



Promoting Successful Transitions for Adolescents “Aging Out” of Foster Care

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Each year, a significant number of young people in Connecticut “age out” of foster care, reaching the age of majority without having found a permanent family. Without a family to support their transition to adulthood, they are at high risk for poor outcomes in health, education, employment, and social/emotional development. Studies show that, among other things, youth aging out of care are far less likely to graduate from high school or be enrolled in college, far more likely to experience homelessness or involvement with the criminal justice system, and are less likely to be earning a living wage than their peers in the general population.¹

The Jim Casey Youth Opportunities Initiative, a national philanthropic and advocacy organization that focuses on youth aging out of care, has identified six broad foundations that these youth need to make a successful transition to adulthood:

- A permanent family that provides an ensuring source of emotional support;
- A stable education that includes post-secondary opportunities;
- Opportunities to achieve economic success
- A place to live that is safe, stable, and affordable;
- Access to comprehensive, coordinated health and mental health care; and
- Opportunities to be listened to, to be informed, to be respected, and to exert control over one’s life.²

While Connecticut has markedly increased services to these youth over the past decade, there are significant additional opportunities in each policy area to promote successful transitions for adolescents “aging out” of the foster care system.

A permanent family:

Now in place:

- State legislation passed in 2011 will increase the number of children and youth in Department of Children and Families (DCF) care placed with relatives.³
- Connecticut’s subsidized guardianship policy provides relative caregivers with financial assistance for the care of their children.⁴

Opportunities for reform:

- Uniformly enforce and facilitate DCF’s sibling visitation policy, which provides that siblings not placed together are entitled to ongoing visitation unless a clinician certifies that this is not in their best interest.⁵
- Increase the number of young people in community placements (e.g. family foster care), while preserving high quality congregate (group) care as a placement option for adolescents when clinically justified.⁶

A stable education:

Now in place:

- Youth in DCF care can elect to continue to receive services until age 21 (or until age 23 under certain circumstances) by participating in the DCF post-secondary education program, which provides substantial support for tuition as well as housing and living expenses.⁷
- State school stability legislation allows young people to remain in the same school any time their home placement changes unless not in their best interest.⁸

Opportunities for reform:

- Improve coordination with school systems to increase the educational achievement of children and youth in primary and secondary school.
- Ensure effective implementation of the state school stability legislation, which aims to keep children in the same school as foster placements change

Opportunities to achieve economic success:

Now in place:

- DCF's work/learn program (currently provided in Hartford, Bridgeport, New Haven, and Waterbury) helps youth to access educational, employment and personal development opportunities, including a matched savings account (Individual Development Account).

Opportunities for reform:

- According to the state, the vast majority (81% in 2010) of youth over the age of 18 who decline continued DCF services are unemployed.⁹
- DCF plans to revamp its Community, Housing, Educational and Enrichment Resources (CHEER) Program, which targets those not involved in the post-secondary education program with apprenticeships and job training.

A place to live:

Now in place:

- DCF supports a variety of living situations for youth enrolled in the post-secondary education program, including housing during summer and other breaks for students living on-campus.
- A "re-entry" policy allows youth who have left DCF care after age 18 to resume receiving services from DCF under certain circumstances.¹⁰

Opportunities for reform:

- Develop policies and practice to discourage youth from signing themselves out of care (refusing services) at age 18.¹¹

- Extend services to abused and neglected youth ages 18-21 who do not currently qualify for the post-secondary education program, through Title IV-E federal reimbursements under the recent national Fostering Connections legislation.¹²

Access to health care:

Now in place:

- Connecticut provides health insurance coverage (HUSKY A/Medicaid) until age 21 and without an income or asset test to young people in DCF placement as of their 18th birthday.¹³
- Youth aging out of the foster care system will be categorically eligible for Medicaid until age 26 beginning in 2014 under the federal health care reform law.¹⁴

Opportunities for Reform:

- Strengthen coordination between DCF and DSS to ensure that youth turning 21 who are eligible for Medicaid under an adult coverage category are not dropped from care.¹⁵
- Commit state funds to provide state-funded Medicaid coverage until 26 before the federal expansion of care in 2014.¹⁶

Opportunities to be engaged:

Now in place:

- DCF area offices engage youth through their Youth Advisory Boards, which advise local offices and provide training in how youth can advocate for themselves and their peers.
- Two youth representatives currently serve on the DCF Statewide Advisory Council.¹⁷

Opportunities for Reform:

- Provide legal representation beyond the age of 18 to youth who continue to receive services from DCF.
- Enhance opportunities for Youth Advisory Boards to provide input to DCF, legislators, and other policymakers.

The state of Connecticut bears a special responsibility to the young people aging out of its care. By strengthening the array of services provided to this population, the state can help ensure that these youth experience a successful transition to adulthood.

¹ See Mark Courtney, Amy Dworsky, JoAnn S. Lee, and Melissa Raap, *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Ages 23 and 24*, Chapin Hall at the University of Chicago, p. 4. Available at: http://www.chapinhall.org/sites/default/files/Midwest_Study_Age_23_24.pdf.

² See Jim Casey Youth Opportunities Initiative, *Policy and Practice Recommendations*, available at: <http://www.jimcaseyyouth.org/policy-and-practice-recommendations>

³ See Public Act 11-116. DCF has already begun to make progress in this area. As of September 1, 2011, 18% (832/4585) of children in DCF care were placed with relatives an increase from 15% (733/4781) as of February 1, 2011. Email from Ken Mysogland, Director of Foster and Adoptive Services at DCF, September 2, 2011.

⁴ DCF Policy 41-50-2 through 41-50-14

⁵ DCF Policy 36-55-7

⁶ This is the policy recently articulated by DCF. See Department of Children and Families, *Congregate Care Rightsizing and Redesign: Young Children, Voluntary Placements and a Profile of Therapeutic Group Homes*, available at:

http://www.ct.gov/dcf/lib/dcf/latestnews/pdf/cc_right_sizing_report_young_children_and_voluntary_placements_8_4_11.pdf

⁷ DCF Policy 36-94

⁸ See Public Act 10-160

⁹ Department of Children and Families. *Annual Report Concerning At-Risk Children and Youth*. April 2011, p. 19.

¹⁰ DCF Policy 42-20-50

¹¹ There were 140 youth age 18-22 who refused DCF services in 2010. As DCF notes, “too often those children most in need of services are also least likely to engage in them. That is why children who refuse services deserve careful attention by the Department.” *Ibid.* at p. 18.

¹² The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) allows states to seek partial federal reimbursement (Title IV-E funding) for foster care, adoption, or guardianship assistance payments provided on behalf of young people from age 18-21. Young people must be either enrolled in secondary or post-secondary education, in a job training program, employed for at least 80 hours a month, or incapable of studies or employment because of a medical condition. These constraints are broader than the requirements for the DCF post-secondary education, which requires full-time attendance at a secondary school, college, technical school or job training program,

¹³ States were permitted to elect to provide such coverage under the Foster Care Independence Act of 1999 (Public Law 106-169).

¹⁴ See Patient Protection and Affordable Care Act of 2010 (Public Law 111-148), Sec. 2004.

¹⁵ Federal Law requires the State to conduct an *ex parte* review of eligibility for continuing Medicaid coverage, reviewing department records to determine if an individual is eligible for coverage under another category.

¹⁶ A bill (HB 6359) to accomplish this goal was introduced during the 2011 session of the Connecticut General Assembly but did not become law.

¹⁷ Connecticut General Statutes §17a-4(a).