
Staff Update

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

October 3, 2013

Legislative Program Review
and Investigations Committee

Connecticut General Assembly

2013-2014 Committee Members

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Legislative Program Review and Investigations Committee
Connecticut General Assembly
State Capitol Room 506
Hartford, CT 06106



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 that prepare youth aging out of state care. The study is also examining 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) framework, the study will answer the questions: *How much did we do? How well did we do it? Is anyone better off?*

For study purposes, the target population includes older youth - aged 18 and over who are voluntarily receiving services from DCF. The study will also explore services aimed at adolescents aged 13 and over who are committed to DCF's care and custody.

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

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

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

Main Points

Youth “age out” when DCF is no longer responsible for their care and custody because of age. Typically, this is the age 18.

About 5% of all youth receiving services from DCF are young adults (ages 18-23). Youth may choose, under certain conditions, to voluntarily remain with DCF until 21 – or, if completing education, until 23. Many of these youth are in independent living programs. A large portion entered DCF when they were 13 or older and have been in placement for much longer than three years.

Adolescents aged 13 to 18 – who DCF aims to prepare for aging out-most commonly are in foster care. About 43% of all children and youth under DCF's care and custody (i.e., “committed” to DCF) are in this age range. Similar to the young adults, many of these youth entered DCF when they were 13 and older but have been in placement for three years or less.

DCF assists certain youth transition into other state agency programs. DCF makes referrals to DMHAS Young Adult Services and transfers clients to DDS. In FY13, DCF made 280 referrals to DMHAS and transferred 84 clients to DDS.

Nationally, young adults who have aged out of care face relatively poor outcomes. Research findings suggest they are less likely to graduate from high school, engage in post-secondary education, and be employed – and more likely to experience homelessness and justice system involvement. There is emerging research evidence that youth fare better if they remain in care until 21.

Despite facing challenges and relatively poor outcomes, there are young people leaving state care who do well.

Research on brain development shows that adolescents and young adults are still developing. This research supports the distinction between youth and adults may be best made based on characteristics other than age such as impulse control and judgment. It also highlights the need to explore trauma-informed practice.

All young people need supports as they transition to adulthood. Critical supports include education, workforce opportunities, housing, health, family connections, and community relationships.

Next Steps

1. Continue to develop RBA framework using the CT Kids Report Card
2. Compile and analyze core performance measures
3. Continue to examine DCF's specific strategies for this population
4. Follow up on identified issues
5. Develop findings and recommendations

DCF Services to Prepare Youth Aging Out of State Care

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Discussion Points for Update

- Explanation of “aging out”
- Define the study’s target population
- Provide snapshot of population
- Literature & research findings
- Next steps

What is the study focus?

- Using RBA, evaluate DCF services for the transition and discharge of youth aging out of state care.
- Coordination efforts between DCF and other state systems and services involved in transitioning DCF youth aged 18 and over.

What is “aging out”?

- Refers to the point when the State is no longer responsible for youth’s care and custody because of age. Typically, age 18.
- Under certain conditions, youth may voluntarily choose to remain in DCF until 21.
 - if in DCF care when turned 18
 - if continuing education
 - if agrees to adhere to treatment and program rules
- If still completing education, youth may remain in DCF care until 23.

How is the target population defined?

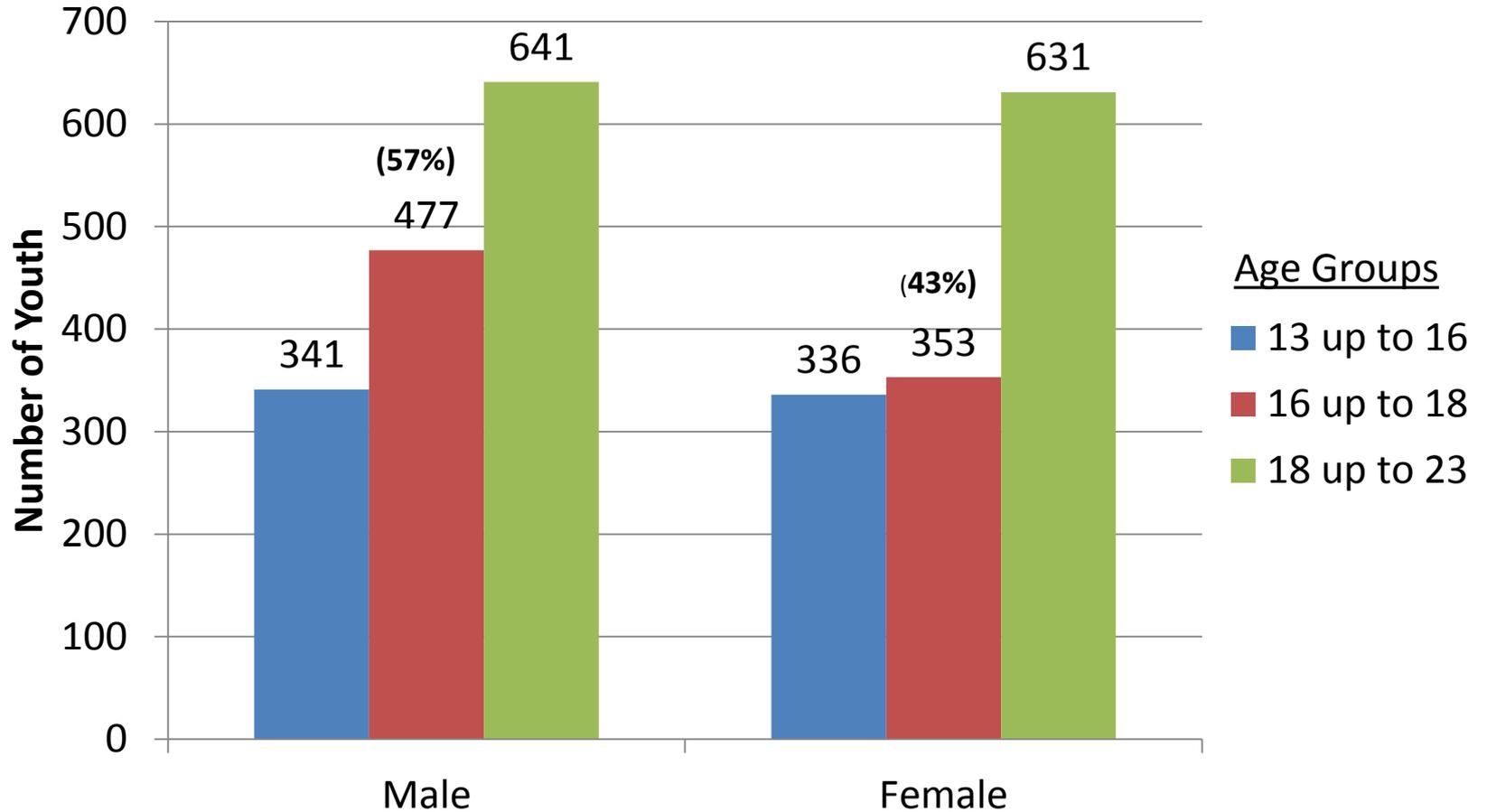
For study purposes:

- Older youth aged 18 and over
 - All voluntarily receiving services from DCF
- Adolescents aged 13 and over
 - committed to DCF's care and custody

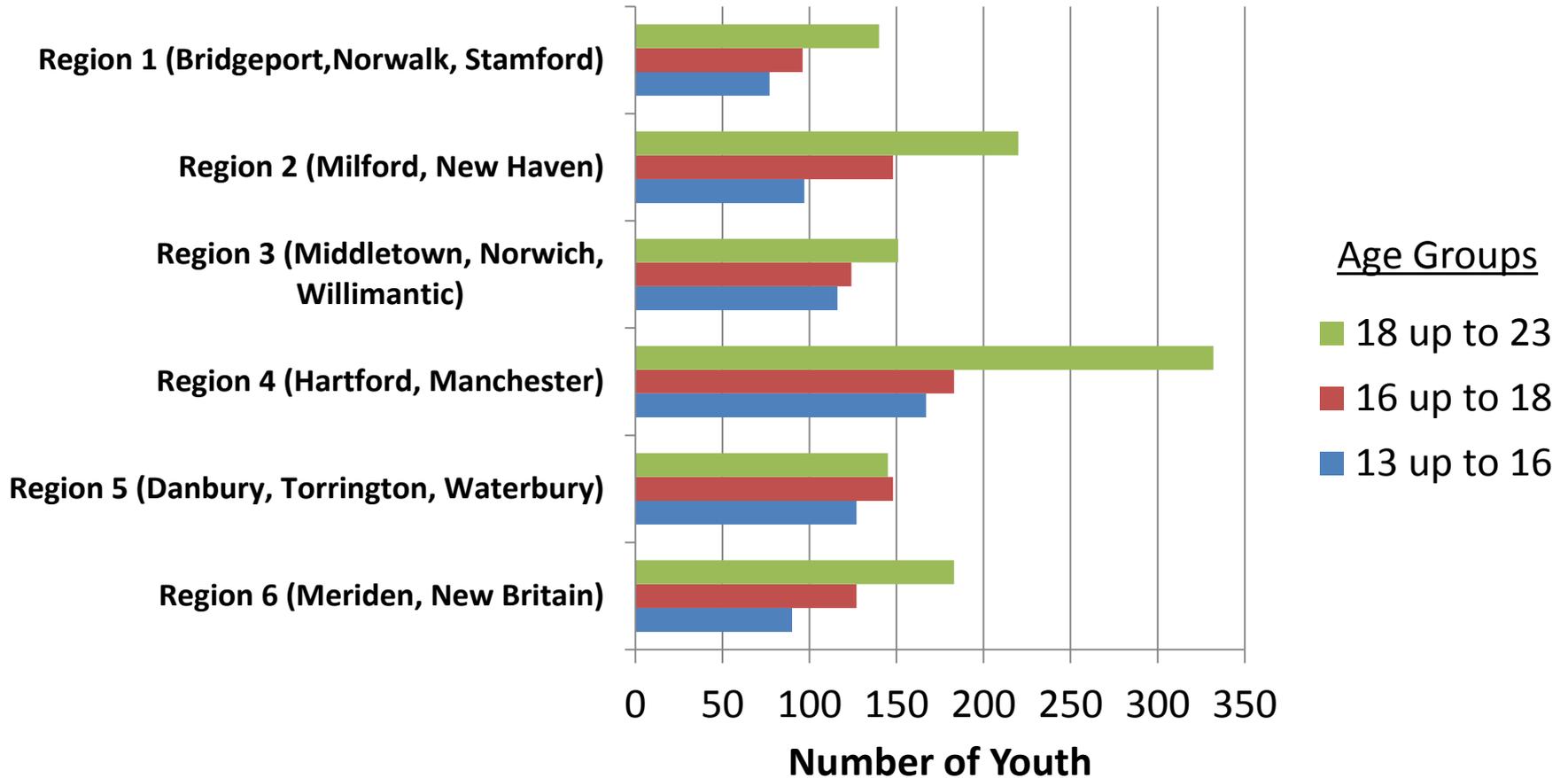
Target Population Snapshot (as of August 1, 2013)

- **1,272** youth aged 18-23 receiving DCF services
 - 5% of all youth receiving DCF services
- **1,507** youth aged 13 up to 18 committed to & custody of DCF
 - 43% of all youth committed to DCF

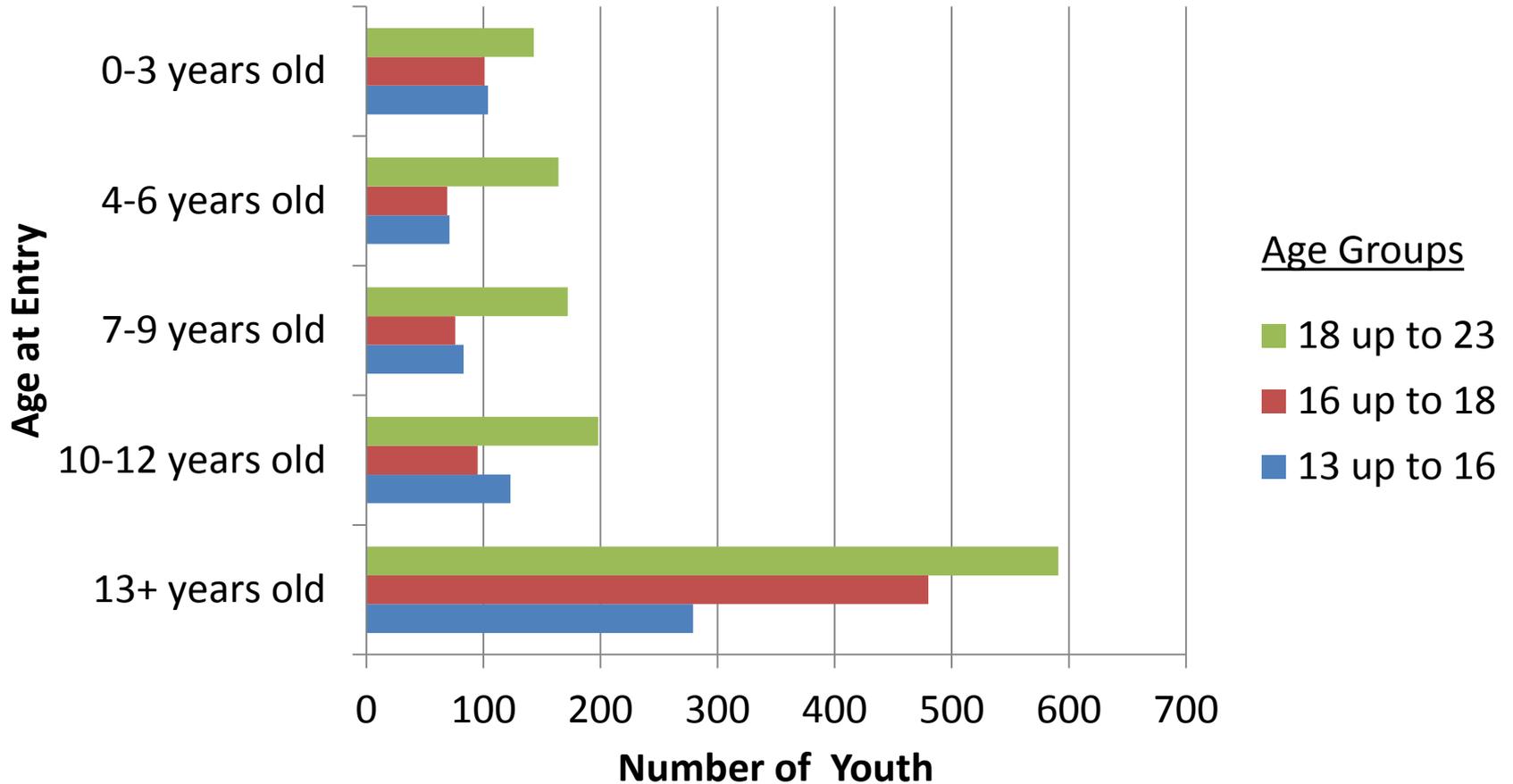
Target Population By Gender



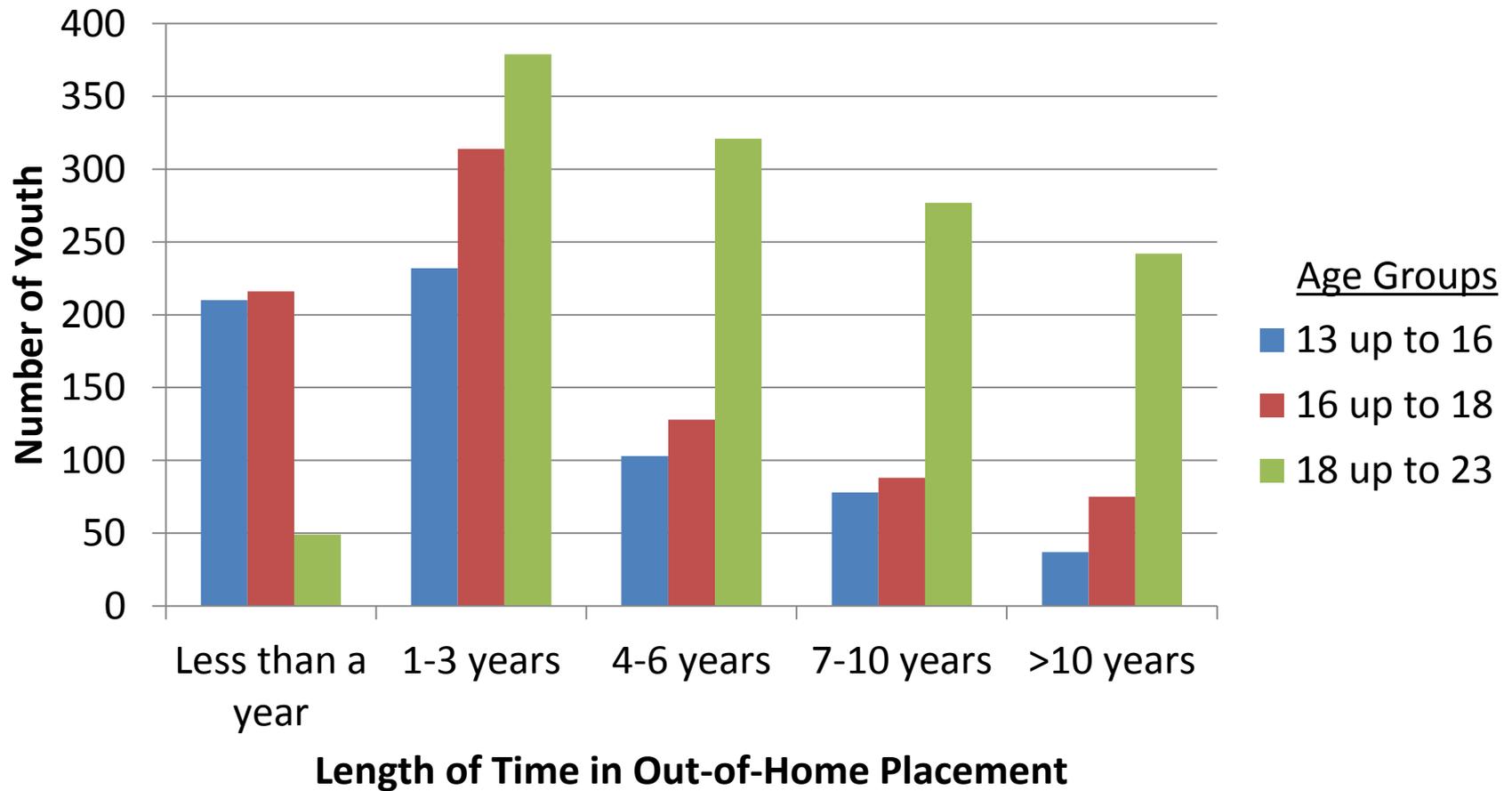
Target Population By DCF Region



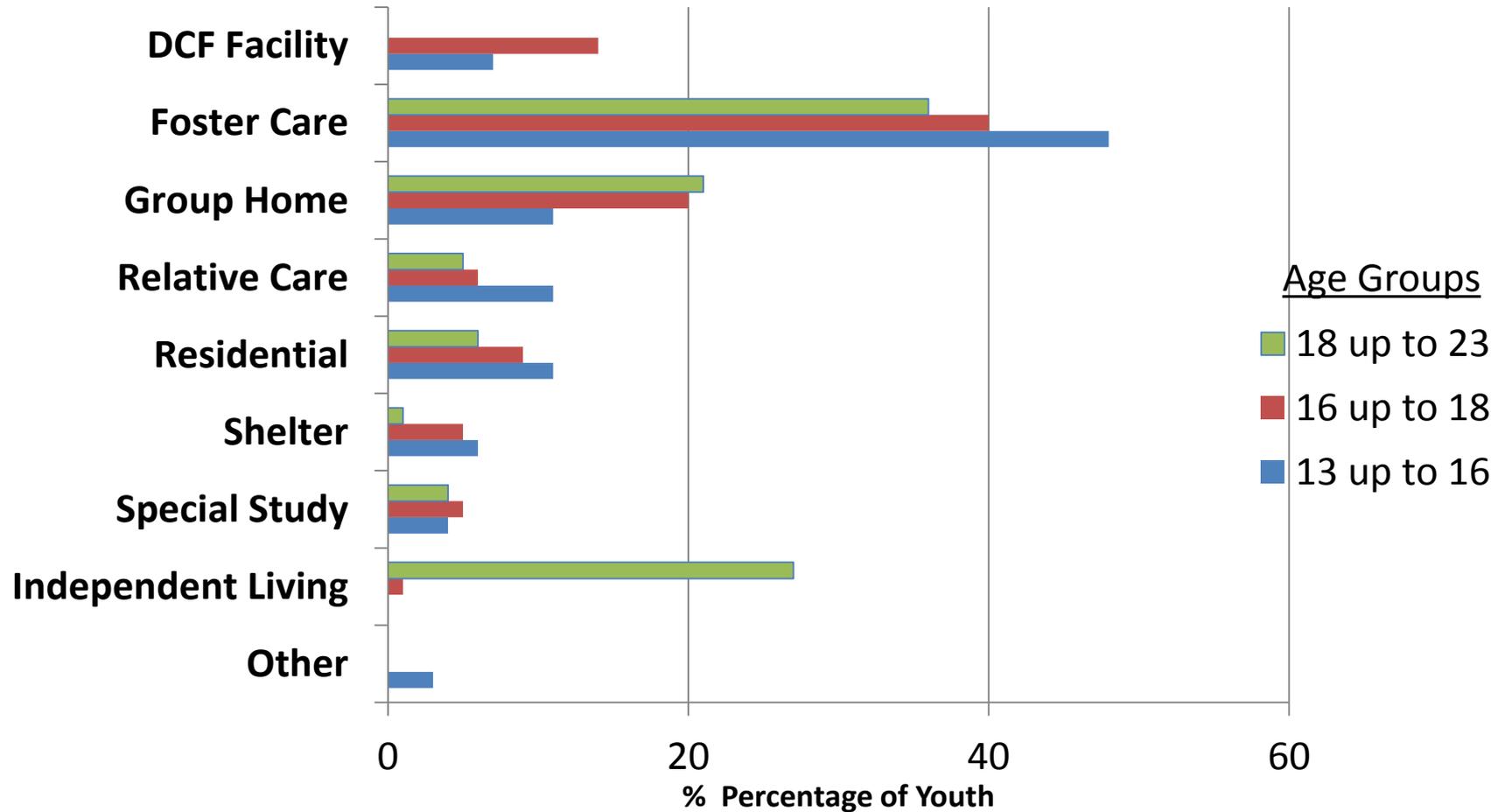
Target Population By Age at Entry to DCF



Target Population By Years in Placement

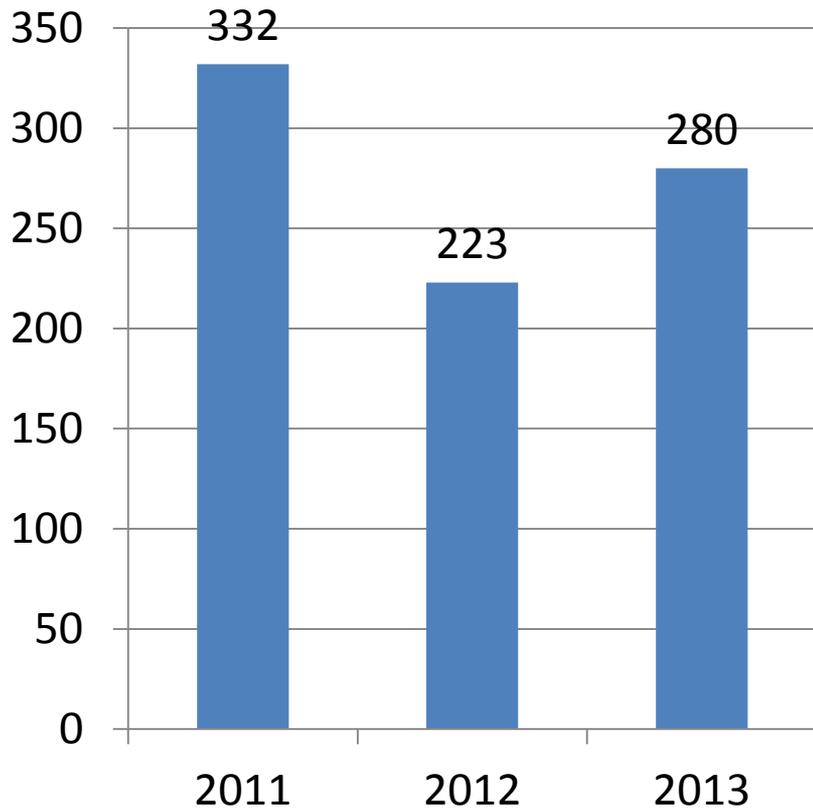


Target Population By Placement Type



DCF Referrals to DMHAS-Young Adult Services (YAS)

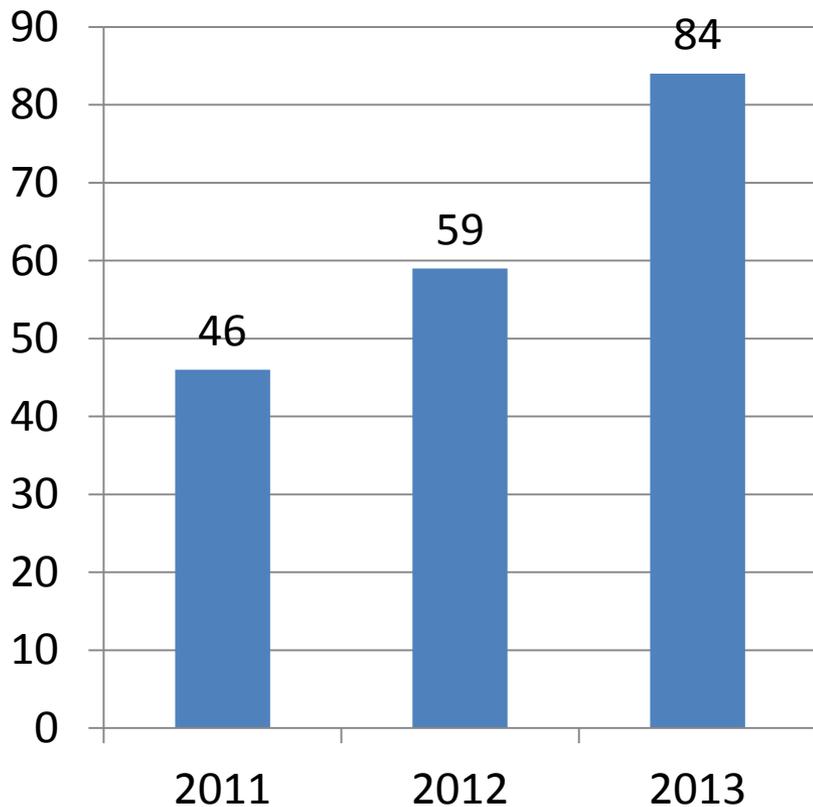
Referrals to DMHAS



- Beginning at age 15, DCF identifies youth for possible referral to DMHAS (YAS) but DMHAS cannot begin services until age 18.
- DMHAS participates in the transition planning for the DCF youth prior to actual transition.
- Some fluctuation in the total number of referrals in last 3 years.

DCF Clients Transferred to Department of Developmental Services (DDS)

Transferred Clients



- DCF youth with developmental disabilities may be committed to DCF until age 21.
- New DCF/DDS initiative to begin transfers earlier.
- Number of DCF youth transferred to DDS has almost doubled since 2011.
- 25 DCF youth transferred to DDS Autism Waiver Program - in its first year.

What does the literature & research say?

- Neuroscience plays a significant role in adolescence.
- Many youth face challenges and potentially poor outcomes after transitioning from care.
- Emerging evidence that youth fare better if they remain in care until 21.
- All youth need support for education, workforce opportunities, housing, health, family connections and community relationships as they transition to adulthood.

Why is the science of the adolescent brain important?

- Gives better understanding of adolescent capabilities and behaviors including impact of trauma on still developing brain
- Confirms age is not maturity
- Highlights the need to explore changing intervention and treatment strategies

Sources: National Academy of Sciences (2012); Jim Casey Youth Opportunities Initiative (2011)

Midwest Study: Outcomes for Former Foster Care Youth Compared to General Population

Outcomes	Post-Foster Care (Aged 23 & 24)	General Population (Aged 23 & 24)
No high school diploma or GED	24.4%	7.3%
Not employed	52%	24.5%
Average income from employment	\$12,064	\$20,349
Has health insurance	57%	78%
Males who have ever been arrested	81.2%	17.4%
Females who have been pregnant	77%	40.4%

Source: Courtney et al. (2010) – a collaborative effort between Chapin Hall Center and child welfare agencies in three states (Iowa, Wisconsin, and Illinois).

Literature & Research Outcomes

- 49% found employment 4 years after leaving care
- 30% experienced mental health problems
- 25% experienced homelessness
- 30% of young men were incarcerated by age 19
- 37% completed high school or earned a GED
- 24% had no earned income the first 2 years after leaving care

Source: *Compiled research statistics from National Conference of State Legislatures (2010)*

Literature & Research Outcomes

- More than 1 in 5 will become homeless after age 18
- Only 58% will graduate high school by age 19 (compared to 87% of all 19 year olds)
- 71% of young women are pregnant by 21
- At the age of 24, only half are employed
- Fewer than 3% earn a college degree by age 25 (compared to 28% of all 25 year olds)
- 1 in 4 will be involved in the justice system within 2 years of leaving foster care system

Source: *Jim Casey Youth Opportunities Initiative* (2013)

Why do some youth succeed while others struggle transitioning out of care?

- No simple answer – many variables
- Despite challenges, there are young people leaving state care who do well.
- Get access to the right service to the right youth at the right time.
- Must have:
 - proper needs assessments (e.g., life skills)
 - timely transition planning
 - good relationship/partnership between DCF & youth

What are the core foundations for young adult success?

- 1) A stable, safe, affordable place to live
- 2) Educational attainment that includes post-secondary opportunities
- 3) Workforce opportunities to achieve economic success
- 4) Access to comprehensive, coordinated medical and behavioral health
- 5) A permanent family that provides an enduring source of emotional support
- 6) Opportunities to be listened to, to be informed, to be respected, and to exert control over one's life

What are the next steps?

- Continue to develop RBA framework using CT Kids Report Card domains:
 - **Stable** (Housing & Permanency Planning)
 - **Safe** (Life Skills, Re-entry, Targeted Services)
 - **Healthy** (Medical Health, Behavioral Health)
 - **Future Success** (Education, Employment, Youth Empowerment)
- Compile and analyze core performance measures for programs & services in each area
- Continue to examine DCF's specific strategies for this population
- Follow-up on identified issue areas

Public Hearing

Thursday October 3, 2013

Room 2D at 2 pm

Legislative Office Building