

18 AND OUT: LIFE AFTER FOSTER CARE IN MASSACHUSETTS



*The Massachusetts Society for the Prevention of Cruelty to Children
in collaboration with:*

Adoption and Foster Care Mentoring
Associated Industries of Massachusetts
Big Brothers of Massachusetts Bay
The Boston Foundation
Boston Public Health Commission
Boys and Girls Clubs
Children's Hospital Boston
Children's Law Center of Massachusetts
Children's League
Citizens for Juvenile Justice
Citizens' Housing and Planning Alliance
Health Care for All
Massachusetts Advocates for Children
Massachusetts Alliance for Families
Massachusetts Alliance on Teen Pregnancy
Massachusetts Association for Mental Health
Massachusetts Citizens for Children
Massachusetts Coalition for Permanency for Children
Massachusetts Council of Human Service Providers
Massachusetts Housing and Shelter Alliance
Massachusetts Human Services Coalition

Massachusetts League of Community Health Centers
Massachusetts YouthBuild Coalition
Mental Health Legal Advisors Committee
Mental Health and Substance Abuse Corporations of
Massachusetts
MetroWest Community Health Care Foundation
National Alliance for the Mentally Ill of Massachusetts
Parent/Professional Advocacy League
Teen Empowerment
Treehouse Foundation
The Tuckerman Coalition
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The Honorable Ruth B. Balser
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The Honorable Stephen P. LeDuc
The Honorable Thomas M. McGee
The Honorable Shirley Owens-Hicks
The Honorable Steven A. Tolman

April 2005

Foster Care in Massachusetts



m·s·p·c·c

Believing in what families can be.

www.mspcc.org

Acknowledgements

Established in 1878, the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) is dedicated to protecting and promoting the rights and well being of children.

This paper focuses on the many issues faced by youth who age out of the child welfare system. Every year, approximately 600 youth literally hit the streets, unprepared for the challenges of adulthood. These are children who grow up in the custody of the Department of Social Services (DSS) in foster homes, group homes, residential centers, etc., and do not return home to their families or get adopted. For these youth, the state is their parent.

Most young adults rely on their families to provide a place to live, financial support and other guidance as they enter adulthood. Yet we expect former foster youth—who have significant trauma histories—to take care of themselves at age 18. While some of these youth make it against the odds, far too many do not fare well. Youth aging out of DSS are among the most vulnerable members of our society.

Helping them reach their full potential is not the responsibility of DSS alone; indeed, these youth also interact with the Commonwealth's health and mental health, education, housing and workforce development systems. As "parent," the Commonwealth bears the primary responsibility for helping to launch these children for success rather than failure; however, the private sector—the business, faith and university communities and private social service providers—also have important roles to play. This paper describes the challenges faced by youth who age out of foster care and makes specific recommendations to address these issues in Massachusetts. Solutions exist. We need to invest in them.

It should be noted that youth (both DSS-involved and non-DSS-involved) also age out of other systems in the Commonwealth, including the Department of Mental Health (DMH) and the Department of Youth Services (DYS). Youth exiting these systems may lose eligibility for services in their late teens and are also at risk for poor life outcomes. We must take the necessary steps to launch all of the Commonwealth's youth for success. MSPCC will be exploring these issues for a companion policy paper in the future.

The principal author of this report is Julie Farber, Director of Policy and Planning at MSPCC. Kelly Agnese, an MSPCC Policy Intern and graduate student at Tufts University conducted significant research and helped develop early drafts.

All of the entities issuing this paper contributed to its content and helped formulate its recommendations. MSPCC would especially like to thank the many youth involved with the following groups/organizations who shared their personal stories (some of which appear in these pages) and made specific recommendations:

- DSS Youth Advisory Committee;
- DMH Youth Advisory Committee;
- Rediscovery House;
- Massachusetts Families for Kids (MFFK) Lifelong Family Connections Program; and
- MFFK Speak Out Team.

We would like to thank DSS Commissioner Lewis H. Spence and the many DSS staff who provided both information and insight for the paper including Mary Gambon, Maureen Fallon-Messeder, Judy Howard, Michelle Banks, Lisa Ciullo, Mary Lutz and Susan Stelk.

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- Susan Lange, Youth Opportunity Boston.

Finally, we thank the many MSPCC staff serving children, youth and families statewide who provided helpful input as this paper was being developed.

The Commonwealth invested significant resources in keeping these youth safe and housed during their early years through adolescence. Launching these youth into successful adulthood—rather than a life on the streets or in jail—is not only the Commonwealth's responsibility as "parent," but a wise investment.

Marylou Sudders
President and CEO
Massachusetts Society for the Prevention of Cruelty to Children

Cover photo courtesy of the Children at Risk Foundation, www.carfweb.net

Collaborators

Adoption and Foster Care Mentoring

www.afcmentoring.org

AFC Mentoring provides positive mentoring relationships in which children with experiences around adoption, foster care, and or similar situations can thrive and prepare themselves for successful futures.

Associated Industries of Massachusetts

www.aimnet.org

Associated Industries of Massachusetts has been the voice of Massachusetts employers for 90 years. With more than 7,600 members from all industries, A.I.M. works on behalf of employers to improve the Massachusetts business economy.

Big Brothers of Massachusetts Bay

www.bbmb.org

Big Brothers of Massachusetts Bay is the nation's largest volunteer male mentoring organization. Volunteer Big Brothers – with the support of a professional staff - provide trusted, responsible one-to-one friendships to boys in need.

The Boston Foundation

www.tbf.org

The Boston Foundation supports a broad range of activities that strengthen the fabric of communities in the Greater Boston Area.

Boston Public Health Commission

www.bphc.org

The nation's first health department, the Boston Public Health Commission protects, promotes and preserves the health and well being of all Boston residents through a wide range of health initiatives that target preventable disease and injury.

Boys & Girls Clubs of Massachusetts

info@kidsclubs.org (email)

The mission of the Boys and Girls Clubs is to inspire and enable all young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible and caring citizens.

Children's Hospital Boston

www.childrenshospital.org

As the largest pediatric medical center in the United States, Children's strives to be the leading source of research and discovery, seeking new approaches to the prevention, diagnosis, and treatment of childhood diseases as well as to educate the next generation of leaders in child health.

Children's Law Center of Massachusetts, Inc.

www.clcm.org

The Children's Law Center of Massachusetts is a private, non-profit, legal advocacy and resource center providing direct representation to low-income children in Eastern Massachusetts, and technical assistance and training to lay and professional communities throughout New England on issues affecting children's health, education, civil rights, custody, and welfare.

Children's League

www.childrensleague.org

The Children's League of Massachusetts is a statewide association representing more than 50 private and public organizations providing services to children and their families.

Citizens for Juvenile Justice

www.cfjj.org

Citizens for Juvenile Justice (CfJJ) is the only independent, non-profit organization solely dedicated to improving the juvenile justice system in Massachusetts.

Citizens' Housing and Planning Association

www.chapa.org

Citizens' Housing and Planning Association (CHAPA) is the non-profit umbrella organization for affordable housing and community development activities throughout Massachusetts.

Health Care for All

www.hcfama.org

Health Care for All is dedicated to making adequate and affordable health care accessible to everyone, regardless of income, social or economic status.

Massachusetts Advocates for Children

www.massadvocates.org

Massachusetts Advocates for Children, formerly Massachusetts Advocacy Center, is a private non-profit organization dedicated to being an independent and effective voice for children who face significant barriers to equal educational and life opportunities.

Massachusetts Alliance for Families

www.kidsnetmaff.org

The Massachusetts Alliance for Families (MAFF) offers opportunities for foster, adoptive, kinship and guardianship families to come together and provide mutual support to each other.

Massachusetts Alliance on Teen Pregnancy

www.massteenpregnancy.org

Founded in 1979 as the Alliance for Young Families by eleven Boston-area agencies seeking to improve teen parent services, the Massachusetts Alliance on Teen Pregnancy is the ONLY organization in Massachusetts dedicated to ensuring that state policies and programs effectively address the complex issues associated with teen pregnancy.

Massachusetts Association for Mental Health

www.mamh.org

Through its network of volunteers, the Massachusetts Association for Mental Health (MAMH) provides education, advocacy, leadership and information to agencies, individuals, and families on national, state and local mental health issues.

Massachusetts Citizens for Children

www.masskids.org

Founded in 1959, Massachusetts Citizens for Children (MCC) is a non-profit statewide child advocacy organization whose mission is to improve the lives of the state's most vulnerable children through advocacy by concerned citizens.

Massachusetts Coalition for Permanency for Children

The Massachusetts Coalition for Permanency for Children (MCPC) offers a forum for the legal, social service and mediation communities, working with adoptive and foster parents and adoptees, to promote reevaluation of the child welfare system in Massachusetts in order to achieve permanency for foster children in a more compassionate and more efficient way.

Collaborators

Massachusetts Council of Human Service Providers, Inc.

www.providers.org

The Massachusetts Council for Human Service Providers is a statewide association representing 300 private, community-based care-giving organizations which provide educational, health and social services.

Massachusetts Housing and Shelter Alliance

abolition@mhsa.net (email)

The Massachusetts Housing and Shelter Alliance (MHSa) is a statewide homeless advocacy alliance of 80 agencies serving homeless people throughout Massachusetts.

Massachusetts Human Services Coalition

www.cutnomore.org

The Massachusetts Human Services Coalition (MHSC) analyzes and tracks public policy and funding of health and human services and advocates for the full range of health and human services needed to meet the basic needs of every resident of the Commonwealth.

Massachusetts League of Community Health Centers

www.massleague.org

The Massachusetts League of Community Health Centers provides leadership to its membership in achieving their goals and to promote accessible, quality, community-responsive health care.

Massachusetts YouthBuild Coalition

www.youthbuildmassachusetts.org

In YouthBuild programs, unemployed and undereducated young people ages 16-24 work toward their GED or high school diploma while learning job skills by building affordable housing for homeless and low-income people. The Massachusetts YouthBuild Coalition seeks to provide a forum for the leadership of local YouthBuild programs to share and develop best practices in the provision of youth development services.

Mental Health Legal Advisors Committee

www.mass.gov/mhlac

In 1973, the Massachusetts Legislature established the Mental Health Legal Advisors Committee (MHLAC) to secure and protect the legal rights of persons involved in mental health and retardation programs in the Commonwealth.

Mental Health and Substance Abuse Corporations of Massachusetts, Inc.

www.mhsacm.org

Mental Health and Substance Abuse Corporations of Massachusetts, Inc. (MHSACM) is a statewide trade association whose members are the primary providers of mental health and substance abuse services in Massachusetts.

MetroWest Community Health Care Foundation

www.mchcf.org

The MetroWest Community Health Care Foundation provides annual financial support to meet the unmet health needs of the twenty-five communities in the MetroWest area of Massachusetts.

National Alliance for the Mentally Ill of Massachusetts

www.namimass.org

NAMI is a grassroots organization of individuals with brain disorders and their family members whose mission is to eradicate brain disorders and improve the quality of life of persons of all ages who are affected by them.

Parent/Professional Advocacy League

www.ppal.net

The Parent/Professional Advocacy League is the statewide organization of the Federation of Families for Children's Mental Health and provides support, education, and advocacy around issues related to children's mental health.

Teen Empowerment

www.teenempowerment.org

The Center for Teen Empowerment, Inc. (TE) brings authentic youth voice into the dialogue about improving their schools and communities, mobilizes the energy of urban youth to create meaningful change, and facilitates mutually respectful relationships between youth and adults.

The Treehouse Foundation

www.treehousecommunities.org

The Treehouse Foundation was created to enhance the well-being of foster and adopted children by establishing a model residential, intergenerational community where children can live in permanent, loving homes.

The Tuckerman Coalition

The Tuckerman Coalition is a ministry of advocacy for families and children living in poverty.

The Women's Union

www.weiu.org

The mission of the Women's Union is to expand educational and economic opportunities and achieve social justice for all women.

The Honorable Ruth B. Balsler

House Chair, Committee on Mental Health and Substance Abuse

The Honorable Frederick E. Berry

Senate Majority Leader

The Honorable Kevin G. Honan

House Chair, Committee on Housing

The Honorable Brian A. Joyce

Senate Chair, Committee on Housing

The Honorable Peter J. Koutoujian

House Chair, Committee on Public Health

The Honorable Stephen P. LeDuc

House Chair, Legislative Children's Caucus

The Honorable Thomas M. McGee

Senate Chair, Legislative Children's Caucus

The Honorable Shirley Owens-Hicks

House Chair, Committee on Children and Families

The Honorable Steven A. Tolman

Senate Chair, Committee on Mental Health and Substance Abuse

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Executive Summary

Most young adults rely on their families to provide a place to live, financial support and guidance as they transition to adulthood. It is common for youth to get help from their families when they need to come up with the money for first and last month's rent and a security deposit for their first apartment, or for college tuition or health and car insurance payments. According to the World Health Organization and the Society for Adolescent Medicine, adolescence does not end at age 18, but rather lasts well into the mid-twenties. The reality is that half of young adults ages 18-24 in the U.S. live at home with their parents.

Unfortunately, there is a group of youth in the Commonwealth of Massachusetts who do not have families to whom they can turn for the kinds of supports that most youth need to be successful in life; they are highly likely to become unemployed and homeless and experience other poor life outcomes. These are youth who "age out" of the foster care system.

Aging out refers to children who:

- come into the custody of the Department of Social Services (DSS) due to abuse and neglect or a Child in Need of Services (CHINS) petition (which typically involve truancy, runaway or other "child behavior" problems);
- grow up in the custody of the state (living in foster homes, group homes, residential centers, etc.); and
- do not return home to their families or get adopted.

For these children, the state is their parent. Each year, about 600 youth "age out" of DSS. They leave the care and custody of DSS simply because they turn 18; they age out of the system without ever being permanently placed with a family. At any given time, there are approximately 11,000 children in DSS custody. About 1,800 of these children are not being reunified with their families or adopted; they have a permanency goal of "independent living." They are on the path to age out.

While some youth who age out of DSS without a permanent family do make it against the odds, far too many do not fare well in life. A 2005 survey conducted by the Massachusetts Housing and Shelter Alliance of homeless young adults found that one-fourth had previously been in DSS custody; half of these youth had left DSS when they were age 18 or older.

These statistics are telling and mirror national research which has found that youth who age out are highly likely as adults to be unemployed; become homeless; experience mental illness; be incarcerated; experience early parenthood; and become victims of violent crime including physical assault and rape.

These are the Commonwealth's forgotten children. They come to the state abused and neglected and we house, clothe, feed, educate and provide health care for them until they turn 18. Then, they are sent out to live on their own with minimal, if any, assistance. The cut-off of services at age 18 does not make sense given what we know about child and adolescent development, the impact of trauma and what it takes for youth in the general population (let alone abused and neglected youth) to achieve self-sufficiency.

Helping these youth reach their full potential is not the responsibility of DSS alone; indeed, these youth also interact with and need support from the Commonwealth's health and mental health, education, housing and workforce development systems. As "parent," the Commonwealth bears the primary responsibility for helping these children transition to

adulthood; however, the private sector—the business, faith and university communities and private social service providers—also have important roles to play. (The table on page 11 provides suggestions of how to get involved for individuals, faith, neighborhood and community organizations and businesses.)

The Commonwealth needs to commit itself to launching these youth for successful adulthood. Youth should not transition out of our foster care system and into a lifetime of isolation, poor health, unemployment, homelessness and incarceration. The Commonwealth should implement the following recommendations:

Permanency

1. The Commonwealth should take all necessary steps to ensure that children exit DSS custody with permanent families—through reunification with their biological families, placement with relatives, adoption or more informal arrangements when legal permanency is not possible. Placement with a permanent family must be considered for all youth in DSS custody, regardless of age, *at the same time* that youth are supported to develop independent living skills.
 - The appropriateness of “independent living” as a permanency goal should be revisited for the thousands of youth currently in DSS custody and eliminated for use going forward.
 - Adequate resources must be provided in the DSS budget so that DSS and private contracted agencies can provide the intensive level of services necessary to connect youth with permanent families at the same time as ensuring they develop the necessary education and skills to become self-sufficient.
 - Training and resources for foster and adoptive parents caring for adolescents should be expanded.
 - DSS should take steps to increase the involvement of youth in all aspects of planning and decision making. This was the primary recommendation of virtually every youth interviewed for this report.

DSS Custody

2. Acknowledging the nature of adolescence, the impact of trauma and societal norms for becoming independent, DSS policies should be changed to a) allow youth to remain in custody until age 21 as a matter of course (and longer if they are in the process of completing an educational/vocational or treatment program) and b) allow youth who have signed themselves out of DSS custody to sign back in.

Health

3. Massachusetts should extend MassHealth coverage for all youth who have aged out of DSS custody to age 21, as supported by federal law.
4. All children in DSS custody that have been determined as eligible for Department of Mental Health (DMH) services as children should be “grandfathered” into eligibility for DMH adult services. Adequate resources must be provided in the DMH budget to meet the increased demand for services.

Education

5. The Commonwealth should make financial assistance to attend college and vocational programs available for all foster youth.

- The Foster Child Grant Program should be considered an entitlement not subject to appropriation restrictions. (This program was previously funded at \$1.2 million and is currently funded at \$850,000 and not meeting all the need.)
 - Current eligibility restrictions on the Foster Child Grant Program and the State Tuition Waiver should be eliminated so that these programs are available to all youth in foster care regardless of whether they entered care due to abuse/neglect or CHINS. The fact is that these youth are in the custody of the Commonwealth—the state is their parent—and it is irrelevant how they may have originally entered care.
 - The criteria for the Foster Child Grant Program should be expanded to include youth attending *part-time* college or vocational programs.
6. Funding for approaches that enable schools to recognize and meet the needs of foster youth should be expanded so that these strategies can be institutionalized in school districts across Massachusetts. Promising models include the DSS/Department of Education-funded *School and Community Support Programs* and the DOE-funded *Trauma Sensitive Schools* initiative.

Employment

7. The Commonwealth needs to prepare its foster youth for jobs that result in self-sufficiency. The *Pathways to Success by 21* (P-21) initiative led by the Department of Workforce Development (DWD), DOE and the Commonwealth Corporation has the stated goal to “dramatically improve the future prospects for vulnerable youth across the Commonwealth,” explicitly including foster youth. P-21 began in 2003 and needs to move out of the planning phase and into real implementation with the regional workforce investment boards. Services must be targeted, specialized and flexible in order to meet the needs of foster and other vulnerable youth.
- Entities funded through the Workforce Investment Act are required to provide services to foster youth. This requirement should be enforced. All One-Stop Career Centers must develop and implement specific strategies to serve youth and specifically DSS youth.
 - Incentives should be created for state agencies to hire former foster youth as employees.
 - Funding for innovative employment programs, such as YouthBuild, should be increased, with specific funding identified to serve youth aging out of DSS.
 - Massachusetts businesses should be encouraged to take advantage of the federal Work Opportunity Tax Credit which benefits employers hiring “high-risk youth.”

Housing

8. The Commonwealth should provide transitional housing assistance to youth aging out of foster care.
- The Department of Housing and Community Development (DHCD) should set aside Section 8 vouchers for youth aging out of DSS.
 - The Commonwealth should increase funding for the Massachusetts Rental Voucher Program (MRVP) and set aside vouchers for youth aging out of DSS. Current funding for the vouchers is \$20 million. The Citizens’ Housing and Planning Association (CHAPA) is requesting an increase to \$44 million in order to increase the dollar amount of the vouchers as well as the number of vouchers provided.
 - The Individual Self-Sufficiency Initiative (ISSI) which was eliminated in the FY 2004 budget should be re-established with some subsidies targeted for youth aging out of DSS. ISSI provided a one-year rental subsidy to individuals leaving shelter or transitional housing programs in order to assist in the move toward self-sufficiency.

- DSS should work with DHCD and the Community Economic Development Assistance Corporation (CEDAC) to explore new housing development for these youth using existing capital funds, such as the Housing Innovations Fund (HIF). HIF provides funding to nonprofit developers for the creation and preservation of alternative forms of affordable housing.
- DSS and DHCD, in partnership with the private sector (foundations, social service providers and property owners), should establish “service-enriched” transitional housing for youth who have aged out of DSS.

Data Sharing

9. The Commonwealth should develop a data system that enables data sharing within appropriate confidentiality boundaries across youth-serving agencies including DSS, DMH, DOE, DYS, DWD, etc.
10. The Commonwealth should conduct a longitudinal study of youth aging out of foster care in Massachusetts.

How You Can Help Teens Aging Out of Foster Care in Massachusetts

I AM...	YOU CAN HELP...	LEARN MORE...
An Individual	<ul style="list-style-type: none"> ▪ Become a foster parent ▪ Become an adoptive parent ▪ Become a DSS Volunteer Case Reviewer ▪ Donate to the DSS Kids' Fund 	<ul style="list-style-type: none"> ▪ Call DSS at 1-800-KIDS-508 ▪ Visit www.mass.gov/dss
	<ul style="list-style-type: none"> ▪ Become a mentor 	<ul style="list-style-type: none"> ▪ Call DSS at 1-800-KIDS-508 or visit www.mass.gov/dss ▪ Visit Big Brothers of Massachusetts Bay at www.bbmb.org/ or Adoption and Foster Care Mentoring at www.afcmentoring.org
	<ul style="list-style-type: none"> ▪ Offer a lifelong family connection 	<ul style="list-style-type: none"> ▪ Visit Massachusetts Families for Kids at www.csrox.org/lfc or call 413-586-2303
	<ul style="list-style-type: none"> ▪ Encourage your legislators to support policies and funding that benefit foster youth 	<ul style="list-style-type: none"> ▪ To find out your elected officials, visit www.wheredoivotema.com/bal/myelectioninfo.php ▪ To learn about new legislation, visit www.mspcc.org or www.mass.gov/legis/
	<ul style="list-style-type: none"> ▪ Make a donation to a non-profit children's agency 	<ul style="list-style-type: none"> ▪ Visit www.guidestar.com
A Faith, Neighborhood or Community Organization	<ul style="list-style-type: none"> ▪ Encourage members of your organization to become foster or adoptive parents 	<ul style="list-style-type: none"> ▪ Call DSS at 1-800-KIDS-508 or visit www.mass.gov/dss
	<ul style="list-style-type: none"> ▪ Invite the Speak Out Team (current and former foster youth) to one of your meetings or events 	<ul style="list-style-type: none"> ▪ Call 413-586-2303 or visit www.speakoutteam.org
	<ul style="list-style-type: none"> ▪ Make foster youth the beneficiaries of your next charitable drive 	<ul style="list-style-type: none"> ▪ Call the DSS Kids' Fund at 617-748-2368 or visit www.mass.gov/dss
	<ul style="list-style-type: none"> ▪ Make a donation to a non-profit children's agency 	<ul style="list-style-type: none"> ▪ Visit www.guidestar.com
A Small, Medium or Large Business	<ul style="list-style-type: none"> ▪ Provide internships, summer jobs, jobs, and/or job training 	<ul style="list-style-type: none"> ▪ Call the DSS Employment Program at 617-748-2421 ▪ Call Commonwealth Corporation at 617-727-8158
	<ul style="list-style-type: none"> ▪ Take advantage of the Work Opportunity Tax Credit 	<ul style="list-style-type: none"> ▪ Visit www.uses.doleta.gov/wotcdata.asp
	<ul style="list-style-type: none"> ▪ Become involved in the DSS Corporate Partnership Program 	<ul style="list-style-type: none"> ▪ Call DSS at 1-800-KIDS-508 or visit www.mass.gov/dss
	<ul style="list-style-type: none"> ▪ Donate to the DSS Kids' Fund 	<ul style="list-style-type: none"> ▪ Visit www.mass.gov/dss
	<ul style="list-style-type: none"> ▪ Make a donation to a non-profit children's agency 	<ul style="list-style-type: none"> ▪ Visit www.guidestar.com

I. Introduction

Most young adults rely on their families to provide a place to live, financial support and other guidance as they transition to adulthood. It is common for youth to get help from their families when they need to come up with the money for first and last month's rent and a security deposit for their first apartment, or for college tuition or health and car insurance payments. The reality is that half of young adults ages 18-24 in the U.S. live at home with their parents.¹ Many young adults continue to live with their families until they can support themselves; others return home from time to time depending on their financial situation.

The World Health Organization and the Society for Adolescent Medicine define adolescence as lasting well into the mid-twenties²; the biological age of maturity may be as late as 26.³ It is normal for youth to need and rely upon their families both financially and emotionally. Society agrees. Surveys indicate that most Americans think the transition to adulthood is not complete until age 26.⁴

Unfortunately, there is a group of youth in the Commonwealth of Massachusetts who do not have families to whom they can turn for the kinds of supports that most youth need to be successful in life; they are highly likely to become unemployed and homeless and experience other poor life outcomes. These are youth who "age out" of the foster care system.

Aging out refers to children who come into state custody due to abuse and neglect or a Child in Need of Services (CHINS) petition (which typically involve truancy, runaway or other "child behavior" problems)^a; grow up in the custody of the state (living in foster homes, group homes, residential centers, etc.); and never return home to their families or get adopted. For these children, the state is their parent. They leave the care and custody of Massachusetts Department of Social Services (DSS) simply because they turn 18^b; they age out of the system without ever being permanently placed with a family. In 2004, 624 children "aged out" of DSS.

What does it mean to be eighteen and on your own, without the family support and personal connections that most young people rely on? For many youth raised in foster care, it means largely unhappy endings, including sudden homelessness, unemployment, dead-end jobs, loneliness and despair.

On Their Own: What Happens to Kids When they Age Out of the Foster Care System. Martha Shirk and Gary Stangler, Jim Casey Youth Opportunities Initiative, 2004.

What is truly surprising is our apparent...expectation that upon reaching 18, these high-risk adolescents will be capable of functioning independently. Common sense dictates that in today's world, most 18-year-olds, regardless of their economic or educational status, are not fully capable of assuming adult responsibilities.

Douglas Nelson, President,
The Annie E. Casey Foundation.
2004 Kids Count DATA BOOK

^a CHINS cases involve truancy, runaway and other child behavior problems; these are situations in which parents, police or schools seek assistance because they have been unable to manage a child's behavior.

^b A portion of youth is currently "allowed" to remain in custody beyond age 18. Youth who are in a full-time educational program and in compliance with their case plan can sign a voluntary custody agreement and remain in DSS until age 22. However, most youth age out at age 18 or 19.

What does “aging out” mean?

Aging out refers to children who come into custody due to abuse and neglect or a Child in Need of Services (CHINS)^a petition; grow up in the custody of the state (living in foster homes, group homes, residential treatment centers, etc.); and never return home to their families or get adopted. They leave the care and custody of the Department of Social Services (DSS) system simply because they turn 18.

What is a “lifelong family connection”?

A “lifelong family connection” refers to an enduring relationship a child has with an adult who is committed to that child’s growth and well-being. Lifelong family connections can be established for children in DSS custody—even older adolescents—through reunification with their families, adoption, guardianship or kinship placements or other more informal arrangements when legal permanence is not possible. Research has shown that having a caring relationship with one supportive adult is one of the most important predictors of success in life.

Contrary to public perception that most children in DSS custody are infants and toddlers, adolescents make up the largest group. Of the almost 11,000 children in DSS custody; 6,000 of them (56%) are adolescents. At any given time, 1,800 of these 11,000 children are youth ages 12-22 for whom the goals of family reunification and/or adoption have not been achieved; they have a goal of “independent living.”⁵ They are on the path to age out.

Age of Adolescents	Number of Adolescents in DSS Custody	Number (Percent) of Adolescents in DSS Custody with a Goal of “Independent Living”
Ages 12-17	5,060	1,028 (20%)
Ages 18-22	1,001	762 (76%)
Total	6,061	1,790 (30%)

While some of these youth do make it against the odds, far too many do not fare well in life. Youth aging out of DSS are among the most vulnerable members of our society.

These are the Commonwealth’s forgotten children. They come to the state abused and neglected and we house, clothe, feed, educate and provide health care for them until they turn 18.^c Then, they are sent out to live on their own with minimal, if any, assistance. The cut-off of services at age 18 does not make sense given what we know about child and adolescent development, the impact of trauma and what it takes for youth in the general population (let alone abused and neglected youth) to achieve self-sufficiency.

Youth formerly in DSS custody are over-represented in the homeless population. In its 2005 Census of Homeless Young Adults, ages 18 through 24, the Massachusetts Housing and Shelter Alliance found that 25 percent had previously been in DSS custody.

In its 2005 Census of Homeless Young Adults (ages 18 through 24), the Massachusetts Housing and Shelter Alliance found that 25 percent had previously been in DSS custody. More than half of these youth had left DSS at age 18 or older. Father Bill’s Place, a shelter in Quincy, reports that 30 percent of the 18-24 year-olds served by the agency in 2003/2004 had a history of DSS and/or Department of Youth Services (juvenile justice system) involvement.

^cAs noted above, in certain circumstances, some children stay in custody through age 22; however, most children aging out of DSS are age 18 or 19.

The representation of former DSS youth in the Commonwealth's homeless population is telling and mirrors national research which has found that youth who age out are highly likely as adults to:

- be unemployed^{6,7,8}
- become homeless^{9,10}
- experience mental illness^{11,12}
- be incarcerated^{13,14}
- experience early parenthood;^{15,16,17} and
- become victims of violent crime including physical assault and rape.¹⁸

This paper is not the first attempt to bring attention to this critical issue in Massachusetts. A major forum—"Aging Out: The Foster Care Crisis"—was hosted by Cambridge Family and Children's Service and Harvard University's Kennedy School of Government in January 2002. The forum was attended by more than 100 Massachusetts service providers, legislators, members of the judiciary and other stakeholders as well as national experts. The presentations and discussions during the forum demonstrated widespread concern about these youth in the Commonwealth.

A Youth Development Advisory Council was established by the Executive Office of Health and Human Services (EOHHS) in 1999. The purpose of this council was to "support and establish effective youth development programs at the state and local level and...address the needs of youth who transition to and from state agencies." However, the Council has not met in the last few years.

At least two informal, state-level task forces have been meeting around these issues:

A community identifies gaps in services for youth aging out

The MetroWest Mental Health and Substance Abuse Task Force of the MetroWest Health Care Coalition is comprised of local children, youth and family services providers, schools and advocates, as well as representatives from local state agency offices including the Departments of Mental Health and Social Services. The Task Force recently identified youth aging out of state custody as a population with great unmet need in the area. With a planning grant from the MetroWest Community Healthcare Foundation, the Task Force has established a **Transition to Adulthood** project to design and implement a "system of care" approach for meeting the mental health, substance abuse, educational/employment and social needs of these youth. The ultimate goal is to stabilize these youth and help them achieve autonomy and self-sufficiency.

- Cambridge Family and Children's Service and The Home for Little Wanderers coordinate the *Youth Transitioning to Independent Living Task Force*. This group is raising funds to conduct a formal longitudinal study of teens aging out of custody in the Commonwealth to inform new program development.
- Casey Family Services coordinates the *Massachusetts Alliance for Adolescents in Foster Care*. A focus of the Alliance has been on extending MassHealth coverage for youth aging out of DSS.

It should be noted that helping these youth reach their full potential is not the responsibility of DSS alone; indeed, these youth also interact with the Commonwealth's health and mental health, education, housing and workforce development systems. As "parent," the Commonwealth bears the primary responsibility for helping to launch these children for success rather than failure; however, the private sector—the business, faith and university communities and private social service providers—also has an important role to

play.

Furthermore, this paper takes the position that youth in state custody due to a CHINS petition should receive the same supports and services as other youth. (They currently do not.) The fact is that these youth are in the custody of the Commonwealth and it is irrelevant how they may have originally entered foster care, particularly if our ultimate goal is to increase their chances for success in life.

This paper describes the challenges faced by children who age out of foster care and makes specific recommendations to address these issues in Massachusetts. The paper focuses on strategies to ensure that fewer children grow up in state custody and that no child leaves DSS without a lifelong family connection—an enduring relationship a child has with an adult who is committed to that child’s growth and well-being. Lifelong family connections are best achieved by keeping children connected to their biological families, and when that is not possible, through adoption or legal guardianship or other more informal arrangements. Model programs in Massachusetts and other states have shown that adoption and other permanent family arrangements can be achieved *even for older adolescents*.

In addition, efforts to establish lifelong family connections for children and youth must be *merged* with independent living strategies that emphasize life-skills-building among youth. Children should not receive *either* a lifelong family connection *or* independent living skills; they need both. Finally, youth need access to educational and employment opportunities, housing, health and mental health care and other supportive services in order to launch them successfully into adulthood.

Section II of this paper focuses on the need for permanency planning approaches that emphasize both permanent families for youth and independent living skills; and the need for custody policies that allow all youth to remain in custody until age 21, acknowledging what we know about child development and societal norms. Section III focuses specifically on youth outcomes, policies and recommendations related to educational achievement, employment, housing/homelessness, health and mental health and involvement with the juvenile and criminal justice systems. Section IV summarizes the major recommendations of the paper.

Youth Voices

Several focus groups with youth in and aged out of DSS custody were held as part of the data-gathering process for this paper. All of the youth, without exception, emphasized wanting to be heard, respected and integrally involved in any case planning on their behalf. Some youth shared their frustration with feeling “out of the loop” on decision making that affected their lives. Some youth indicated that they did not receive important information about their families, e.g., a grandmother’s death, a father’s release from prison, etc., in a timely fashion. Other youth spoke highly of their relationships with their social workers and other staff. Involving youth in decision making about their individual situations is critical, as is providing meaningful opportunities for youth input around broad system and policy issues.

The DSS statewide **Youth Advisory Board** and 6 regional boards are comprised of youth in out-of-home placement who voice ideas, concerns and recommendations to DSS regarding services, policy and practice. DSS supports the publication of a teen newsletter (The Wave), youth led peer support groups and a youth-staffed Teen Peer Phone Line. DSS also hosts annual regional youth recognition dinners to acknowledge the achievement of foster youth who graduated from high school, college or vocational programs or received a GED. In addition to giving youth a voice, these activities also provide a community of peers for foster youth.

The **Speak Out Team** is made up of young people ages 12 to 35 from across the Commonwealth who have experienced out-of-home placement. These youth and young adults “speak out” about their experiences in foster care at various public settings including legislative hearings, conferences and trainings. The Speak Out Team is funded by DSS through a contract with the Massachusetts Families for Kids program at Children’s Services of Roxbury. The Speak Out Team has appeared at the White House, the Massachusetts State House, the National Conference for Child Welfare Professionals, and trainings nationwide and has published newsletters, monographs, and a video for other youth to learn from their experiences.

II. Permanency and Custody Policies that Support Positive Youth Development and Lifelong Family Connections

Sections A and B below describe the need to implement permanency planning approaches that emphasize both permanent families for youth (a.k.a. lifelong family connections) and independent living skills. Section C discusses the need for DSS custody policies that allow youth to remain in custody until age 21 (instead of 18) as a matter of course, acknowledging what we know about child development, the impact of trauma on youth and societal norms.

“Nowhere is the need for a holistic approach to serving youth in the child welfare system more obvious than with our oldest youth in foster care. The current infrastructure of the system compartmentalizes work with youth according to a set of philosophies, policies and practices that offer *either* ‘legal family membership’ (reunification, adoption, guardianship) or (independent living) support....**our oldest kids get to have one or the other—permanent families or life skills...—but not both.** Although promising practices and progressive policies have emerged recently in both the field of independent living/transitional services and in the field of permanency services, this artificial compartmentalization continues to exist—and from ‘the eyes of a youth’ it still doesn’t make much sense....

“Achieving a successful permanency outcome for any child or youth in the foster care system clearly begins with reunification. The most comprehensive and customized services must be garnered in order to support every child or youth growing up within his or her birth family if it’s safe and secure. But when the safety in the family of origin cannot be sustained, best practice standards should be applied no differently for older youth than they are for younger children—by implementing a concurrent plan for family membership in a kinship, adoptive or guardian family with ongoing connectedness to birth family members, family culture and ethnicity and language.”

Lauren Frey, Project Manager, The Casey Center for Effective Child Welfare Practice
Merging Permanency and Independent Living: Lifelong Relationships and Life Skills for Older Youth
National Resource Center for Youth Development, NRCYD Update, Summer 2004

A. Lifelong Family Connections

Youth in custody age out of the system when we fail to either return them to their parents or other relatives or place them for adoption. Almost 1,800 youth ages 12 and older in DSS custody have a permanency goal of “independent living.”

Many teens that age out of state custody do not have trusted adults to whom they can turn for guidance and have no safety net upon which they can rely. Not surprisingly, research tells us that one of the most important protective factors for positive youth development is a stable, caring relationship with an adult.^{19,20,21,22, 23,24} Establishing and maintaining a relationship with a caring adult is a key component of making a successful transition from adolescence to adulthood. It is extremely difficult for adolescents and young adults to become self-sufficient without the emotional and practical support provided by their families.

Promising practices and model programs in Massachusetts and other states suggest that permanent families are achievable for some portion of these youth, and that the best approaches *merge* efforts to establish lifelong family connections for youth with efforts to teach them independent living skills. As noted above, the term “lifelong family connections” refers to an enduring relationship a child has with an adult who is committed to that child’s growth and well-being. Lifelong family connections can be established for children in DSS custody through

reunification with their families, adoption, guardianship or kinship placements or other more informal arrangements when legal permanence is not possible.

Youth Development is an approach to understanding and supporting youth and young adults as they mature that incorporates a positive, multi-dimensional view of their lives. There are 6 main aspects to the youth development approach:

- It is youth centered, focusing on young people as resources;
- It encourages meaningful youth participation in arenas that impact their development;
- It is asset-based, versus deficit-focused;
- It focuses on positive youth outcomes;
- It emphasizes and values caring relationships between youth and adults; and
- It involves the whole community.

A Shared Vision for Massachusetts Youth and Young Adults, 2003

A joint project of the Governor's Adolescent Health Council and Massachusetts Department of Public Health

This is in fact the general direction where DSS Commissioner Lewis H. Spence is already moving DSS. One of the primary goals of the Commissioner's ambitious system reform plan is to reduce the length of time children spend in DSS custody and out-of-home placements—particularly residential programs—and increase the number of children reunified with their parents or placed with relatives or others for adoption. Importantly, DSS is seeking to enhance and improve services and permanency planning “right from the start” so that fewer children will stay in foster care for many years and age out of the system without any connection to family. For youth transitioning to adulthood, a specifically stated goal in the DSS system reform effort is to “ensure that youth have an established lifelong connection to a committed and caring adult or family.”²⁵

However, experience in Massachusetts and other states has shown that special attention and additional resources will be needed in order to secure permanent homes for older youth. This is a worthwhile investment for the Commonwealth.

Do older youth really want to be adopted?

It is true that some adolescents may initially rebuff the idea of adoption because they fear being rejected by another family or worry about losing connections to their birth family.²⁶ However, research from the National Resource Center for Youth Development indicates that many older adolescents genuinely want to be adopted and “have a family.”²⁷ If

“Youth who say ‘no’ to adoption are saying that their fears and feelings are coming in the way of making sound decisions about their families and their futures....Rather than...accepting their ‘no,’ it is the responsibility of the child welfare system to frame the conversation differently. Caring adults don’t ask minor children to decide whether they will go to school or receive necessary medical mental health services. Yet...we give children discretionary veto power when it comes to having a safe and secure family, knowing all the while that a family is every child’s basic and most fundamental right as well as the single most therapeutic influence in their lives over time.”

Lauren Frey, Project Manager, The Casey Center for Effective Child Welfare Practice
Merging Permanency and Independent Living: Lifelong Relationships and Life Skills for Older Youth
National Resource Center for Youth Development, NRCYD Update, Summer 2004

New York City’s Administration for Children’s Services (ACS) has policy stating that adolescents *cannot* be asked to sign a waiver of adoption stating that they do not ever want to be adopted.

adoption is not possible or is truly not desired by the youth, guardianship and other more informal lifelong family connections (not legally binding) are the next options.

They go home anyway.

It is important to note—and not surprising—that national studies have shown that many adolescents who age out end up returning to their birth families upon discharge anyway—because they have nowhere else to go.²⁸ In some cases, these are not safe and stable arrangements (see Teddy’s story on page 22). If they are safe and stable living arrangements, the question is raised as to why these settings were not sanctioned and supported by the child welfare system prior to the child aging out.

Massachusetts already has a promising pilot program for achieving permanent connections for older youth. The ***Lifelong Family Connections (LFC) Program***, operated by Massachusetts Families for Kids (MFFK) under the auspices of Children’s Services of Roxbury under contract with DSS, finds adoptive and lifelong family connections for older youth in DSS custody. This program has received national attention in multiple settings; it was recently profiled by the National Resource Center for Youth Development of the U.S. Department of Health and Human Services Children’s Bureau.²⁹

MFFK works with youth to identify all the people who have been important in their lives. This may include relatives, teachers, formal or informal mentors and others. These individuals are considered as potential lifelong connections. The program provides specialized recruitment services for youth who cannot identify permanent connections. Adults considering adopting adolescents participate in specialized training to help them understand adolescents’ needs. Youth also participate in training to help them prepare for family relationships. All planning and decision making are done in the context of a Family Consultation Team (FCT) in which all interested parties—including social workers, attorneys, counselors, family connections and the teens themselves—meet to devise a permanency plan for the youth. Youth are central to the process and integrally involved in planning and decision making about their lives. After placement, the program provides or refers to other agencies for supportive services to address ongoing relationship challenges.

Initial results of the pilot are promising. Lifelong connections are being identified and established for many of the youth participants. The program was initiated in 2000 (at that time called *Family Works West*). Thirty-three youth were initially referred. Twenty-four ultimately received services and *all* were matched with connections. In 2003, DSS formally contracted with MFFK and 27 referrals were made. Twenty youth ultimately received services. As of 2004, connections had been identified for 16 of the 20 youth. In October 2003, DSS—in partnership with MFFK—received a federal Adoption Opportunities Grant to deliver the Lifelong Family Connections model for 125 youth over 5 years. Twenty-five youth have been referred to

Seven Strategies: Massachusetts Families for Kids (MFFK) Lifelong Family Connections Program

1. Community of Care Review—working with the youth and others to identify a lifelong connection to an adult
2. Family Consultation Team—bringing all stakeholders together to develop the plan
3. Specialized Youth Preparation—helping adolescents prepare for permanent family life
4. Specialized Parent Preparation—helping families deal specifically with the challenges of adopting older children and youth
5. Youth Mentors—helping prepare older children for family life and providing ongoing support
6. Child specific recruitment strategies—aggressive “out-of-the-box” approaches to identifying lifelong connections for youth
7. Post permanency supports—ongoing family support

the program so far (most of whom are living in residential facilities). A formal evaluation is tracking their progress.

The preliminary results and data from Massachusetts' LFC program and similar programs in other states suggest that we should revisit the appropriateness of independent living goals for thousands of youth currently in DSS custody and the establishment of these goals going forward. Adequate resources must be provided to DSS and private contracted agencies to institutionalize the approach of identifying and establishing lifelong family connections for all youth, through adoption, guardianship or more informal relationships, when legal permanence is not possible.

No youth should age out of the system without a lifelong family connection, a person who pledges to stay in their life indefinitely. The state of California recently passed legislation declaring that no child will leave foster care without a lifelong connection to a committed adult. New York City's Administration for Children's Services (ACS) has adopted policy calling on its staff and foster care partners to actively participate in a culture shift aimed at ensuring that "no youth ages out of foster care without a life-long connection that is as legally secure as possible to a caring adult committed to functioning in a parental capacity."

This approach will require a culture shift within DSS and private service providers working with these youth. Historically, the focus has primarily been on teaching these youth independent living skills. Barriers to achieving permanency for older youth can include: negative beliefs (by the public, DSS, private providers, etc.) about adolescents; difficulty involving youth in a meaningful way in the planning process; definitions of family and kin that are too narrow; and adoption being viewed as either not an option (i.e., assuming that no one will adopt an adolescent) or the only option (not considering other more informal arrangements for youth).³⁰

Model Programs in Other States

In **California**, the Destination Family Youth Permanency Project is funded by a Federal Adoption Opportunities Grant to demonstrate services that provide permanent families for foster youth ages 11-17. The goal of the project is that no youth emancipates without a lifelong permanent family connection. Project partners are the California Department of Social Services, Sierra Adoption Services, Stanford Home/Family Alliance, Sacramento County Department of Health and Human Services and Nevada County Department of Health and Human Services. The model emphasizes youth-specific recruitment, using teams to identify possible lifelong connections for youth as well as the local television station and a well-known local newspaper columnist. Preliminary results are promising; many of the youth served are being adopted, placed in guardianship arrangements or connected to committed (non-legal) lifelong connections.

"It has been amazing to see the transformation and even the judges are involved! The whole system has changed. In one case, we received over 200 inquiries on one 17-year-old youth. Not only did he find a permanent adoptive loving family, but we were able to capture other families interested in him for other youth in the system." Bob Herne, Program Director, Sierra Adoption Services

The Homecoming Project is a **Minnesota** Department of Human Services/Minnesota Adoption Resource Network (MARN) project funded by a federal Adoption Opportunities and Activities Grant and designed to increase the number of adoptions of adolescents in state custody in Minnesota. The Project provides child-specific recruitment efforts to find adoptive families for children ages 13-17 under state guardianship. The project began in 2004; thus far, youth referred to the project are among the state's most challenging in terms of identifying appropriate permanent families, including youth with documented sexual offenses. Even still, adoptive placements have been identified for several of the youth referred.

"We are seeing fairly dramatic changes in the way folks talk about waiting teens. Social workers are inquiring about our services and agencies are routinely sending us home studies for families interested in older youth. People are beginning to actually entertain the idea that teens are adoptable." Michelle Chalmers, Youth Resources Program Manager, The Homecoming Project, Minnesota Adoption Resource Network (MARN)

In Brooklyn, **New York**, You Gotta Believe (YGB) finds permanent homes for youth who are in danger of aging out of foster care without a home or permanent family. YGB identifies and locates people important to the youth, trains adults interested in adopting teenagers and certifies their home for adoption. Staff find families for youth without connections by presenting youth to families during training sessions and on a weekly television show, where the teens themselves discuss family and permanency.

B. Independent Living Skills

In addition to needing significant relationships with a supportive adult, youth also need concrete skills to function effectively in society. DSS trains its own social workers as well as foster parents, group home staff and other service providers to deliver the Preparing Adolescents for Young Adulthood Curriculum (PAYA). The PAYA curriculum is designed to prepare adolescents, beginning at age 14, for adulthood by using five modules: 1) Money, Home, and Food Management; 2) Personal Care, Health, Safety and Decision Making; 3) Educational, Job Seeking and Job Maintenance; 4) Housing, Transportation, Community Resources, Laws and Recreation; and 5) Young Parents' Guide.

In addition to PAYA, DSS has an Adolescent Outreach Program that is focused on assisting a *portion* of the youth in custody to identify family and social supports and develop the skills necessary "to live successfully in the community after leaving agency care." This program is funded with federal dollars only, provided under the Chaffee Foster Care Independence Act.

Outreach workers meet with adolescents on a weekly basis and provide targeted case management and assistance around all aspects of the transition to independent living—education, housing, health and mental health care, etc. Youth receive aftercare services for six months following discharge from the Outreach Program. Outreach workers maintain contact with adolescents to monitor their adjustment to independent living and to provide support, as needed. A small number of youth who have already aged out of DSS are also eligible for targeted Outreach services.

DSS' Adolescent Outreach Program is being evaluated by the Urban Institute. Two hundred fifty adolescents will be followed for two years. The researchers employed a random assignment, control-group design – 125 youth were assigned to the Adolescent Outreach Program, while 125 received the Department's regular services. Adolescents participating in the evaluation will take part in in-person interviews each year from age 17 to 19. The researchers are interested in all aspects of the transition, including measures of economic self-sufficiency, family relations, health, mental health, and overall well-being. The Adolescent Outreach Program may be a model for other states – the theory is that with low caseloads, outreach workers are able to provide the type of casework and individual attention often impossible for the typical social worker who must focus on the crises in his/her many cases.

Outreach workers work with youth *in addition to* (and not in place of) their "regular" DSS social worker. This is because high caseloads prevent most DSS social workers from providing this level of intensive support.

Relatively few adolescents in DSS are assigned an Outreach worker. There are only 23 full-time equivalent (FTE) Outreach workers and only 350 youth can be assigned an Outreach worker at any given time. However, there are almost 5,000 youth ages 14 through 21 in placement. The Outreach program is technically available to youth ages 14-21, however, in practice, due to limited resources, only older youth closer to aging out actually receive the service.

Ensuring that children and youth are safely returned to their families, adopted or otherwise established with a lifelong connection *and* have the concrete skills they need to succeed in life must be the Commonwealth's top priority.

C. Allowing Youth to Remain in Custody Past Age 18

Most youth who age out of DSS exit the system when they are 18 or 19. Ending services at this age does not reflect what we know about child and adolescent development, the impact of trauma and what it takes for youth in the general population (let alone abused and neglected

youth) to achieve self-sufficiency. Two DSS custody-related policies that should change are described below.

1. Expelling Youth From DSS: Revocation of Voluntary Placement Agreements

When youth in DSS custody reach the age of 18, they may sign what is called a *voluntary placement agreement* (VPA) in order to remain in custody and continue to receive services (housing, health and mental health care, educational assistance, etc). Youth can remain in custody through age 22 if they are “attending a full-time school/vocational program, continue to need agency services, and are in compliance with their case plan.” Unfortunately, though not surprisingly, many youth are unable to meet these requirements, and either do not receive a VPA or have their VPA revoked at some point. In the words of the youth, they are “kicked out” of DSS custody. Many of these youth have few or no family connections and nowhere to go. These youth are at high risk of becoming homeless and experiencing other poor life outcomes.

DSS-contracted service providers working with these youth indicate that practice related to custody revocations is inconsistent across the 29 DSS Area Offices statewide; some Area Offices are reportedly “stricter” than others in terms of enforcing the policies around who can and cannot remain in custody. DSS does not have data on the number of youth whose voluntary placement agreements are revoked each year.

DSS is already contemplating relaxing the requirements for youth to maintain a VPA. Youth should be able to remain in custody and receive services until age 21 as a matter of course and longer if they are in the process of completing an educational/vocational or treatment program. These are children who have been abused and neglected and for whom the state is their “parent.” In addition to this obligation, it is simply not smart policy for the Commonwealth to de-invest in these youth in this way, virtually guaranteeing that they will experience poor life outcomes which will be even more costly to taxpayers.

At Risk of Voluntary Placement Revocation

Matt (name changed to protect confidentiality), age 19, is currently at risk of having his DSS custody revoked. He entered DSS custody in 2002 following a CHINS filing and abuse and neglect by his mother and father. Matt’s parents were both survivors of the Cambodian Genocide of the 1980s and were plagued by their experience, struggling with depression and Post Traumatic Stress Disorder and often unable to provide Matt with the support and care he needed. This situation was further exacerbated when Matt’s five-year-old sister was raped and murdered by a drug addict in Lynn. He has experienced three placements over two years. In 2003, he arrived at a specialized group home in the Boston area. According to the group home staff, Matt has thrived within the program. Within a matter of months, he had found a full-time job at a local restaurant. He has been given increasing responsibility at his job. He thrives with the added responsibility and takes pride in the trust he has built with his employer. He is now training new employees, closing the restaurant, and learning to balance the drawer, while continuing to pick up open shifts when needed, often coming into work at the last minute. This job has enabled Matt to learn a variety of important business and customer services skills. Matt also committed himself to the GED program, passing all five sections in July of 2003, and is now taking steps to pursue secondary education. Significantly, Matt has left behind what was once an all-consuming gang life style and built a new community for himself. Matt has acknowledged and worked to decrease his substance use. Back in 2003, he was testing positive for marijuana everyday. In the past four months, he has tested positive twice. In January, Matt received notice from DSS that his voluntary placement agreement was being revoked because of the two positive drug screens and failure to meet the full-time school/vocational program requirement. Matt was originally in a full-time vocational training program that proved too overwhelming for him; he is now attending a weekly computer training course which was deemed not substantial enough by DSS.

2. *The Need for an Open Door Policy*

As noted above, youth can choose to stay in DSS custody voluntarily through age 22 (if they meet certain requirements as described above). However, some youth elect to sign themselves out when they turn 18 because they are “sick of the system telling them what to do.” These are highly likely to be adolescents who may make impulsive decisions out of frustration and/or in the heat of the moment. These youth are at high risk for being homeless and experiencing other poor life outcomes.

New York State allows a six-month trial discharge. During this time period, youth are permitted to return to care if they lose their housing.

In Connecticut, youth between the ages of 18 and 21 who left the care of the Department of Children and Families can re-enter the Department's Adolescent Services Program on a one-time basis.

Current DSS policy is that youth who sign themselves out of custody cannot sign themselves back in. Youth should be able to sign themselves back into DSS custody up to age 21. Other states have swinging door policies.³¹ DSS has been contemplating creating such an “open-door” policy. Changing this policy is also a top priority of the DSS Youth Advisory Board.

Teddy: “I would do anything to be able to go back into DSS and the group home.”

Teddy (name changed to protect confidentiality) came into DSS custody when he was 4 years old because his father had physically abused him. His father had also physically abused Teddy's mother. At that point, Teddy's mother—who has schizophrenia and bipolar disorder—disappeared from the picture. Teddy lived in a foster home and was later placed with his grandfather until his mother returned when Teddy was 12 and was granted custody. Unable to handle Teddy's behaviors, Teddy's mother filed a CHINS when he was 13 and he came back into DSS custody. He's been in custody ever since and moved around from placement to placement.

In July 2004, Teddy turned 18 and signed out of DSS because he was “sick of DSS” and didn't want them “meddling in (his) life anymore.” At that time, Teddy had been placed at a group home in the Boston area. He describes group home life as difficult because the staff were “so nice that it was weird.” Typical of some abused and neglected children, he found it unfamiliar to be treated so nicely and had a difficult time adjusting.

Having signed out, Teddy is now living with his mother again because he has nowhere else to go. Teddy's mother refuses to take her medication for her schizophrenia and bipolar disorder. Teddy reports that recently, his mother chased him around the house threatening to hit him with a heavy wooden clock. Teddy says that he is wary of coming out of his room every day because he never knows what to expect from his mother. Teddy is basically “doing nothing” now. He is not working and not in school and he's been in some trouble with the law.

Current policy does not allow Teddy to come back into custody and receive DSS services, despite the fact that had he not signed out, he could have stayed in custody through age 22. Teddy regrets signing out. “I would do anything to be able to go back into DSS and the group home.”

III. **Consequences of Aging Out**

This section describes the various challenges faced and outcomes experienced by youth aging out related to educational achievement, employment, housing/homelessness, health and mental health and involvement with the juvenile and criminal justice systems.

A. Educational Achievement

The National Survey of Child and Adolescent Well-Being reports that children placed in out-of-home care due to abuse or neglect tend to score lower than the general population on measures of cognitive capacity, language development and academic achievement.³² National studies and studies in other states have also shown that many youth in foster care do not graduate from high school.^{33,34,35,36,37}

Academic Achievement and Graduating from High School

Indeed, preliminary analyses^d of academic data for youth in DSS custody^e in Massachusetts indicate that foster youth are twice as likely as the general student population to fail the MCAS and three times more likely to be special education students.

This is a critical issue that has a long-term impact on these youths' employment and earning prospects. It is well documented that high school dropouts earn significantly less than graduates (and far less than college graduates) and are more likely to live in poverty. The Commonwealth needs to devote special attention and resources to ensuring that these youth graduate from high school. Collaboration between DSS, DOE and local school districts is critical. It is important that strategies are implemented to improve the academic achievement of foster youth, rather than further stigmatizing these youth by placing them in separate schools or programs.

Aggregate data on GED/high school/college graduation rates for *all* youth in DSS custody and/or all youth who age out are not readily available.

However, DSS reports the following data on the sub-population of youth who receive specialized services from the DSS' Adolescent Outreach program:

- About half (51%) of youth served in the Outreach program have a high school diploma or a GED and another 49% are working towards one.
- Of the youth being served in Outreach who have a high school diploma or GED, 58% were enrolled in a two-year college, 14% were enrolled in a four-year college and 17% percent were enrolled in or had completed a vocational training program.

These statistics are promising; however they represent only a portion of youth in custody as the Outreach program is not staffed and funded to serve all youth. There are 23 full time equivalent (FTE) Outreach workers serving 29 area offices statewide. These workers serve only 350 youth at any given time. There are almost 5,000 youth in DSS custody ages 14 through 21, including 2,000 youth age 17 and older.

Addressing the Impact of Trauma in the School Setting

It is also essential that schools are equipped to recognize and address the impact of trauma on learning. Currently, there is no consistent approach, structure or set of services in our schools to effectively address the needs of traumatized children. As a result, many of these children who display challenging behaviors are suspended or expelled because educators are unaware of the underlying problem and lack a school-wide system of support to address the issue.

There are some promising pilot programs currently operating in a very small number of schools.

^dThese analyses were done through a data exchange between DSS and the Department of Education in partnership with the Executive Office of Health and Human Services (EOHHS). Analysts were able to "match" 75 percent of DSS youth with their DOE records.

^eIt should be noted that these analyses are not exclusive to youth that will age out but reflect all youth in DSS custody that have taken the MCAS either before or after they entered care. MCAS scores of foster youth who took the MCAS before entering care and after entering care were roughly equivalent.

- Established in 1998, the *School and Community Support Programs* are funded jointly by DSS and DOE with \$1 million and are operating in 19 school districts. (There are more than 300 school districts in Massachusetts.) These programs train teachers, parents and DSS workers to better understand the needs of children in crisis and transition; provide consultation to school personnel and parents about managing difficult behaviors; identify interventions to help stabilize children in their school placements and support academic success; and develop collaborative relationships among the local school districts, the DSS Area offices and foster parents. Most of these programs are currently operating in elementary and middle schools; however the model is translatable to high schools. An independent evaluation of the initiative found that the large majority of children served were able to remain in their schools and in regular education.
- The Commonwealth's FY 2005 Budget established another small initiative to help schools become "trauma-sensitive," so that children who have been traumatized by abuse, and/or domestic violence can cope and succeed academically and socially at school. (This initiative is broader than but inclusive of children involved with DSS.) The initiative was funded at \$500,000 in FY 2005.

Funding for approaches that enable schools to recognize and meet the needs of foster youth should be expanded so that these strategies can be institutionalized in school districts across Massachusetts.

Higher Education

Significantly, national research indicates that youth in the child welfare system are more likely to be in a general high school track, as opposed to a college preparatory program, even when controlling for grades and test scores.³⁸ In Massachusetts, aggregate data on the rates of college attendance/graduation for all DSS youth or the portion of youth who age out are not readily available. (The box on page 23 provides college data for a *sub-population* of youth in DSS custody.)

In fact, Massachusetts has an array of college assistance programs for DSS-involved youth funded with both federal and state dollars (see table below), including the state funded Foster Child Grant Program which was originally funded in FY 2001 at \$1.2 million and, by FY 2005, was cut to \$850,000.^f The Governor's proposed FY 2006 budget (H.1) again allocates only \$850,000.

The Commonwealth should be commended for establishing this and other educational assistance programs described below; however, requests for educational assistance, especially given ever-increasing college costs, are outpacing the funds available. The current grants do not cover all costs nor do they serve all DSS youth seeking assistance. Some DSS youth may be at risk of having to drop out due to lack of funding, and others who want to begin college will be denied if additional funds are not provided. Furthermore, arbitrary criteria prevent certain youth in DSS custody from accessing the programs at all (see table on page 25).

^f Funding was cut completely in FY 2002, restored to \$1 million in FY 2003 and cut to \$850,000 in FY 2005.

Educational Assistance Programs

	Funding Source	Type of Assistance Provided	Eligibility Criteria			
			Children who entered custody on a Care and Protection (C&P)	Children who entered custody on a CHINS	Adopted youth	Attending Full or Part Time Program
Chaffee Educational and Training Voucher Program	Federal	Up to \$5,000 per year for college and vocational training (can be used for tuition and room and board); high school degree required	Eligible	Eligible	Eligible only if youth adopted after age 16	Part or full time
Foster Child Grant Program	State	\$6,000 per year for tuition/room and board for public or private college or vocational program	Eligible	Not Eligible	Not Eligible	Full time only
State College Tuition Waiver Program	State	Covers tuition at public colleges, community colleges and universities in MA (does not include books, fees, room and board)	Eligible	Not Eligible	Eligible	Part or full time
William Warren Scholarship Program	Private, state and federal funds	Competitive scholarship based on need and merit; provides \$150 to \$5,000 scholarships (average \$1,500)	Eligible	Eligible	Eligible	Part or full time

The Commonwealth should make financial assistance to attend college and vocational programs available for all foster youth.

- The Foster Child Grant Program should be considered an entitlement not subject to appropriation restrictions.
- Current eligibility restrictions on the Foster Child Grant Program and the State Tuition Waiver should be eliminated so that these programs are available to all youth in foster care (regardless of whether they entered care due to abuse/neglect or CHINS). The fact is that these youth are in the custody of the Commonwealth—the state is their parent—and it is irrelevant how they may have originally entered care.
- The criteria for the Foster Child Grant Program should be expanded to include youth attending *part-time* college or vocational programs.

B. Employment

Without post-secondary education, it is increasingly difficult to secure employment, particularly employment that pays enough to cover the full costs of living. The Women’s Union and the National Low Income Housing Coalition estimate that an individual living in Boston needs to make 2 to 3 times the Massachusetts minimum wage of \$6.75 in order to cover basic expenses.

Many youth secure jobs through their social networks – parents, neighbors, coaches, friends of the family, etc. Youth aging out of state custody often do not have this network of trusted adults to whom they can turn for assistance.

Youth exiting DSS custody have extensive educational and vocational needs as well as mental health and other challenges. With serious trauma histories, these youth often lack self-esteem and the interpersonal skills to succeed in the mainstream workforce; many have not benefited from role models who demonstrate a work ethic and responsibility. Traditional adult workforce development programs are generally not sufficiently targeted, specialized, flexible or intensive enough to meet these complex needs.

National research confirms that youth aging out of state custody have difficulty securing and holding on to jobs. Thirty-nine to 51 percent of former foster youth are unemployed one to four years after leaving care.^{39,40} Many more youth – 62 percent in one study – have difficulty maintaining a job for at least a year.⁴¹ Many end up on public assistance (32 to 40%).⁴²

Data on the employment status of all youth aging out of state custody in Massachusetts are not currently available. However, data are available on the *sub-population* of youth being served in DSS' Adolescent Outreach program. DSS reports that 56% of youth served in the program are employed. (Note: This is a point-in-time analysis of youth currently on the Outreach caseload, not a longitudinal study tracking employment status after leaving the Outreach and DSS.) However, as noted above, the Outreach program serves only about 350 youth at any given time and there are more than 3,000 youth ages 16 and older in DSS custody. Furthermore, preparing youth for employment that leads to self-sufficiency is not a problem that DSS can or should address alone.

The Emerging Workforce

Federal and state funding in Massachusetts targeted to the “emerging workforce” (defined as in school and out of school, at risk youth age 14-21 that are, or soon will be, new entrants into the workforce) totaled \$71 million in FY 2003. Included in the \$71 million are \$30 million for helping students pass the MCAS. In addition to the \$71 million specifically targeted to the emerging workforce, Massachusetts also funds 32 one-stop career centers (OSCC). However, the OSCCs were established to serve adults. Some of the centers across Massachusetts have made efforts to respond specifically to the needs of youth. Generally, however, stakeholders continue to report that the kinds of specialized attention and services foster youth require are not available through the career centers.

Pathways to Success by 21

Identifying the employment prospects of vulnerable youth as an area needing attention in the Commonwealth, the Pathways to Success by 21 (P-21) initiative was launched in 2003 by the Department of Workforce Development and the Department of Education. P-21 is facilitated by the Commonwealth Corporation and, working with the regional workforce investment boards, “seeks to dramatically improve the future prospects for vulnerable youth across the Commonwealth.” Vulnerable youth are defined as “youth 16-24 years old who are out-of-school and out of work, who may be in **foster care**, court involved, persons with disabilities, a teen parent, or otherwise disconnected from mainstream work and learning opportunities.”

Stated objectives of P-21 to be accomplished by June 2005 include the following:

- Work with local communities across the state to measure, benchmark and plan for addressing the issues raised by P-21, focusing on small and disconnected efforts across the state that show promise but lack scale.
- Further develop state level and business community commitment to and action in addressing the barriers to success faced by vulnerable youth.

- Identify the state and local level political, legal and operational barriers to successfully working with vulnerable youth and potential solutions to these barriers.
- Begin raising funds for a 3-5 year commitment to redeveloping workforce development and social service systems to work more effectively for vulnerable youth in the Commonwealth.

Unfortunately, it remains unclear what portion of Massachusetts' emerging workforce funding actually supports youth aging out of the foster care system, even when local career centers have established a focus on youth. DSS staff and other stakeholders anecdotally report that the kinds of specialized attention and services these youth require are not available through the career centers. In addition, the Career Centers do not currently track or report the numbers of current or former foster youth served. In fact, entities funded through the federal Workforce Investment Act (as the OSCC are) are required by law to provide services to foster youth.

Tax Credits for Businesses

The Work Opportunity Tax Credit (WOTC) is a federal tax credit available to employers to encourage the hiring of nine targeted groups by reducing employers' federal income tax liability by as much as \$2,400 per qualified new worker. Although foster youth and former foster youth are not a specifically designated category within WOTC, they qualify under the "high risk youth" target group; these are 18-24 year olds who are residents of one of the federally designated Empowerment Zones, Enterprise Communities, or Renewal Communities. These federally designated communities are located in certain census tracts within Boston, Lawrence, Lowell and Springfield. Currently in the Commonwealth, this tax credit is utilized primarily by large corporations; however, it is available to businesses of all sizes. In 2004, 1,032 WOTCs were certified under the high risk youth category.⁹

Workforce development for vulnerable youth must be a high priority for the Commonwealth and appropriate resources must be budgeted. The private sector can also play a significant role by volunteering to provide job training and jobs for these youth. P-21 began in 2003 and needs to move out of the planning phase and into real implementation with the regional workforce investment boards. Services must be targeted, specialized and flexible in order to meet the needs of foster and other vulnerable youth.

- Entities funded through the Workforce Investment Act are required to provide services to foster youth. This requirement should be enforced. All One-Stop Career Centers must develop and implement specific strategies to serve youth and specifically DSS youth.

The **YouthBuild** program—in which unemployed and undereducated young people, ages 16-24, work toward their GED or high school diploma while learning construction skills by building affordable housing for homeless and low-income people—has 11 locations in Massachusetts. In addition to \$4.2 million from the U.S. Department of Housing and Urban Development, the program is supported by \$1.2 million in state funding, cut from \$2.3 million in FY 2001. YouthBuild reports that nearly 1,300 youth have participated in the program and 88 percent of graduates were placed in full-time jobs or attended institutions of higher education. There is a waiting list for the program; staff report that there are six applicants for every one slot available in YouthBuild.

Massachusetts has two major federal five-year **Youth Opportunity** grants from the United States Department of Labor (USDOL). The grants have supported education and employment services for thousands of vulnerable youth in Boston and Brockton. However, these federal grants are ending this year.

⁹ The Commonwealth certifies the request for the tax credit based on the documented characteristics of the employee. As this is a federal tax credit, the actual tax credits are provided by the federal government.

- Incentives should be created for state agencies to hire former foster youth as employees.
- Funding for innovative employment programs such as YouthBuild should be increased, with specific funding identified to serve youth aging out of DSS.
- Massachusetts businesses should take advantage of the federal Work Opportunity Tax Credit which benefits employers hiring “high-risk youth.”
- The Commonwealth needs to connect the data and information systems of its state agencies within confidentiality boundaries. Currently, DSS, DMH, DYS, DWD, etc. maintain their own respective databases, which inhibits the ability to “talk” to each other and share data. Other states such as Florida have developed systems that do not compromise confidentiality, but are able to share data that are critical for planning, outcome measurement and accountability.^h The Massachusetts Executive Office of Health and Human Services (EOHHS) reports that it is developing a comprehensive data warehouse where authorized cross-agency information sharing can take place.

C. Housing and Homelessness

Perhaps the most pressing need facing youth aging out of care is the simple necessity of housing. Young adults are the fastest growing population in emergency shelters in Massachusetts.⁴³

A significant portion of homeless persons in Massachusetts do in fact have prior foster care history. In a 2005 census of homeless young adults ages 18 to 24 conducted by the Massachusetts Housing and Shelter Alliance, one-fourth (25%) of youth reported having been in DSS custody. More than half of these youth had left DSS when they were age 18 or older. Father Bill’s Place, a shelter in Quincy, reports that 30 percent of the 18-24 year-olds served by the agency from July 2003 through June 2004 had a history of DSS or DYS involvement. National studies have similar findings. Various studies on the risk factors for homelessness have documented large percentages of former foster youth in the homeless population; 23 to 47 percent of homeless individuals have childhood histories of out-of-home placement.⁴⁴

To date, there has been no formal longitudinal study in Massachusetts following youth previously in DSS custody to determine the proportion that becomes homeless. (We know the portion of homeless young adults with foster care history [as noted above, one-fourth], but we have not documented the portion of foster youth that become homeless.) Conducting a study that would track homelessness and other outcomes for youth formerly in DSS custody is one of the recommendations of this paper. However, data from other state and national studies are clear, finding that 25 to 30 percent of former foster youth experience homelessness.⁴⁵ One study found that in the 12 to 18 months after leaving care, 22 percent of former foster youth had lived in four or more places.⁴⁶

It should be noted that the preferred approach for preventing homelessness among DSS youth is placing and/or connecting them with a permanent family (before they exit custody) who will assist and support them with housing and other needs, as the families of most youth and young adults in the general population do.

When that cannot be accomplished, it is incumbent upon us to help these youths obtain transitional housing leading to permanent housing. This problem is not for DSS to address

^h Florida Department of Education. <http://www.firn.edu/doe/fetpip/general.htm>

alone; this is the Commonwealth's problem and the housing needs of these youth should also be considered amongst the priorities of other public agencies including the Department of Housing and Community Development (DHCD). Currently, housing assistance targeted for youth exiting foster care is limited:

- DSS expects to spend approximately \$400,000 to \$500,000 in federal Chaffee funds for the Discharge Support Program for youth aging out which provides up to \$2,000 per youth for first month's rent, security deposit, utilities, household items, etc. In the first 6 months of the federal fiscal year (beginning October 2004), DSS reports that 160 youth have received a discharge payment at an average amount of \$1,400.
- DSS utilizes an additional \$300,000 in federal Chaffee funds to support 8-12 beds in residential transitional living programs (TLPs).
- DSS has asked DHCD to grant priority access to Section 8 vouchers for youth exiting custody; however, this has not happened. In fact, Massachusetts has a serious shortage of federal Section 8 housing vouchers, with 18,000 vouchers and 56,000 names on the state's waiting list. Only about 100 vouchers are relinquished each month and transferred to those on the waiting list.
- In 2002, DSS received permission to use 20 Family Reunification Vouchers from DHCD for youth aging out of DSS, however the vouchers were withdrawn (in 2002) due to budget constraints. DSS is currently seeking to have those vouchers reinstated.

Model transitional housing programs for these youth (see box on page 30) suggest that "supportive" or "service-enriched" housing is an effective approach. These youth not only need housing but also case management, mental health and other services in order to succeed. Some of these model programs utilize a public-private partnership model involving the public child welfare agency, the public community development/housing agency, private property owners, private social service providers and foundation and corporate funders.

Addressing the housing needs of youth aging out of foster care must be a high priority for the Commonwealth. Specific recommendations include the following:

- The Department of Housing and Community Development should set aside Section 8 vouchers for youth aging out of DSS.
- The Commonwealth should increase funding for the Massachusetts Rental Voucher Program (MRVP) and set aside vouchers for youth aging out of DSS. Current funding for the vouchers is \$20 million. The Citizens' Housing and Planning Association (CHAPA) is requesting an increase to \$44 million in order to increase the dollar amount of the vouchers as well as the number of vouchers provided.
- The Individual Self-Sufficiency Initiative (ISSI) which was eliminated in the FY 2004 budget should be re-established with some subsidies targeted for youth aging out of DSS. ISSI provided a one-year rental subsidy to individuals leaving shelter or transitional housing programs in order to assist in the move toward self-sufficiency.
- DSS should work with DHCD and the Community Economic Development Assistance Corporation (CEDAC) to explore new housing development for these youth using existing capital funds, such as the Housing Innovations Fund (HIF). HIF provides funding to nonprofit developers for the creation and preservation of alternative forms of affordable housing.

- DSS and DHCD, in partnership with the private sector (foundations, social service providers and property owners), should establish “service-enriched” transitional housing for youth who have aged out of DSS.

Promising Housing Approaches In and Outside of Massachusetts

Through a collaboration between DSS, Middlesex Community College and a private property owner, the **Bridge to a Career Program in Massachusetts** provides supportive housing to eight (8) youth attending the college. This very small program began in 2001. DSS wants to replicate this housing option in collaboration with community colleges across the state; however, the agency reports that expansion efforts have been unsuccessful to date. DSS is seeking additional private property owners that would be willing to participate.

The **Northeast Area of the Massachusetts Department of Mental Health (DMH)** has developed a pilot *Transition Age Supported Housing Program (TASH)* for young adults, beginning at age 18, who are receiving DMH services. Many clients previously had been placed in 24 hour residential programs with older adults or had left DMH services altogether. The TASH program provides a desired alternative for young adults who are striving for independence but continue to need support to develop skills to live more independently. These young adults are given rental assistance for a period of time, trained in independent living skills and symptom management, and given vocational assistance. The program is designed to serve young adults in a developmentally appropriate way leading to a more productive adulthood.

In **Oakland, CA, First Place Fund for Youth** integrates former foster youth into the community by providing scattered-site, shared two-bedroom apartments. First Place master-leases the apartments and the financial contribution made by the youth gradually increases over time. In order to qualify for an apartment, youth must participate in an economic literacy course and qualify for a housing micro-loan. The housing micro-loan is based on the peer-lending model. The loan class as a group has the responsibility of ensuring that each youth repays the loan. First Place also provides individual supportive services, averaging four to six hours a week, as well as life skills training and group activities. Youth meet regularly with their Youth Advocate. Once the rental subsidy has been terminated, tenancy of the apartment officially transfers to the young adults and they can remain as long as they meet the obligations of the lease.

The **Los Angeles Department of Children and Families Services (DCFS)** runs the *Bridges to Independence Transitional Housing Program*. This program provides transitional housing for former foster youth, ages 18-21, throughout Los Angeles County. Residents maintain their own apartment while receiving DCFS-provided case management services, counseling, education and career assistance and weekly life skills training in areas such as budgeting and meal preparation. The cornerstone of the program is a unique public/private partnership between DCFS, the Community Development Commission of Los Angeles County, the Weingart Foundation and the Department of Housing and Urban Development. The program has served more than 1,100 youth since inception.

United Friends of the Children in Los Angeles runs the Pathways Transitional Living Program. It is an 18-month program serving youth ages 18-23 who have aged out of foster care and are at risk of homelessness. The program provides youth with furnished apartments and “enriched services” including educational guidance, career development assistance, life skills workshops and mental health services. Youth are required to maintain the apartment and contribute to the rent. The program uses an “empowerment model” that both “tolerates mistakes and requires responsibility.” Initial funding for Pathways was provided by The California Endowment, W.M. Keck Foundation, The California Wellness Foundation, the Department of Housing and Urban Development, and the Community Development Commission of Los Angeles County. Ongoing support is provided through contributions by individuals, corporations and public and private grants. The goal is to provide youth with the necessary life skills and emotional support to become financially self-supporting and emotionally stable.

D. Health and Mental Health

National research suggests that many former foster youth lack access to health care and experience poor health.

- A review of 20 years of health surveys revealed that foster children experience acute and chronic health problems and emotional adjustment problems at a rate three to seven times higher than other poor children.⁴⁷
- In one study, 44 percent of the sample of youth ages 17 and older who had been discharged from the foster care system had experienced inpatient psychiatric care.⁴⁸
- Studies have found that between 30 and 44 percent of former foster youth have significant problems accessing medical care due to lack of health insurance and the high cost of services.^{49,50,51}

Youth who are left without health coverage, even for a short time, go without preventive care, and minor issues can become major (and expensive) health problems. Those with chronic conditions, like asthma, diabetes and depression, can be particularly devastated by lack of regular treatment. Staff from the Division of Adolescent Medicine at Children's Hospital Boston report that HIV/AIDS is also an issue among youth aging out of foster care.

Why Expand Coverage to Former Foster Youth in Tough Budget Times?

- Young people aging out of foster care are a high need population, with little likelihood of obtaining health insurance on their own.
- The small numbers in need of coverage suggest that the cost of extending coverage should be relatively modest.
- States that do not expand coverage to former foster youth forgo federal matching funds to finance their medical care.
- Struggling, sick young people are not able to be reliable employees.

Children Discharged from Foster Care: Strategies to Prevent the Loss of Health Coverage at a Critical Transition. Kaiser Commission on Medicaid and the Uninsured. Prepared by Pat Redmond, Center on Budget and Policy Priorities. January 2003.

Youth without health coverage are forced to rely on emergency services, which are expensive and not cost-effective for the state. Unlike MassHealth—which is partly supported through federal Medicaid funds—the costs of emergency care are paid through the entirely state-funded uncompensated care pool. Finally, youth without health coverage can become burdened by hefty medical bills at a time when they are struggling to be self-sufficient.

The federal Foster Care Independence Act of 1999 (P.L. 106-169, a.k.a., The Chaffee Act), which provides assistance for adolescents leaving the foster care system, does not only allow but *encourages* states to extend Medicaid (MassHealth) coverage up to age 21 for young people who are in foster care on their 18th birthdays. It offers states the option to add a Medicaid eligibility category that would cover all of these children. Several states—including Arizona, California, Mississippi, New Jersey, South Carolina, Texas, and Wyoming—have extended health coverage to these vulnerable young adults until the age of 21.⁵² **However, Massachusetts has not taken full advantage of this opportunity;** the Commonwealth has extended MassHealth benefits to youth aging out of DSS only up to age 19. In addition, youth can access this extended benefit only if they apply and the appropriate paperwork is completed, which sometimes does not happen, e.g., if youth are on the run for a period of time. Such coverage should extend automatically.

Advocacy to the state legislature and the Office of Medicaid on this issue has already begun. Casey Family Services in Lowell coordinates the ad-hoc task force, the *Massachusetts Alliance*

for Adolescents in Foster Care. A focus of the Alliance has been on extending MassHealth coverage for youth aging out of DSS.

The Office of Medicaid should implement this extension to age 21 and adjust this process so that the MassHealth extension is automatic and does not require paperwork to be completed by the youth. Finally, the extended coverage provided to these youth must include dental care. Currently, MassHealth for children (i.e., persons under 18) includes dental coverage; however, MassHealth for adults does not.

In addition to basic access to health insurance, access to more intensive mental health services when youth leave custody is cited as a major problem by DSS staff and private contracted providers. Unfortunately, state data systems cannot easily produce statistics on the number of DSS youth also being served by DMH. Anecdotally, there is significant overlap. A problem is that some children who meet Serious Emotional Disturbance (SED) criteria to receive services from DMH do not meet the Serious and Persistent Mental Illness criteria for services as adults. Thus, these children may lose DMH eligibility when they turn 19. All children in DSS custody that are eligible for DMH child services should be “grandfathered” into DMH adult eligibility. Adequate resources must be provided in the DMH budget to meet the increased demand for services. Assuming MassHealth is extended as recommended above, other youth with less significant mental health needs would continue to be able to receive mental health services under MassHealth until at least age 21.

E. Involvement with the Juvenile and Criminal Justice Systems

Many adolescents involved in the juvenile justice system were victims of child abuse and neglect. In Massachusetts, 54% of youth entering the Department of Youth Services (juvenile justice agency) are DSS-involved (either due to child abuse and neglect or CHINS).⁵³ According to the Society for Adolescent Medicine and the American Academy of Pediatrics, it is well established that adolescents involved in the juvenile justice system are more likely than the general adolescent population to have been victims of child abuse and neglect.⁵⁴ In addition, many youth who age out of foster care end up involved with the adult criminal justice system shortly after leaving care. Studies have found that 20 to 27 percent of males become involved with the criminal justice system within a year and a half of exiting care.^{55,56}

IV. Recommendations

This section summarizes the major recommendations made throughout this paper.

Permanency

1. The Commonwealth should take all necessary steps to ensure that children exit DSS custody with permanent families—through reunification with their biological families, placement with relatives, adoption or more informal arrangements when legal permanency is not possible. Placement with a permanent family must be considered for all youth in DSS custody, regardless of age, *at the same time* that youth are supported to develop independent living skills.
 - The appropriateness of “independent living” as a permanency goal should be revisited for the thousands of youth currently in DSS custody and eliminated for use going forward.
 - Adequate resources must be provided in the DSS budget so that DSS and private contracted agencies can provide the intensive level of services necessary to connect youth with permanent families at the same time as ensuring they develop the necessary education and skills to become self-sufficient.
 - Training and resources for foster and adoptive parents caring for adolescents should be expanded.
 - DSS should take steps to increase the involvement of youth in all aspects of planning and decision making. This was the primary recommendation of virtually every youth interviewed for this report.

DSS Custody

2. Acknowledging the nature of adolescence, the impact of trauma and societal norms for becoming independent, DSS policies should be changed to a) allow youth to **remain in custody until age 21** as a matter of course (and longer if they are in the process of completing an educational/vocational or treatment program) and b) allow youth who have signed themselves out of DSS custody to sign back in.

Health

3. Massachusetts should extend MassHealth coverage for all youth who have aged out of DSS custody to age 21, as supported by federal law.
4. All children in DSS custody that have been determined as eligible for Department of Mental Health (DMH) services as children should be “grandfathered” into eligibility for DMH adult services. Adequate resources must be provided in the DMH budget to meet the increased demand for services.

Education

5. The Commonwealth should make financial assistance to attend **college and vocational programs** available for all foster youth.
 - The Foster Child Grant Program should be considered an entitlement not subject to appropriation restrictions. (This program was previously funded at \$1.2 million and is currently funded at \$850,000 and not meeting all the need.)
 - Current eligibility restrictions on the Foster Child Grant Program and the State Tuition Waiver should be eliminated so that these programs are available to all youth in foster care (regardless of whether they entered care due to abuse/neglect or CHINS). The fact is that these youth are in the custody of the Commonwealth—the state is their parent—and it is irrelevant how they may have originally entered care.
 - The criteria for the Foster Child Grant Program should be expanded to include youth attending *part-time* college or vocational programs.

6. Funding for approaches that enable schools to recognize and meet the needs of foster youth should be expanded so that these strategies can be institutionalized in school districts across Massachusetts. Promising models include the DSS/Department of Education-funded *School and Community Support Programs* and the DOE-funded *Trauma Sensitive Schools* initiative.

Employment

7. The Commonwealth needs to prepare its foster youth for **jobs** that result in self-sufficiency. The *Pathways to Success by 21* (P-21) initiative led by the Department of Workforce Development (DWD), DOE and the Commonwealth Corporation has the stated goal to “dramatically improve the future prospects for vulnerable youth across the Commonwealth,” explicitly including foster youth. P-21 began in 2003 and needs to move out of the planning phase and into real implementation with the regional workforce investment boards. Services must be targeted, specialized and flexible in order to meet the needs of foster and other vulnerable youth.
 - Entities funded through the Workforce Investment Act are required to provide services to foster youth. This requirement should be enforced. All One-Stop Career Centers must develop and implement specific strategies to serve youth and specifically DSS youth.
 - Incentives should be created for state agencies to hire former foster youth as employees.
 - Funding for innovative employment programs, such as YouthBuild should be increased with specific funding identified to serve youth aging out of DSS.
 - Massachusetts businesses should be encouraged to take advantage of the federal Work Opportunity Tax Credit which benefits employers hiring “high-risk youth.”

Housing

8. The Commonwealth should provide transitional housing assistance to youth aging out of foster care.
 - The Department of Housing and Community Development (DHCD) should set aside Section 8 vouchers for youth aging out of DSS.
 - The Commonwealth should increase funding for the Massachusetts Rental Voucher Program (MRVP) and set aside vouchers for youth aging out of DSS. Current funding for the vouchers is \$20 million. The Citizens’ Housing and Planning Association (CHAPA) is requesting an increase to \$44 million in order to increase the dollar amount of the vouchers as well as the number of vouchers provided.
 - The Individual Self-Sufficiency Initiative (ISSI) which was eliminated in the FY 2004 budget should be re-established with some subsidies targeted for youth aging out of DSS. ISSI provided a one-year rental subsidy to individuals leaving shelter or transitional housing programs in order to assist in the move toward self-sufficiency.
 - DSS should work with DHCD and the Community Economic Development Assistance Corporation (CEDAC) to explore new housing development for these youth using existing capital funds, such as the Housing Innovations Fund (HIF). HIF provides funding to nonprofit developers for the creation and preservation of alternative forms of affordable housing.
 - DSS and DHCD, in partnership with the private sector (foundations, social service providers and property owners), should establish “service-enriched” transitional housing for youth who have aged out of DSS.

Data Sharing

9. The Commonwealth should develop a data system that enables data sharing within appropriate confidentiality boundaries across youth-serving agencies including DSS, DMH, DOE, DYS, DWD, etc.
10. The Commonwealth should conduct a longitudinal study of youth aging out of foster care in Massachusetts.

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