programs, youth may require additional ongoing supports to remain and succeed in post-secondary education. Comprehensive supports should include available housing during holiday and school breaks, academic advising, career counseling and adult mentors to provide support and guidance.

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<sup>26</sup> [http://www.state.il.us/DCFS/docs/Annual\\_High\\_School\\_Academic\\_Plan.pdf](http://www.state.il.us/DCFS/docs/Annual_High_School_Academic_Plan.pdf)

PRI committee staff could not evaluate PSE supports due to problems with available data. Testimony received at the PRI committee public hearing and interviews with current and former DCF youth indicates additional supports for PSE students are needed. Youth testified of instances when they sought PSE support assistance from DCF that had not been provided and they had to seek needed resources on their own. As noted above, DCF has already recognized the need to provide the additional supports necessary to assist youth in PSE programs. PRI committee staff concurs and suggests DCF further examine remedies for this issue.

### Post-Secondary Tuition

Youth who are transitioning out of care often lack the means to pay for college. When exiting care, they are more likely to live at or below the poverty level and are unlikely to have the financial support of parents to help pay for college. Like many students, the only viable option for youth to pay for post-secondary education is to apply for scholarships and/or federal student aid.

Several states, including Maine, Michigan, and Massachusetts provide state-funded scholarships, grants, or tuition waivers to foster youth who attend public colleges. These tuition waivers help address the low rates of college attendance by making college more affordable for young people transitioning out of care. As explained previously, DCF directly pays tuition costs for youth who maintain a 2.0 GPA and have applied for financial aid. While this approach achieves the same goal, it might be more subject to yearly appropriations and can be a less stable funding stream over time. Connecticut should consider offering tuition waivers for former DCF youth who attend public institutions.

## **RECOMMENDATION SUMMARY**

### **Improving High School Educational Attainment**

- 1. DCF should track and monitor provisions relating to school transfers and remaining in the same school of origin pursuant to C.G.S. Section 17a-16a.**
- 2. Upon completion of the two-year Raise the Grade Pilot, the program should be evaluated and modified as needed to be extended to the entire state.**
- 3. DCF should evaluate the ratio of educational consultants and specialists to determine whether the number should be adjusted to adequately review every youth's educational needs and consultation requests.**
- 4. DCF should consult with the State Department of Education (SDE) on the feasibility of appointing educational surrogates to all DCF committed youth.**
- 5. To assist incorporating education goals into case plans, DCF's educational consultants should develop a checklist to ensure educational needs and potential Post-Secondary Education (PSE) requirements are met. The checklist should be**

**specific to the youth's age/year in school and be reviewed every six months during administrative case reviews.**

- 6. School districts should be required to report in their strategic school profiles the number of DCF committed youth they are serving with and without special needs, the academic progress of these youth, and the percentage that have success plans and individual transition plans.**

### **Improving Post-Secondary Education Attainment**

- 7. DCF should encourage and resume offering PSE preparatory activities. College visitation trips should be held periodically to help DCF youth visualize the prospect of higher education as a possibility.**
- 8. DCF should continue to provide additional supports for PSE students and examine whether other on-campus support and mentorships for post-secondary success should be developed and offered to youth. DCF should also improve its efforts to make resource information available to PSE youth.**

### **Data Development Agenda**

There are many efforts underway to collect data on the educational issues discussed in this chapter. The following discusses some areas where further attention should be given.

#### School Transfers

Connecticut is in the early stages of tracking the school changes of children in its care. Efforts must continue to collect and analyze the impact of school transfers and ensure the state is in compliance with the federal mandate to keep youth in their school of origin, whenever possible, as well as the timely transfer of school records.

#### Over-Age Under-Credited Youth

Over-age, under-credited (OU) youth do not have the appropriate number of credits for their age and intended grade. It is estimated that 30,000 to 40,000 Connecticut youth can be classified as over-age, under-credit youth.

This is a segment of the education population frequently mentioned by different program providers. The challenges of being an OU youth in DCF care was noted in DCF's Work-to-Learn programs and Re-entry Services (see Chapters V and VII). This group is also most likely to be in the 30 percent of youth who do not have a high school diploma or GED at the time of DCF discharge. PRI committee staff requested information regarding OU youth in DCF care. However, the data was not available due to obstacles regarding the OU definition.

According to a 2012 report by Our Piece of the Pie,<sup>27</sup> a DCF community partner that works exclusively with OU youth, the combination of early warning data systems, attendance outreach efforts, and focused college preparation programs could help OU youth succeed in the education system. Students who fall behind academically and drop out of school usually display many early warning indicators such as absenteeism, poor behavior, and class failure. Some advocates claim statewide early warning data systems can be used to identify struggling students and rapidly intervene. The data should have the capacity to follow students and be used to collaborate across schools and service providers to intervene and assist these students.

As discussed previously, many of the recent legislative initiatives will establish and improve data-sharing and performance monitoring that can serve as an early warning data system for educationally challenged youth.

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<sup>27</sup> Helping Over-Age, Under-Credited Youth Succeed: Making the Case for Innovative Education Strategies, Our Piece of the Pie, July 2012

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## Chapter V: Employment

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### Quality of Life Result

All youth who age out of DCF committed care have opportunities to achieve economic success

A vital step to self-sufficiency is securing and maintaining employment. Research literature has shown that youth with early work experiences cultivate the basic skills many employers require, such as attendance, dress, and ability to work with others. Early work experiences during teen and young adult years also lead to higher earnings and increased access to more formal training opportunities in later years. Further, it has been reported that students engaged in employment experiences during high school are more likely to remain in and complete their secondary education.<sup>28</sup>

### DCF CONTRIBUTION TO RESULT

DCF has established several partnerships with the state's local workforce investment boards (WIBs) to operate employment training programs and opportunities for committed adolescents and older youth. This chapter will provide a discussion on two DCF job training programs: Youth Summer Employment and Work-to-Learn.

#### **Youth Summer Employment**

##### ***How Much and How Well?***

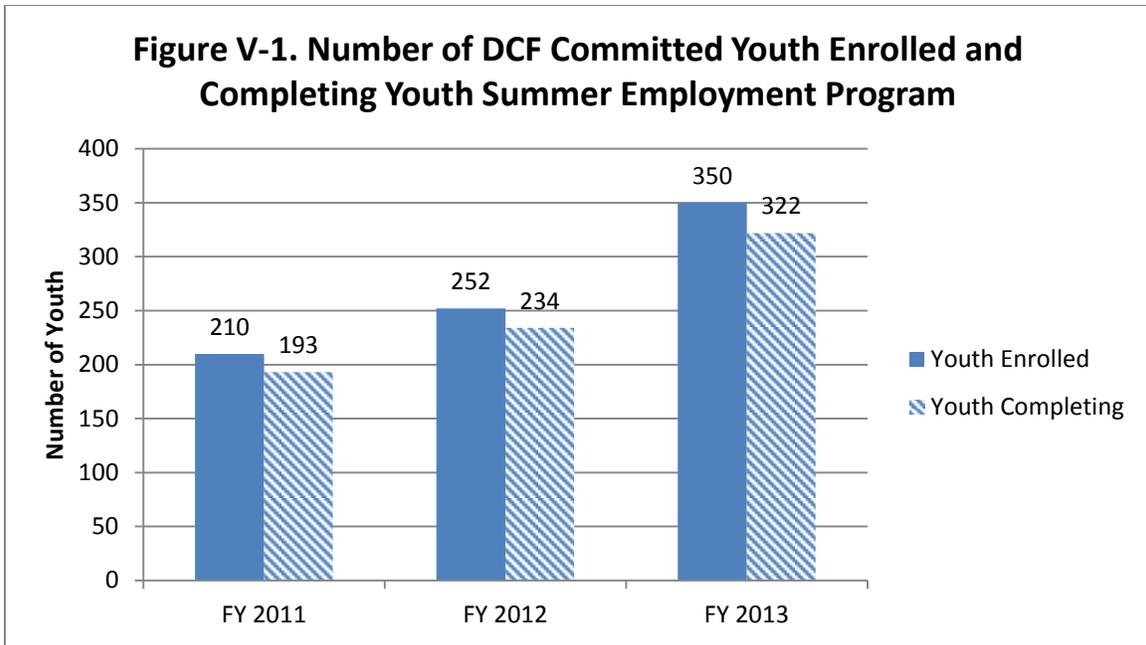
DCF has partnered with the Department of Labor (DOL) to offer gainful employment and work experience to approximately 300 DCF youth (ages 14 to 18) during a six-week period each summer. Last year, this collaborative effort initiated a year round work experience for youth completing the summer program, which would continue through the school year.

Figure V-1 below presents the number of participants enrolled in and completing the DCF Youth Summer Employment program. As the chart shows, program enrollment has increased 67 percent in last three years. The program had 210 participants in FY 2011, which grew to 350 youth in FY 2013.

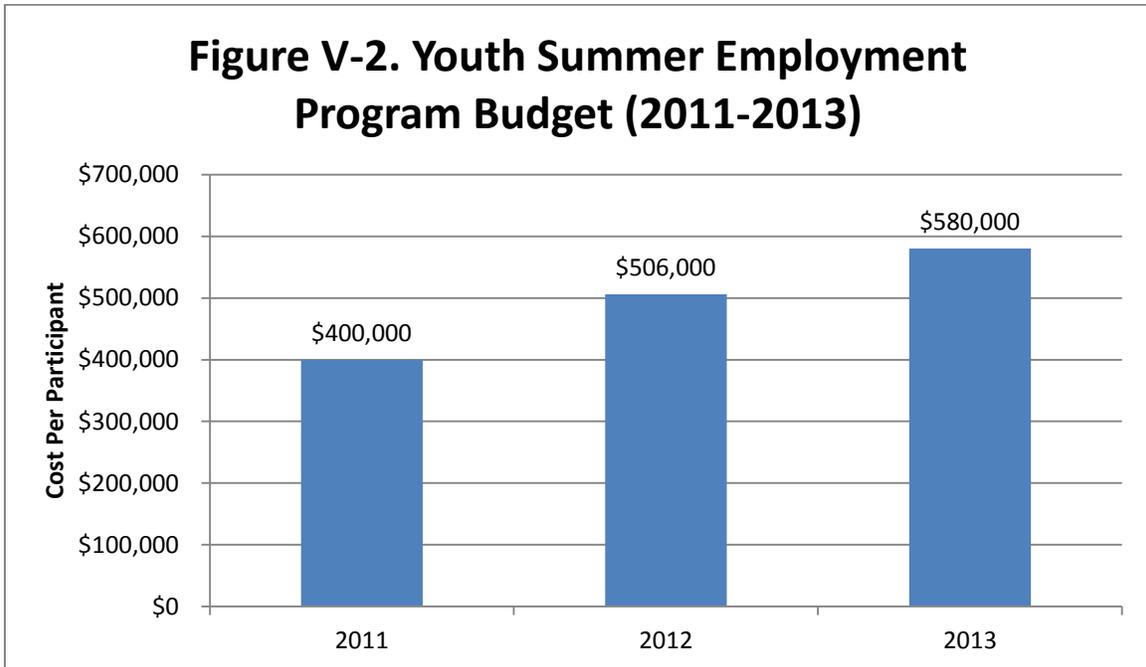
DCF reports that youth were employed in a variety of jobs including retail, automotive repair, and customer service. Youth also learn skills such as how to speak to customers, dressing appropriately for work, and maintaining a work schedule. Annually, slightly more than 90 percent of the enrollees complete the program. In 2011, 24 youth (12 percent) were offered year-round employment after completing the summer program. In 2012, this number increased to 45 youth (19 percent). The 2013 figures were not yet available.

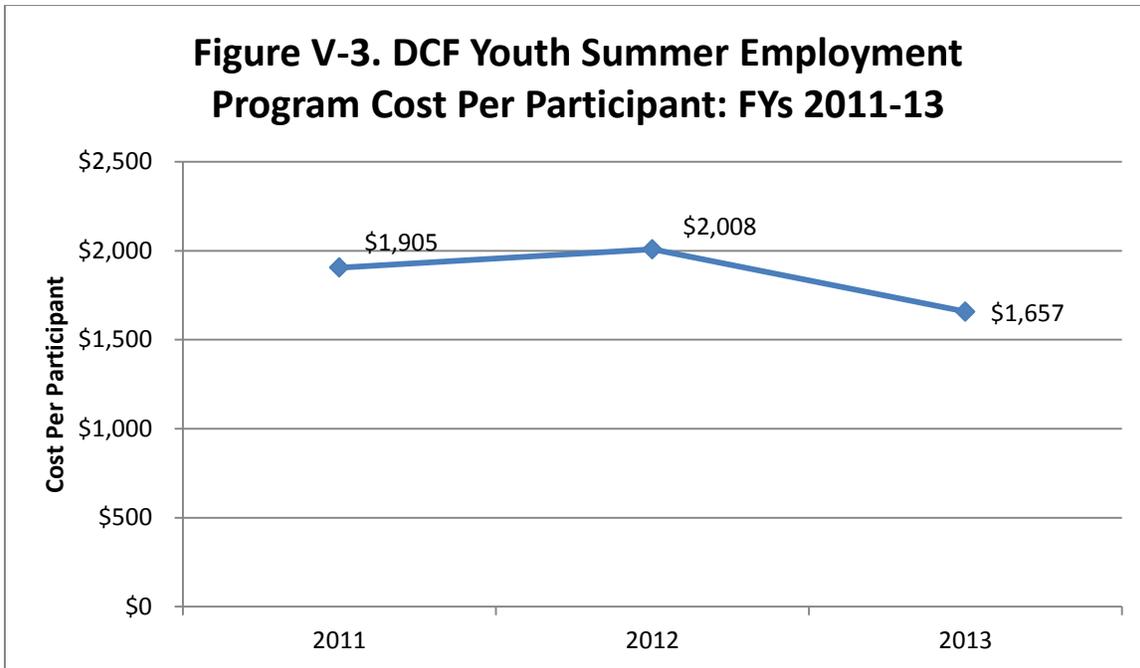
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<sup>28</sup> Helping Over-Age, Under-Credited Youth Succeed: Making the Case for Innovative Education Strategies, Our Piece of the Pie, July 2012



As seen in Figure V-2, the annual budget for the Youth Summer Employment program has grown 45 percent from \$400,000 in 2011 to \$580,000 in 2013. Figure V-3, presented on the next page, shows the average cost per youth decreased from \$1,905 in 2011 to \$1,657 in 2013, a reduction of 13 percent.





Besides being academically challenged (discussed in the previous Education chapter), youth in state care typically do not have a parental figure to teach them about applying for a job, completing a resume, going on an interview, or behaving appropriately at the workplace. Programs such as the DCF Youth Summer Employment provide an introduction to these basic job seeking requirements.

DCF plans to continue to offer employment to approximately 30 older youth to participate in a year-round program in which they receive classroom and on-the-job training, job placement, and OSHA certifications.

In discussions with program administrators and youth the need to re-enforce basic employment skills by further practice at home was mentioned. For example, caregivers may assist youth with looking at job listings or holding mock interviews. Other suggestions included offering and supporting youth volunteer opportunities that may generate interest in community work and provide experiences to list on employment applications and resumes.

### **Work-to-Learn Programs**

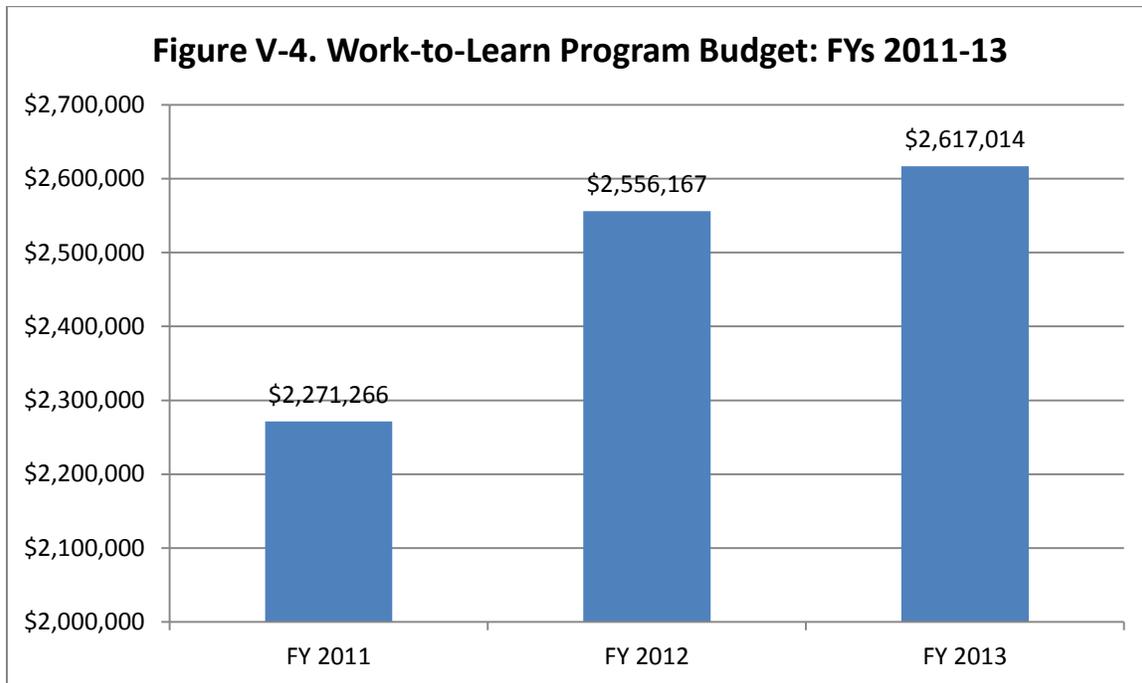
#### ***How Much and How Well?***

Available to youth aged 14 to 21, the Work-to-Learn program has locations in Hartford, Bridgeport, New Haven, Waterbury, and Norwich. This program provides DCF youth with an array of employment and educational services including: tutoring, academic assessment, job training, job shadowing, and internships as well as youth business development, financial literacy, case management, clinical support, and savings and asset development.

Since 2011, there have been 356 available slots for the Work-to-Learn program covering four locations: Hartford (152), New Haven (60), Bridgeport (114), and Waterbury (30). In FY

2013, 35 additional slots were opened in Norwich for a total of 391 available openings. DCF states that all of the slots have been filled since 2011. However, the department was not able to provide wait list information.

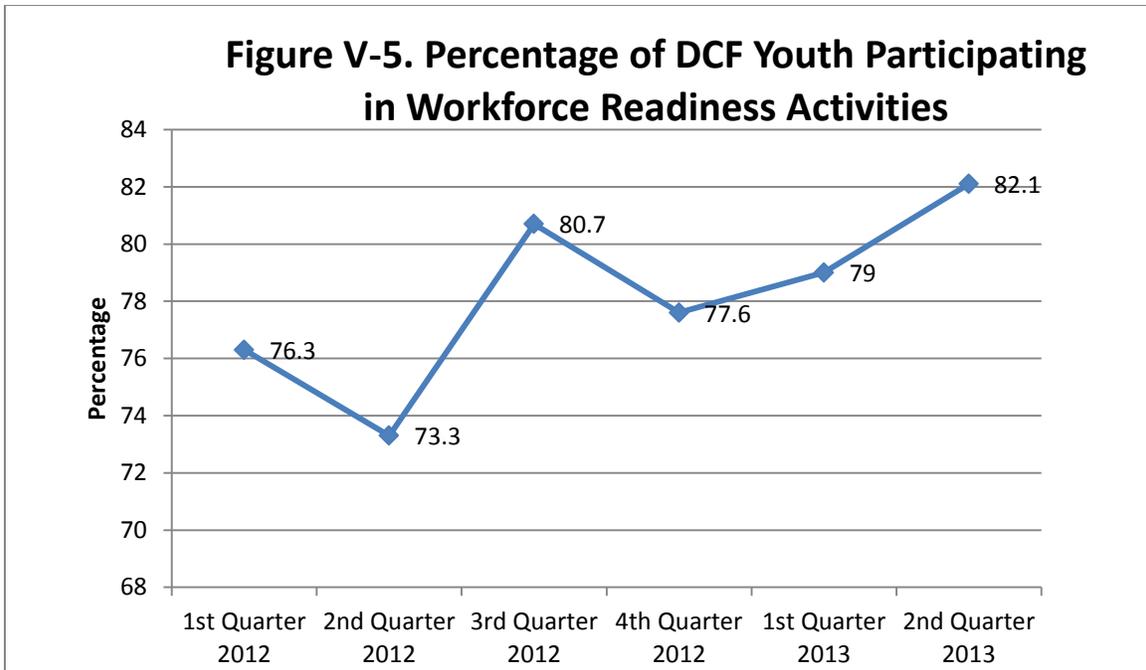
The Work-to-Learn program budget, shown in Figure V-4, has increased 15 percent from approximately \$2.3 million to \$2.6 million. However, the average cost per participant has decreased in the last two years, likely due to the expansion of 35 more available slots in FY 2013.



Work-to-Learn is one of the programs for which DCF prepares an RBA report card. The most recent RBA report card for this program shows, since the end of 2012, there has been an increase in the number of youth who are participating in workforce readiness activities (Figure V-5). The Work-to-Learn program providers have collaborated with DCF's One-on-One Mentoring program to connect participants with mentors.<sup>29</sup> DCF reports that these efforts have resulted in positive trends for the program.

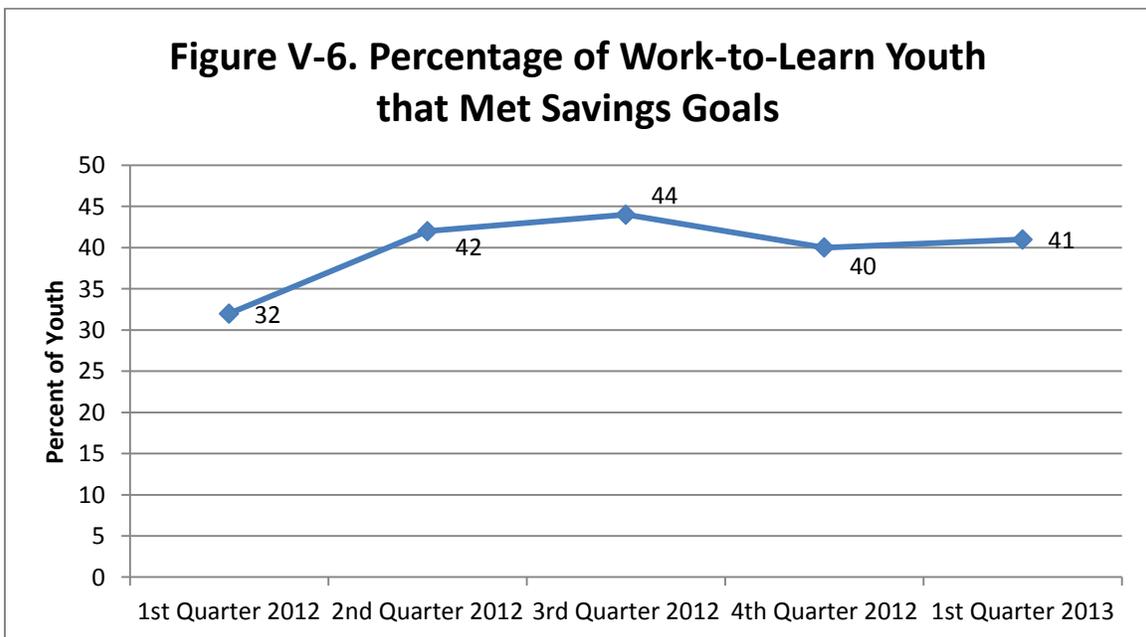
The Work-to-Learn program is designed to be long-term with many youth continuing to participate in the program post-DCF involvement. As such, DCF reports that there is no program completion data. Information on continued participation was also not available.

<sup>29</sup> One-on-One Mentoring program is described in Chapter on Youth Empowerment.



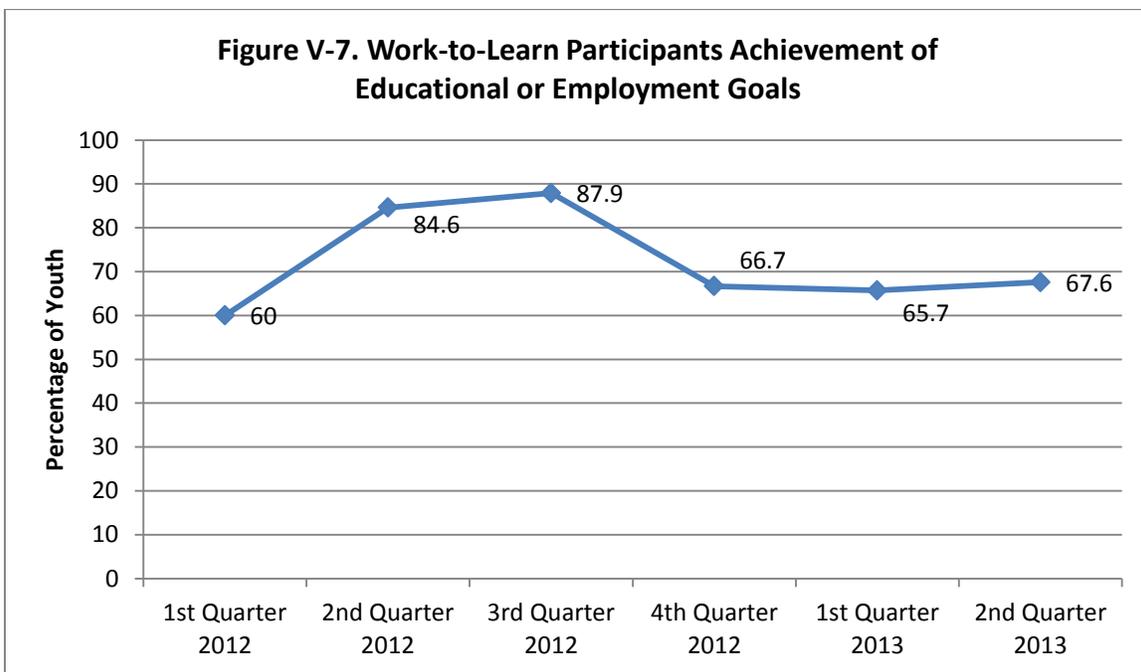
Each Work-to-Learn program location offers youth the chance to get paid to work while learning employment skills and financial literacy. Youth who open and contribute to an individual development account (IDA) have their contributions matched by federal dollars. This is also used as a program measure for the RBA report card.

As seen in Figure V-6, the percentage of Work-to-Learn program youth meeting their savings goals dropped in the last quarter of 2012 after a steady increase during the first three quarters of 2012. However, a slight improvement is seen in the most recent quarter of reported information.



According to the Work-to-Learn program providers, there are a number of youth who struggle to remain engaged or involved with program services. Providers point to several barriers to program goal achievement including ongoing involvement with the legal system, court or probate mandates, current or prior gang association, or behavioral health issues. In particular, many of the Work-to-Learn youth are over-age and under-credit meaning the youth do not have the appropriate number of credits for their age and intended grade. This makes it difficult for youth to meet the program education goals. As noted earlier, the providers are collaborating with DCF’s One-to-One Mentoring programs to increase youth engagement. The program administrators have reported that the number of Work-to-Learn youth matched to a mentor has increased from 28 percent in 2011 to almost 80 percent in 2013. Providers have also indicated they will increase the level of client outreach to re-connect clients who do not stay engaged with services.

The DCF RBA report card answers the question “Is Anyone Better Off?” with the measure of whether Work-to-Learn participants achieved educational or employment goals after discharge. Specifically, the report card measures the percentage of youths attending a post-secondary education or vocational program, who graduated or obtained a GED and were employed full-time. Figure V-7 below presents the most recent results.



As the figure shows, the percentage of youth in the Work-to-Learn program meeting their educational or employment goals reached as high as 88 percent in 2012. However, a steep decline is seen in the final quarter of 2012 with a slight improvement in the last two reported quarters of 2013.

## Employment Programs Performance Summary

Symbols Used to Denote Progress (on Measures of How Well and Better Off)

+ Positive Trend   - Negative Trend   ⇔ Little/No Change or Mixed   ? Cannot be Determined

### *How Much Did We Do?*

- Enrollment in the Youth Summer Employment program has grown 67 percent over the last three years. In 2013, there were 350 youth participating in the program.
- Since 2011, the annual budget for the Youth Summer Employment program has increased 45 percent to \$580,000 in 2013.
- In 2013, the Work-to-Learn program has expanded the number of available slots from 356 in 4 locations to 391 in 5 locations.
- The Work-to-Learn program budget has increased 15 percent from almost \$2.3 million in 2011 to \$2.6 million in 2013.

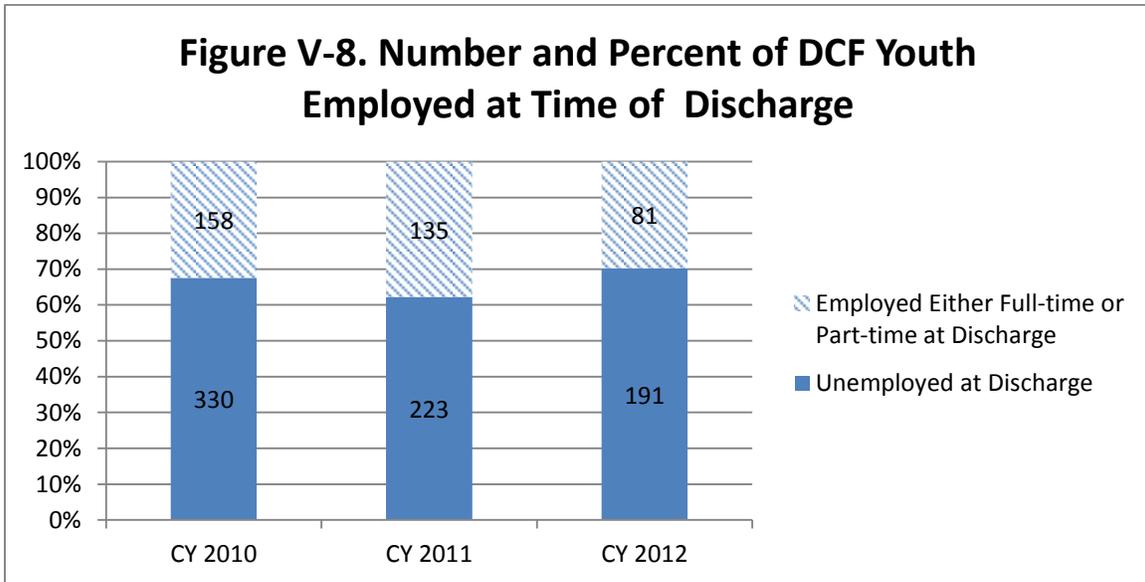
### *How Well Did We Do It?*

Key Measures	Progress	Current Data
Average Cost per Participant	+	<ul style="list-style-type: none"> <li>• The Youth Summer Employment program has lowered the average cost per participant in the last two years.</li> <li>• The average cost per Work-to-Learn participant has decreased in the last two years.</li> </ul>
Work-to-Learn Wait List	?	<ul style="list-style-type: none"> <li>• Despite being reportedly filled to capacity, wait list information was not available.</li> </ul>
Program Completion Rate	+	<ul style="list-style-type: none"> <li>• Slightly more than 90 percent of the Summer Employment youth complete the program on an annual basis.</li> <li>• A growing number of Summer Employment youth are offered year-round employment after completing the program.</li> </ul>
Percentage of Youth Participating in Workforce Readiness Activities	+	<ul style="list-style-type: none"> <li>• Since the end of 2012, there has been an improvement in the percentage of Work-to-Learn youth participating in workforce readiness activities.</li> </ul>
Rate of Work-to-Learn Youth Saving Wages	+	<ul style="list-style-type: none"> <li>• In beginning of 2013, 41 percent of youth met their savings goal, which was a slight improvement from previous quarter.</li> </ul>

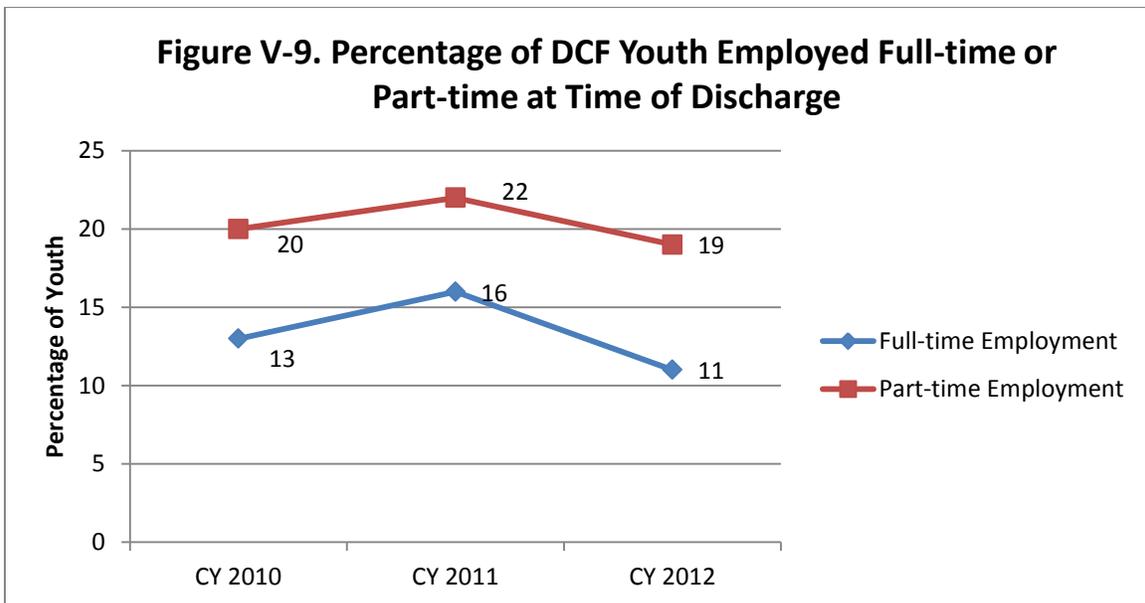
## Is Anyone Better Off?

### Employment Rate of DCF Youth at Discharge

PRI committee staff asked the department to report on the employment rates for all DCF youth discharged in the last three years. The DCF data presented in Figure V-8 indicates that between 2010 and 2012 approximately 62 to 70 percent of youth are unemployed at the time of discharge.



The DCF data shown in Figure V-9 also indicates that youth employed at the time of discharge were more likely to have part-time jobs than full-time employment.



*Discharge plan.* PRI committee staff also asked for information regarding a youth's expected source of income as recorded on the discharge plan, -- for example, if they are anticipating or receiving Supplemental Security Income (SSI), Food Stamps, other government benefits or subsidies. DCF was not able to provide this information.

### **Story Behind the Data and Actions to Turn the Curve**

According to an annual statistical report prepared by the advocacy group Connecticut Voices for Children, the unemployment rate for Connecticut's young workers (age 16 to 24) was 17.1 percent in 2012. This figure is higher than the United States average of 16.2 percent. In addition, the rate of long-term unemployment (i.e., unemployed for more than 26 weeks) for young adults in Connecticut is higher (33.6 percent) than the national rate (27.7 percent).<sup>30</sup>

The research literature indicates that the solution to securing employment is educational attainment, specifically higher education which assists with better paying jobs and exposure to employment opportunities.<sup>31</sup> For those not pursuing post-secondary education goals, studies suggest that participation in strong job training programs can also lower unemployment and raise wages.

#### Best Practices

Youth in care, like all other young people, need opportunities to explore career options and to learn how to function in a professional environment. Among the strategies mentioned in the literature are to:<sup>32</sup>

- Give youth opportunities to learn about career options
- Connect youth to employment opportunities
- Structure opportunities for youth to learn about money management

Career exploration activities such as internships, mentorships, job shadowing, apprenticeships, and attending career fairs should occur prior to an adolescent becoming a young adult. These types of activities may help youth to develop career goals and aspirations that they may not otherwise consider possible. (This is discussed in Chapter IV on Education.)

Financial management and asset building are also important building blocks for independence. One way to help youth accrue assets is through matched savings accounts such as the IDA saving component in the Work-to-Learn program. However, as noted earlier, these supports are available to a limited number of DCF youth in five cities.

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<sup>30</sup> The State of Working Connecticut 2013: Young People in the Workforce, Connecticut Voices for Children, August 2013

<sup>31</sup> Making College Worth It: A Review of Research on the Returns to Higher Education, National Bureau of Economic Research. Available at <http://www.nber.org/papers/w19053>

<sup>32</sup> Negotiating the Curves Toward Employment: A Guide about Youth Involved in the Foster Care System, National Collaborative on Workforce and Disability for Youth, accessed at: [http://www.newdoyouth.info/assets/guides/foster\\_care/Foster\\_Care\\_Guide\\_complete.pdf](http://www.newdoyouth.info/assets/guides/foster_care/Foster_Care_Guide_complete.pdf)

## Other DCF Efforts

*Career Pathways.* The Career Pathways program was created to provide career and job opportunities for DCF adolescents with a focus on intensive training, preparation and employment placement. The program works with community colleges to provide the training and has partnered with companies throughout the state in need of newly-trained workers. Two models are used:

- *Manufacturing Model* is a year-long blended learning program that includes classroom instruction, hand-on machining instruction, and online manufacturing training. Each participant receives a paid internship. Upon program completion, participants may receive full-time subsidized employment at a smaller manufacturing company for up to six months.
- *Non-manufacturing Model* offers paid internships of shorter duration in areas such as EMT, medical office assistant, welding, pharmacy tech, and vet assistant.

Career Pathways is a DCF collaborative effort with five community colleges to offer specialized training in areas recognized as having strong employment needs. The program, in conjunction with the Connecticut Business and Industry Association (CBIA), identifies companies who are seeking newly trained workers and have expressed interest in providing opportunities to DCF youth. Currently, the Career Pathways program is funded specifically for the *juvenile justice* population.

The program focuses on older youth who are graduating or within a year of graduating high school or receiving a high school equivalency diploma. Interested youth take an education assessment test to determine if they have acquired a minimum 9<sup>th</sup> grade proficiency in math and English. These tests are widely used to assess basic reading, math, listening, writing, and speaking skills. Youth may receive tutoring based on their entrance exam scores and allowed to retake the test, if necessary. According to interview accounts and DCF documents, youth have difficulty passing the entrance exams. By several accounts, only half of the program slots could be filled due to inability of youth to pass the entrance test.

To date, DCF has funded this program only for its juvenile justice population and has not served child welfare clients to this point. However, the department reports it will begin to use this program for child welfare clients in 2014 with implementation data available in FY15.

## Recent Legislative Changes

In 2013, Connecticut legislation was passed to grant preference for DCF youth when applying for state internship opportunities. State agencies are required to give youth between the ages of 18 and 24 who were in DCF care on their 18<sup>th</sup> birthday priority over similarly qualified applicants when hiring or placing individuals in internship programs.<sup>33</sup>

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<sup>33</sup> P.A. 13-124

## RECOMMENDATION SUMMARY

- 1. DCF should offer career assessments to assist youth in exploring various career paths and support other career preparation activities such as online research, attendance at career fairs, speaking to a career counselor, or arranging a visit to a work site or job shadowing.**
- 2. DCF should assist foster care parents and other care-givers to help youth understand and practice important skills for obtaining a job such as developing a resume, finding job listings, completing applications, and interviewing (for example, hold mock interviews).**
- 3. DCF should encourage youth participation in volunteer or vocational experience every year starting at an early age.**
- 4. Job training program providers should continue efforts to recruit and re-engage youth participation through mentorships and outreach efforts.**

### Data Development Agenda

DCF has acknowledged the need for further data development in the employment area, including increased efforts in the following programs:

- *Work-to-Learn* - According to DCF, the number of DCF youth completing the Work-to-Learn program is not tracked because the program is designed to be long-term with many youth participating post-DCF involvement. The program is looking to make contact with former clients at six and twelve months post-discharge. Despite some initial reporting glitches, the providers are working towards more accurate data collection and reporting system. The program will also work to discover the reasons and barriers that explain why youth are not engaged. PRI staff believes long-term involvement in the program is a desirable result that DCF should consider measuring as part of its ongoing RBA activities.
- *Job Funnels Program* - The DCF Menu of Services mentions the use of the Job Funnels program as a resource for DCF youth. This Workforce Investment Board (WIB) program offers connections to the construction industry for unemployed and underemployed workers in seven communities. Among the potential occupations include painters, sheet metal workers, carpenters, iron workers, electricians, and plumbers. This is not a DCF program and the department does not collect data for this program. However, DCF education consultants streamline applications and linkages for DCF youth to the program.

As such, DCF should determine, in conjunction with the WIBs that operate the program, whether the applications result in employment for DCF youth. If the program does yield results, then perhaps more DCF efforts should be focused to direct youth into the program. If it does not, the Job Funnel program staff may help inform DCF why its youth are unsuccessful and what can be done, if anything, to improve the program results for DCF applicants.

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## Chapter VI: Health Care

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### Quality of Life Result

All youth who age out of DCF committed care have access to comprehensive, coordinated medical and behavioral health care

Medical and behavioral health care is a significant need for youth in DCF care. Child welfare research and literature indicates that youth in care are more likely than their general population peers to experience physical and mental health issues due to their exposure to maltreatment and trauma.<sup>34</sup> Prior to leaving state care, youth need to learn how to maintain good health habits, secure health insurance, and obtain access to needed medical and behavioral health services.

### DCF CONTRIBUTION TO RESULT

The three areas discussed in this chapter include: access to health care; access to Medicaid; and transitions to other systems of care.

#### Access to Health Care

##### *How Much and How Well?*

The DCF administration of health care is overseen centrally and carried out at the regional level through an array of resource staff including a lead pediatrician, psychiatrist, registered nurses, and pediatric nurse practitioners. Case-specific medical consultation is provided to the DCF facilities, and nursing, medical, and social work staff regarding the medical care of children in DCF custody. DCF also employs health advocates to resolve problems with health care access and insurance coverage for services. In addition, DCF has established several partnerships with community-based providers to address the varying needs of DCF youth.

*Health Advocates.* In 1998, DCF established the Health Advocate program to assist DCF staff, facilities, foster parents, families, and community programs to resolve problems preventing access to medical, dental, vision, behavioral health care and other needed services. Currently, there are four Health Advocates covering six DCF regions. Their responsibilities include:

- verify Medicaid eligibility
- resolve pharmacy issues
- help obtain durable medical equipment
- coordinate multidisciplinary exams
- assist with family assessment and voluntary cases to ensure proper medical coverage
- conduct training for DCF staff, foster parents, and staff in congregate care settings
- find in-network providers or specialty providers

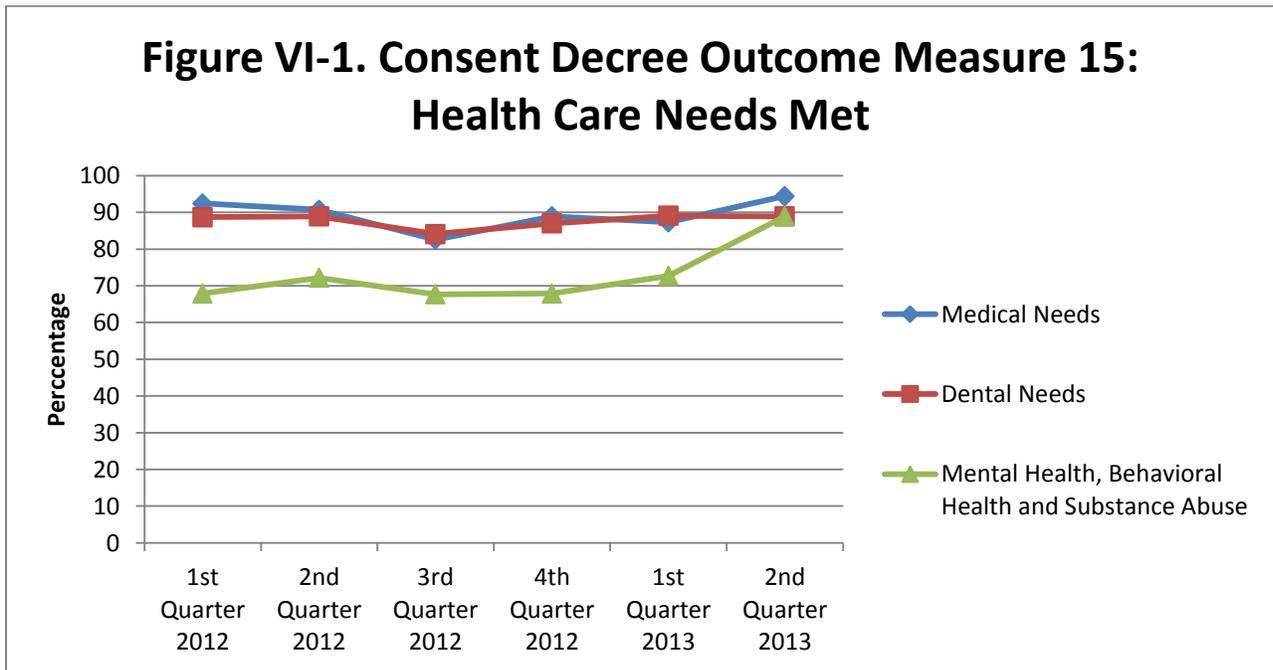
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<sup>34</sup> “Child Welfare: Health Needs of Children in Foster Care and Related Issues”, Congressional Research Service, July 2012

- order medical cards
- assist transitioning youth navigate the insurance system
- ensure all children have dental appointments
- secure insurance payments for unpaid medical bills

PRI committee staff sought medical and behavioral health outcomes for the study’s target population. However, interviews with various DCF health care staff indicated that such data was not readily available. As such, PRI committee staff relied upon analysis contained in the Court Monitor Quarterly Reports.<sup>35</sup>

According to the DCF Consent Decree Outcome Measure 15, “at least 80 percent of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent treatment plan.” DCF and the Court Monitor’s Office jointly conduct a quarterly review to determine if this outcome measure is being achieved using randomly selected cases from all the DCF area offices. The case summaries for each quarter include the percentage of service needs met for medical, dental, and mental health behavioral health and substance abuse areas. Figure VI-1 presented below shows the results as reported by the Court Monitor’s quarterly reports since 2012. As the chart shows, overall improvements are seen in all three areas, in particular a marked improvement in the treatment needs of mental health, behavioral health, and substance abuse.



<sup>35</sup> Filed in 1989, the federal class action lawsuit *Juan F.* against DCF resulted in a consent decree that has had a major impact on the agency’s policies, programs, and resources. An exit plan containing 22 outcome measures are currently used to determine compliance with the *Juan F.* consent decree. The court monitor prepares a quarterly report to track DCF progress on outcome measures using various methodologies including a case file review.

Interviews with various DCF staff indicate that the role of the four DCF health advocates is extremely important and essential to the access and delivery of health care. PRI staff believes that the DCF system may benefit from employing additional health advocates; at a minimum there should be one per regional office. DCF should examine the feasibility of this through a workload analysis.

### **Access to Medicaid**

#### ***How Much and How Well?***

DCF works closely with the Department of Social Services (DSS) to ensure the children and youth in DCF's care maintain medical coverage, without lapse, whenever possible. Until 2014, any youth who was in a DCF-funded placement at the time of his or her 18<sup>th</sup> birthday was eligible to obtain Medicaid coverage until age 21. This coverage was available, regardless of whether the youth chose to voluntarily remain involved with DCF. Certain youth who remain involved with DCF past age 21 were eligible for continued medical coverage until the age of twenty-three, or until their DCF case was closed. Beginning in 2014, the federal Affordable Care Act (ACA) extends Medicaid eligibility to age 26 to all youth who were receiving Medicaid while in foster care on their 18<sup>th</sup> birthday.

When a DCF case is closed, it is the DCF social worker's responsibility to notify the department's Medical Assistance Unit and provide an address for the youth to ensure ongoing medical coverage with DSS. After leaving DCF care, the youth is responsible for communicating any address changes directly to DSS until the youth reaches his or her 21<sup>st</sup> birthday.<sup>36</sup> If the youth does not report a change of address and does not receive the annual Medicaid renewal paperwork, the youth may lose medical coverage.

To maintain coverage after leaving care, youth must annually complete a DSS informational packet. Youth must provide a permanent address at which to receive these packets. Youth who do not fill out annual redetermination forms or do not have a permanent mailing address are at risk of being dis-enrolled from Medicaid.

As noted above, Medicaid coverage is expanded to age 26 pursuant to the federal Affordable Care Act beginning in 2014. The ACA also requires that transition plans for youth aging out of care include information about health insurance options and educate youth about the importance of designating a health care proxy who can, when necessary, make health care decisions on their behalf.

PRI committee staff requested information regarding DCF youth with Medicaid coverage at the various eligibility points: a) ages 13 up to 18, b) 18 up to 21, and c) over 21. The department worked with DSS to provide Medicaid coverage information for the last three years, presented in the tables below.

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<sup>36</sup> This extends to age 26 pursuant to the Affordable Care Act beginning in 2014.

Table VI-1 provides the number of DCF youth with Medicaid coverage for FYs 2011-2013. The number of adolescents (aged 13 up to 18) in Medicaid has decreased since FY 2011. However, the numbers of DCF youth aged 18 and over have remained relatively stable.

<b>Table VI-1. Number of DCF Youth with Medicaid Coverage (FYs 2011-2013)</b>			
Age Category*	FY 2011	FY 2012	FY 2013
DCF Youth Aged 13 up to 18	2,282	2,050	1,769
DCF Youth Aged 18 up to 21	776	723	736
DCF Youth Aged 21 up to 23	392	382	399
*Includes all DCF youth (e.g., juvenile justice)			
Source: DSS			

Table VI-2 presents the number of new Medicaid enrollees in the last three fiscal years. As the table shows, the number of new Medicaid requests for DCF youth over the age of 18 increased 35 percent from FY 2011 to FY 2012 but has remained steady in the last two years. Meanwhile, the number of new enrollees over age 21 has increased 34 percent in the last two years.

<b>Table VI-2. New Medicaid Enrollees By Age Category (FYs 2011-2013)</b>			
Age Category*	FY 2011	FY 2012	FY 2013
DCF Youth Aged 18 up to 21	300	406	409
DCF Youth Aged 21 up to 23	81	85	114
* Does not include undocumented immigrants where ages are unknown.			
Source: DSS			

This data reflects requests for new Medicaid enrollees but does not reflect the number of DCF youth who are eligible for Medicaid but coverage lapsed due to disenrollment. Information regarding the number of DCF youth over the age 18 without healthcare coverage was not readily available because it is the youth's responsibility to maintain enrollment post-DCF commitment and the department does not monitor cases to ensure coverage remains active when DCF youth change their Medicaid assistance category.<sup>37</sup>

*Assignment of Primary Care Provider (PCP).* Prior to leaving state care, each youth should have a primary care provider. A primary care provider (PCP) is the main source of care to make sure youth stay as healthy as possible. A PCP knows a youth's health history and can help coordinate all health care needs as they change over time. It is especially important to have a PCP if the youth has complex or chronic health care needs. All children enrolled in Medicaid are required to have an assigned PCP but information confirming compliance with this mandate was not readily available.

<sup>37</sup> DCF Medicaid Fact Sheet accessed at: <http://www.ct.gov/dcf/lib/dcf/healthadvocates/pdf/medicaidcoverage9-17-13.pdf>

## **Transitions to Other Systems of Care** ***How Much and How Well?***

For some youth aging out, discharge planning means transitioning to another system of care, namely the Department of Mental Health and Addiction Services (DMHAS) or the Department of Developmental Services (DDS). DCF works closely with DMHAS and DDS to help transition aging out youth with behavioral health or developmental disabilities to the appropriate system of care and support services. DCF has separate memoranda of agreement (MOA) with DMHAS and DDS governing the transition process. DCF has an Interagency Client Planning and Treatment Team located in the DCF Central Office to oversee and assist the transition at the local level. The following is a discussion of each transition process.

*Transitions to DMHAS.* DMHAS is responsible for adult mental health services and has no jurisdiction for anyone under 18. DMHAS Young Adult Services (YAS) serves individuals between the ages of 18 and 25 with prior DCF involvement and major mental health history. YAS was established to help young adults successfully transition from DCF to the adult mental health system. YAS provides an array of supports including mental health treatment, employment support, life skill development, and housing assistance. YAS also accepts other young adults with no DCF involvement.

Currently, there is a memorandum of agreement (MOA) outlining the specific steps and guidelines to be used when transitioning clients between DCF and DMHAS. In particular, the MOA states potential transitioning clients must be identified as early as possible in order to develop appropriate plans.

Clinical staff in DCF area office begins screening youth at age 15 to determine if a DMHAS referral is appropriate. If a youth enters DCF care after age 15, he or she is screened at that time. Screening consists of a review of current and past diagnoses of a major mental illness, related treatment history, trauma history and functioning level, and current and anticipated needs.

Using a combination of factors, a team of DCF staff (including licensed mental health professionals) review a list of DCF youth who have been identified as potentially eligible for DMHAS services. Once a determination is made that a DMHAS referral is appropriate, the referral is prioritized into two groups. The first priority group is deemed an immediate referral and is aimed for youth who have diagnoses of:<sup>38</sup>

- Schizophrenia
- Psychotic disorder NOS (Not Otherwise Specified)
- Schizoaffective disorder
- Bipolar
- Major depression
- Post-traumatic stress disorder
- Obsessive compulsive disorder

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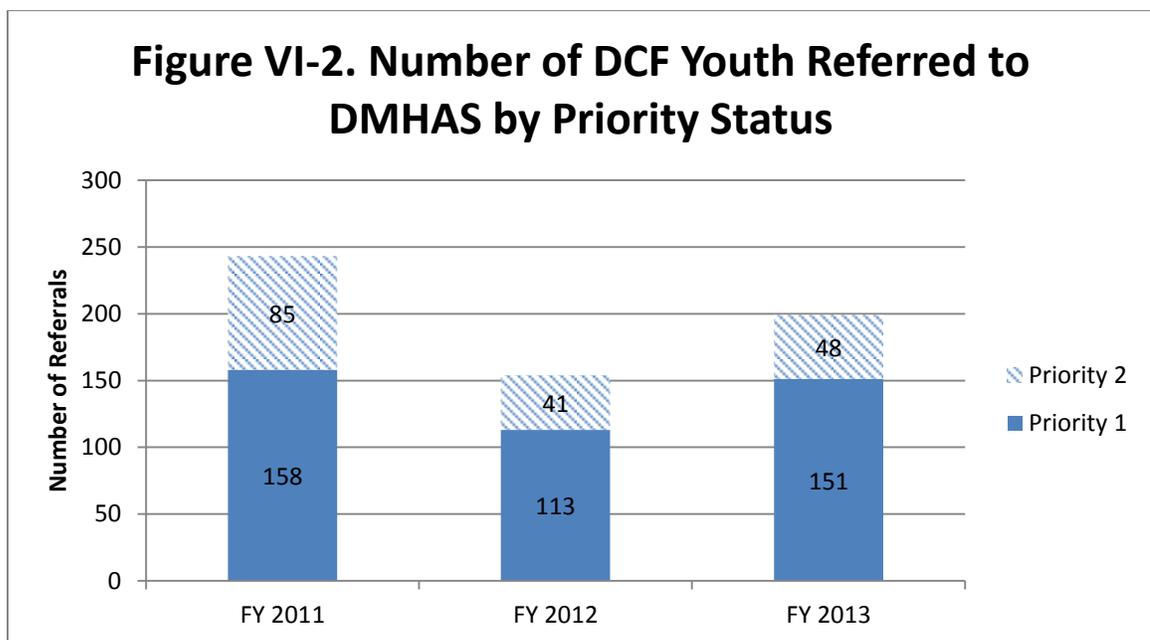
<sup>38</sup> This group also includes anyone with a psychosexual history (sexually offending or sexually reactive behavior) who has one or more of these diagnoses.

- Significant/serious personality disorder
- Pervasive developmental disorder in addition to one of the above diagnoses and without a co-occurring mental retardation

The second priority group does not have any of the diagnoses listed above, but may have a combination of the following:

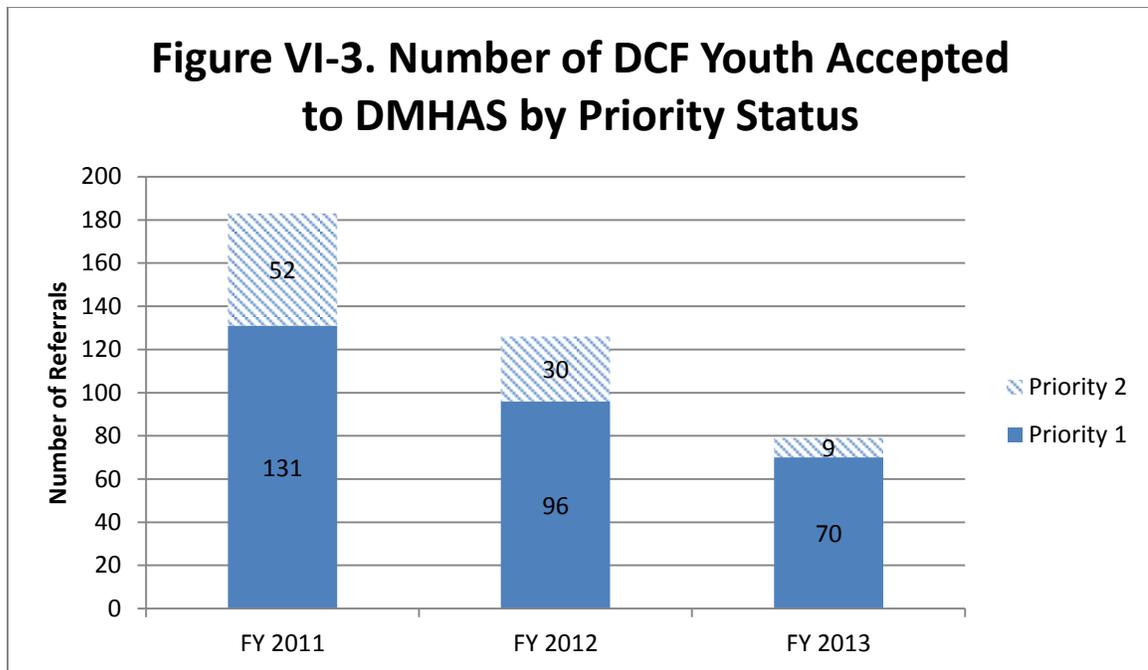
- Diagnosis of reactive attachment disorder, anxiety disorder, depressive or mood disorder NOS ( as opposed to major depressive disorder), or serious personality disorders;
- Diagnosis of conduct disorder or oppositional defiant disorder with a history of trauma, multiple and/or lengthy psychiatric hospitalizations, use of medications, residential treatment and/or disrupted placements, functional deficits, and/or significant behavioral dyscontrol; or
- Pervasive developmental disorder or other autism spectrum disorder (e.g., Asperger’s) with high risk/dangerous behaviors (that put themselves or the community at risk) and a significant need for supportive services at the point of DCF age-out and without a co-occurring diagnosis of mental retardation.

Figure VI-2 shows the overall total number of DCF referrals to DMHAS has decreased in the last three years. In FY 2011, there were 243 referrals. A substantial drop in referrals occurred in FY 2012 but an increase is seen in FY 2013. While the number of Priority 1 referrals has remained somewhat stable, the number of Priority 2 referrals has substantially reduced. Over the last three years, DCF has made 596 referrals to DMHAS.<sup>39</sup>



<sup>39</sup> These totals do not include voluntary or committed delinquent youth.

Of the total 596 DCF youth referred to DMHAS since FY 2011, 388 or 65 percent have been accepted so far (Figure VI-3). More than two-thirds of those accepted are Priority 1. Of the total 174 Priority 2 referrals to DMHAS made since FY 2011, slightly more than half have been accepted.



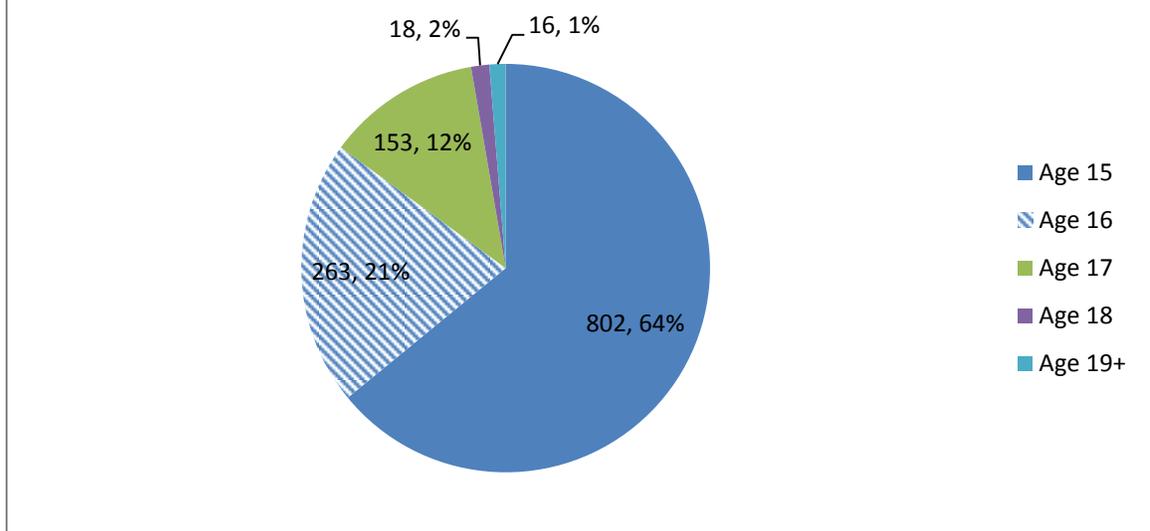
According to DMHAS, youth are accepted for services on the basis of a combination of factors including psychiatric diagnosis, behavioral presentation, cognitive functioning, trauma history, academic status, and life skills preparation. Some DCF-referred youth do not meet the admission criteria due to the following reasons: a) the youth does not hold a psychiatric diagnosis; b) the youth exhibits severe cognitive deficits and behavioral problems not related to a mental illness; or c) the primary diagnosis is organic brain dysfunction or neuro-cognitive deficits that are not treatable in DMHAS settings.

According to DCF, youth who are not accepted but would benefit from a lesser level of support are directly referred to their local mental health authority (LMHA).<sup>40</sup>

*Age of youth at screening and referral.* Figure VI-4 demonstrates that approximately 85 percent of DCF youth identified for transition to DMHAS are between the ages of 15 and 16. A small percentage of youth aged 18 and older are identified for referral to DMHAS.

<sup>40</sup> LMHAS offer a wide range of DMHAS- funded therapeutic programs and crisis intervention services statewide.

**Figure VI-4. Age of DCF Youth When Identified for Transition to DMHAS (FY 2011-2013)**

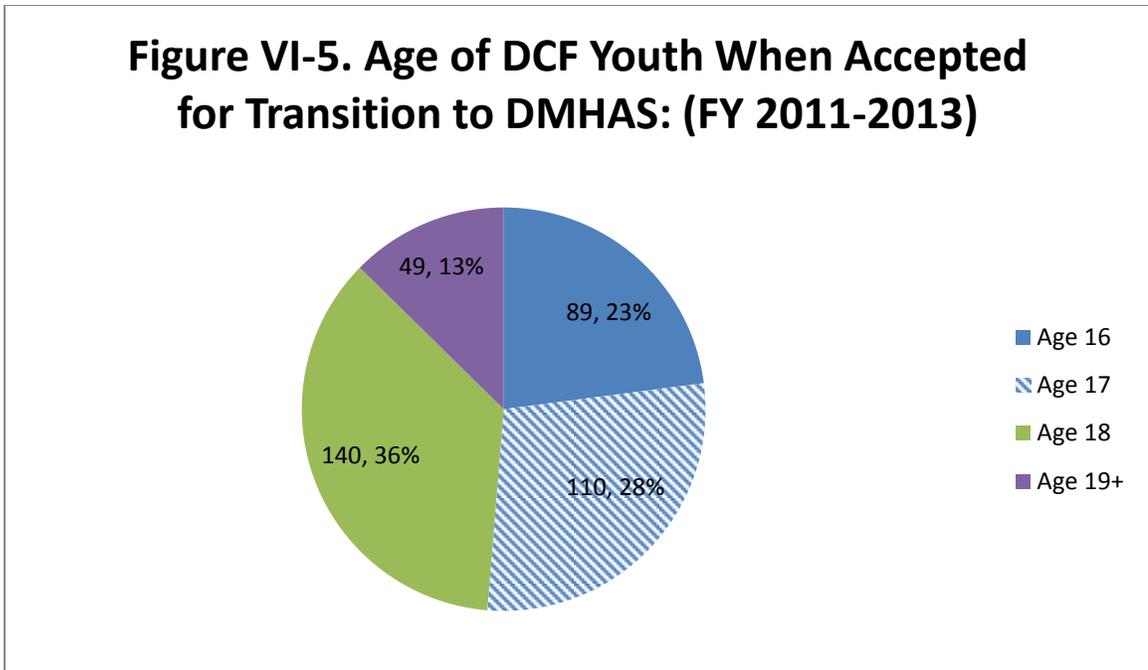


A larger number of DCF youth are screened than the number referred because DCF prefers a broader view for this population. It is possible that a handful of youth may be screened as ultimately requiring DDS services rather than DMHAS. Furthermore, a youth who is initially screened out at an earlier age may be re-evaluated at a later age if circumstances change.

*Age of youth at acceptance.* Figure VI-5 illustrates more than half (51 percent) of DCF youth are determined eligible for transition to DMHAS between ages of 16 and 17. The remainder are determined at age 18 and older. There are several factors that may impact at what point to transition a youth to DMHAS including:

- the youth's legal status with DCF,
- participation in educational/vocational program,
- the youth's willingness to voluntarily remain with DCF after age 18, and/or
- a determination of which system has the services to best meet the youth's needs.

**Figure VI-5. Age of DCF Youth When Accepted for Transition to DMHAS: (FY 2011-2013)**



Once a determination is made that DMHAS services are required, a referral is submitted through the DCF Central Office to DMHAS Young Adult Services. The MOA lays out an extensive list of information that must accompany the DCF referral package. DMHAS attempts to review DCF referrals within six months of receipt. All eligibility determinations must be made within one year of receiving the DCF referral. DMHAS has sole discretion to determine eligibility.

Each agency is required to maintain a centralized process to track and monitor progress. The MOA specifically states data on the timeliness and completeness of referrals and the timeliness of eligibility must be reviewed regularly at interagency meetings.

During FYs 2011-13, the average length of time between when a DCF referral was made and when a referral was accepted to DMHAS is slightly less than a year (347 days). As of November 20, 2013, there were 85 DCF youth waiting for a DMHAS eligibility determination.

Statutorily, DMHAS cannot begin services until age 18. The length of time between the eligibility determination and when services begin may vary depending on the youth's individual circumstances. It is important to note that transition times may vary. Theoretically, it may take up to seven years to complete the transition from DCF to DMHAS. For example, a youth may be initially screened at age 15, referred at age 16 but does not transition until age 21. Therefore, it is unlikely that DMHAS services will start within the same year.

Typically, a youth does not transition during the same year in which either a referral or eligibility determination is made. The primary reason a DCF referred youth who is eligible for DMHAS services does not transition is due to the youth's personal decision not to accept services upon reaching age of majority.

DMHAS Young Adult Services (YAS) are voluntary and the individual must be willing to accept the intensive level of care once they are deemed eligible. Staff and advocates have stated that keeping youth engaged is paramount to success. After many years of DCF treatment, many youth are reluctant or have no interest in continuing in another system of care once they reach the age of majority.

When youth with behavioral health needs are not in engaged in necessary support services they become at risk of homelessness and/ or many other negative outcomes such as involvement with law enforcement or engage in dangerous risky behaviors. Anecdotally, advocates claim DCF youth who do not successfully engage with the state adult mental health system end up homeless since housing is usually tied to treatment. This underscores the need for more data regarding number of youth who have disrupted transitions and how to reduce those disruptions.

*Planning.* Pursuant to the MOA provisions, DCF and DMHAS must conduct at least one joint transition planning meeting where an individualized transition action plan is completed. The MOA stipulates all the elements that must be part of the transition plan. Comprehensive transition planning allows DCF to support and prepare a youth for change and for DMHAS to try to accommodate the young person's specific needs ahead of time. Both DCF and DMHAS have liaisons and interagency teams that communicate on a regular and ongoing basis so that the referral and transition process can be monitored and problems can be identified and resolved.

Of the DCF youth transitioned to DMHAS between FYs 2011 and 2013, approximately 17 percent had a DMHAS case plan in place prior to transition. DCF, in conjunction with DMHAS, should ensure all youth have a case plan prior to transitioning.

The timing of the development and implementation of the transition plan is determined on a case-by-case and based on the youth's individual needs. The transition plan takes into account the appropriate level of residential setting needed, the type and amount of community supports required, educational and/or vocational needs, government benefits, life skills deficits, and treatment recommendations. The transition plan must be agreed to by the youth and both DCF and DMHAS prior to transition.

In cases where capacity within DMHAS is not available, appropriate, or adequate to meet a youth's needs, DCF and DMHAS must collaborate to develop an individualized plan that may be funded by DCF, within available resources, as long as the youth meets criteria for continued DCF involvement.

*Transitions to DDS.* DCF and DDS also have a MOA regarding agency interaction for youth eligible for DDS services. DCF must refer youth in its care to DDS when there is a reasonable expectation the youth is eligible for DDS services. Both DCF and DDS must collaborate in the transition planning, which may occur between the ages of 16 and 21 depending on youth's individual circumstances. Pursuant to the MOA, DCF may maintain primary responsibility for this population of youth in its care and custody up to age 21.

Annually, DCF must provide DDS with the names of DCF youth that have been determined eligible for DDS services, in accordance with DDS criteria.<sup>41</sup> The determination is based on a combination of youth IQ scores and functional and adaptive skill level. Youth who are tested prior to age 18 and have Full Scale IQ scores below 70 are referred to DDS. Youth with IQ scores at or around 70 also need adaptive behavior and functional skill level testing to determine DDS eligibility.

For DCF cases involving youth with developmental disabilities aged 16 and older, DCF must provide DDS with updated psychological and adaptive testing to verify continued eligibility. When necessary, DCF will work with DDS to determine if a youth under age 21 needs behavioral health services and assist in gaining access to those services.

If the youth has a concomitant major mental illness, DDS eligibility must be determined first before a DMHAS referral decision is made. However, DDS and DMHAS referrals may be made simultaneously if timing is of concern. Youth with pervasive developmental/autism spectrum disorders are first referred to DDS, then to DMHAS.

Prior to transfer to DDS, a transition planning meeting must be held to:

- review current services and supports in place,
- determine whether changes are needed prior to transfer,
- confirm that a DDS provider will be ready for the transfer,
- explain program guidelines and requirements with parent/guardian,
- discuss transition timing and contacts for the family, and
- identify any other outstanding issues to be resolved prior to transfer.

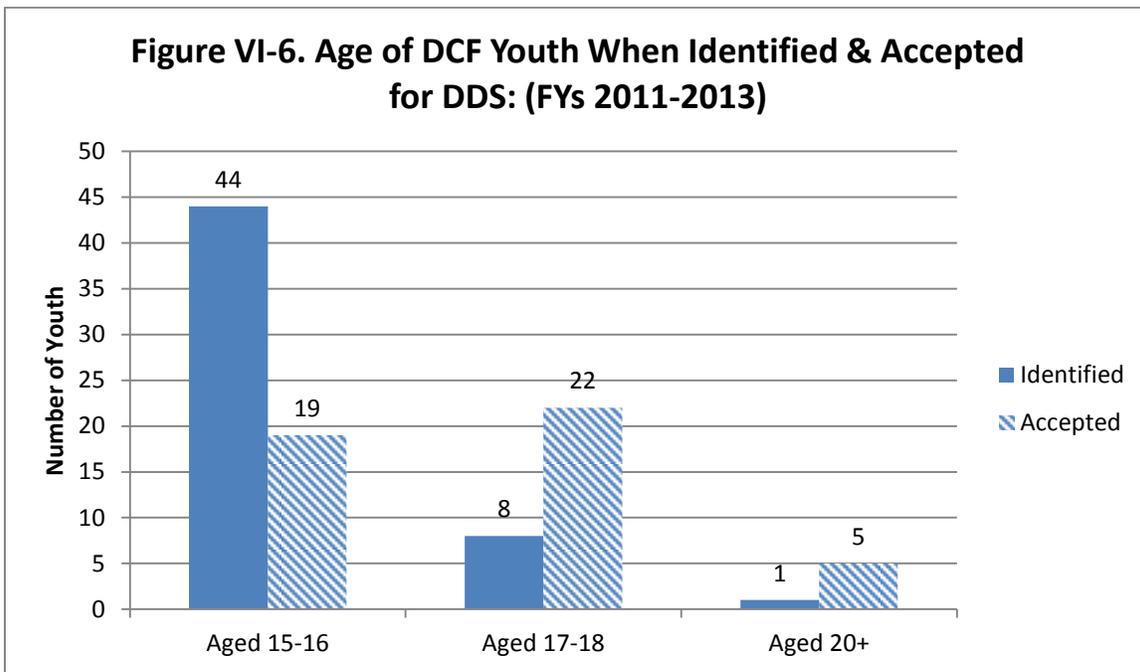
DCF and DDS staff must meet prior to the transfer to confirm that a coordinated transition plan exists and all required transition activities are noted, delegated, and completed. The plan must have a listing of ongoing services and support needed in the areas of residential, health, mental health, entitlements, education/vocation, recreation, and family/community involvement. Once the transfer occurs, DDS provides all appropriate supports and services previously provided by DCF.

Unlike the group of youth transitioning to DMHAS, the number of DCF youth transitioning to DDS is substantially smaller. Generally, there is a number of DCF youth who are identified for DDS services under the age of 15.<sup>42</sup> As shown in Figure VI-6, between FYs 2011 and 2013, there were 53 DCF youth age 15 and older who were identified for transition to DDS. Forty-four (83 percent) were identified between the ages of 15 to 16. During this same time period, 46 youth were accepted for DDS transition. The vast majority of DCF youth were between the ages of 15 and 18 when they were accepted for transition to DDS. A handful of DCF youth were transitioned to DDS after age 18.

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<sup>41</sup> To be eligible for DDS services, an individual must be a Connecticut resident and a) have intellectual disability as defined by state law, b) have a diagnosis of an autism spectrum disorder, c) have a medical diagnosis of Prader-Willi Syndrome, a neurobehavioral genetic disorder.

<sup>42</sup> Many times children with developmental disabilities are known to DDS prior to DCF involvement.



PRI committee staff requested similar information regarding transitions to DDS as was requested for transitions to DMHAS. However, information for the DDS population is not centralized like the data for the DMHAS population. Transitions to DDS are handled at the DDS regional level. As such, PRI was not able to obtain certain information regarding the average length of time between a DCF referral and acceptance to DDS because transfer time-frames are handled on a case-by-case basis. In addition, DDS does not maintain a waitlist for eligibility for DCF youth.

## Health Care Programs Performance Summary

Symbols Used to Denote Progress (on Measures of How Well and Better Off)

+ Positive Trend   - Negative Trend   ⇔ Little/No Change or Mixed   ? Cannot be Determined

### *How Much Did We Do?*

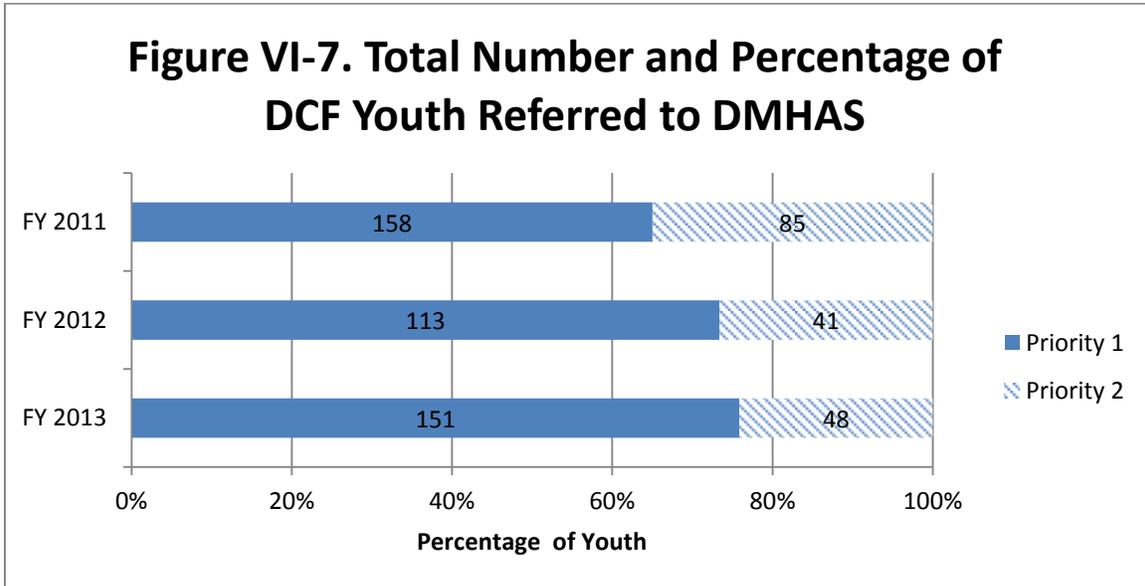
- The number of DCF youth aged 18 and older enrolled in Medicaid increased since FY 2011. There has been a 34 percent increase in the number of DCF youth aged 21 and over with Medicaid coverage in the last two years.
- Every youth enrolled in Medicaid must have an assigned primary care provider.
- Pursuant to federal law, each youth must have an assigned health care proxy at discharge.
- The overall number of referrals to DMHAS has decreased since FY 2011.
- Since FY 2011, there have been 53 youth age 15 and older identified for transition to DDS.

### *How Well Did We Do It?*

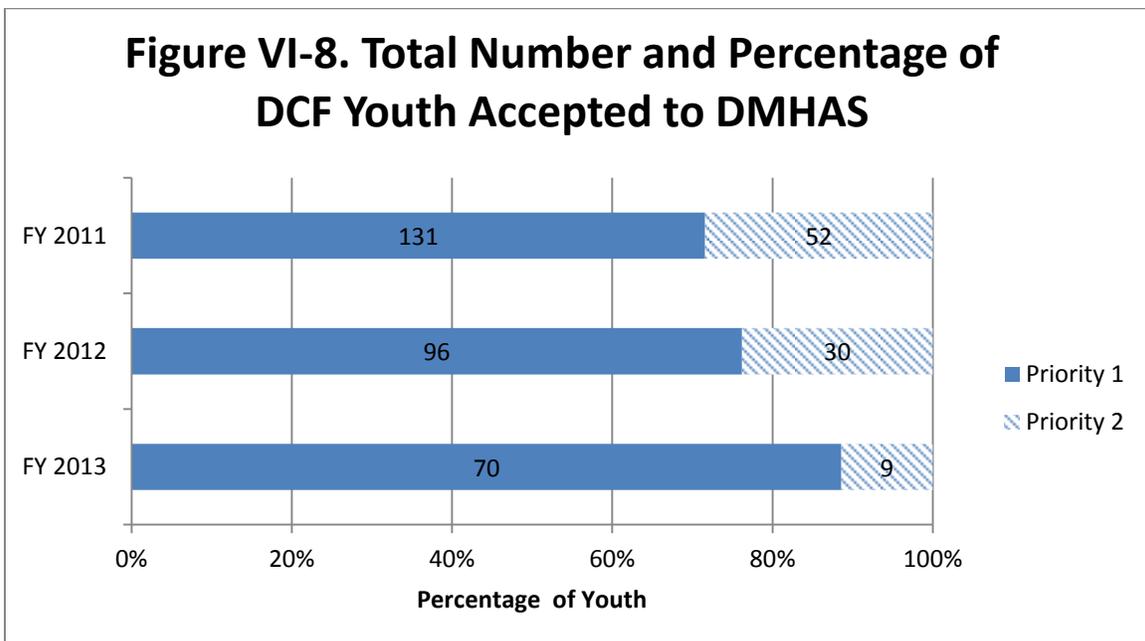
Key Measures	Progress	Current Data
Access to Health Care	⇔?	<ul style="list-style-type: none"> <li>• DCF employs four health advocates to cover six regions.</li> <li>• There has been improvement in meeting the medical, dental, mental health and other service needs of DCF youth.</li> <li>• DCF did not provide data confirming the percentage of youth with an assigned primary care provider or health care proxy.</li> </ul>
Access to Medicaid	+?	<ul style="list-style-type: none"> <li>• The number of DCF youth enrolled in Medicaid has grown.</li> <li>• DCF does not monitor for Medicaid eligible youth who have inactive coverage.</li> </ul>
Timely Referrals, Rate of Acceptance, and Case Planning for Transition to DMHAS	⇔	<ul style="list-style-type: none"> <li>• Approximately 70% of Priority 1 referrals to DMHAS are accepted while more than half of the Priority 2 referrals are accepted.</li> <li>• Average length of time between when a referral is made and accepted is slightly less than a year.</li> <li>• Approximately 17% of youth had DMHAS case plan in place prior to transition.</li> </ul>
Timely Referrals, Rate of Acceptance, and Case Planning for Transition to DDS	?	<ul style="list-style-type: none"> <li>• Data regarding transitions to DDS was not available because information is not centralized.</li> </ul>

## Is Anyone Better Off?

Figure VI-7 shows for the last three fiscal years the annual percentage of DCF referrals to DMHAS deemed Priority 2 has decreased.



During the same time period, the number and percentage of Priority 2 youth accepted for DMHAS services has significantly dropped (Figure VI-8). In FY 2011, 28 percent of the referrals accepted by DMHAS were Priority 2. By FY 2013, only 11 percent of the DCF referrals accepted by DMHAS were Priority 2. However, over the last three fiscal years, the percentage of DCF youth designated as Priority 1, those requiring immediate referral, has increased.



## Story Behind the Data and Actions to Turn the Curve

Youth who age out of care are likely to have substantial medical and behavioral health needs and, due to their unemployment or low-paying jobs, are likely to be dependent on public insurance programs such as Medicaid. They are also more likely to utilize crisis-driven care in hospital emergency rooms.

### Access to Medicaid

Connecticut Voices for Children, a research-based advocacy group for children and families, published a number of recommendations that address many of the administrative and policy challenges of implementing the new health care provisions of ACA for foster care youth.<sup>43</sup> PRI committee staff review of the proposals found that many of the suggested changes merit consideration by DCF to increase access to Medicaid including:

- Amend DCF policy on transition plans to clearly state the need to inform all youth of the new ACA provision extending Medicaid to age 26 and the importance of providing youth instruction on how to ensure ongoing coverage.
- Familiarize youth with the Medicaid applications and redetermination paperwork and provide opportunities to practice filling out necessary paperwork prior to discharge from DCF care. This may be incorporated into Life Skills instruction.
- Teach youth how to access and use the DSS' online ConneCT system that allows Medicaid recipients to review benefits and update their information such as address changes online.
- Work with DSS to ensure youth categorically eligible for Medicaid as a foster care adult are not dis-enrolled because annual redetermination applications are not properly submitted. This should also include outreach efforts with DMHAS and DDS to identify and inform youth formerly in DCF care of their potential eligibility under the new ACA provisions.

### Transitions to DMHAS

At the October 2013 PRI public hearing, DMHAS testified to the challenges the agency presently faces for serving young adults:

- Adequate funding to meet the needs of this population in terms of who to treat, what to offer, and for how long services will be provided;
- Identification and engagement of youth who are in the community who meet eligibility for services;
- Integration of resources: data, programs, and funding from multiple agencies;

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<sup>43</sup> "Health Reform Provides New Health Coverage for Youth Formerly in Foster Care", Connecticut Voices for Children, July 2013

- Developing a system that will continue to support young adults after they transition to the adult services system; and
- No monitoring or tracking system between agencies, school systems, private providers.

According to advocate testimony, aging out youth with mental health needs are vulnerable to fall through system cracks despite the existence of interagency agreements. Advocates claim many youth are not referred to DMHAS in a timely manner. They also claim youth drop out of services due to the lack of early planning and appropriate placements. Advocates expressed concern that there are many DCF-involved youth with identified mental health needs that are not eligible for Young Adults Services (YAS) at DMHAS.

PRI committee staff analysis found that the majority of youth are identified and screened between the ages of 15 and 16. Although some advocates propose screening earlier for better planning, youth continue to experience considerable change between age 16 and point of transition. In fact, a proportion of youth will not present symptoms of serious mental illness until their late teens or early twenties.

However, PRI committee staff analysis found only 17 percent of DCF youth had a DMHAS case plan in place prior to transition despite the early screening process. DCF staff contends that the screening, referral, and eligibility determination processes are operating well but believes greater focus is needed on transition planning and life skills development for this population.

Anecdotally, PRI staff was told that DCF youth who transition to DMHAS services are ill-prepared for community life. The lack of preparedness impairs DMHAS's efforts to engage youth in services and may delay their treatment. Many agree that part of the challenge is the differing approaches of a child welfare system and an adult mental health system. According to some, DCF maintains a paternalistic approach where youth are "hand-held" through all services and staff bears the responsibility to ensure youth attend treatment. Alternatively, DMHAS expects young adults to be independently responsible to attend services. By some accounts, DCF youth leave care unprepared to live independently or even understand basic necessities such as how public transportation works so they can get to treatment.

### Life Skills for Transitioning Youth to DMHAS

As noted above, DCF and DMHAS staff has indicated that many youth transitioning from DCF care to DMHAS Young Adult Services (YAS) are not ready for independent living and lack the skills required for successful integration into the community. Among the examples cited by agency staff include that many of the young adults transitioning have not been in a grocery store, used a stove, slept in a room alone, or been responsible for keys, identification cards, or money.

The current MOA between DMHAS and DCF requires the agencies to work jointly to develop a system specifically designed for transitioning youth with better independent living skills.<sup>44</sup> Youth transitioning into DMHAS are typically diagnosed with a severe and persistent

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<sup>44</sup> DMHAS/DCF Interagency Agreement, December 27, 2011, (Section U)

mental illness and often have cognitive impairments. They need proper evaluation, planning, and individualized and specialized skill building for life skills training.

Their instruction likely requires more than the typical classroom or group setting instruction offered by DCF's community-based life skills programs. Rather, a more customized teaching approach will be necessary and must incorporate training others involved with the youth to reinforce the skills taught and provide real life opportunities for practicing skills.

Acknowledging this need, DCF is working with DMHAS, and Community Mental Health Affiliates (CMHA) to conduct a pilot project for assessing and monitoring life skills for DCF youth transitioning to DMHAS. Using DCF's New Britain area office as a test site, a new life skills assessment tool has been implemented known as Learning Inventory of Skills Training (LIST). The assessment tool was developed with assistance from DMHAS occupational therapists in order to better rate and identify skills where the youth may need improvement.

Every DCF referral package to DMHAS must include a recent assessment with identified strengths and deficits. The information is completed at time of referral, at six months, one year, and six months prior to transition. The information is used in a joint treatment/transition planning for youth identified to have significant deficits in the life skills domains. This will help to identify treatment needs and the appropriate level of care and monitor progress for the youth. It also will help identify youth in need of significant supports.

To date, LIST training has been provided to area office staff by DMHAS occupational therapists. The expectation is to implement statewide in the near future and eventually use the data in a longitudinal capacity.

*Emergency and respite beds.* One ancillary concern for youth with behavioral health issues mentioned by both agency staff and community providers is the lack of emergency and respite beds for youth over the age of 18 who are still in DCF care. This is problematic in that case workers must sometimes scramble when incidents occur requiring supervised placement and may result in an extended period of time in an inappropriate placement such as an emergency room. An examination of this issue could be part of the DCF residential needs assessment recommended in Chapter III on housing programs.

### Transitions to DDS

Given that certain data was not readily available, PRI committee staff could not fully evaluate the transition process for DCF youth to DDS. PRI committee staff recommends that the MOA between DCF and DDS be modified to include provisions regarding maintaining a centralized process for referral receipt, eligibility determination and transition planning. Similar provisions are already part of the MOA governing the DMHAS transitions.

*Disincentive for permanency.* During interviews with various agency staff it was noted that there is disincentive to achieve permanency for youth who transition to DDS. As the system exists today, the array of services and supports available through DDS shrinks significantly if the youth leaves DCF for a permanent family (e.g., adoption) prior to transition as compared to a

youth who transitions with DCF as the legal guardian. For example, a youth requiring and receiving intensive 24-hour care in a foster home who is adopted prior to transitioning to DDS will lose the funding associated his or her DCF care. Instead, the young person would become part of the general population seeking and perhaps waiting for DDS services. As a DCF youth, the funding stays intact until the transition is complete. As mentioned in Chapter II on Permanency, this issue was also raised by the Permanency Roundtable Team (PRT) report as a recurring theme that should be examined. PRI committee staff concurs with the PRT recommendation and has been told that both DCF and DDS are looking into the issue.

### Data-Sharing for Transitioning Youth

Currently, the MOA between DCF and DMHAS directs DCF to provide extensive information to DMHAS about transitioning clients.<sup>45</sup> Youth transitioning from DCF to DMHAS are likely to have extensive histories of abuse and neglect, trauma, complex mental health needs, and multiple placements.

Interviews with various agency staff suggest the medical and behavioral health records of DCF youth are often incomplete and difficult to locate as a result of many moves, lost records, and lack of access to former provider records. An individual treatment history can provide important information for preventing and treating ongoing and future issues. It is therefore essential that DCF compile and preserve the treatment records of youth in care so informed decisions about their health as adults can be made.

Permanency roundtable teams<sup>46</sup> expressed concern about the way in which transitions from DCF to DMHAS and DDS occur. PRT proposes a more collaborative planning process. This requires better data sharing among agencies in order to better understand the types of services and supports needed to support these transitions, what successful transition looks like, and how youth fare beyond the transition.

## **RECOMMENDATION SUMMARY**

### **Access to Health Care and Medicaid**

- 1. DCF should examine the current DCF health advocate workload to determine the need to have, at a minimum, one health advocate in each regional office.**
- 2. DCF should consider implementing the recommendations proposed by Connecticut Voices for Children to ensure continued Medicaid coverage.**

### **Transitions to Other Systems of Care**

- 3. An appropriate case plan must be in place prior to transition of a DCF youth into another system of care.**

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<sup>45</sup> DMHAS/DCF Interagency Agreement, December 27, 2011 (Section B)

<sup>46</sup> Permanency roundtable teams are discussed further in Chapter II.

- 4. Collaboration between DCF and DMHAS should continue on the Learning Inventory of Skills Training (LIST) program.**
- 5. The DCF placement needs assessment should include a determination of sufficiency of emergency and respite beds for youth with behavioral health issues over the age of 18 in DCF care.**
- 6. The memorandum of agreement (MOA) between DCF and DDS should be modified to include provisions regarding maintaining a centralized process for referral receipt, eligibility determination, and transition planning.**
- 7. Improvements should be made to ensure better data-sharing occurs in a timely fashion for youth transitions to DMHAS and DDS.**
- 8. DCF, together with DDS, should examine whether disincentives exist for adopting or seeking legal guardianship of youth requiring DDS services. If so, the agencies should prepare potential statutory or administrative remedies to address such disincentives.**

## **Data Development Agenda**

### Medical Health Care

DCF should be able to collect information that was not readily obtainable for the PRI request. In particular, the PRI committee staff wanted to determine what number, if any, of DCF youth are discharged without Medicaid coverage. DCF was not able to provide this data or information regarding the assignment of a primary care provider or a health care proxy at time of discharge. Confirmation of these items is critical to ensure youth have access to health care coverage and resources available to receive appropriate health care.

### Behavioral Health Care

Currently, DMHAS collects quarterly data regarding YAS consumers' participation in school, work, and vocational programming. DMHAS has recently developed a mechanism to collect additional data in specific areas of transition, engagement in adult services, and success in independent living. This information should be shared and analyzed in collaboration with DCF to assist in evaluating programs and services.

Finally, it is important to note that providing access to medical or behavioral health care does not guarantee availability of appropriate services. As has been stated in other chapters, this issue is beyond the scope of this study and perhaps warrants continued review.

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## Chapter VII: Life Skills, Re-entry, and Targeted Services

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### Quality of Life Result

All youth who age out of DCF committed care possess the life skills to successfully enter and navigate adulthood.

Research shows that young adults without essential independent living skills are much more likely to experience academic, social, and employment failure and are at greater risk to experience homelessness. Youth who lack independent living skills also have a significantly higher probability to become involved in substance abuse and involved in the criminal justice system.<sup>47</sup> Furthermore, national research has shown that young women in or with history of foster care are at a significantly higher risk of becoming pregnant as adolescents or young adults than are youth who have had no involvement in foster care system.

### DCF CONTRIBUTION TO RESULT

Among the DCF programs and services aimed at developing life skills, offering aftercare, and serving specific target populations include:

- *Community-Based Life Skills & Life Skills Programs*
- *Re-entry Services*
- *Targeted Services*

### **Community-Based Life Skills & Life Skills Programs**

#### *How Much and How Well?*

Pursuant to department policy, life skills courses are offered to DCF youth beginning at age 15 and older. Life skills education and training programs are available to DCF youth in different environments. The department's primary life skills program, Community-Based Life Skills (CBLS), is offered by contracted providers and is designed for and largely used by foster care youth living in the community. The program currently uses the Casey Life Skills assessment tool to determine areas in which a youth needs instruction and improvement.

Youth in Therapeutic Foster Care (TFC) homes receive life skills education from the TFC provider and also utilize components of the Casey Life Skills. For youth residing in congregate care, life skills instruction is offered as a part of the facility program services on a case-by-case basis. The completion of life skills instruction is required for participation in DCF's independent living program.

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<sup>47</sup> Courtney, M.E. & Dworsky, A. (2005) Midwest Evaluation of the adult functioning of former foster youth: Outcomes at age 19. Chicago, IL: Chapin Hall Center for Children at the University of Chicago

*Community-Based Life Skills (CBLS)*. CBLS services are available to DCF committed youth aged 15 and over who reside in foster care homes. Youth are referred to the program by their social worker and priority is given to older youth. The program employs contracted providers to teach courses on tasks of independent living such as laundry, cooking, and basic budgeting.

Using the Casey Life Skills tool, each youth conducts a self-assessment together with primary caretakers on areas such as: daily living, self-care, relationships and communication, housing and money management, work and study life, career and education planning. The youth then attends a minimum of 100 hours of combined classroom and individual services. Primary caregivers are encouraged to reinforce the classroom taught skills in the home environment. A monthly report is sent to the social worker regarding the youth's attendance and progress.

According to DCF policy, the CBLS program must use DCF approved curriculum covering employment, housing, money management, consumerism, transportation, health, leisure time, and the environment. It should also cover intangible or soft skills, such as personal decision-making (drugs/alcohol and sexuality), self-esteem, separation and loss, interpersonal and communication skills, decision-making, goal-setting, and problem-solving. As part of its course, CBLS must develop a catalog of community resources and teach youth how to use community systems and services.

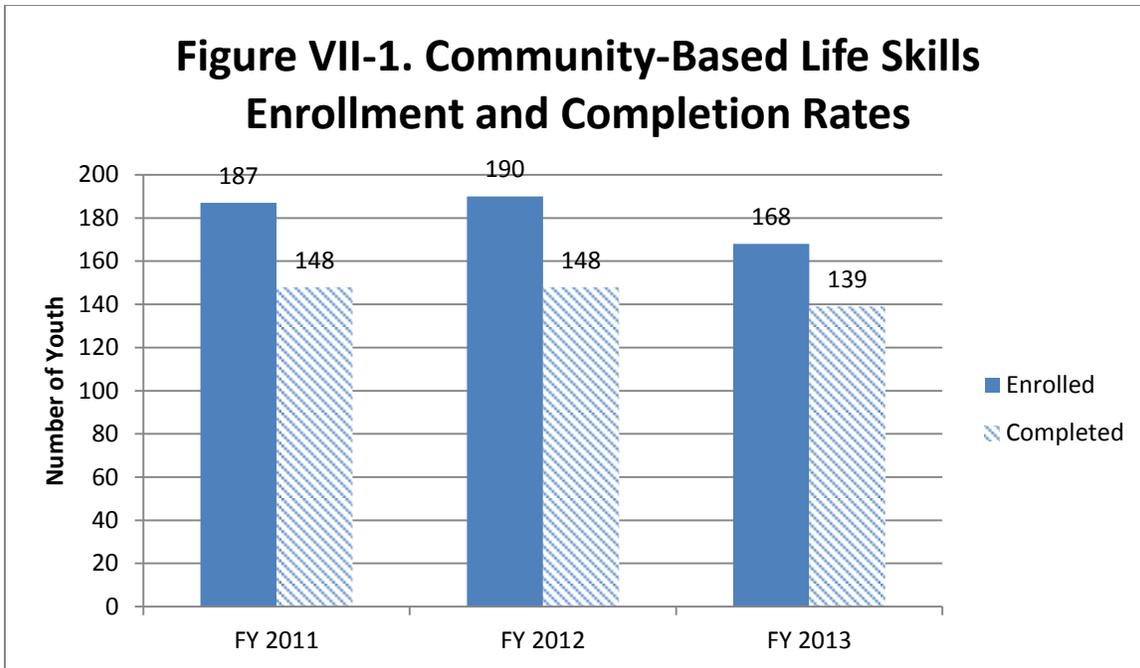
PRI staff asked DCF to provide three years of data on the life skills (LS) instruction for DCF youth including enrollment and completion rates, age of youth at time of completion, and percentage of youth having completed life skills at time of discharge.

Although data was provided for the Community-Based Life Skills program, information regarding life skills instruction in DCF facilities is not tracked. DCF reports that the TFC and congregate care program leads are working to incorporate life skills data into the department's Program and Services Data Collection and Reporting System (PSDCRS).<sup>48</sup> The information presented below pertains to the Community-Based Life Skills program.

DCF reports 23 life skill course sessions were offered annually in FYs 2011 and 2012 through the community-based programs while 28 CBLS course sessions were given in FY 2013. For each year, there were a total of 196 contracted slots available through ten contracted providers. As depicted in Figure VII-1, the annual number of DCF youth enrolled and completing the community-based life skills programs has decreased since 2011. However, the percentage of youth completing the program has improved slightly from 79 percent in FY 2011 to 83 percent in FY 2013. Data was not available regarding the age of youth participating in life skills.

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<sup>48</sup> PSDCRS is the department's data and reporting system for community-based programs.



Interviews with and testimony of various agency staff, providers, and current and former DCF youth suggests an inconsistency in the quality and components of life skill courses. Chief among the complaints heard was that there is over-emphasis on theoretical teaching rather than actual experience or hands-on learning. In particular, this is a concern for youth residing in more restrictive settings such as group homes or other congregate care placements where household responsibilities differ from those they are likely to experience on their own.

It has also been noted that there is no life skills curriculum as referenced in DCF policy. The Casey Life Skills assessment tool helps gauge areas of needed improvement, but it is not a curriculum. Course instruction is determined by the provider and focuses on the needs of the enrolled group rather than the individual. The PRI committee staff received testimony from youth complaining they were taught to make eggs several times but did not receive instruction on skills they felt they actually needed such as financial budgeting.

Youth, community providers, and advocates believe more attention should be placed on life skills for problem-solving or dealing with difficult or complex systems such as problem landlords or arranging medical appointments. Advocates also suggest providing more emphasis on life skills needed by low-income or poverty-level households, which most youth leaving care would need such as how to apply for Operation Fuel, buy consignment furniture, or shop with coupons. Youth need more interpersonal communications training on how to speak to and communicate with employers, coworkers, landlords, and others who they will meet in professional and independent living settings.

PRI committee staff also found another component lacking in life skills instruction is health care. As part of life skills, youth must understand when to seek medical attention and how to find low-cost health and mental health services through community health centers, student health centers, or other resources. Prior to discharge, DCF should assist youth in gathering

medical records that list past health-care provider names, major illnesses and conditions, medications taken, immunizations, and family medical history. For example, the Pennsylvania Department of Health has created an extensive health care checklist to guide transitioning youth and those with special health care needs to address issues dealing with health care providers, insurance and other services.<sup>49</sup>

Another criticism of the life skills program is that it does not take into account the age or individual needs of the youth who are taught in a group setting. The life skills taught to a 15 year old may be different than the life skills required for an 18 year old. A youth receiving life skills at age 15 may need a refresher course at 18. Youth and other stakeholders have suggested life skills be offered at different age intervals.

### **Re-Entry Program**

#### ***How Much and How Well?***

Initiated in 2002, DCF is one of 15 states with a re-entry program. To be eligible for re-entry, youth must have been committed to DCF at the time of their 18<sup>th</sup> birthday. Eligibility to re-enter DCF care is determined on a case-by-case basis for youth aged 18 to 21 but is contingent on the youth continuing their education. Any youth who, since terminating their involvement with DCF has criminal charges pending or is currently incarcerated is not eligible for re-entry.

Youth interested in re-entry may contact DCF's Careline where youth information is forwarded to re-entry services staff. The youth must submit an application for re-entry. The request for re-entry is reviewed and a meeting set with the youth to discuss:

- why the youth left DCF care;
- a review of the youth's history with DCF;
- the change in the youth's circumstances since leaving DCF's care that prompted the request for re-entry, and
- the youth's current living situation.

The evaluation may include a substance abuse assessment and/or mental health assessment. If necessary, DCF may refer the youth to food banks, shelters, and providers of substance abuse and mental health services. Youth are responsible for scheduling and attending appointments for the substance abuse and mental health evaluations using provider information supplied by DCF.

If the substance abuse evaluation indicates the youth requires in-patient treatment services or extensive outpatient services, which prevents attendance in a full-time educational program, DCF will direct the youth to apply for DHMAS services. The youth will not be considered for re-entry until the substance abuse is resolved or until completion of recommended treatment.

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<sup>49</sup> The Transition to Adult Living in Pennsylvania: Transition Health Care Checklist can be accessed at: <http://www.health.state.pa.us/transitionchecklist>

Similarly, re-entry will be denied if a mental health evaluation determines that:

- there is a need for in-patient treatment;
- mental health issues and treatment needs prevent involvement in a full-time educational program; or
- mental health issues exist and the youth refuses to participate in required treatment services.

Youth are encouraged to apply for DMHAS services and upon completion of recommended treatment re-application may be considered.

If the re-entry staff concludes the youth is eligible for re-entry, the youth's case, including application, assessment and evaluation(s), is sent to the area office where the youth currently resides. The office will open the case and provide services to the youth as determined by the adolescent specialist assigned to the youth.

Re-entry is contingent on the eligible youth being willing and able to continue their education. If a youth seeking re-entry is between 20 and 21 years old, he or she must be scheduled to complete one year of college through the school year of his or her 21<sup>st</sup> birthday to be eligible for DCF's post-secondary education program. Any youth applying for re-entry must enroll in an interim educational program if there is a waiting period to enroll in the program or college of his or her choice.

PRI committee staff requested DCF provide various information on re-entry services including the annual number of DCF youth seeking re-entry who are deemed eligible/ineligible for re-entry; a breakdown of the reasons for seeking re-entry; breakdown of youth's age at time of seeking re-entry; breakdown of reasons for denial or not being eligible for re-entry; whether the youth had sought re-entry more than once; and whether youth who re-enter DCF care attain educational goals.

DCF only recently began collecting information on re-entry services. The narrative and charts below reflects the information provided by DCF except for the reasons why the youth was seeking re-entry (e.g., homeless). DCF states it does not collect this information.

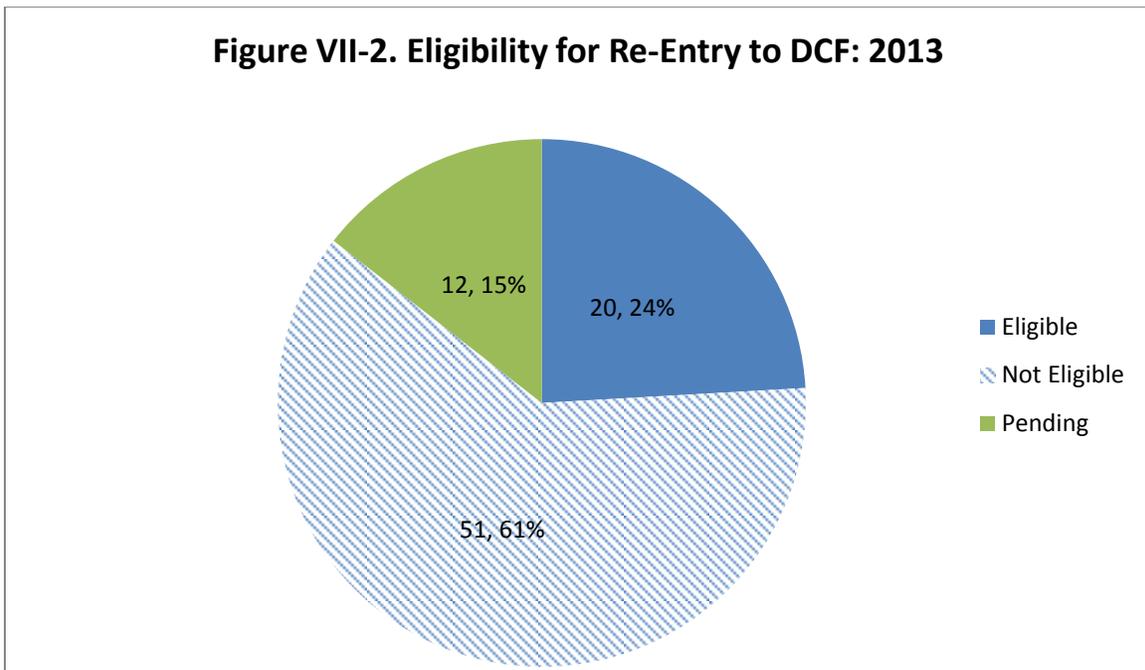
In 2012, DCF reports there were 89 inquiries for re-entry. Thirty youth or 34 percent were deemed eligible while 59 (66 percent) were not eligible for re-entry services. Below is a breakdown of the reasons why the 59 youth were deemed ineligible for re-entry services:

- 33 did not complete or return the re-entry application;
- 8 were turning 21 years old and not enrolled in school as required by the program;
- 6 were not eligible for re-entry because they were not DCF-committed at age 18;
- 4 were referred to DMHAS or other a supportive housing program;
- 3 did not provide contact information or whereabouts were unknown;
- 2 were incarcerated;
- 2 moved out of state; and
- 1 was referred to Job Corps.

Of the 30 youth who were approved in 2012 for DCF re-entry:

- 14 enrolled in a two- or four-year college program;
- 12 enrolled in high school, adult education or GED program;
- 3 entered vocational programs; and
- 1 entered a machinist program.

Figure VII-2 shows in 2013 there were 83 youth seeking re-entry to DCF care, with 20 youth (24 percent) deem eligible, 51 (61 percent) not eligible, and 12 (14 percent) with pending applications.



According to 2013 DCF statistics, the reasons for the 51 youth either being ineligible or denied re-entry to the agency's care was as follows:

- 24 (47 percent) did not follow through with the application;
- 21 (41 percent) were not eligible per policy criteria; or
- 6 (12 percent) received services from another state agency.

Figure VII-3, shown on the next page, presents the age distribution of youth seeking re-entry in 2013. As the chart shows, the largest portion of youth seeking re-entry was 19 years old or within a year of the age of majority. Slightly more than a quarter of those seeking re-entry were aged 20 and 21, while 19 percent of the youth requesting re-entry were 18 years old. DCF states that all but one of the applicants was seeking re-entry for the first time.

**Figure VII-3. Age of Youth Seeking Re-Entry to DCF Care: 2013**

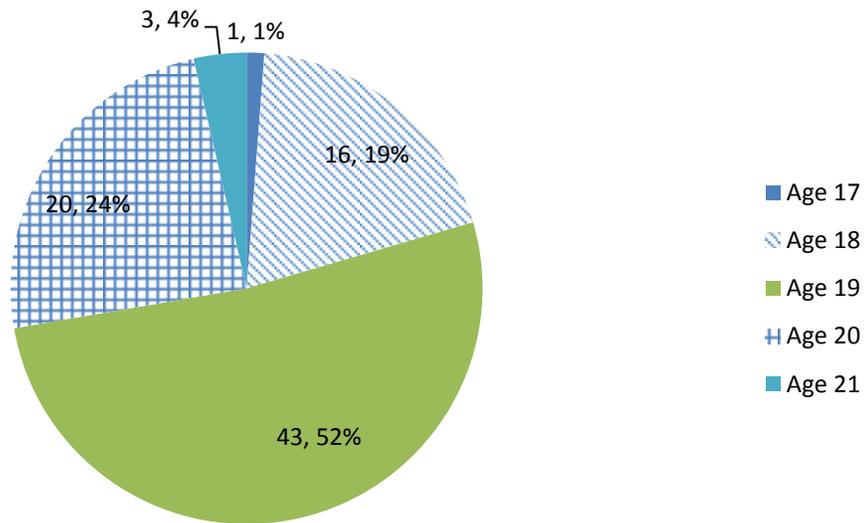
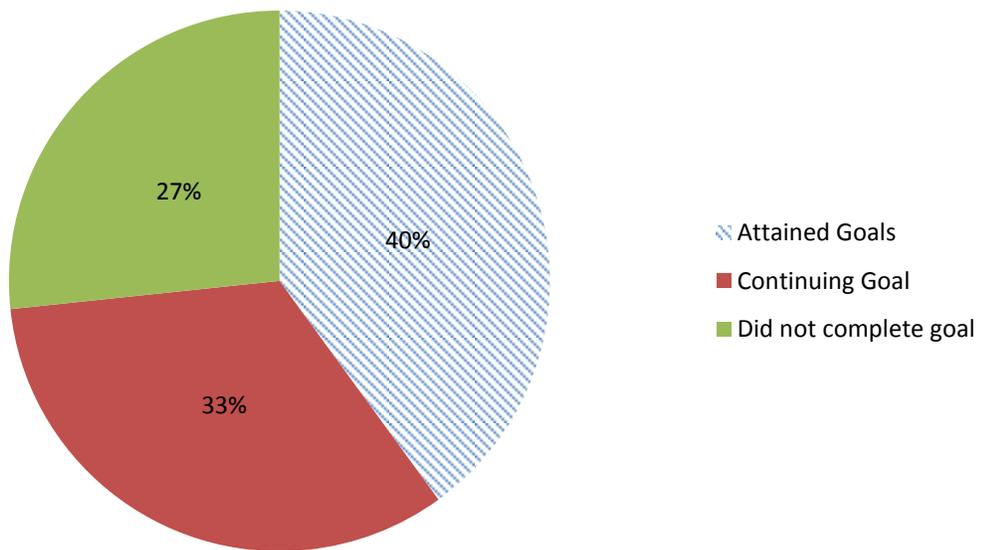


Figure VII-4 shows of the 30 youth who did re-enter DCF care in 2012:

- 12 (40 percent) attained their educational goals;
- 10 (33 percent) cases remain open and are continuing to work toward goal; and
- 8 (27 percent) youth did not achieve their goal.

DCF was unable to determine the re-entry goal outcomes for the 2013 reporting period.

**Figure VII-4. Goals for Youth Re-Entering DCF Care: 2012**



## **Services for Specific Target Populations** *How Much and How Well?*

Certain foster care populations have been identified by research literature as being vulnerable subpopulations including: pregnant and/or parenting youth; lesbian, gay, bisexual and transgender (LGBT) youth; youth dually involved in juvenile justice and child welfare systems; and victims of sexual trafficking and exploitation. Research studies indicate these groups are at risk for sexual abuse, being lured into prostitution, physical abuse, criminal justice involvement, illness and suicide.<sup>50</sup> DCF offers support services and is involved in a number of collaborative initiatives geared to these specific populations within its care.

*Pregnant and/or Parenting Youth.* Pregnancy and parenting responsibilities often present major obstacles for youth trying to become self-sufficient. Usually, youth in these circumstances must disrupt their education, which negatively impacts employment and earning power resulting in both the youth and child living at or below poverty.

At the present time, DCF offers a number of living options and various support programs to youth in care who are pregnant or parenting. DCF funds two maternity group homes with a total of 23 licensed beds as well as placements available in supportive housing for those who are prepared for more independent living. Services include pre- and post-natal health services, an educational program, professional counseling, parenting education and child care.

Data for DCF's Maternity programs, presented in Table VII-1, show the numbers of youth residing in the maternity homes has decreased. DCF states that many youth who would have qualified for maternity home placement have either been referred to or opted for relative or foster care.

Maternity Programs	FY 2011	FY 2012	FY 2013
Number of Youth Participants	55	67	37
Total Dollars Spent	\$2,148,478	\$1,859,489	\$1,468,331
Average Cost per Participant	\$39,063	\$27,753	\$39,684

Source: DCF

DCF has only recently begun collecting data on pregnant or parenting teens in its care. The need for the development of this information is discussed later in this chapter.

*Runaways.* In FY 2013, DCF reports there were over 1,000 incidents of youth running away or being absent without leave (AWOL) from DCF care. As Table VII-2 indicates, the number of runaway/AWOL incidents has fluctuated over the last three years. After a tremendous increase from FY 2011 to FY 2012 in all age categories, there has been a downward trend during the last two years.

<sup>50</sup> National Network for Youth Fact Sheet accessed at: <http://www.nn4youth.org/public-policy/fact-sheets-issue-briefs>

<b>Table VII-2. Number of DCF Incidents: Runaways/AWOL</b>				
Age of DCF Youth	FY 2011	FY 2012	FY 2013	TOTAL
Ages 13-17	776	1,658	978	3,412
Age 18 +	99	287	263	649
<b>TOTAL</b>	<b>875</b>	<b>1,945</b>	<b>1,241</b>	<b>4,061</b>
Source: DCF				

There are no programs or services designed specifically for this population. However, DCF is currently collaborating with community partners to create new policy to address this issue with input from advocacy groups. This initiative is further described later in this chapter.

*Safe Harbor.* Safe Harbor is a collaborative effort between DCF, True Colors, Inc., and the Connecticut Association of Foster and Adoptive Parents (CAFAP) working to meet the needs of DCF-involved lesbian, gay, bisexual, transgender (LGBT) and gender non-conforming youth and their families. In particular, the project provides service training for foster and adoptive parents, social workers, child care and community providers surrounding the challenges and problems specific to youth and families with inherent sexuality issues. The project also ensures all vendors and agency contracts, employee policies and handbook; relevant DCF policies and training curriculum regarding mentoring, foster and adoptive care, congregate care and other programs, are in compliance with DCF’s non-discrimination policy and includes gender identity/expression.

Conversations with interested stakeholders suggest that enforcement of mandated training has not occurred. PRI staff requested information regarding the participation and completion of mandated training on issues related to this population. DCF reports that mandated training began in June 2012. To date, training has been completed for all but one area office. Attendance at training was approximately 70 percent.

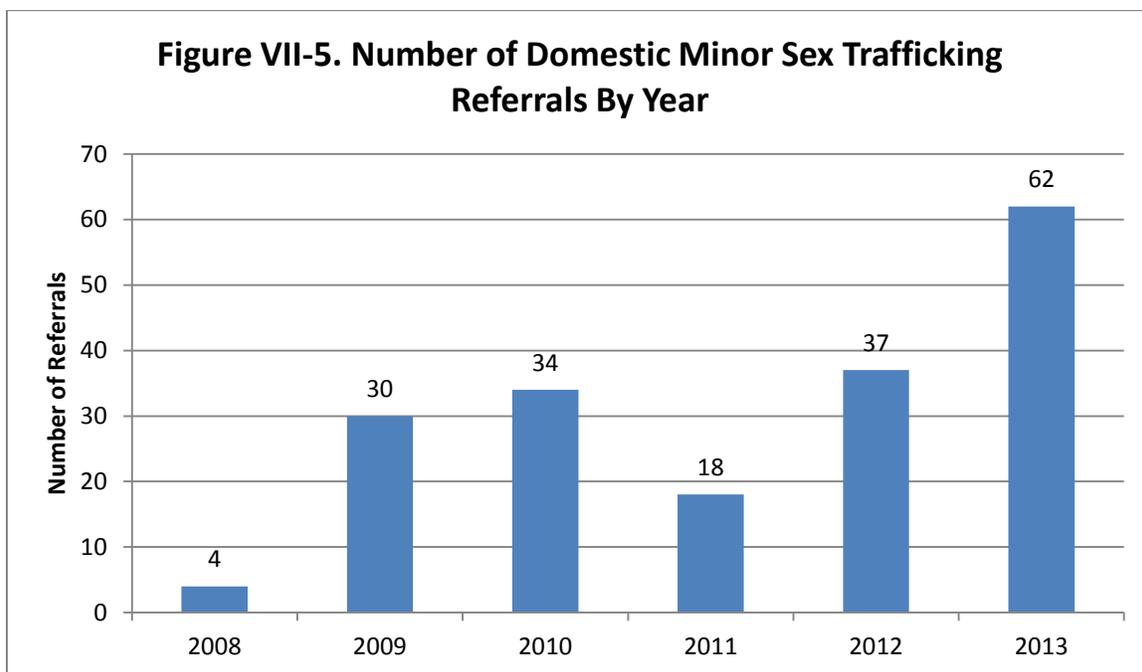
Information on Safe Harbor activity is provided in Table VII-3. As the table shows, training participation has grown among DCF staff and other participants over the last three years as have consultation hours which represents a case consultation on a DCF client.

<b>Table VII-3. Safe Harbor Activity: Participation Rates</b>				
Training Participants	CY 2011	CY 2012	CY 2013	TOTAL
Foster and Adoptive Parents	42	70	89	201
DCF Providers	42	70	89	201
DCF Staff and other participants	196	326	412	934
<b>TOTAL Training</b>	<b>280</b>	<b>466</b>	<b>590</b>	<b>1,336</b>
Client Consultations	100	116	129	345
Source: DCF				

The Safe Harbor project also has an ongoing statewide taskforce focused on safety, permanency, and well-being concerns for this youth population, their families and caregivers. The group meets ten times a year and includes True Colors and DCF employees who volunteer as Safe Harbor liaisons. The liaisons facilitate obtaining resources and information for social workers who have questions, concerns, or need consultation. The taskforce recently trained

liaisons on assisting families as youth “come out”. Other accomplishments include: the creation of tip sheets for staff working with LGBT youth and their caregivers; preparation of a draft practice guide to assist workers with unique and often trauma-based needs of transgender and gender non-conforming youth in out-of-home care; and developing web-based trainings on LGBT issues as an easier method of keeping staff up-to-date on best practices.

*Domestic Minor Sex Trafficking (DMST).* Between January 1, 2008 and December 1, 2013, DCF has reported 184 children and youth who were victims of DMST (Figure VII-5). In 2010, the DCF Careline developed a system of tracking cases of human trafficking that are reported to the Federal Bureau of Investigations in New Haven.<sup>51</sup> This tracking system provides the number of victims in Connecticut and is able to analyze how many children are repeat victims, which cities have the highest rates of trafficking, victimization while on AWOL status, and incidents involving children in congregate care setting with multiple victims.



*Juvenile Justice.* Another special target population with DCF involvement is the juvenile justice youth. There is frequently crossover between the child welfare system and juvenile justice. The relationship between youth abuse and neglect and delinquency has been well-documented.<sup>52</sup> These dually involved youth may enter the systems in different ways. Some youth are arrested for committing a crime and, upon investigation, abuse or neglect is observed and the youth is placed into child welfare. Some youth are arrested as juveniles while in DCF out-of-home placement.

<sup>51</sup> A Child Welfare Response to Domestic Minor Sex Trafficking, DCF, August 2012

<sup>52</sup> Herz, D. et al. (March 2012) *Addressing the Needs of Multi-System Youth: Strengthening the Connection between Child Welfare and Juvenile Justice*. Washington, DC: The Center for Juvenile Justice Reform.

PRI committee staff requested information on the annual number of DCF youth (aged 13-18) involved in a law enforcement incident/arrest while committed to DCF care as well as the annual number of DCF youth (aged 18+) who are involved in a law enforcement incident/arrest while receiving DCF voluntary services.

Figure VII-6 shows a large number of committed DCF youth (aged 13-17) are involved in law enforcement incident/arrested every year while in out-of-home placement. This number more than tripled from FY 2011 to FY 2012 but has significantly dropped in FY 2013.

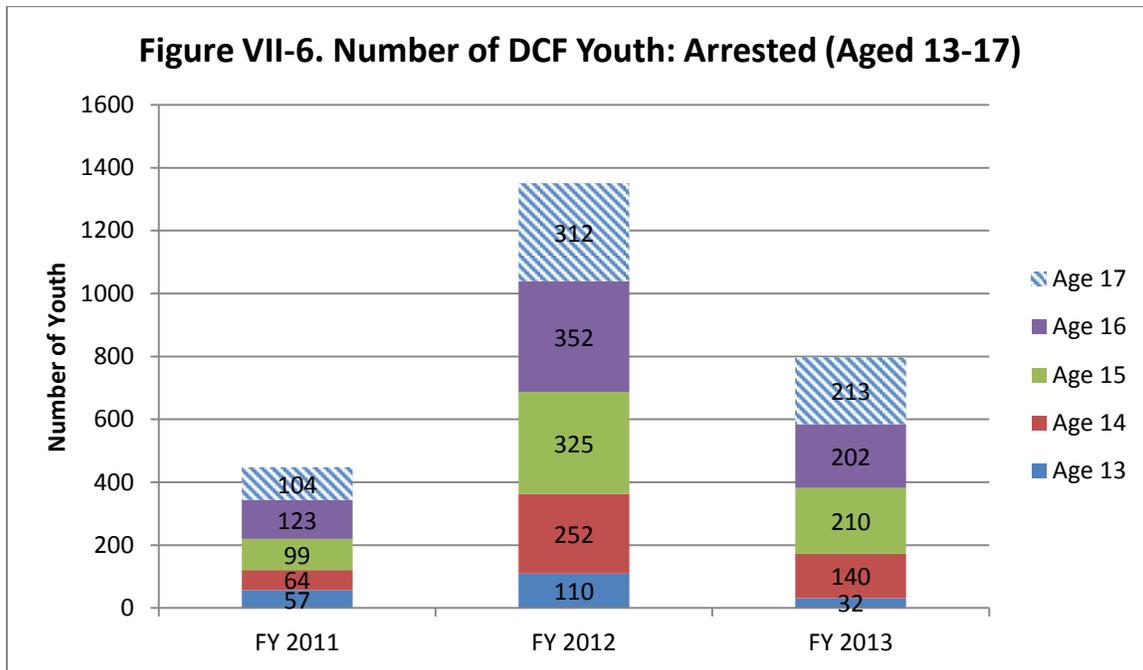
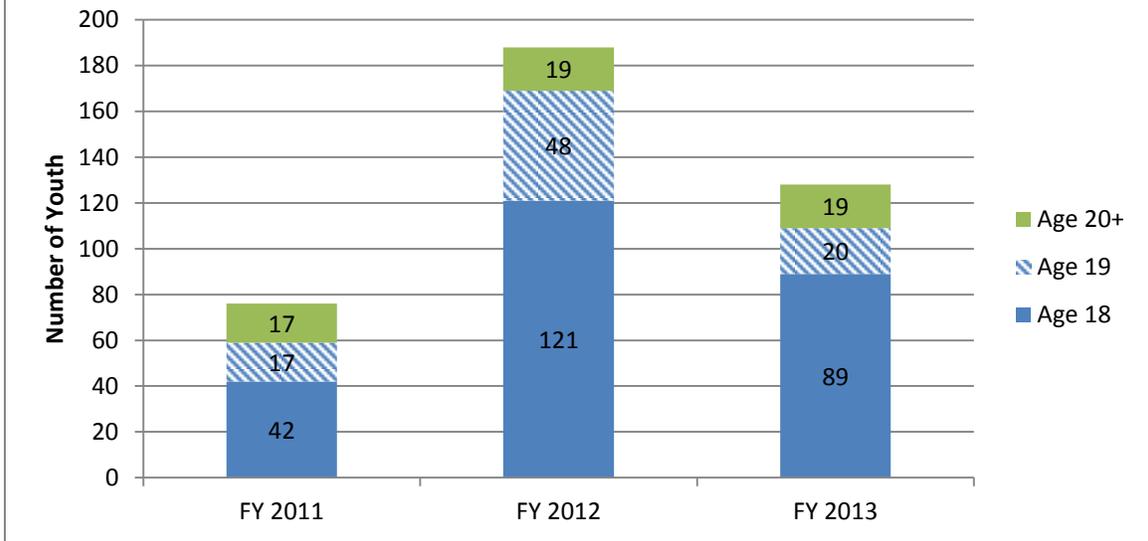


Figure VII-7 illustrates that over the last three years there has been a large number of youth aged 18 and older who have been arrested while voluntarily receiving DCF services. This number peaked at 188 youth in FY 2012 and has decreased to 128 in FY 2013. However, this is still much higher than the 76 youth who were arrested in FY 2011.

**Figure VII-7. Number of DCF Youth in Voluntary Care:  
Arrested (Aged 18+)**



DCF has several programs and services geared to juvenile justice youth, which were specifically excluded from this study. However, the frequent cross-over between the two systems merits mentioning and a brief discussion of a new initiative is provided later.

## Life Skills, Re-Entry, and Targeted Services Programs Performance Summary

Symbols Used to Denote Progress (on Measures of How Well and Better Off)

+ Positive Trend   - Negative Trend   ⇔ Little/No Change or Mixed   ? Cannot be Determined

### *How Much Did We Do?*

- The number of community-based life skills course sessions offered annually has increased from 23 to 28.
- The annual number of youth enrolled in community-based life skills has decreased 10 percent since FY 2011.
- In 2013, DCF received 83 inquiries for re-entry services.
- Over a three-year period, the number of youth served in DCF's maternity homes has decreased from 55 in FY 2011 to 37 in FY 2013.
- The number of training and consultations on LGBT issues has increased since 2011.

### *How Well Did We Do It?*

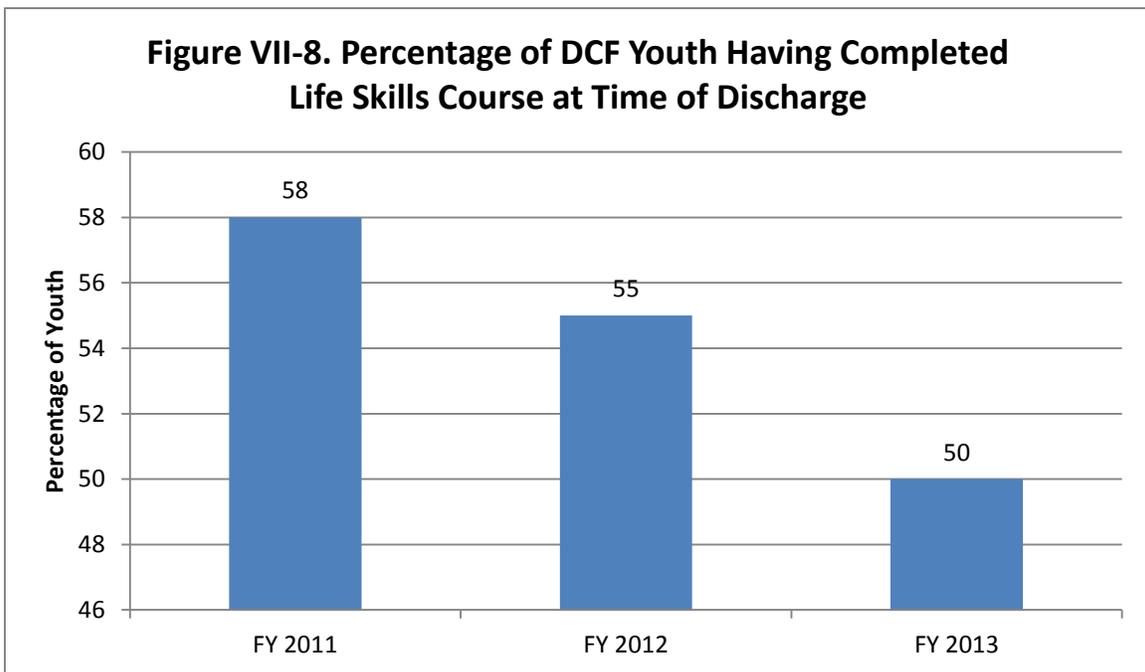
Key Measures	Progress	Current Data
Community-Based Life Skills Completion Rates	⇔	<ul style="list-style-type: none"> <li>• The total number of youth completing the life skills program each year has decreased. However, the percentage completing the program improved from 79 percent in FY 2011 to 83 percent in FY 2013.</li> </ul>
Age of Youth Enrolled in Life Skills Program	?	<ul style="list-style-type: none"> <li>• Data was not available.</li> </ul>
Acceptance Rate for Re-entry	⇔	<ul style="list-style-type: none"> <li>• In 2013, 20 of the 83 inquiries (24 percent) were deemed eligible for re-entry. In 2012, 30 of the 89 (34 percent) were found eligible.</li> </ul>
Cost Per Maternity Program Youth	⇔	<ul style="list-style-type: none"> <li>• Despite a decline in budget along with the corresponding decrease in program participants, the cost per client has still increased in the last three years.</li> </ul>
Attendance Rates for Mandatory LGBT Training	⇔	<ul style="list-style-type: none"> <li>• Since June 2012, attendance has been reported at 70 percent.</li> </ul>

## Is Anyone Better Off?

### Life Skills

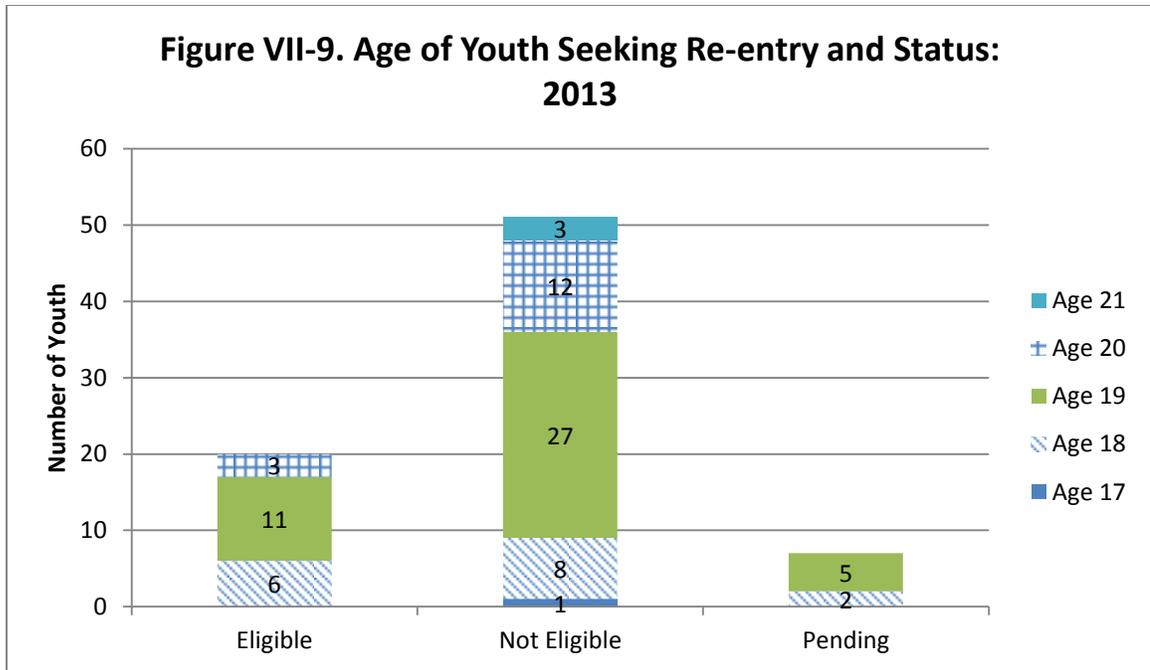
As noted at the beginning of this chapter, life skills instruction is a critical aspect of preparing youth for adulthood. This is evident in the fact that DCF policy requires youth to complete a life skills course prior participating in the agency's independent living program.

Figure VII-8 shows the percentage of youth who have completed life skills instruction at time of discharge from DCF has decreased over the last three years. In FY 2011, 58 percent of youth had completed life skills course upon discharge. By FY 2013, that percentage of youth had declined to 50 percent.



### Re-Entry Program

As seen in Figure VII-9, the majority of youth who applied and were deemed ineligible for re-entry were aged 19 and older. This seems to be due in part to the fact that they would not be able to comply with the department's educational requirements. PRI interviews with various stakeholders suggest that youth who do not qualify for or succeed in DCF's re-entry program are often the over-age and under-credit population (e.g., aged 19 without high school diploma). These youth are not yet ready for higher education, but may be the group for whom there are the fewest options.



#### Pregnant and/or Parenting Youth

As Figure VII-10 illustrates, the number of youth being pregnant and/or parenting at time of discharge from DCF has dropped over the course of three years.

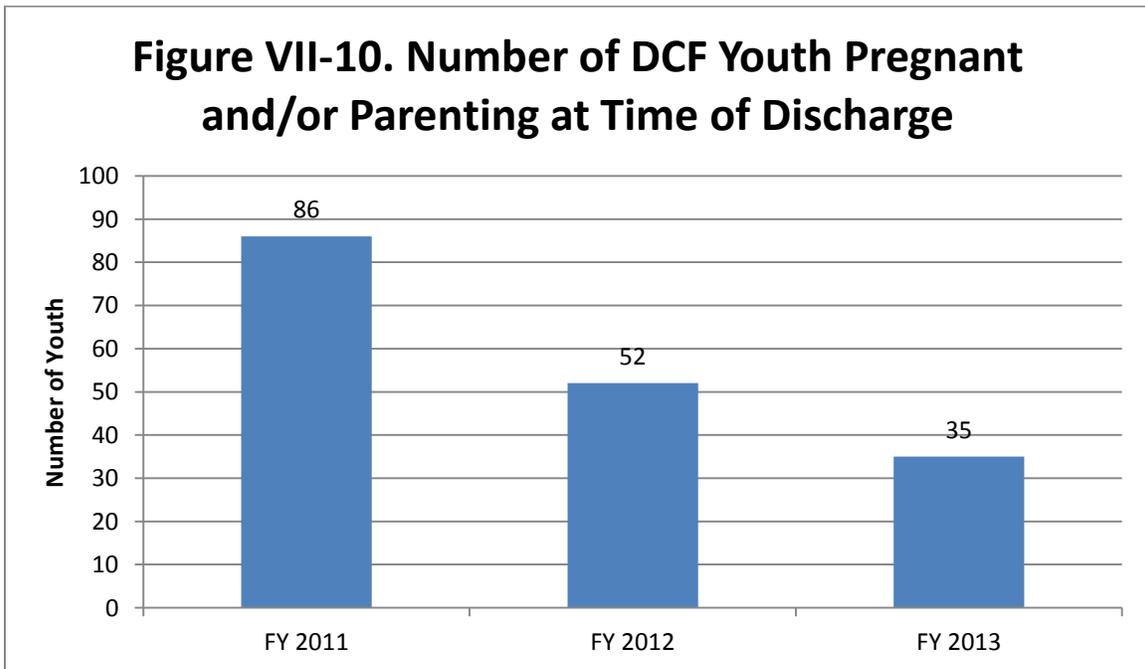


Table VII-4 shows over a three-year period that the rate of discharged youth who were pregnant and/or parenting had attained high school diplomas or GEDs has decreased. At the same time, the number pursuing post-secondary education has dropped considerably while the employment rate for this group has fluctuated. The DCF information also indicates that a portion of pregnant and/or parenting youth did not receive parenting services.<sup>53</sup> Most significantly, DCF reports that 71 percent of this population had a psychiatric diagnosis in FY 2013. DCF also reports that the number of pregnant and/or parenting youth seeking re-entry has increased from 5 individuals in 2010 to 12 youth in 2012.

<b>Table VII-4. DCF Statistics for Pregnant and/or Parenting Youth</b>			
	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>
Number of Pregnant and/or Parenting Youth at Time of Discharge	86	52	35
• Number and percent who attained high school or GED	63 (73%)	38 (73%)	23 (66%)
• Number and percent completing post-secondary education	30 (35%)	9 (17%)	6 (17%)
• Number and percent employed	11 (13%)	19 (37%)	9 (26%)
• Number and percent receiving parenting services	47 (55%)	43 (83%)	23 (66%)
• Number and percent with a psychiatric diagnosis	9 (10%)	23 (44%)	25 (71%)
Number of Re-Entry youth (aged 18+) pregnant or parenting	5	5	12

<sup>53</sup> This reflects cases where parenting services were not mentioned in the case plan or narrative.

## Story Behind the Data and Actions to Turn the Curve

### Life Skills Instruction

Recently, DCF has undertaken an initiative to assess and formalize the life skills instruction of all the adolescents who are residing in all settings. The initiative goal is to ensure that all adolescents aged 14 and over will receive adequate life skills instruction based on the Casey Life Skill model. The department anticipates having program participation and completion data collected system wide. In addition, DCF is collaborating with DMHAS in developing a life skills model geared to the DCF population transitioning to DMHAS. This is further discussed in Chapter VI. To assist in re-designing the life skills instruction, DCF should consider having the contracted providers conduct a student satisfaction survey at the end of the life skill course.

### Re-Entry

Currently, DCF does not offer formal aftercare services. Unless a youth is eligible for re-entry, youths seeking assistance after exiting care may informally receive contact information on community resources or be directed to contact other agencies by their former social worker, regional office, or re-entry staff. A literature review helped PRI committee staff identify approaches and best practices noted as successful models in other states. PRI committee staff found the state of Iowa has developed an aftercare services model. In addition, New York has implemented a “trial discharge” period to reduce the need for immediate re-entry services.

*Iowa Aftercare Services.* The purpose of aftercare is to provide services and supports to youth aged 18 and older who were formerly in foster care. The state of Iowa has contracted a private agency to administer the Iowa Aftercare Services Network (IASN), a group of 10 private agencies across the state, to assist youth as they leave foster care and enter adulthood. Participation is voluntary and individualized. Aftercare participants meet at least twice monthly with an IASN self-sufficiency advocate. The advocates do not provide intensive case management, monitoring, or therapy. They help set goals, develop important life skills, connect youth with community resources, and strengthen personal relationships. Specifically, the network may help youth find and keep housing; locate a doctor, dentist or counselor; go to college, enroll in job training, or find a job.

*New York Re-entry.* New York uses a six-month trial discharge from care during which the youth’s case remains open reducing the need for re-entry.<sup>54</sup> During the trial discharge period, the youth is no longer considered to be a foster child, and is able to elect the services he or she wants to receive. The court, however, maintains jurisdiction over the youth's case. During this period of trial discharge, the state is required to make aftercare services available to the youth. Further, the youth's caseworker must maintain contact with the youth, through regular phone calls and availability for meetings at the youth's request. At the end of the mandatory six-month period, the youth may choose to fully discharge or continue in trial discharge status.

*Federal Fostering Connections.* As noted earlier, much of the literature and research on the aging out population suggests that youth allowed to remain in care until age 21 are more

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<sup>54</sup> 18 NYCRR§430.12

likely to have more positive short and long-term outcomes.<sup>55</sup> Given that a large number of former DCF youth who are denied re-entry are aged 19 and older, DCF should consider this as part of its evaluation about whether to expand services to youth up to the age 21 under the federal Fostering Connections provisions, as discussed in the Background chapter.

### Pregnant and/or Parenting Youth

National research has found that young women in foster care are at a significantly higher risk of becoming pregnant, as adolescents or young adults than their general population peers. Pregnant and/or parenting youth are more likely to drop out of high school than to graduate. Pregnancy, childbearing, and child rearing typically disrupt academic success and educational attainment. As a group, they are more likely to rely on public assistance and experience homelessness. They also tend to experience intergenerational involvement with the child welfare system (e.g., parent and child both have DCF-involvement). Youth advocates claim more can be done to prevent pregnancy among DCF youth and to support youth in care who are pregnant and/or parenting.

From the interviews and public hearing testimony, PRI committee staff received a number of suggested areas for further consideration for this population including:

- Adjust caseworkers' caseload to accommodate the demands of supporting pregnant and parenting teens;
- Offer teen parents parenting training designed and targeted for teen audiences;
- Provide basic parenting training as part of life skills for all DCF teens;
- Create parenting mentorship opportunities or programs; and
- Establish a DCF parenting youth advisory board and support group.

Furthermore, program providers and staff suggest the percentage of youth becoming parents while in DCF care indicates a need for caseworkers, foster parents, and other caregiver staff to be adequately trained and supported to initiate important and ongoing conversations about sexual education and decision-making beyond formal sexual education curriculum.

DCF has noted teen pregnancy prevention as one of the primary health outcomes to be reviewed.<sup>56</sup> Using a federal grant, DCF is partnering with the Department of Public Health to develop a re-designed evidence-based sexual education program. DCF reports that pregnant and parenting youth participating in the CHAP independent living program receive additional case management hours in order to assist youth adjust to parenthood. DCF also reports that it has started to offer comprehensive educational evaluations to this population that should result with recommended education and career goals.

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<sup>55</sup> Peters, C.M., Dworsky, A., Courtney, M.E. & Pollack, H. (2009), *Extending Foster Care to Age 21: Weighing the Costs to Government Against the Benefits to Youth*, Chicago: Chapin Hall

<sup>56</sup> *Healthy, Safe, Smart, and Strong: Advancing Health Equity within the Department of Children and Families*, DCF September 24, 2012, p. 14

## Runaways

DCF has partnered with the Connecticut Team for Runaway and Homeless Youth (RHY), a coalition of state and private agencies and service providers, that work with homeless and runaway youth. The RHY group is developing a “no wrong door” model aimed at youth who are unable or unwilling to receive DCF services and have no other support in times of crisis. The ultimate goal is to establish a service system with youth-friendly housing and service options to which youth are automatically referred. The RHY group indicates more research and data collection is needed to address this matter including:

- the number of youth appropriately categorized as runaways from DCF care; and
- the number of youth discharged from DCF care who experience homelessness.

Furthermore, the RHY group also proposes the following objectives to support this target population:

- Work with DCF to create policies and practices to reduce the number of youth running from DCF care;
- Reduce the number of youth leaving DCF care and experiencing homelessness; and
- Increase the identification and the provision of services to victims of domestic minor sex trafficking (DMST).

According to the Center for Children’s Advocacy, there are only 15 shelter beds statewide for unaccompanied youth under age 18. In addition, there are four entities that provide crisis intervention, respite services, or outreach services for minors who are homeless. While these services are outside of DCF’s purview, youth in DCF care may ultimately be in need of these services. It is also another example where collaboration with community partners is critical to address a shared problem. As mentioned in other areas of this report, this issue goes beyond the immediate scope of this study and may merit further review.

## Domestic Minor Sex Trafficking (DMST)

Recognizing DMST as an emerging issue, DCF is raising awareness of agency staff, existing providers, foster families, and mentors to identify and understand the experiences and challenges of youth victims of DMST. DCF policy now addresses the intake handling and investigative response to human trafficking of youth. The policy specifically outlines the coordination efforts with law enforcement agencies. DCF is continuing to develop a DMST-informed system of services including specialized foster care and mentors. In addition, existing service providers have clinical and mental health staffs who have received DMST awareness training to gain expertise in working with trafficked adolescents. DCF reports that work in this area is ongoing and system and service enhancements are in various implementation stages.

## Juvenile Justice

An electronic DCF survey of social workers estimates that 31 percent of workers identified youth on their caseloads as gang-involved. A recent collaboration between DCF, Yale,

and community providers has begun to guide gang-involved adolescents to a more positive youth development. The newly established Gang Treatment Specialist Unit works to identify gang-involved DCF youth. Staff, providers, and youth are educated about gang subculture and efforts are made to redirect gang-involved youth into strength-based pro-social activities focusing on healthy relationships, vocational and job skills development, and job placement. The Gang Treatment Specialist Unit currently has 36 slots (34 filled) with a wait list for youth interested in being matched with a veteran mentor.

PRI committee staff interviewed several professionals involved with juvenile justice youth who were repeatedly cited as having significant and specialized issues. As such, coordination between the two systems – child welfare and juvenile justice - is critical.

## **RECOMMENDATION SUMMARY**

### **Life Skills Instruction**

#### **1. Life skills instruction should be:**

- **offered at various age intervals such as ages 14, 16, 18, and six months prior to discharge;**
- **tailored to topics most appropriate to the age group to which it is offered;**
- **expanded to include additional instruction on health care and intangible (soft) skills such as how to communicate with landlords or apply for benefit programs;**
- **modified for youth populations with particular needs (e.g., behavioral health, pregnant and/or parenting);**
- **providing more hands-on opportunities for youth practice of life skills; and**
- **made available, when possible, online or through mobile devices.**

#### **2. A monitoring and tracking system should be established to identify DCF youth eligible for life skills instruction beginning at age 14 and to ensure all eligible youth receive an initial assessment of basic life skills and periodic reassessment. Case plans should include the initial life skills assessment and continuing assessments until the youth's discharge.**

#### **3. DCF should consider having the contracted life skills providers conduct a student satisfaction survey at the end of each life skills course.**

### **Re-entry Services**

#### **4. DCF should consider developing more formal aftercare services for young people aged 18 to 21 by instituting a resource network of agency and providers who may assist youth with locating a range of needs.**

#### **5. DCF should consider the New York approach of using a trial discharge period from care of six months duration during which the youth's case remains open eliminating the need for re-entry.**

## **Pregnant and/or Parenting Youth**

- 6. DCF should collect and evaluate data on pregnant and/or parenting youth in state care. Among the data components that should be considered are: annual trends, demographics, custodial status, living arrangements, educational attainment, employment status, health histories, government benefits status, and the length of time in care or return to care.**
- 7. DCF should assess existing practices and policies to prevent pregnancy and support pregnant and/or parenting youth in care. The assessment should identify the strengths and weaknesses of current services along with potential remedies.**
- 8. Adolescent case planning should take into consideration the specialized case planning and supports needs for unique adolescent population such as pregnant or parenting youth.**
- 9. DCF should consider developing mentorship service for pregnant/parenting youth to provide support and guidance.**

## **Data Development Agenda**

As noted throughout this chapter, there are several areas where data development will be beneficial and necessary to evaluate services.

### Life Skills

DCF must ensure that it tracks and incorporates life skills data for all youth including those residing in DCF facilities into the department's data and reporting system.

### Re-entry

DCF should collect and track information contained in the re-entry application forms to assist the department in identifying common problems and challenges confronting youth seeking to return to care. In particular, DCF should capture information regarding why the youth left DCF care and the change in the youth's circumstances since leaving DCF's care that prompted the request for re-entry.

### Runaway/Homeless

The RHY working group claims there is not enough data about the number of unaccompanied homeless youth and the barriers they face. In particular, the number of youth appropriately categorized as runaway from DCF care; and the number of youth discharged from DCF care and experiencing homelessness should be tracked. This is information DCF should develop and use as part of its collaboration with RHY.

## Pregnant/Parenting

Similar to the runaway population, the data on pregnant and/or parenting youth is limited and should be expanded. Additional data collection is required to identify needs and barriers. DCF is mandated under federal law to collect longitudinal information for the National Youth in Transition Database (NYTD) child bearing outcomes of youth who transition out of care. However, DCF data collection for NYTD has been hampered by lack of staff resources.

DCF has recently started in August 2013 to collect data on pregnancy and parenting among youth in its care. DCF states it will now be able to identify youth who are expectant, or have birthed or fathered a child. It is working on developing other reporting elements for this population.

## Chapter VIII: Youth Empowerment

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### Quality of Life Result

All youth who age out of DCF committed care are positive, engaged and contributing individuals.

Adolescence is a time when exposure to a variety of experiences and beneficial influences may have lasting positive effects. Youth in out-of-home placement often experience a sense of powerlessness and isolation and lack natural opportunities for decision-making, community engagement, and leadership. Child welfare literature suggests young people need the support of caring adults who will provide guidance and mentoring and help them build confidence as they develop their own decision-making abilities.<sup>57</sup>

### DCF CONTRIBUTION TO RESULT

DCF supports a number of programs, services, and activities to promote youth empowerment. Among the programs discussed in this chapter are:

- *One-on-One Mentoring*
- *Youth Advisory Boards (YABs)*
- *Wilderness School*

#### **One-on-One Mentoring Program**

##### ***How Much and How Well?***

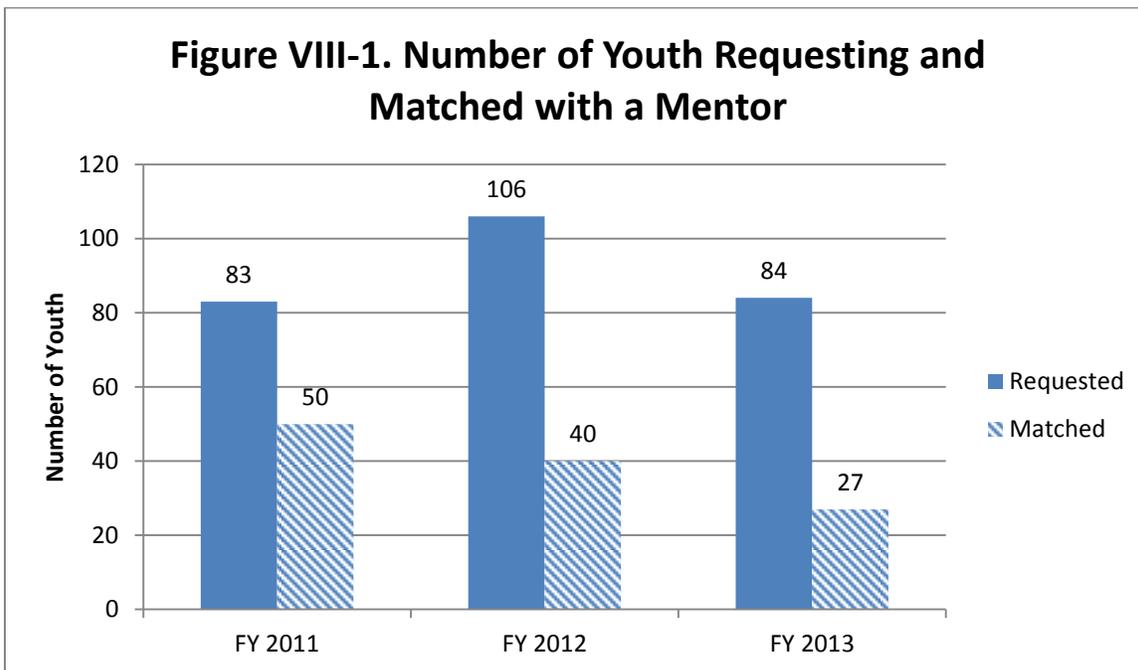
The program encourages DCF youth aged 14 and up to develop a relationship with a volunteer mentor who serves as a nurturing responsible adult who can provide guidance and support during the youth's transition to adulthood. Together, mentors and youth work on a one-to-one basis to resolve issues identified by the youth.

Currently, DCF contracts with community providers to recruit, screen, and train prospective mentors and to work with social workers to match approved mentors to DCF youth. Mentorship guidelines promote at least three mentor visits monthly and one weekly call. Ideally, mentors serve as a stable and enduring connection to the youth throughout and after their DCF commitment. Some community providers offer group mentoring for youth on a wait list for an individual mentor. The group mentoring program provides a minimum of four monthly social, recreational, and educational activities conducted by trained mentors who are active participants in group program activities. Below is information on DCF's mentoring program.

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<sup>57</sup> Transition Planning With Adolescents: A Review of Principles and Practices Across Systems, National Resource Center for Youth Development, June 2010

As Figure VIII-1 shows, the annual number of youth requesting mentors greatly outnumbers the number being matched. PRI committee staff asked how long it takes on average to match a youth. There was no data on this measure. DCF reports that there is substantial wait list for mentorship. Adolescents aged 14 and up may request a mentor; however, the average age for youth requesting a mentor is 16 years old. DCF indicates that the length of time a mentorship relationship may last varies. The data shows mentorships, on average, last slightly over a year.



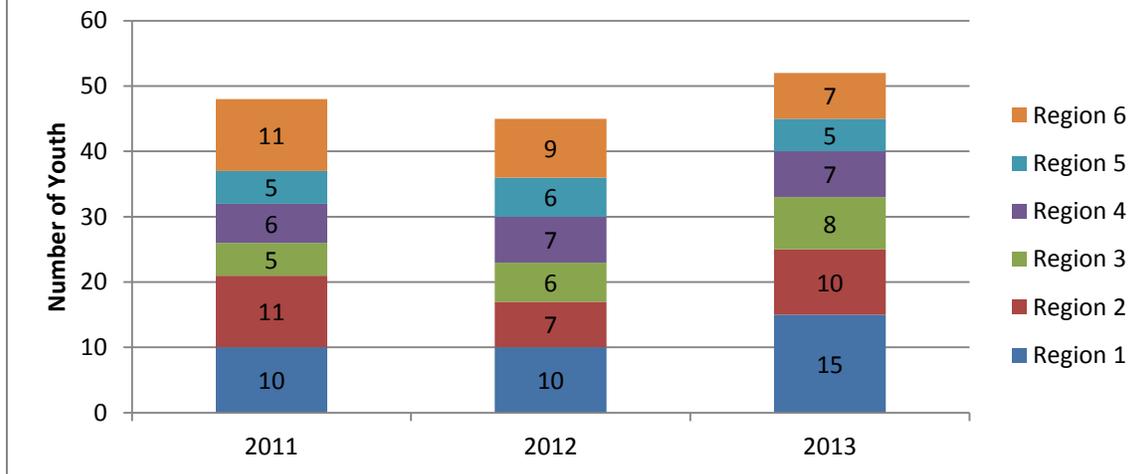
**Youth Advisory Boards (YAB)**

*How Much and How Well?*

Youth advisory boards (YABs) have youth representatives from each of the six DCF regions and offer DCF youth the opportunity to discuss issues and youth problems related to DCF policies and procedures. YABs allow DCF youth to provide input into the creation, revision, and/or review of agency policies and procedures related to services offered. There is also a statewide YAB with two youth representatives from each of the six regions that has quarterly meetings with the Commissioner to report on YAB activities and to communicate areas of interest and/or concern.

The YABs are structured at the local/regional level with DCF staff serving as local coordinators on a voluntary basis. The boards vary in size with smaller offices sometimes combining their boards to have larger group meetings. Youth volunteer to participate in YABs with social workers recruiting or encouraging youth to participate. The majority of the youth currently participating in YABs are in foster home placements. Since 2011, there has been a slight increase in the total number of youth participating in YABs (Figure VIII-2).

**Figure VIII-2. Number of Youth Participating in YABs (2011-2013)**



A closer look suggests that participation in Region 1 has increased while Regions 5 and 6 has decreased. DCF reports the numbers in the chart reflect the youth who participate actively and on a regular basis. DCF states many other youth may participate on a limited basis.

PRI committee staff asked DCF how many of YAB recommendations have been considered and/or implemented by the department. There is no information kept on the number of proposals submitted for consideration; however, the types of activities that YABs engaged in for 2011 through 2013 are described below.

During 2011 and 2012, the YABs focused on recruitment, retention, and training of foster parents. On a regional basis, the YABs developed videos, brochures, and pamphlets that were used locally to recruit and educate potential foster parents for teens. In 2013, the statewide YAB coordinator established an activity reporting format so that DCF can begin to collect information on the types of activities that YABs are engaging in.

In 2013, YAB members engaged in a range of activities including:

- *Input to DCF policies and procedures* - Development of educational materials for prospective foster parents; review of adolescent services handbook; development of a transition handbook (in progress); and attendance at staff training conference.
- *Social interactions* - Hosting an Open House, Holiday Party, Graduation Party, and Back to School Event.
- *Civic involvement and skill building* - Submitting letters of support for pending legislation; learning how to run a successful meeting; listening to guest speakers; attendance at statewide YAB meetings; and participation in Wilderness School activities.

- *Volunteer and charitable work* - provision of toys at DCF visitation rooms; performing local community service; purchasing pajamas and books for children and teens living in shelters; and volunteering at DCF group homes.
- *Promoting awareness and engaging other youth* – participating in town’s substance-free family day; serving as speakers for PRIDE training; participation in Hispanic Heritage event at the Legislative Office Building; and facilitation of “Speak Up” presentation and discussion at local group homes and community-based program regarding rights of adolescents in care.

## **Wilderness School Programs**

### ***How Much and How Well?***

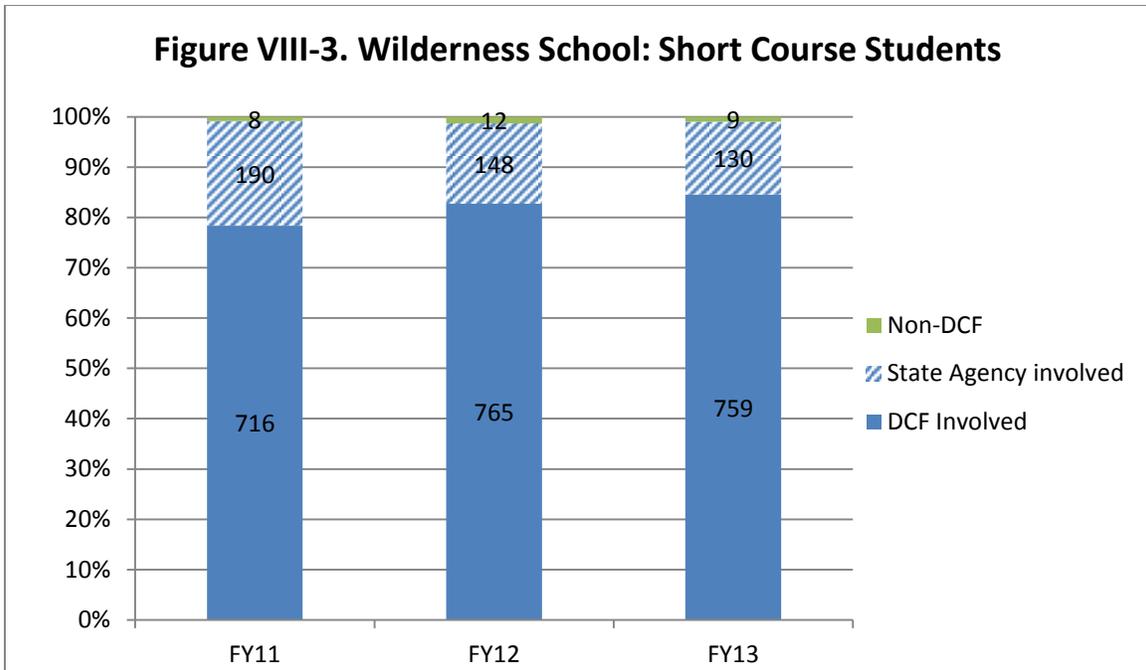
The Wilderness School is DCF-operated and is also supported by a tuition fee program from a private funding base. Operating for 40 years, Wilderness School programs engage DCF youth in group-oriented wilderness challenge experiences intended to promote decision-making, self-reliance, and achieving goals. Based on experiential and therapeutic learning models, the school programs offer a variety of 1- to 20- day course options for youth and their caregivers, provider staff, and social work staff throughout the year.

Short course programs provide a less intensive, entry-level experience through 1- to 3-day course options. Activities may include rock-climbing, ropes course, caving, canoeing, cross-country skiing, or group initiative courses designed for specific groups and programs.

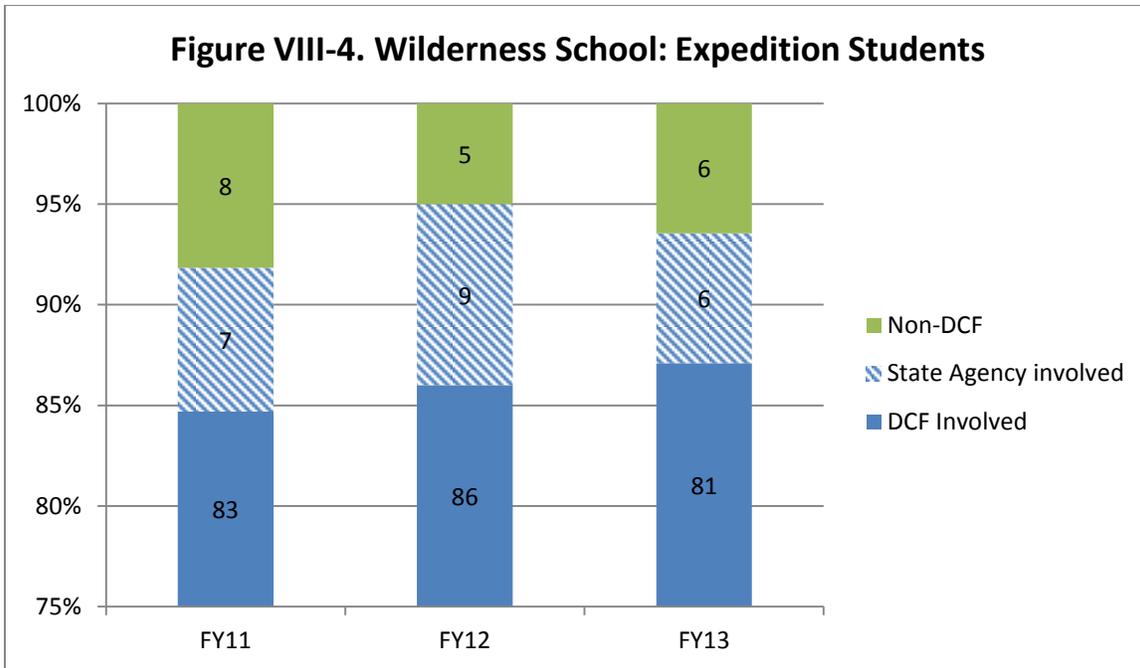
Longer more challenging excursions are available through 5-, 8-, and 20- day expedition programs in the summer for groups of up to ten youth. These programs feature increasing difficult group activities, individual challenges, and expectations of self-reliance and cooperation. Follow-up programs to the expeditions are available during the year to reinforce the student summer learning experiences.

Upon request, the school will design, develop and provide customized group courses to meet specific needs. Wilderness School offers programs to many special needs youth (e.g., Autism Disorder Spectrum) as a companion to other DCF initiatives to help youth gain exposure to and practice of normative behavioral development. Students may participate with peers, family members, and other adults working in support of the youth.

The current annual enrollment capacity for short course programs is 900 youth. The number per- group capacity is 10 to 15 participants. As Figure VIII-3 shows, the vast majority of WS participants are from DCF followed by a portion of youth who are involved with another state agency such as DDS or juvenile justice. There is also a handful of youth who are not involved with DCF but are referred by a community-based program such as behavioral health services or school initiated.



The current annual enrollment capacity for the longer expedition programs is 100 youth (Figure VIII-4). There are ten expeditions scheduled each year, almost exclusively in the summer months when youth are out of school. The per-group capacity is 10 participants as determined by safety policy and standards, regulations, and logistical restrictions. Over the last three years, course completion has averaged 90 percent for the expedition courses. All expedition students are encouraged to participate in a companion follow-up program to reinforce the student’s experience.



WS reports overall attendance increased 52 percent from 2008 to 2010. In the last three years, attendance has been about 13 percent over-capacity with an average of 1,023 participants. The program administrators report there is continued high demand for WS services indicated by 30 percent more requests than the program is able to provide. This is in part due to requests for courses requiring smaller groups (e.g., congregate care youth) and staffing limitations.

The Wilderness School employs four permanent staff with seasonal workers related to the volume of the programs scheduled, generally four to seven seasonal employees in the spring or fall and up to 26 seasonal workers in the summer. Due to changes from the 2004 state layoffs, permanent WS staffing levels decreased from seven to the current four positions. Since that time, WS responsibilities and duties have been re-assigned, resumed under different staff positions, or delegated to seasonal workers. Staffing information indicates that seasonal workers have absorbed the standard duties of lost permanent personnel for many years. Program administrators note the use of permanent staff promotes continued stability and evolution of the programs that may be lost with the use of seasonal workers.

In FY 2013, WS reports that total costs for all personnel and operating expenses were \$818,800. When costs are adjusted for tuition fees, the DCF total cost was \$615,300.

## Youth Empowerment Programs Performance Summary

Symbols Used to Denote Progress (on Measures of How Well and Better Off)

+ Positive Trend   - Negative Trend   ⇔ Little/No Change or Mixed   ? Cannot be Determined

### *How Much Did We Do?*

- Since FY 2011, DCF has been able to match 117 youth to a mentor.
- There has been a slight 8 percent increase in the total number of youth participating in YABs.
- In the last three years, the Wilderness School has averaged 1,023 participants.

### *How Well Did We Do It?*

Key Measures	Progress	Current Data
Mentorship Wait List	-	<ul style="list-style-type: none"> <li>• The ratio of youth requesting a mentor to the number receiving a match has substantially decreased from 60 percent in FY 2011 to 32 percent in FY 2013. Currently, 43 youth are on the wait list.</li> </ul>
Length of Time Mentorship Lasts	⇔	<ul style="list-style-type: none"> <li>• Over the last three years, the length of time a mentorship relationship lasts varies from 2 months to almost 4 years. On average, the relationships last about a year.</li> </ul>
Diversification of YABs	⇔	<ul style="list-style-type: none"> <li>• The majority of youth representatives participating in YABs are foster care youth. There are no youth representatives from the various DCF placements such as juvenile or maternity homes.</li> </ul>
Wilderness School Wait List	⇔	<ul style="list-style-type: none"> <li>• Although attempts are made to accommodate all requests, program administrators indicate 30 percent more requests than can be met. This is due to staffing limitations and more requests for course for smaller groups (e.g., congregate).</li> </ul>
Wilderness School Cost per Youth	+	<ul style="list-style-type: none"> <li>• When the program budget is adjusted for tuition offset, the average cost per youth in FY 2013 was \$214 for short courses and \$4,227 for expedition/follow-up program courses.</li> </ul>

## **Is Anyone Better Off?**

### Youth Advisory Boards (YABs)

The department reports that YABs have provided input for the revised DCF Adolescent Policy and Practice Guide with recommendations in the following topics:

- Youth/Worker Relationship
- Life Skills
- Self - Advocacy
- Adolescent Foster Care Payments
- Post High School Transition
- Post College Transition
- High School Education

DCF states that modifications and revisions were made to the draft policy document as a result of these recommendations made to the DCF commissioner in two face-to-face meetings. A copy of the recommendations prepared by the Statewide YAB is provided in Appendix C.

### Wilderness School

The Wilderness School is in the process of developing RBA measures for future reporting. Although outcome data is not currently monitored, research suggests regular physical activity coupled with high social support to have an increased positive effect on adolescent resilience. Resilience is a key strength necessary to both general adolescent development and for recovery from trauma. Studies have documented that wilderness challenge experiences impact adolescents in the areas of self-esteem, personal responsibility, and interpersonal skill enhancement.

During the last three years, 72 youth were repeat WS enrollees. Seven youth received National Outdoor Leadership scholarships.

## **Story Behind the Data and Actions to Turn the Curve**

### Youth Advisory Boards (YABs)

From their experience, youth in state care often know and understand the operations of the child welfare system. The youth may provide valuable insight and lessons for policy and decision-makers about which system and program aspects work well and which do not. In addition to understanding the system, youth also often know what they need or lack for the transition to adulthood and may help better inform stronger policy and practice. Finally, participation on YABs may help youth maintain civic connections in their community once they leave care. Therefore, PRI staff believes the YAB structure and management should be strengthened (e.g., appointed rather than voluntary staff coordinators and more targeted recruitment to involve youth from various DCF populations such as congregate care, juvenile, or

pregnant youth) and certain current practices such as regular meeting with the commissioner incorporated into policy to ensure such practices are continued in future administrations.

### Mentoring

Committee staff research identified the Missouri Mentoring Partnership (MMP) which is a state-funded initiative through the Missouri Department of Social Services, as a useful model to consider. MMP offers three mentorship components (Worksite, Young Parent, and Education):

- *Worksite program* offers youth aged 16 to 21 who have experienced foster care to obtain mentored, part-time or fulltime employment opportunity. The program recruits area businesses to serve as corporate partners that agree to hire qualified youth candidates when there is a job opening and the company selects an employee to serve as the youth's workplace mentor.
- *Young Parent program* matches young mothers and fathers aged 21 or younger to trained adult mentors. The mentor assists the young parent to develop effective parenting skills, keep immunizations updated, and offer support and encouragement to reduce stress, and stay in school, among other things. The program also offers monthly support meeting for young parents to encourage and educate them on issues relevant to them and their children.
- *Education program* provides youth mentors to encourage youth to stay in school, obtain their diploma or GED, and pursue further education if the youth chooses.

The approach of segmenting mentorship opportunities in different realms may produce additional mentor prospects. It may also provide a more focused mentor relationship that may help facilitate the connection between the youth and the mentor.

*Other sources.* As mentioned in Chapter II, youth may also benefit from building or restoring connections to other significant individuals in their life as mentors. The most promising practices actively seek to identify all adults in a youth's natural network of relationships such as teachers, coaches, former foster parents, former child care staff, or former social workers interested and willing to play some ongoing role in his or her life.

### DCF Website for Youth Aging Out

PRI staff is aware of one proposal recently made by the DCF Family Foster Care Committee that would be beneficial to youth aging out of care.<sup>58</sup> The proposal calls for DCF to develop and implement a webpage designed specifically to address the needs of older youth aging out of care. This would create an online community of support as well as opportunities for practical applications. For example, youth preparing for discharge could search for potential roommates/apartments, car sharing, or other items. According to the report, social workers frequently help youth connect informally but a message board or linking function in a website

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<sup>58</sup> DCF Family Foster Care Committee Final Report (March 23, 2012) p.6

designed for DCF youth would be more efficient and effective. Having an interactive component would make the website accessible and helpful to youth. It could also provide the agency with valuable feedback on the most common challenges and questions facing youth in care.

The Foster Care report suggests the department obtain input from YAB members and other DCF youth in the website's development. Web content should be written in simple format and at different literacy levels and abilities so youth can easily access information. The report also suggested information and guidance on many life skills components could be part of website. The webpage could note available services and supports at the local level. Finally, the department could include and build upon the information outlined in the "Know Your Rights" material developed by the Center for Children's Advocacy specifically for DCF youth.

## **RECOMMENDATION SUMMARY**

### **Mentoring Programs**

- 1. DCF should consider the Missouri approach of developing mentorship programs for different aspects (e.g., employment, parenting, education). It should also consider using YABs to develop a youth-to-youth mentoring program.**
- 2. DCF should educate prospective foster families, mentors, and kin resources about how they can be a life-long support to a youth even if the youth does not come to live with them full-time.**

### **Youth Advisory Boards**

- 3. Regular youth advisory board meetings with the DCF commissioner should be incorporated into agency policy to ensure continuity in each administration.**
- 4. Each DCF area office should have an individual appointed whose responsibility is youth advisory board recruitment and management. Additional efforts should be made to offer a cross-section of youth from all types of DCF placements (e.g., congregate, juvenile justice, maternity) an opportunity to participate in YABs and provide their perspective.**

### **Wilderness School**

- 5. Participation in Wilderness School activities by youth and agency staff should continue to be supported and encouraged. Wilderness School staffing levels should be examined to ensure participation requests are met and to preserve continued program stability with permanent employee positions.**

## **Youth Website**

- 6. DCF should act on the 2012 proposal of the DCF Family Foster Care Committee and develop a website for DCF adolescent and transitioning youth that helps youth know and understand the resources available to them during and after DCF care.**

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## **APPENDIX A: DCF Discharge Plan**

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State of Connecticut  
Department of Children and Families

ADOLESCENT DISCHARGE PLAN

Name:		LINK Person ID#:	
DOB:		Estimated date of discharge from DCF care:	
ACR Date:			
Anticipated living arrangement:			
Name and Contact Information of 3 significant adults in youth's life:			
Estimated Budget:			
Income/Assets:			
Sources		Amount	
DCF Assistance:			
Has a DCF-779 form been completed and forwarded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has a DCF - MA-1 form been completed and forwarded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Essential Documents/Records to be obtained:			
<input type="checkbox"/> Social Security card <input type="checkbox"/> Voter Registration card <input type="checkbox"/> Picture I.D. <input type="checkbox"/> Driver's License <input type="checkbox"/> Immigration Documents <input type="checkbox"/> School Transcripts <input type="checkbox"/> Directory of Community Services		<input type="checkbox"/> Selective Service <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medical Records <input type="checkbox"/> Medical History <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Skill summary or job resume	
<input type="checkbox"/> Name and telephone number of youth's mentoring contact, treatment worker and his/her supervisor: Name _____ Phone Number: _____ Name: _____ Phone Number _____ Name: _____ Phone Number _____			
<input type="checkbox"/> Other: (specify) _____			
Aftercare Information:			
Other Plans Necessary to Facilitate Transition:			
<b>For further information I understand that I can call the DCF Hotline or the Infoline:</b>			
DCF Hotline, 800-842-2288		Infoline at 211 to request	
_____		_____	
Signature		Date	

## **APPENDIX B: Other State Discharge Plan Tools**

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NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**TRANSITION PLAN FORM**  
PART ONE: TRANSITION PLAN DISCUSSION

<b>PART ONE</b>			
<b>Identifying Information:</b>			
NAME OF YOUTH:	CIN:	DATE OF BIRTH: / /	
DATE ENTERED FOSTER CARE: / /	COUNTY OF ORIGIN:	DATE OF CURRENT PLACEMENT: / /	
PLACEMENT TYPE: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home – Name of Agency: <input type="checkbox"/> Institution – Name of Agency:	PERMANENCY PLANNING GOAL:	SCHEDULED DISCHARGE DATE: / /	
DATE OF LAST LIFE SKILL ASSESSMENT: / /	IMMIGRATION STATUS:	PREGNANT/PARENTING YOUTH: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of 90 day notice: / /	Date Transition Plan Discussion Initiated (180 days prior to discharge) / /		
1. Name ALL representatives involved in development of this transition plan:			
a. Youth	e. Community Service Provider		
b. Case Manager/Case Planner/Child's Case worker	f. Child Care Staff/Other Agency Staff		
c. Parent(s)/Adoptive Parent(s)	g. Attorney for the Child		
d. Adult Permanency Resource	h. Supportive Peer Resource		
<input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative <input type="checkbox"/> Non relative resource	i. Other		
<p><b>Section I Trial Discharge/Final Discharge and Re-Entry into Foster Care:</b> OCFS Regulations section 430.12 (f)(4)(i)(a) requires every child discharged to <i>another planned living arrangement with a permanency resource (APLA)</i> and every child deemed to have this goal be placed on a trial discharge status for at least six months after discharge and must remain in the custody of the local department of social services during the entire trial discharge status. The purpose and implications of trial discharge are to enable a youth over the age of 18 to re-enter foster care without applying to re-enter care, for example, should the youth become homeless. The youth must consent to a trial discharge. In accordance with Chapter 342 of the Laws of 2010, trial discharge may be extended at each scheduled permanency hearing, until the youth reaches the age of twenty-one, if a youth over the age of eighteen consents to such extension. Prior to finally discharging a youth aging out of foster care to another planned permanent arrangement, the local social services district must give the youth notice of the right to apply to re-enter foster care within the earlier of twenty-four months of the final discharge or the youth's twenty-first birthday. The notice must advise the youth that re-entry into foster care will only be available where the former foster care youth has no reasonable alternative to foster care and consents to enrollment in and attendance at an appropriate educational or vocational program. <i>(The section is not required to be completed for youth in OCFS custody.)</i></p>			
<p>1. Was the youth offered a trial discharge (if applicable) and explained the purpose of leaving foster care on trial discharge? <input type="checkbox"/> Yes    <input type="checkbox"/> No Status?</p>			
<p>2. Youth response to Trial Discharge :</p>			
<p>3. Was the youth told and given written notice that he/she has the right to apply to the district or the court to re-enter foster care within 24 month of his/her final discharge, provided the youth is under the age of 21, and the conditions the youth would have to meet to re-enter care are present? Indicate the date the written notice was given to the youth and identify the attorney for the child and the attorney's contact information provided in the written notice.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			

**Youth Comments/Feedback:**

**Section II Housing:** OCFS Regulations section 430.12 (f)(3)(i)(c) requires that no child may be discharged to *APLA* unless the child has a residence other than a shelter for adults, shelter for families, single-room occupancy hotel or other congregate living arrangement which houses more than 10 unrelated persons and there is a reasonable expectation that the residence will remain available to the child for a least the first 12 months after discharge.

1. What safe and appropriate housing options have been explored?

2. What housing options has the youth suggested?

3. What specific steps are taking place to secure safe and stable housing (for at least 12 months from discharge)?

4. **Decision:** Where is the youth going to live?

5. What specific steps need to be addressed prior to discharge? What is the action plan?

6. In the event that the youth does lose his or her housing, what emergency housing plan has been discussed with the youth? Indicate what the youth would do, where they would go and who he or she would ask for help.

**Youth Comments/Feedback:**

**Section III Health/Health Insurance/Health Care Proxy:** OCFS regulation section 441.22(n) requires that each child discharged to another planned living arrangement with a permanency resource must have a comprehensive medical examination prior to discharge, unless the child has undergone such an examination within one year prior to the date of discharge. Effective January 1, 2009, section 366 (3-a) of the Social Services Law (SSL) provides that youth who remain in care until age 18 or older are eligible to have his or her Medicaid coverage continued until the youth's 21<sup>st</sup> birthday without regard to income or resources. The youth must still meet Medicaid citizenship/immigration status and residency requirements. OCFS has developed a standardized letter with information about Medicaid eligibility and contact information specific to the youth that must be given to the youth at final discharge. (Refer to 09-OCFS-ADM15) A youth participating in the Education and Training Voucher (ETV) program when he or she attains 21 years of age may remain eligible until the youth attains 23 years of age. The federal Patient Protection and Affordable Care Act (P.L. 111-148) requires that the transition plan include information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, and provides the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law.

1. Indicate the date of the youth's last comprehensive medical exam and whether the youth will need a medical exam prior to discharge.
2. If the last medical exam indicates a medical condition that requires post discharge follow-up, what steps will be taken to address that need?
3. For youth under the age of 21, has post discharge Medicaid coverage been explained? Has the youth been given a copy of the standardized letter explaining the youth's right to receive medical coverage without regard to income and resources? Indicate the date the letter was given to the youth and identify the contact person provided on the letter in the event the youth needs assistance with his or her MA coverage.
4. Has the worker communicated the youth's discharge address to the appropriate parties to provide Medicaid coverage to 21? (Indicate the name of the person and title)  Yes  No
5. Is the youth aware that he or she must inform the local department of social services (Idss) or in NYC the Human Resources Administration (HRA) of any change in address for Medicaid purposes?  
 Yes  No
6. What steps have been taken by the worker to have Medicaid coverage for the youth:
7. Has the youth been informed when he or she should expect to be given his or her own Benefit (Medicaid) Card?

8. If applicable, have Managed Care Plans been explained to the youth and has the youth been informed when he or she should expect to given his/her own Managed Care Health Plan card?

9. Has the youth been advised that they must go to a provider that accepts his or her health insurance plan?  Yes  No  
Indicate who the youth's medical providers are and who they will be when the youth is discharged. Include the provider(s) name, address and phone number.

10. Has the youth been advised of the importance of designating a health care proxy to make health care treatment decisions on his or her behalf if they become unable to participate in such decisions? If the youth wants to identify a health care proxy, indicate what assistance is being provided to the youth in obtaining, and executing a health care proxy?

Indicate the name of the person who the youth would like as their health care proxy.

11. If the youth is approaching 21, what health insurance options have been explored?

12. **Decision:** Health Insurance Status  
Health Care Proxy status:

13. What specific steps still need to be addressed prior to discharge? What is the action plan?

**Youth Comments/Feedback:**

**Section IV Education/Vocational:** Section 477 of the Social Security Act, targets additional resources specifically to meet the education and training needs of youth aging out of foster care. Under this program, eligible youth may receive up to \$5,000 per year to attend a post-secondary education or vocational training program. The federal law specifies that youth eligible for vouchers under this program include foster care youth and former foster care youth who have not yet attained the age of 21 years who are eligible for services under the Chafee Foster Care Independence Program (CFCIP), and youth adopted from foster care after the age of 16. A youth participating in the Education and Training Voucher (ETV) program when he or she attains 21 years of age may remain eligible until the youth attains 23 years of age.

1. What is the youth's current educational/vocational program status?

2. If applicable, what steps have been taken to maintain the current educational/vocational program status?

3. What are the youth's educational/vocational training goals?

4. What steps have been taken to address the youth's educational/vocational training needs and goals?

5. Has the Education and Training Voucher (ETV) program been discussed with the youth, and if appropriate, has the youth completed/resubmitted an on-line ETV application?

6. What other financial resources have been explored to support the youth in his or her current/future educational/vocational program(s)?

7. **Decision:** What educational/vocational program is the youth pursuing?

8. What specific steps still need to be addressed, prior to discharge? What is the action plan? Include whether the youth needs help in filling out financial aid forms (such as FAFSA, TAP, etc) and who they will go to for help if they need such assistance.

**Youth Comments/Feedback:**

**Section V Opportunities for Adult Permanency Resource(s) or Mentor(s):** OCFS regulations section 430.12 (f) defines an *adult permanency resource* as a caring committed adult who has been determined by a social services district to be an appropriate and acceptable resource for a youth and is committed to providing emotional support, advice and guidance to the youth and assisting the youth as the youth makes the transition from foster care to responsible adulthood.

1. Has an Adult Permanency Resource or Mentor(s) been identified?  Yes  No

2. If No, has the youth been given the opportunity to identify an Adult Permanency Resource(s) or Mentor(s)?

3. What opportunities have been explored with the youth surrounding the potential for developing other Adult Permanency Resource(s) or Mentor(s)?

4. **Decision:** Who is the youth's Adult Permanency Resource(s) or Mentor(s)? Indicate the *name, contact information and relationship to the youth and whether this person(s) is able to assist the youth with all the major areas that the youth may need assistance with.*

5. What specific steps still need to be addressed prior to discharge? What is the action plan? (Include steps being taken to identify other supportive adults, if needed).

**Youth Comments/Feedback:**

**Section VI Continuing Support Services:** OCFS regulations section 430.12 (f)(3)(l)(a) requires that for each child who will be discharged to APLA, the district must identify any persons, services or agencies which would help the child maintain and support himself or herself and must assist the child to establish contact with such agencies, service providers or persons by making referrals and by counseling the child about these referrals prior to discharge.

1. Identify current support services being utilized by the youth (include support services for any medical issues identified in Section III Health/Health Insurance):

2. List the services the youth has identified that he/she needs.

3. Has an assessment been conducted to identify needed services? If so, indicate date of assessment(s).

4. What local/accessible/appropriate services have been explored with the youth? *(Check all that apply)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing                   |
| <input type="checkbox"/> Medical/Physical Health  | <input type="checkbox"/> Child Care     | <input type="checkbox"/> Banking Services          |
| <input type="checkbox"/> Substance Abuse          | <input type="checkbox"/> Education      | <input type="checkbox"/> Adult Services            |
| <input type="checkbox"/> Community Based          | <input type="checkbox"/> Employment     | <input type="checkbox"/> Adult Protective Services |
| <input type="checkbox"/> Food Pantries/Food Banks | <input type="checkbox"/> Financial      | <input type="checkbox"/> Applying for SSI Benefits |
|   |   | <input type="checkbox"/> Other                     |

5. Has the worker explained to the youth how to locate and secure necessary services including how to secure information on his or her rights?

6. **Decision:** What specific support services have been identified as necessary?

7. What specific steps need to be addressed prior to discharge? What is the action plan?

**Youth Comments/Feedback:**

**Section VII Important Documents/Access to Case Record:** The documents listed below are documents that youth need in order to make a successful transition from foster care to self-sufficiency. For example, in order for a youth who leaves care after age 18 to continue Medicaid coverage, the Medicaid office must have on file documentation of the youth's immigration status (birth certificate/green card), and social security number. In order to qualify for financial aid for college, a youth will need documentation of legal immigration status. Health insurance (MA card) medical records including immunization records are important to the youth's well-being. In addition, OCFS regulation section 357.3(j) requires that to the extent available, an authorized agency must provide a copy of a foster child's education record at no cost to the child when the child is discharged to his/her own care. OCFS regulation section 428.8 requires that a former foster child 18 years of age or older who has been discharged from foster care on either a trial or final basis and was not adopted, may receive access to his or her foster care records from an authorized agency.

1. Check off which documents listed below the youth has received a copy of for his or her records.

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Certificate (Certified copy) | <input type="checkbox"/> Green Card (if applicable)        |
| <input type="checkbox"/> Social Security Number or Card     | <input type="checkbox"/> Photo Identification              |
| <input type="checkbox"/> MA Card                            | <input type="checkbox"/> Selective Service (if applicable) |
| <input type="checkbox"/> Medical Records                    | <input type="checkbox"/> Tribal Documents (if applicable)  |
| <input type="checkbox"/> Education Records                  | <input type="checkbox"/> Other                             |

2. What specific documents are still needed by the youth? What steps are being taken to secure these necessary documents?

3. Has the youth been given an explanation of the steps to take to replace lost documents?

4. Has the youth been informed of the right to apply for access to his or her foster care records upon trial or final discharge and the methods for requesting access to his or her case record?

**Youth Comments/Feedback:**

**Section VIII Workforce Supports and Employment Services:** Career preparation and work-based learning experiences are essential in order to form and develop aspirations and to make informed choices about careers. These experiences can be provided during the school day, through after-school programs and will require collaborations with other organizations, such as VESID. All youth need information on career options. In order to identify and attain career goals, youth need to be exposed to a range of experiences. Transition planning that provides students with both an understanding of and experiences in how academic skills are applied to their career goals empowers students to make informed and realistic career and life choices.

1. Has the youth had a career assessment(s) to help the youth identify his/her interests? If yes, indicate date(s) of such assessment(s).  No  Yes

2. What are the youth's career goals as indicated by the youth?

3. Has the youth had the opportunity to learn first hand about the his or her career choice(s) and the skills needed for the career(s)? Include participation by the youth in on the job training or other structured programs that the youth has been involved in related to his/her career choice(s).

4. Has the youth been exposed to career opportunities that ultimately lead to a living wage, including information about educational requirements, entry requirements, income and benefits?

5. What workforce supports and employment services have been explored with the youth? (Include whether the youth has a job and whether the youth will have sufficient income for rent, and other items upon discharge. Indicate any information about the youth's ability to manage credit.)

6. What ideas does the youth have about the kinds of workforce supports and employment services he/she will need?

7. Has the youth been informed where he/she can secure information on available employment?

8. **Decision:** What work supports and employment services have been identified for the youth?

**Youth Comments/Feedback:**

**Section IX Pregnant/Parenting Youth (If Applicable):** For guidance, refer to the *Handbook for Youth In Foster Care* and the Youth In Progress (YIP) Need to Know Series: *"Pregnancy and Parenting Issues for Youth in Care"*.  
In addition, refer to *OCFS Helpful Tips to Keep Your Baby Safe: Safe To Sleep Publication 5008*.

1. Identify needs of the pregnant youth:

2. Identify needs of the parenting youth:

3. List minor children and dates of birth:

4. For youth who are parenting has an individual been adjudicated as the baby's father?

5. Has the custodial parent or local department of social services filed for child support?

6. Has the OCFS Publication 5008, Helpful Tips to Keep Your Baby Safe: Safe to Sleep been discussed with the youth?

7. What specific needs have been explored for the pregnant youth, parenting youth and child(ren):

8. **Decision:** List the services identified for the youth and/or child(ren):

9. What specific steps still need to be taken prior to discharge? What is the action plan?

**Youth Comments/Feedback:**

**Section X Other (Safety):** The purpose of this section is to identify if a youth is in immediate danger of serious harm. Evidence that there is an immediate safety concern for the child will need to be documented. Please identify the safety concern(s) and how they will be addressed.

1. Are there any safety concerns related to the youth's discharge from foster care?

2. Has the youth identified any safety concerns related to his/her discharge?

3. Are there any other comments or concerns related to the youth's discharge?

4. **Decision:** What is the resolution of issues identified in this section?

5. What specific steps need to be taken prior to discharge? What is the action plan?

**Youth Comments/Feedback:**

**Signatures:** The Transition Plan must be completed and signed by the Case Manager/Case Planner/Child's Caseworker and the Supervisor at least **90 days prior to a planned discharge**. When a youth does not sign his or her Transition Plan, next to youth signature, a note must be entered in the space for youth signature regarding the circumstances (for example, youth refuses to sign). The youth must be given a copy of his/her Transition Plan. A copy of the Transition Plan must be placed in the case record and will be considered an official part of the record.

Case Manager/Case Planner/Child's caseworker:

Date: / /

Supervisor:

Date: / /

Youth:

Date: / /



## 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)

- Initial
- 6-month update
- 90 day final plan

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>i</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>ii</sup> (if applicable) (retain a copy in case file)
- Personal records and certificates<sup>iii</sup> (baptism, confirmation, achievements, etc.)
- Original Social Security card<sup>iv</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>v</sup> (if applicable)
- Insurance policies
- Will/Legal directives (*Durable Power of Attorney for Health Care*, etc.)<sup>vi</sup>
- Written summary of the family background including any family (names, birthdates, medical history, etc.)<sup>vii</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>viii</sup> (document on the *Readiness Checklist* in N-FOCUS)
- Written summary of the youth's out-of-home placement history<sup>ix</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<sup>x</sup> (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>xi</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>xii</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>xiii</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>xiv</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)*\*\* (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>xx</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>xxi</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

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\_\_\_\_\_

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)

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**Additional Topic**

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**Additional Topic**

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**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

## **APPENDIX C: Youth Advisory Board Recommendations**

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## Statewide Youth Advisory Board: Youth Comments and Recommendations

**A positive youth/worker relationship has been identified as essential to a successful transition. However, sometimes, youth and social workers are not a good match for each other, and cannot form a trusting and healthy relationship. As a result, youth often feel as if they are being pushed around, and treated as a generic, rather than as an individual. How can we ensure that there is a strong relationship between youth and their workers, so that workers can be aware of and adequately address the *unique* needs of their youth? *Relevant Policies: 9, 10* (Middletown, Hartford)**

- 1) Social Worker Youth Bonding Day
  - a. This should happen once a month, or quarterly
  - b. It would be a day centered around the youth's interests, and would be a chance for the youth and the worker to get to know each other more personally
  - c. Also, youth and workers should take advantage of the wilderness school
- 2) Increase communication between youth and worker
  - a. Youth are very comfortable texting and e-mailing, so texting and e-mailing are the best ways of communicating (not Facebook)
  - b. Search for common ground between the youth and the worker
  - c. DCF events, where youth can meet other youth in DCF care, can also be helpful for building relationships
- 3) Improve the worker/youth match
  - a. Survey both youth and worker before assigning a case. Ask youth (and worker) for preferences – does gender match matter, or racial match? What is preferred, a hands-on management style, or hands-off?
  - b. Workers should come up with profiles and share them with their kids so youth can get to know them better. A profile might present a worker's mission statement, interests, reasons for becoming a social worker, and what motivates him or her to work with youth.
- 4) Reduce the number of times youth have to change social workers
  - a. Also, there should be an effort to maintain the contact between the youth and worker even after a worker change
- 5) An active youth worker relationship is essential because it gives youth another outlet to speak their mind and feel secure
- 6) Workers should spend time with youth outside of their foster home and the DCF office.
  - a. Meeting youth at after school activities would be great.

**While all youth who enter CHAP programs take a life skills course, youth consistently state that they rarely are given the independence to practice these life skills in real world settings, and so the skills don't sink in. How can we ensure that youth have the independence necessary to develop life skills that will be needed after exiting care? *Relevant Policies: 3, 4, 5* (Waterbury, New Britain, Meriden)**

- 1) Youth should have more access to supervised independent living settings and TLAP programs, which could precede CHAP housing. (Example – programs like S.A.I.L.)
  - a. Youth gradually practice and develop life-skills in these settings

- 2) Life skills classes should be tailored to youth age and need. Different youth need to learn about different life skills, and group courses and a standardized curriculum often don't meet the individual needs of youth in the class.
  - a. Life skills training should also be made available on an ongoing basis, and not just once
  - b. Group size matters – 1 on 1 opportunities for practicing life skills are best, and should be made available
- 3) Include interpersonal communication in life skills
  - a. Youth need to learn how to speak and communicate appropriately with potential employers, coworkers, landlords, and other people who they will meet in professional and independent living settings
- 4) Increased access to life-skills materials should be provided, even outside the course. The materials could be made available online, or through an app.
- 5) Even with a job, it is impossible to live off CHAP stipends. The rates haven't been raised in over ten years, and need to reflect current rents and costs of living. In particular, the cost of phone service has gone up a lot.

**Only when youth in care speak up for themselves, and take part in important decisions made about their lives, is DCF able to meet their unique needs. However, many youth don't feel empowered to advocate for themselves. How can we make sure youth feel appropriately empowered, and are engaged in important decisions? *Relevant Policies: 11, 13* (Willimantic, Norwich)**

- 1) Know your resources
  - a. Youth must know the programs available to them
  - b. Youth must be aware of the chain of command (e.g worker, supervisor, program manager, etc.), and *youth should know they have an attorney, who they have the right to contact, and who represents their interests.*
  - c. Youth should attend ACRs and take advantage of this opportunity
  - d. In general, it is important to have the names and contact information for all these important people
- 2) Communication is important
  - a. Youth should be encouraged to ask questions about their case and situation
  - b. Youth should talk to anyone who they trust about their needs and wants
- 3) Self-care is essential to empowerment
  - a. Health – youth should know what is healthy and unhealthy behavior
    - i. Eating habits
    - ii. Exercise
- 4) Working and responsibility
  - a. Jobs, chores, etc. – these things build independence
- 5) Decision making skills have to be developed
  - a. Youth should be made aware of:
    - i. Ethics, and how to make moral decisions
    - ii. How to avoid negative decisions
    - iii. How to follow social norms
    - iv. How to inhibit oneself

- b. Self-discipline is an important skill to develop, both in the context of budgeting and relationships
  - c. Youth should be treated with respect and kindness
    - i. This will help them learn to be compassionate and understanding
- 6) Relationships are essential
- a. Foster relationships with family, friends, and significant others
  - b. However, youth must learn never to “give away the right to be ‘you’”

**Youth are often angry because they see foster parents receiving foster care assistance payments and spending the money from those payments on things other than them. This is detrimental to the youth/foster parent relationship. Can anything be done about this? More generally, are their steps DCF could take to give youth more control over their money, so youth can learn about financial responsibility and independence? *Relevant Policies: ??* (Bridgeport)**

- 1) Foster parents should receive their monthly payments via debit card, so that DCF can keep track of how the money is being spent
- 2) Money should also be divided into separate accounts, for things like clothes, food, and savings for the child
- 3) Some of the money should go directly to the youth, for an allowance, so that extra money isn't just spent on the foster parent's wants
- 4) There should be some portion of the money that goes into a mandatory savings account, so that should youth age out of care, they won't leave with nothing.

**After graduating from high school, youth are often unprepared to immediately enter a post-secondary education program. As a result, they either exit care right at 18, or are forced into an inappropriate program that cannot meet their needs. Can youth be given more flexibility after high school and still be allowed to stay in DCF, to give them more time to prepare for a post-secondary education setting? How would this additional flexibility work? *Relevant Policies: 7, 15, 17* (Norwich, Bridgeport)**

- 1) DCF should allow for a “transition year.”
  - a. Youth who are not enrolled in a post-secondary ed program yet would have to at least be working
  - b. Youth could also be enrolled in a program to help them prepare for college, a vocational program, or a more independent role in the workforce
  - c. A CHAP case manager and a work-to-learn worker would be provided to help develop independent living and employment skills
  - d. Youth would live in an approved independent living environment
  - e. If necessary, a transportation allowance would be provided
  - f. By 9 months in, youth would be expected to have a plan for how they would continue their education, job training, or full time employment the following year.

**After graduating from post-secondary education programs, youth have 3 months before aging out of DCF, and often struggle to get all their affairs in order in this short time period. Can anything be done to help smooth this final transition? *Relevant Policies: 7, 15, 17* (Norwich)**

- 1) Youth should have more contact with their workers even after they age out
- 2) A longer period than 3 months is necessary to transition out of care – maybe 6?
- 3) There should be consistent follow up and support even after aging out of care
- 4) There should be a second life-skills course after completing college – many youth, especially those who have been living in dorms, haven't really been utilizing all the life skills they learned after high school, and it's important to review before exiting care.
- 5) Begin looking for resources, such as permanent relationships and career options, long before exiting care
- 6) Youth should attend career fairs and seminars, as well as events put together by community providers
- 7) Developing budgeting and planning skills is essential
- 8) Establish a network in your field of interest early on

**Youth in foster care often struggle in school for a variety of reasons, including frequent transfers, problems at home, problems transferring credits, and bullying. As a result, they often struggle to graduate on time, and are unprepared for post-secondary education or employment. What can be done provide the support necessary for youth in foster care to thrive in school? *Relevant Policies: 15 (Manchester, Middletown)***

- 1) Credit transfers and credit recovery
  - a. Credits often don't transfer from one school to another because the schools count credits differently (for example, one school might award 1 credit for each course while another awards 4, but the student transferring doesn't have their credits appropriately adjusted or converted).
  - b. DCF needs to have a relationship with schools to make sure that hang-ups over credits don't prevent youth from graduating on time
  - c. Programs that youth are particularly interested in, or have talents in, can help youth stay engaged in school and recover credits
- 2) The importance of relationships
  - a. Building positive relationships with peers and teachers is important, because these people can help encourage youth to stay dedicated to their classes
  - b. Surrogate parents can also be an important relationship for navigating school, and for providing encouragement. All youth should be able to have one, not just those with special-ed needs.
- 3) Other ideas
  - a. Create concrete academic objectives for youth, and reward them for doing well
  - b. Provide life skills classes
  - c. Make sure youth have tutors, mentors, or both
  - d. Ask for youth input when making educational plans
  - e. Policy 42-15-2 (The Adolescent Specialist)
    - i. Assess the policy of educational review
    - ii. Social workers should be more supportive when helping youth to move to the next level of education
  - f. Youth should have access to a counselor who is a good personality match

- g. College tours and field trips to other educational sites can teach youth about post-secondary ed, and get them excited about applying
  - i. This program should begin freshman year of high school, not senior year, so that youth are thinking about their future right away