



## Youth Who Transitioned from D.C.'s Foster Care System: A Study of Their Preparation for Adulthood

June 2008

### Executive Summary

D.C.'s Child and Family Services Agency (CFSA) and its contracted child placement agencies provide services to older youth in foster care to prepare them for independent, adult living after the Agency's supervision of their care ends. This termination of legal responsibility, called emancipation, usually occurs on or before the youth's 21<sup>st</sup> birthday.<sup>1</sup> As of May 1, 2008, there were 914 youth, ages 16 to 21, in CFSA custody, comprising 41% of the Agency's total foster care population.<sup>2</sup>

CFSA's Quality Assurance Unit conducted this study in 2007-2008 to determine the child welfare system's effectiveness in preparing youth for adulthood. The study focused on all youth who emancipated from foster care to independence during a two-month period in 2006. Of those youth, QA found 66% had all or many of the supports and resources in place at the time of emancipation to ensure sustainable and stable independent living. Thirty-four percent of the youth had few or none of the necessary supports and resources when they exited care.

### Objectives

The study's objectives were to:

- assess whether the youth, at the time of emancipation, had the fundamental resources and capacities, including stable housing, financial means, employment and/or educational involvement, and resources to meet physical and mental health needs, to ensure sustainable and stable independent living;
- ascertain the youths' current functioning as independent adults and whether child welfare services and supports helped them prepare for adulthood; and
- identify areas of improvement in the child welfare system's practice with older youth and its process of engaging, assessing, and preparing them for adulthood.

<sup>1</sup> This report uses the terms emancipation, case closure, discharge, and transition and exit from care interchangeably.

<sup>2</sup> Source: FACES Management Report PLC156 as of April 30, 2008, Demographics of Children in Foster Care.



## Methodology

Due to the time frames established in the study design, it was necessary to select a sample of youth who had been emancipated for at least 12 months. QA identified all the youth who emancipated from foster care in July and August 2006.<sup>3</sup> This population totaled 36. QA eliminated from the population one youth (#24) who exited care 14 months before the emancipation date listed in FACES.<sup>4</sup> Specifically referenced throughout this report are instances when subsets of the population were used for certain elements of analysis.

QA gathered background information by interviewing staff with CFSA's Office of Youth Development, including the Administrator, Program Managers, several supervisors, and several aftercare and independent living specialists; interviewing CFSA's Collaborative Liaison Community Engagement Monitor; and reviewing CFSA's Center of Keys for Life curricula and 2005 white paper, "Revamping Youth Services: Preparing Young People in Foster Care for Independence."<sup>5</sup>

The study featured three components: 1) a case record review, 2) a review of post-emancipation services, and 3) a stakeholder satisfaction survey. QA assessed the youth at three time periods:

- at the time of case closure with CSFA;
- during the 12 months following case closure; and
- approximately one year after case closure.

### Case Record Review

QA designed a quantitative instrument to assess whether the 35 youth had the necessary supports in place at case closure. To complete the instrument, QA reviewed the youths' information in FACES, CFSA's automated case management system, including contact logs and notes, court reports, recent court orders, recent Administrative Review summaries, Center of Keys for Life screens, the youth's final case plan, and case closure summaries. QA also reviewed the hard copy case records, including Youth Transition Plans and Individual Transitional Independent Living Plans when available, for 27 youth.<sup>6</sup> To ensure accuracy and consistency in completing the instruments, QA double-checked the FACES information recorded on every instrument.

### Review of Post-Emancipation Services

QA assessed whether any of the youth participated in the post-emancipation (known as aftercare) services at the District of Columbia's seven Healthy Families/Thriving Communities (HFTC) Collaboratives. QA designed and completed a quantitative instrument, which was approved by all the Collaboratives' Executive Directors. With their permission and with training by HFTC

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<sup>3</sup> Source: FACES Management Report CMT 322 as of June 30, 2007, Children Exiting Foster Care in the Last 12 Months. According to this report, 36 youth emancipated in July and August 2006.

<sup>4</sup> This youth was listed in Management Report CMT 322 as exiting foster care on 8/13/06—her 21<sup>st</sup> birthday. However, according to June 2005 case documentation (a court report and a contact note), the court closed her case on 6/15/05 due to her continued refusal of CFSA placements, services, and referrals, her request for case closure, and CFSA's recommendation for case closure. QA excluded this youth from the study.

<sup>5</sup> Available at: <http://cfsa.dc.gov/cfsa/cwp/view,a,3,q,632635,cfsaNav,|31321|,asp>.

<sup>6</sup> QA requested case records for all 35 youth. Case records for eight youth were not located. At the time of emancipation, the Office of Youth Development managed six of the eight cases and private agencies managed two.



Collaborative Council staff, QA then reviewed the Collaboratives' Efforts-to-Outcomes (ETO) databases to identify in which services the youth participated and completed instruments for each youth. QA reviewers double-checked each instrument for accuracy and consistency. Of the 35 youth, QA reviewed the aftercare services for 27. QA did not review the aftercare services for eight youth, five of whom were not located in the ETO databases<sup>7</sup> and three of whom were linked to D.C.'s Department on Disability Services (DDS)<sup>8</sup> for post-emancipation services and would not have been referred to a Collaborative (#12, #18, #32).<sup>9</sup> When reporting the aftercare data, QA will report on 27 youth.

#### Stakeholder Satisfaction Survey

To gather qualitative insights from the youth, QA intended to survey all 35 youth approximately one year after emancipation to ascertain how they are functioning as independent adults. QA attempted to obtain the youths' contact information by reviewing their case records and FACES, by contacting their last social worker, querying CFSA's Diligent Search Unit, and researching their contact information in the Collaboratives' databases. QA conducted surveys from mid-September 2007 to mid-January 2008 and fully surveyed eight youth and partially surveyed two. When reporting the survey data, QA will report on the eight youth.

## **Findings**

### **I. Case Record Review Findings**

The following findings pertain to the 35 youth:

#### Demographic and Case Characteristics

The population under review included 20 females (57%) and 15 males (43%). On average, they were age 13 at the time of their most recent entry into foster care. The median age was 13.2.<sup>10</sup> The youth were in foster care for an average of 7.8 years and a median of 7.

All 35 youth had a permanency goal of Alternative Planned Permanent Living Arrangement. At case closure, CFSA's Office of Youth Development had case management responsibility for 30 youth (86%) and contracted child placement agencies had responsibility for five (14%).

The youths' average age at emancipation was 20.9. The median age was 21. Thirty-two youth emancipated upon turning 21. For all three youth who emancipated before their 21<sup>st</sup> birthday, the last court report for each reflected that CFSA or the youth's contracted placement agency recommended case closure. The earliest age at emancipation was 19.

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<sup>7</sup> QA searched the FY07 and non-FY07 ETO databases for each youth using the "Find Participant" command. For three individuals (#1, #20, #25), the youth's name did not appear in ETO. QA located one youth's name (#4) in ETO in the Columbia Heights Collaborative database. This youth was listed as "currently enrolled;" however, he was not found when QA searched "Review Participant Efforts," the command for reviewing the youth's actual participation and involvement with the Collaborative. QA located one youth's name (#30) in ETO in the Far Southeast Collaborative database; however, when QA searched "Review Participant Efforts," her name was not yielded.

<sup>8</sup> Formerly the Mental Retardation and Developmental Disabilities Administration.

<sup>9</sup> An OYD Program Manager informed QA that youth linked to DDS are not referred to a Collaborative.

<sup>10</sup> The age range was 2.9 years to 17.9 years. For those youth who experienced more than one entry into foster care, QA identified the date of their last entry.



### Living Arrangements

Most of the youth were in stable placements during the six months prior to emancipation: 27 (77%) remained in the same placement; eight (23%) had more than one placement. The last placement for most youth (74%) was a non-family setting. Independent living programs (ILPs) were the last placement type for 18 (51%). Nine youth (26%) resided with foster families, five (14%) lived in group homes, and three (9%) resided in other placements, such as residential treatment care.

QA assessed whether the final placement provider assisted the youth in preparing for adulthood and found that providers did so for 21 of 32 applicable youth (66%). QA excluded from this count three youth who transitioned to DDS at emancipation due to their significant cognitive impairments and need for supported housing and comprehensive, 24-hour adult care from that agency. For 11 youth (34%), QA did not find evidence their last placement provider helped them prepare for adult independence. Examples of assistance from placement providers included:

- *ILP staff helped a youth (#14) seek employment and housing and counseled him on budgeting, saving, scheduling appointments, and time management. The staff also participated in the youth's transitional planning meetings.*
- *A foster parent advised a youth (#1) on preparing for his driving test, attending to household tasks, and making college-related decisions. The foster parent participated in the youth's visits with his social worker, attended his pre-emancipation planning meetings, and guided him in making appropriate adult decisions.*
- *ILP staff helped a youth (#29) develop her résumé, research educational options, and search for an apartment.*
- *A foster parent taught a youth (#17) how to balance his checkbook, attend medical and other appointments on his own, and search for housing and full-time employment.*

QA determined where the youth went to reside at the time of discharge from foster care. Twelve youth (34%) resided in an independent apartment. Others went to live with parents (1), former foster families (2), friends (2), family members besides parents (3), or to an "other" living arrangement (5), such as a DDS group home. QA could not ascertain the living arrangements for 10 youth (29%) due to missing, conflicting or unclear information.

### Family and Adult Connections

#### *Biological Parents/Legal Guardians*

QA assessed whether the youths' biological parents or legal guardians were involved with the youth during the last six months before emancipation. QA considered involvement that occurred at the youth's initiative or discretion and/or involvement that was facilitated by CFSA or the youth's contracted child placement agency. QA did not stipulate the type of involvement and included reports of face-to-face visits, telephone contact, and parents/guardians attending the



youths' court hearings, planning meetings, or other activities. QA did not assess seven youth who were either legally free from their parents/guardians (due to voluntary relinquishment or termination of parental rights) or whose parents/guardians were deceased. Of the 28 remaining youth, QA found evidence that biological parents/legal guardians were involved with 24 (86%) and not involved with four youth (14%). Examples of parent/guardian involvement included:

- *One youth (#6) stayed with his biological mother when he was on break from college.*
- *The case plan for one youth (#34) noted she had "unsupervised and unlimited visitation" with her biological father and that contact occurred at her discretion.*
- *One youth (#8) who resided in an ILP spent significant time with her parents and frequently slept at their home during the week.*
- *The birth mother of one youth (#18) attended his court hearings, Administrative Reviews, and service planning meetings, and visited her son at his group home.*
- *One youth (#17) told his social worker he had telephone contact with his mother and saw her during family gatherings.*

#### *Siblings*

Documentation indicated that 34 (97%) of the youth had siblings. QA assessed whether those youth were involved with their siblings during the last six months before emancipation. QA considered involvement that occurred at the youth's initiative or discretion, as well as involvement that was facilitated by CFSA or the youth's contracted child placement agency. As with the biological parents/legal guardians, QA did not stipulate the type of involvement. QA included minor siblings in foster care, minor siblings not in foster care, and adult siblings. QA found evidence that 25 of the 34 youth (73%) were involved with their siblings and nine (26%) were not. Examples of sibling involvement included:

- *One youth (#5) visited and kept in touch with his sister at his own initiative.*
- *During one youth's (#32) stay in residential treatment care out-of-state, he had telephone contact and occasional visits with his sister.*
- *One youth (#8) saw her siblings during frequent family visits at her parents' home.*

Of the 28 youth who had both siblings and biological parents/legal guardians, 18 (64%) were involved with *both* their siblings and parents/guardians.

#### *Connections with an Adult*

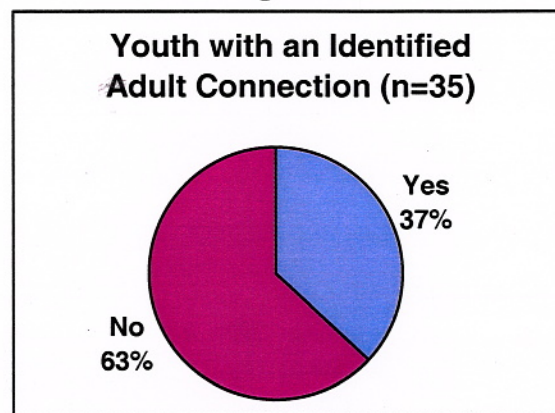
QA examined whether there was an identified adult working with or supporting the youth by the time of discharge. QA excluded child welfare representatives such as social workers and group home staff. QA included foster parents if the documentation contained evidence they planned to



remain a support for the youth after emancipation. As Figure 1 shows, 22 youth (63%) did not have an identified, supportive adult in their lives while 13 (37%) did, including former foster parents (6), biological family members (5), and mentors (2). Examples included:

- *One youth (#7) considered her former foster parent her primary support system.*
- *A youth's biological father (#19) stated he would continue to provide her and her child with ongoing support after emancipation.*
- *A mentor pledged to maintain her relationship with one youth (#12) after case closure, assist her with adulthood, and continue to take her to church.*
- *One youth's (#10) foster father expressed his commitment to support, guide, and advocate for the youth following emancipation.*

**Figure 1.**



## Engagement in the Child Welfare System

### *Social Worker Contacts*

CFSA's Amended Implementation Plan requires social workers to have face-to-face visits with children and youth in foster care at least twice per month. QA determined the number of documented face-to-face and telephone contacts completed between the youth and his/her social worker or social services assistant during the three months before emancipation.<sup>11</sup> Completed face-to-face contacts ranged from one to nine with an average of 4.5 and a median of four. Completed telephone contacts ranged from zero to 13 with an average of 1.6 and a median of .00.<sup>12</sup> Attempted contacts, including face-to-face and telephone, ranged from zero to three with an average of .63 and a median of .00.<sup>13</sup>

<sup>11</sup> Using the "contacts" and "contact note" fields in FACES, QA counted the number of completed contacts during the 180 days prior to the emancipation date listed in FACES.

<sup>12</sup> 22 youth had zero documented telephone contacts.

<sup>13</sup> Using the "contacts" and "contact note" fields in FACES, QA counted attempts that were documented with specified dates and that were specifically characterized by the social worker or social services assistant as attempted contacts. 19 youth had zero documented attempted contacts.



### *Center of Keys for Life Referrals and Participation*

Thirty-two (91%) youth<sup>14</sup> were referred to the Center to the Keys of Life (CKL), CFSA's program for preparing youth for adulthood. CKL is funded by the John H. Chafee Foster Care Independence Program of the Foster Care Independence Act of 1999. According to an OYD Program Manager, social workers may refer youth to CKL any time after their 15<sup>th</sup> birthday. In addition, youth 15 and older who have exited foster care may participate in CKL up to age 21 (or 23 in some instances of educational assistance). CKL staff members reach out to youth in care by giving informational presentations at group homes and hosting orientations every other week. In addition to socialization and cultural activities, youth can participate in 16-week sessions on life skills, college preparation, positive youth development, and other topics. Stipends and participation incentives such as leadership trips are available.

For the 32 referred youth, QA assessed from the time of foster care entry to emancipation their participation in CKL, which could have included a range of attendance, from one event or workshop to more than one event or workshop. Twenty (63%) participated in CKL; 10 (31%) did not. The documentation for two referred youth (6%) did not describe their level of participation. The 20 youth with documented CKL participation demonstrated varying degrees of involvement, the extent of which QA did not quantify; however, examples included:

- *One youth (#16) was described as actively involved in CKL during the summers of 2004 and 2005. She maintained contact and discussed educational and vocational opportunities with CKL staff in 2005. She was acknowledged during a CKL recognition ceremony held shortly before her emancipation.*
- *One youth (#27) had "frequent contact" with CKL in 2005; however, he chose not to be active during the year before emancipation.*
- *In 2004, one youth (#8) attended CKL every other week and was scheduled to attend weekly in 2005; however, she attributed her increasingly intermittent attendance to school demands and did not participate in CKL during the year before emancipation.*
- *One youth (#6) actively attended CKL in 2004 and was in contact with CKL staff when he began college full-time in 2005. His social worker encouraged him to maintain his GPA and contact with CKL to ensure he remained eligible for tuition assistance.*

### *Activities to Prepare for Independence*

CFSA assessed whether, during the two years before emancipation, the child welfare system engaged or provided the youth with information about 26 possible activities aimed to teach life skills and prepare them for adulthood. To compile a list of activities across various adult living domains, QA reviewed several CFSA documents, including CKL curricula and Agency policies on serving youth in foster care and preparing them for adulthood, and consulted several external sources, including life-skills activities identified by the Annie E. Casey Foundation and the Chapin Hall Center for Children at the University of Chicago. All 35 youth were engaged in or

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<sup>14</sup> Three youth with significant cognitive impairments were not referred to CKL; instead, they were linked to DDS.



received information about at least one of the 26 activities. Table 1 shows the nine activities in which the greatest numbers of youth participated. As the table indicates, there was significant scope and specificity in the type of activities identified. For example, when QA reviewed employment information, the documentation sometimes went beyond generally recording employment-related activities and specified the exact kind of activity, such as learning interviewing skills, conducting a job search, or receiving assistance in résumé writing.

**Table 1.**  
**Participation in Selected Activities within**  
**Two Years of Emancipation**  
**(n=35)**

	Number of Youth	Percent
Vocational enrollment	25	71
Savings and banking	22	63
Budgeting	21	60
Searching for employment	20	57
Applying, interviewing, negotiating for employment	18	51
Searching for/inspecting housing	18	51
Applying for housing	17	49
Household management (cleaning, laundry, etc.)	17	49
Learning about community housing resources	15	43

Less prevalent activities included college preparation (13), attending college (11), vocational classes (11), developing a résumé or cover letter (8), completing a lease/rental agreement (7), GED class participation (7), driving lessons (6), socialization activities (6), understanding professional behaviors (6), parenting education (5), grocery shopping (5), and meal preparation (5). In addition, 21 youth (60%) participated in or received information about “other” activities, such as tutoring, time or stress management, referrals to the D.C. Summer Youth Employment Program, vocational assessments, and anger management.

#### *HFTC Collaborative Linkages*

When reviewing the youths’ information in FACES and hard copy case records, QA assessed whether they were connected to a Collaborative prior to their discharge from foster care. According to CFSA’s Collaborative Liaison Community Engagement Monitor, CFSA and private agency social workers should complete an emancipation referral packet, which includes a referral for Collaborative services, for youth upon their 20<sup>th</sup> birthday. The packet should be submitted to the monitor for review and transmittal to the Collaborative Council. The Council assigns the youth to the appropriate neighborhood Collaborative, which then assigns a worker to the youth. The worker should coordinate an emancipation conference to discuss a plan for the youth to exit foster care with the appropriate supports and knowledge in place and provide case



management and supportive services post-emancipation. Twenty-eight (88%) of the 32 eligible youth were linked to a Collaborative; four (12%) were not. Collaborative linkages were not applicable to the three youth who were referred to DDS (see footnote 9). Table 2 describes the extent of involvement for the 28 linked youth.

**Table 2.**  
**Involvement with the Collaboratives**  
**(n=28)**

Referred to a Collaborative	Not Referred		Participating in Collaborative Services	Not Participating	Documentation does not describe participation
27	1		20	4	3

Well-Being

QA assessed several well-being factors for the youth, including risky behaviors, physical and mental health, pregnancy, parenting, educational status, and employment and financial resources.

*Risky Behaviors*

For this study, QA considered risky behaviors that had the potential to affect the youths' functioning, livelihood, and/or health. If a youth demonstrated risky or detrimental behavior(s) that resulted from mental health concerns or cognitive impairments, QA captured those behaviors in the below findings on mental and/or physical health. QA did not consider youth who were victims of domestic or intimate violence as displaying risky behavior; however, QA deemed youth who perpetrated domestic or intimate violence as demonstrating risky behavior.

In the six months leading up to emancipation, 24 youth (69%) had no documented risky behaviors, such as substance use, gang involvement, or unsafe sex. Of the 11 (31%) who displayed risky behaviors, documentation indicated the child welfare system was fully addressing the behaviors with seven youth and partially addressing them with four. Examples:

***Fully addressing the risky behaviors-***

- *A youth (#19) was involved in a mutually abusive relationship with her former boyfriend. Various entities, including the youth's social worker, placement provider, and the court, provided her with domestic violence information, offered her domestic violence services, counseled her on safety planning and filing a stay-away order, and urged her to attend anger management and individual counseling.*

***Partially addressing the risky behaviors-***

- *During the months before emancipation, this youth (#14) self-reported marijuana and alcohol use. He declined his social worker's offer to see an addictions counselor due to his belief that neither substance was a real or serious drug and his substance use was not a "major issue." Documentation reflected no further assessment or engagement with him around his drug use.*



- *A poly-substance abuser (#22) faced sentencing for drug distribution at emancipation. Therapy and parenting classes were discussed with her, but the documentation did not indicate whether substance abuse assessment or treatment services were offered.*
- *A youth (#11) disclosed marijuana use, demonstrated anger and aggression at his placement, and was arrested for threatening a police officer. It was indicated he had adjustment disorder with depression. He said he smoked marijuana “when people got on my nerves” but denied addiction. Court reports stated he used his group home stipend to purchase drugs. Group home staff suspected he also abused alcohol. His social worker offered him individual therapy and substance abuse counseling, both of which he declined. It was unclear to what extent the issues of substance use, coping skills, problem solving, and mental health were explored with him.*
- *This youth (#2) had stabbed an ex-paramour and was court-ordered to undergo drug testing, complete community service, and attend domestic violence classes. There was little indication of any other efforts to counsel her around anger management, intimate violence, and safety planning.*
- *Documentation over a five-year period before emancipation reflected this youth (#10) used marijuana. Five months before case closure, he was described as smoking marijuana regularly. He declined in-patient treatment. A subsequent Administrative Review noted he had “no understanding of the danger of continued drug use.” There were no further efforts to engage him around his drug use.*

QA looked at abscondences as a distinct risky behavior and found, during the three months before emancipation, seven youth (20%) absconded at least once; 28 (80%) did not.<sup>15</sup> Of the seven youth who absconded, the documentation indicated one youth was counseled by his/her social worker on curtailing the behavior. Documentation for the other six youth did not reflect whether their social workers counseled or otherwise discussed their abscondences with them.

### *Physical Health and Linkages to Health Services*

QA ascertained the youths’ overall physical health at the time of emancipation. For this study, QA looked for medically diagnosed illnesses or conditions that were significant and that would necessitate medical attention into adulthood, such as seizure disorders, cerebral palsy, or life-threatening illnesses. QA did not include conditions such as asthma, eczema, or sexually transmitted diseases unless they were documented as serious conditions requiring medical attention following emancipation and into adulthood. QA found that five of the 35 youth (14%) had significant documented medical/physical needs requiring long-term attention or treatment. Of those five youth, three were linked to services and supports to address all their medical/physical needs; two were linked to services and supports to address some of their medical/physical needs.<sup>16</sup> Examples include:

<sup>15</sup> QA counted only those incidents that were characterized in the documentation as abscondences from the youth’s placement. QA did not include curfew violations or staying out at night as abscondences.

<sup>16</sup> QA did not assess whether the youth were knowledgeable about how to manage their conditions, to know when medical care was needed, and to obtain medical care.



***Linkages to address all significant medical/physical needs-***

- *One youth (#12) was diagnosed with cerebral palsy, obesity, high blood pressure, high cholesterol, hyperthyroidism, diabetes, a history of stroke, and mental retardation. At case closure, she was receiving medications, blood pressure monitoring, nutritional counseling, and meal assistance and she was participating in an exercise program. She was also linked to DDS for comprehensive case management and health services.*

***Linkages to address some significant medical/physical needs-***

- *At case closure, this youth (#30) with a life-threatening illness was receiving regular medical attention and medications to treat the illness. However, documentation contained conflicting information about her past diagnosis of cervical cancer and/or pre-cancerous cervical cells. The documentation did not clarify her exact diagnosis, treatment, need for ongoing gynecological monitoring, or her understanding of the medical condition.*
- *This youth (#17) suffered from morbid obesity and related diagnoses including nephritic syndrome (for which he was hospitalized during the year before emancipation), asthma, high cholesterol, high blood pressure, and sleeping and breathing problems. Up to case closure, he had regular doctor's visits, advice from a nutritionist, and recommendations from a sleep study. At emancipation, the documentation did not specify whether he was linked to ongoing medical services or had health insurance.*

***Pregnancy and Parenting***

Twelve of the 35 youth (34%) were parents and/or were pregnant at emancipation. The 10 youth (one male; nine females) who were parents had a total of 15 children among them. Of the 12 pregnant and/or parenting youth (see Table 3), nine were connected to services to assist with the pregnancy or their child(ren), such as pre-natal care, WIC (Women, Infants, and Children) benefits, day care, or parenting education; three were not. The following vignettes illustrate the experience of two parenting youth—an expecting mother with a child who would continue to live with her after case closure and a mother of a toddler with possible developmental concerns.

- This youth (#9) had a three-year-old child and was pregnant. Due to conflicting documentation, it was unclear where the family went to reside at case closure. Their social worker researched transitional and maternity housing programs, none of which could accommodate them due to eligibility restrictions or lack of vacancies. Although the youth was taking GED classes and working with a HFTC Collaborative, she was unemployed, and there was no indication of financial supports for her children and herself. It was unclear whether she had applied for any benefits. She received pre-natal care before case closure, but her plans for ongoing health care, medical insurance, and child care were not documented. There was no indication whether she was in touch with her family members, with whom she had contact prior to emancipation, or whether she had support from her children's paternal families.
- The social worker for this parent (#22) of a two-year-old noted concerns about her parenting, but there were no documented referrals or assistance to address them. For



example, during a home visit, the social worker inquired about the toddler's whereabouts; the youth did not know where he was, speculating he might be somewhere in the neighborhood with his father. The youth was reported twice for child neglect. Child Protective Services unfounded the allegations of lack of supervision (leaving the toddler in the care of a 10-year-old for long periods of time) and medical neglect (during the youth's absence from a foster home with the toddler, she did not take his asthma medication or breathing machine with them). There was no mention whether the youth attended parenting classes, despite being court ordered to do so while on probation. The social worker documented her suspicion the toddler was "developmentally disabled" but did not indicate recommending an evaluation or otherwise following up on this concern.

**Table 3.**  
**Youth Who Were Parents and/or Pregnant at Emancipation**  
**(n=12)**

Parental and/or Pregnancy Status	Number of Youth*
Youth was pregnant.	3
Youth had child(ren) who would live with him/her at emancipation.	7
Youth was pregnant <i>and</i> had child(ren) who would live with her at emancipation.	2
Youth had child(ren) in foster care who would remain in care at time of youth's emancipation.	2
Youth had a child in foster care who would remain in care at the time of emancipation <i>and</i> had an additional child who would live with the youth at emancipation.	1
Youth had child(ren) who were not in foster care but would not reside with the youth at emancipation.	1

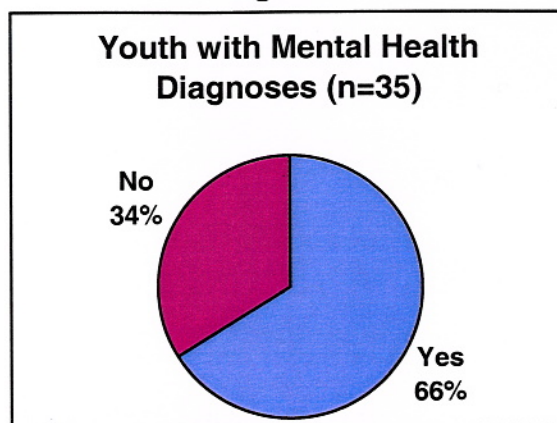
\*The total does not add up to 12 because some youth were in more than one category.

#### *Mental Health and Linkages to Mental Health Services*

Mental health issues affected more than half the youth. Twenty-three youth (66%) had diagnosed mental health needs at emancipation; 12 (34%) did not (Figure 2). Examples of diagnoses included depression, dysthymia, bipolar disorder, adjustment disorder, impulse control disorder, conduct disorder, oppositional defiant disorder, and intermittent explosive disorder. Of the 23 youth with mental health diagnoses, 20 were linked to services and/or supports to address their mental health needs. In assessing linkages, QA included formal referrals, the provision of information to the youth about programs or resources, and participation in services or supports that were in place by case closure, such as individual therapy and medication management. Documentation reflected no such linkages for three youth.



Figure 2.



Following are examples of the mental health needs of two youth:

- This youth (#28) was diagnosed with major depressive disorder with psychosis, bipolar disorder, intermittent explosive disorder, and impulse control disorder. At numerous times over the life of his case, he was offered therapeutic services, including medication management, therapy, and referrals to D.C.'s Department of Mental Health, the Rehabilitation Services Administration, and Health Services for Children with Special Needs. A year before emancipation, he periodically participated in therapy and took psychotropic medication. Four months before emancipation, he stated he did not want to take medication and did not need therapy. Shortly before exiting care, he was not taking medication, he was having episodes of inappropriate urination, and during his last visit with his social worker, he was observed as agitated and having disorganized thoughts. It was not clear whether his mental health was stabilized at case closure.
- This youth (#23) decided to terminate therapy and depression medication the year before emancipation. Several months before case closure, her social worker and ILP staff observed her displaying depressive symptoms. The social worker recommended she resume medication and therapy, but noted a referral could not be made as she was a legal adult and CFSA's Office of Clinical Practice required any client 18 and older to secure mental health services on his/her own. The social worker noted the youth agreed to accept services but did not initiate doing so, despite the worker's offer to assist her.<sup>17</sup>

#### *Educational/Learning Needs, Service Linkages, and Outcomes*

Seventeen youth (49%) had significant learning disabilities or needs, such as mental retardation, borderline intellectual functioning, autistic spectrum disorders, and ADD/ADHD, at the time of case closure; 18 (51%) did not. Of the 17 youth with significant learning issues, 14 were linked

<sup>17</sup> The Clinical Director of CFSA's Office of Clinical Practice (OCP) clarified for QA that the District's Department of Mental Health deems youth 18 and older legal adults who must consent to mental health services and call its Mental Health Access Line to request services. OCP encourages social workers to assist such youth in calling the Access Line and is available to guide and support the youth and the social worker when doing so.



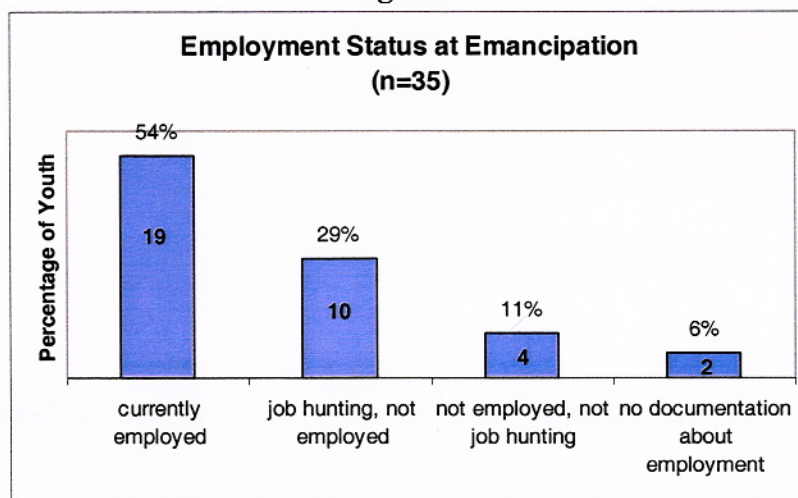
to services and/or supports to address their needs; three were not.<sup>18</sup> QA included formal referrals, the provision of information to the youth about programs or resources, and participation in services or supports that were in place by case closure, such as medication management, DDS services, and linkage to D.C.'s Rehabilitation Services Administration, which provides vocational services to individuals with disabilities.

Sixty-eight percent (23) of the 34 eligible youth<sup>19</sup> had a high school diploma, special education certificate, or GED by emancipation. Ten (29%) had neither. One youth's (3%) degree status was not documented. By case closure, 10 (29%) of the 34 youth were attending an educational or vocational program;<sup>20</sup> 19 (56%) were not. The documentation for two youth (6%) did not indicate whether they were participating in an educational or vocational program. There were four youth (12%) for whom QA did not deem an educational/vocational program applicable to their current goals. For example, at emancipation, one of these youth (#29) had a high school diploma, had completed a certified nursing program, and was employed full-time in a health care position. Another youth (#19) had graduated from high school, was employed full-time, and had stated she currently was "not interested" in vocational training or college.

### *Employment and Financial Resources*

Slightly more than half the youth were employed either part- or full-time by the time of their discharge from care. Figure 3 indicates the employment status for all the youth.

**Figure 3.**



QA assessed the youths' financial resources, including medical/health insurance, at emancipation. For slightly fewer than half (17 or 49%), employment was a financial resource.

<sup>18</sup> QA was able to survey one of these youth (#17; Case Vignette 14), whose case documentation indicated he had a speech and language disability and ADHD and described him in various documents as "cognitively challenged" and as testing, four years before case closure, at an IQ below 70. Although he had earned a high school diploma, documentation did not reflect consistent understanding of his cognitive status or linkage to services or supports to help him pursue further education or training.

<sup>19</sup> QA excluded one youth with severe mental retardation.

<sup>20</sup> Of these 10, three were in the group that, upon emancipation, had neither a high school diploma nor a GED.



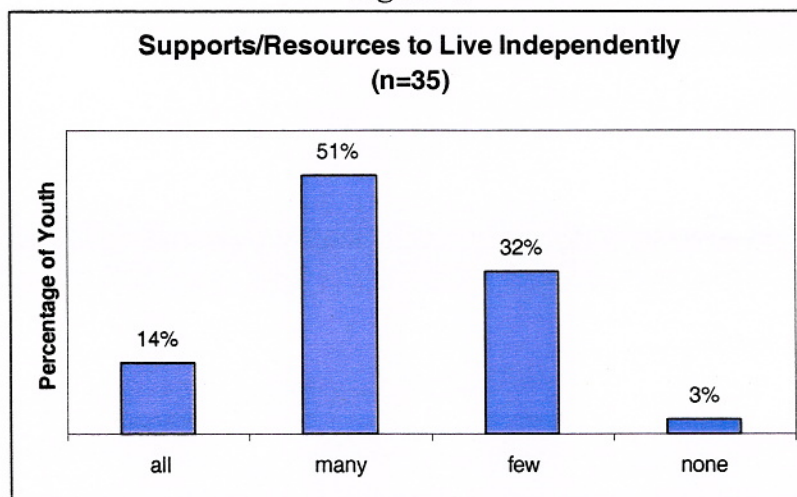
Nine youth (26%) had personal savings and nine (26%) had received Rapid Housing funds. The Rapid Housing program is a partnership among CFSA, the Community Partnership for the Prevention of Homelessness, and the HFTC Collaboratives to assist youth emancipating from foster care. Nine youth (26%) had an “other” financial resource, such as inheritances, child support, and adult Medicaid. Additional documented financial resources included stipends from ILPs (6), Supplemental Security Income (3), private or public health insurance (4), school grants or loans (2), Educational Training Vouchers (1), funds from family (1), and TANF (1). Six youth (17%) had no documented financial resources.

QA analyzed whether the documentation indicated the youth had enough financial resources to pay rent, purchase groceries and clothing, and cover other daily living expenses.<sup>21</sup> Of the 29 youth with documented financial resources, 17 (59%) did not have sufficient income to pay for their living expenses at the time of case closure. Twelve (41%) did.

### OVERALL READINESS TO ENSURE SUSTAINABLE, STABLE INDEPENDENCE

QA assessed whether the 35 youth had the supports and resources in place to ensure sustainable and stable independent living by emancipation. QA specifically determined whether they had stable housing, financial means, and employment and/or educational involvement and whether they were linked to services or resources to address significant, presenting medical, mental health, and/or learning needs. As Figure 4 shows, of the 35 youth, five (14%) had **all** the necessary supports and resources in place. Half (18 or 51%) had **many** of the supports and resources in place, but were missing a few significant supports/resources. Eleven (32%) had a **few** (i.e., one to two) of the supports/resources, but many significant supports/resources were not in place. One youth (3%) had **none** of the necessary supports and resources.

Figure 4.



Case vignettes in the Appendix describe the readiness of some of the youth for adulthood.

<sup>21</sup> The degree of detail in the documentation ranged from general statements by the youth’s social worker that the youth had adequate income to detailed budget breakdowns.



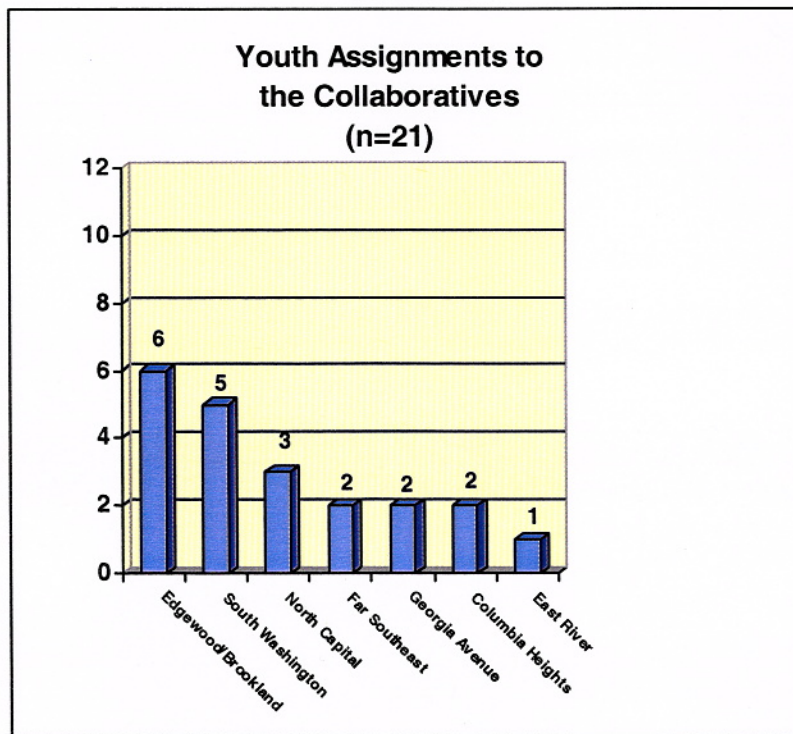
## II. Findings on Collaboratives' Aftercare Services

As stated in the Methodology section, QA reviewed the HFTC Collaboratives' Efforts-to-Outcomes (ETO) databases to assess the aftercare services received by 27 of the 35 youth. QA first determined the number of youth who participated in services or supports from a Collaborative at any point from their date of emancipation until September 1, 2007. Examples of participation included formal and informal referrals; receipt of tangible assistance, such as furniture or groceries; job leads; budget assistance; receipt of information, such as how to obtain telephone service at home; and escorting or transporting youth to job interviews or other appointments. QA found that 21 youth (78%) participated in Collaborative services/supports during the period under review. The ETO documentation for six youth (22%) indicated no Collaborative participation during the review period.<sup>22</sup>

### Timeframes for Participation

Of the 21 participating youth, 16 participated in Collaborative services/supports within the first three months after their emancipation, with 14 of them continuing to participate after that three-month period. Five youth participated in Collaborative services/supports after the first three months post-emancipation. The participating youth were represented by all seven Collaboratives, with the greatest number (6) linked to the Edgewood/Brookland Collaborative (Figure 5).<sup>23</sup>

Figure 5.



<sup>22</sup> According to QA's case record review, the six youth were linked to a specific Collaborative before emancipation.

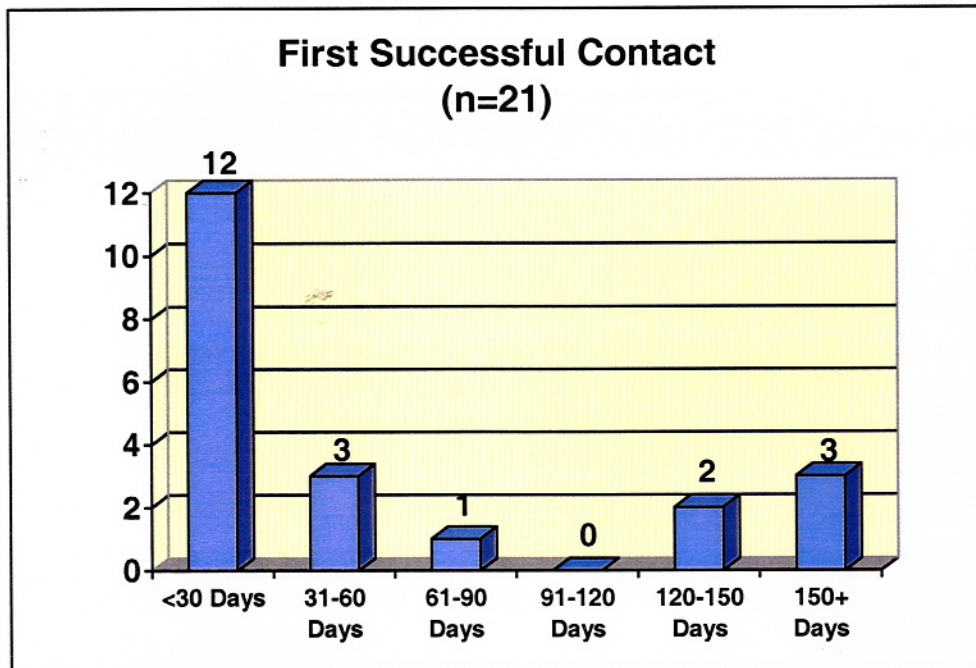
<sup>23</sup> One youth (#2) was initially linked to the Far Southeast Collaborative and later assigned to Georgia Avenue. Although she participated in both Collaboratives, the figure reflects her Georgia Avenue assignment.



### First Contact with the Collaboratives

For each participating youth, QA reviewed the ETO databases to determine the date of the first successful contact between the youth and the Collaborative from the emancipation date until September 1, 2007.<sup>24</sup> QA defined successful contact as direct contact, either face-to-face or by telephone, between the youth and the Collaborative. QA did not count attempted contacts, such as phone messages left or attempted home visits, as successful, direct contacts. As Figure 6 shows, of the 21 youth, more than half had their first successful contact with their Collaborative within 30 days of emancipation.

**Figure 6.**



### Total Contacts within First 90 Days

Of the 16 youth who participated in Collaborative services/supports within the first 90 days after emancipation, QA determined the total number of face-to-face and/or telephone contacts that Collaborative staff completed with the youth during this three-month period. QA did not include attempted contacts. Nine youth (56%) had 1 to 5 completed contacts with Collaborative staff. Five (31%) had 6 to 10 completed contacts and two (13%) had 10 or more completed contacts.

### Types of Services and Assistance

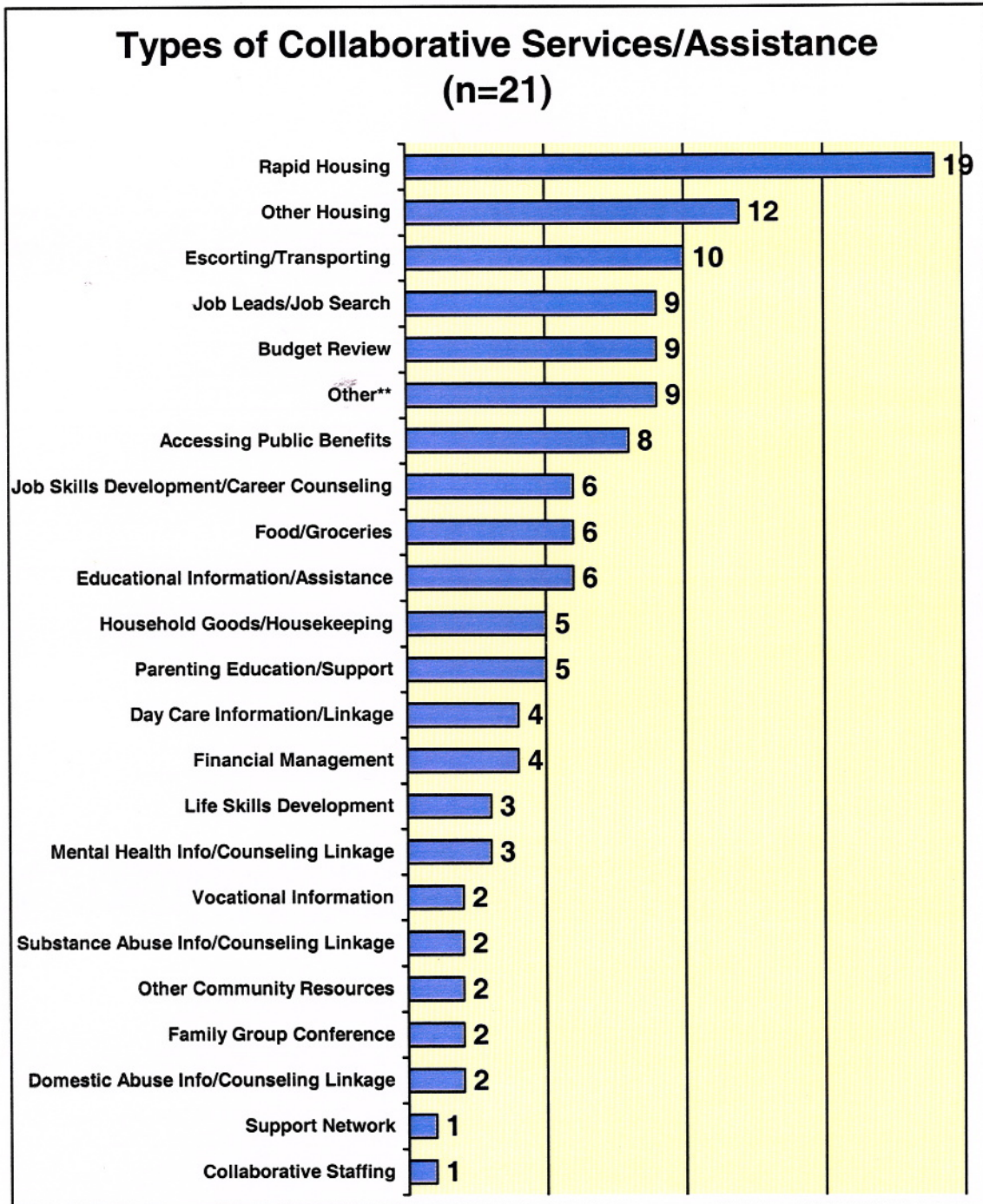
The 21 youth received and/or participated in an array of assistance, services, and information from the Collaboratives (Figure 7). By far, Rapid Housing was the most used resource with 19 youth (90%) obtaining information about it, applying for it, or receiving funds from it. (The nine youth discussed above who received Rapid Housing funding pre-emancipation were only assessed for their receipt of funds, not for other related activities.) Twelve youth (57%) participated in other housing related activities, such as assistance searching for an apartment or

<sup>24</sup> For this aspect of the study, QA identified the first contact that occurred after emancipation; some youth were already in contact with their Collaborative prior to emancipation.



moving, emergency housing referrals, or being accompanied by a Collaborative worker when signing a lease. The Collaboratives assisted 10 youth (48%) by transporting or escorting them to job interviews or other appointments. Nine youth (43%) received job leads or other employment related services. Nine (43%) received help with preparing or reviewing budgets.

Figure 7.



\*\* Examples of "other" types of assistance/services included the provision of holiday gifts, toys, and baby supplies; assisting youth with requesting home repairs and communicating with landlords; discussing stress management; and helping youth make doctor's appointments.



### Overall Benefits

QA reviewed the ETO documentation to determine whether the 21 youth overall benefited from the services and assistance they received from the Collaboratives. QA looked for concrete examples of benefits, including, for example, whether the youth obtained stable housing or received supportive services, such as assistance in preparing budgets or paying bills, and/or whether those youth who presented with a well-being need, such as substance use or stress management, received help to address the need. QA found 90% (19) of the 21 youth benefited from the Collaboratives' assistance and services. The documentation for two youth did not contain concrete evidence that they generally benefited from their Collaborative participation. Examples from the youth who benefited from Collaborative assistance include:

- *A Collaborative worker provided regular, supportive contact with this youth with significant mental health needs (#28). The worker helped him follow-up on his SSI and health insurance applications and communicated with the Department of Mental Health about his need for therapy, medications, and supported housing. The worker also researched and accompanied him on visits to housing programs.*
- *This youth (#21) received Rapid Housing funds and lived in an apartment leased in his name. His Collaborative worker assisted him with managing his time and appointments, forwarded him job leads, and referred him to substance use assessment and treatment.*
- *This youth (#3) received food, household goods, and Rapid Housing funds from her Collaborative. When she shared she was verbally abused by her live-in paramour, her Collaborative worker discussed safety planning and transitional housing with her.*
- *A Collaborative worker helped this youth (#26) complete her SSI application and linked her to job training. The youth had a child in CFSA care and her worker accompanied her to court hearings and transported her to visits with her child.*

### **III. Stakeholder Survey Findings**

QA fully surveyed eight of the 35 youth to determine their current functioning as adults and to obtain their perspectives on their pre- and post-emancipation experiences.<sup>25</sup> The results follow. Additional feedback from the surveys appears with the case vignettes in the Appendix.

#### ***Pre-Emancipation Experiences***

##### Engagement with CFSA and the Collaboratives

All eight youth stated they had been enrolled in the Center of Keys for Life (CKL) and participated in CKL activities. Six youth (75%) reported they were referred or linked to a Collaborative at the time of emancipation. Two stated they were not.<sup>26</sup>

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<sup>25</sup> QA partially surveyed two youth. While surveying one youth by phone (#20), the call was inadvertently disconnected and the surveyor was unable to make further contact with the youth. For another youth (#18), who was severely cognitively impaired, QA interviewed his DDS case manager to collect basic demographic information. The results of the two partial surveys are excluded from this analysis.



QA asked the youth if they had participated in a planning meeting in which a Collaborative representative was present. Half the youth reported they had not participated in such a meeting, while three (38%) stated they had. One youth said he was invited to participate in such a meeting but was not interested in doing so.

Relationship with Social Workers

QA asked the youth about their relationships with the last social worker they had before emancipation. The youth rated each of three statements using a four-point scale with the possible answers of Highly Disagree, Disagree, Agree, or Highly Agree. Across all three statements, the eight youth positively characterized their relationship with their last social workers. See Table 4.

**Table 4.**

<b>Statement</b>	<b>Highly Agree</b>	<b>Agree</b>
“My social worker treated me respectfully.”	6 (75%)	2 (25%)
“My social worker was helpful in assisting me meet my goals.”	4 (50%)	4 (50%)
“My social worker was available when I needed to speak with him/her.”	2 (25%)	6 (75%)

Receipt of Services

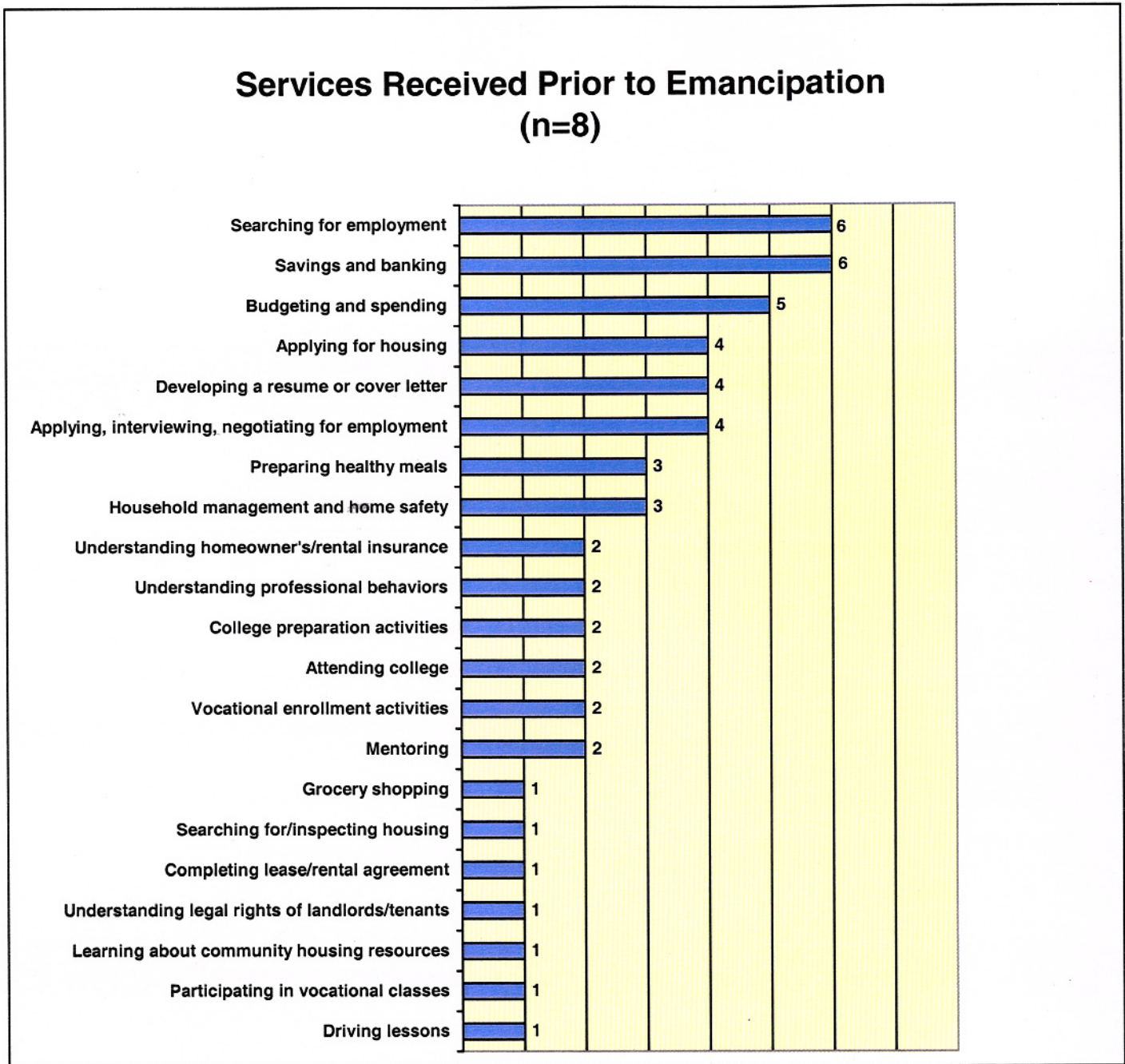
QA queried the youth on whether they received any services to prepare for independent, adult living. All eight youth stated they had. As Figure 8 shows, the most frequently cited services were assistance with employment searches (6 or 75%) and with savings and banking (6 or 75%). Five youth (63%) were assisted with budgeting and spending. Half the youth reported receiving assistance with housing applications, developing a résumé or cover letter, and applying, interviewing and negotiating for employment.

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<sup>26</sup> For one youth (#1), QA found during the case record review that he was referred to a Collaborative before emancipation; however, he did not appear in the ETO database. For the other youth (#5), QA found during the case record review that he was referred to a Collaborative before emancipation and included in the ETO database.



Figure 8.



***Post-Emancipation Status***

**Living Situations**

Three youth (37.5%) were residing in independent apartments, three (37.5%) were living with their parent(s), and two (25%) were living with other relatives. Six youth (75%) reported they were not living in the same place where they resided when they emancipated.



### Employment and Other Activities

In response to an open-ended question about how the youth kept themselves occupied, two youth (25%) cited full-time employment and two (25%) cited part-time employment. Two (25%) stated they were searching for employment, with one of them also reporting being a stay-at-home parent. Two youth (25%) said they kept busy with “other” activities—one youth cited doing “nothing” and another youth with heart failure and other significant medical needs reported “attending to personal health needs.”

### Financial Resources

QA queried the youth on how they met their financial needs. Half of them cited employment, two (25%) cited Rapid Housing funds, and one (13%) cited TANF. Four youth (25%) said they met their financial needs in “other” ways, such as financial support from a parent. One youth (13%) stated he had no financial resources.

### Support Networks

All eight youth stated they had a support network they could consult for advice or guidance. Family members were the most prevalent supports. Three youth (23%) cited their birth parents as their supports and four youth (31%) cited other relatives, including siblings. Three youth (23%) identified friends as their supports. A mentor, a pastor/clergy member, and a former group home staff member were each cited once (8%) as a support.

### Overall Preparation for Independence

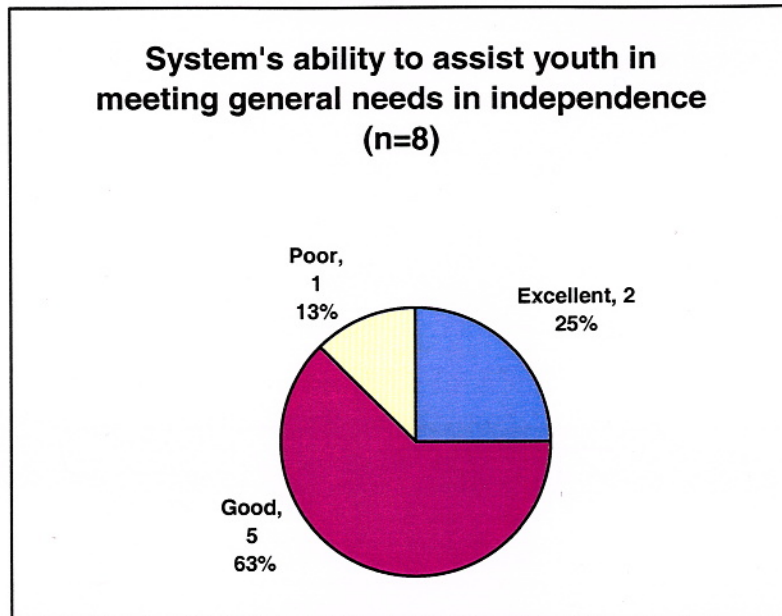
Half of the eight youth stated that, overall, they felt prepared to live independently when they emancipated from the child welfare system. Half did not. QA asked the youth whether the child welfare system could have done anything more to prepare them for independence. Half of the eight youth said “yes” and provided examples of how they could have been further assisted:

- assistance with obtaining high school diplomas or GEDs
- assistance with securing vocational training
- job placements with appropriate income
- health insurance and other financial resources at emancipation

QA asked the youth to rate the child welfare system’s ability to assist them in meeting their general needs in independent, adult living. The youth rated this question using a four-point scale with the possible answers of Excellent, Good, Poor, or Terrible. More than half the youth (5 or 63%) rated the child welfare system’s ability as “good.” Figure 9 shows additional ratings.



Figure 9.



QA asked the youth to rate their current functioning in living independently. The youth rated this question using a four-point scale with the possible answers of Excellent, Good, Poor, or Terrible. Five youth (63%) rated their current functioning as “good.” Two (25%) rated their functioning as “excellent” and one (13%) deemed it “poor.”

## Discussion with Recommendations

### Planning for Permanency and Lifelong Connections

All the youth in this study had a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA). In addition, this study revealed that of the 28 youth who were not legally freed from their biological parents/legal guardians and whose parents/guardians were alive, 24 (86%) were involved with their parents/guardians before they exited foster care. Several youth were regularly visiting and/or staying with their parents or receiving financial or other assistance from them. This raises the question of whether the child welfare system continually assessed family circumstances, explored whether reunification was a viable goal for the family and was in the youth’s best interests, or considered whether parents/guardians could have been more directly involved, when appropriate, in providing additional support to the youth. It also raises the question of whether the child welfare system consistently queried parents/guardians about other relatives who might have provided permanency for the youth and thoroughly vetted and engaged them in becoming guardianship or adoptive caregivers. It is important to note that CFSA has programs, such as the Youth Connections Conferences and Family Finding Initiative, to help youth form lifelong connections with adults. This study did not assess those particular efforts.

- **Recommendation: Reinforce APPLA as a last-resort permanency option and concurrently plan for youth.** CFSA should assess to what extent stakeholders in D.C.’s child welfare system, including CFSA and private agency social workers, attorneys, judges, and Administrative Review specialists, regard APPLA as a last-resort



permanency option and ensure that other permanency goals are exhausted or determined not to meet the youth's best interests. Case documentation, including court orders, must thoroughly reflect the decision making process and rationale behind setting permanency goals. The child welfare system should ensure that concurrent planning occurs even when APPLA is designated the primary goal.

- **Recommendation: *Evaluate existing strategies to strengthen lifelong connections.*** Just 37% of the youth had an identified adult working with and supporting them at the time of their exit from care. Most of the youth (97%) had siblings. CFSA should evaluate the effectiveness of its Youth Connections Conferences, Family Finding Initiative, and other strategies in ensuring youth have lifelong connections with family members and adults.

### **Safety and Well-Being**

Thirty-one percent of the youth in this study engaged in risky behaviors, such as the use of substances, particularly marijuana and alcohol, and the perpetration of intimate violence.

- **Recommendation: *Expand education, awareness, and training around youth substance use and domestic violence.*** CFSA should provide education, information, and age-appropriate treatment to youth in foster care on substance use with an emphasis on marijuana and alcohol. As indicated in the case vignettes, QA found little indication of efforts to connect youth with substance abuse services. Specialized training should be available to social workers and foster providers who work with adolescent and young adult clients to teach them skills and techniques for engaging the youth around substance use issues, particularly those youth who do not perceive their substance use as problematic. CFSA should also provide education and information to youth on domestic/intimate violence. Specialized training should be available to social workers and foster providers to teach them skills and techniques for assessing and engaging youth around teen dating violence, domestic violence, healthy relationships, and safety planning. Specialized information around substance use and domestic/intimate violence would complement the Positive Youth Development approach that CFSA adopted in 2006 to help youth reach their full potential, meet the challenges of adolescence, avoid risky behaviors, and prepare for adulthood.
- **Recommendation: *Provide youth with personal medical history packets and the opportunity to consult with the Office of Clinical Practice on health/medical needs.*** Most of the youth (86%) did not have significant or special medical needs. However, CFSA and private agency social workers serving youth who are pregnant or have other special or chronic medical needs should refer these youth to the Office of Clinical Practice (OCP), so its nurses can proactively assist with service and transitional planning, as well educate the youth on their medical conditions, how to monitor and manage them, and how to schedule health appointments and obtain prescriptions. OCP can also help link youth to appropriate specialists and other health care providers experienced with adult medical needs. Medical needs—and linkages to address them—should be noted in FACES, along with health insurance coverage plans.



As part of standard emancipation planning, every youth should receive an updated physical, dental, and vision examination, with the receipt of these documented in FACES. Every youth should have the opportunity to meet with an OCP nurse to discuss health concerns or questions and to learn how to obtain health insurance. OCP should also provide the youth with a “medical history packet” that contains EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) histories, provider contact information, and any other relevant medical and mental health information. Several states have developed such “medical/health passports” that transfer with children through their foster care placements and at case closure. Passports typically summarize the child’s immunization history, allergies, medical conditions, medications, and family and social service history.<sup>27</sup>

- **Recommendation: *Explore partnerships with community agencies and organizations to support pregnant and parenting youth.*** Parents and/or pregnant youth are a unique population served by CFSA and comprised 34% of the youth in this study. As noted above, any CFSA or private agency social worker working with a pregnant youth should refer her to OCP. In addition, CFSA should explore partnership opportunities with D.C.’s Department of Health, which is leading an effort to expand home visitation and supportive resources for pregnant women and new mothers,<sup>28</sup> to identify the needs of expecting mothers and fathers who will emancipate from care and develop services and supports tailored to them. CFSA should also explore with the HFTC Collaboratives and the D.C. Fatherhood Initiative opportunities to develop their existing parenting education and father support models for use with CFSA youth who are parents.
  
- **Recommendation: *Evaluate the effectiveness of youth mental health services and the child welfare system’s efforts to empower youth to manage their mental health.*** Sixty-six percent of the youth in this study had diagnosed mental illnesses. CFSA and DMH recently completed an assessment that identified the need for providers skilled in child and youth mental health. In addition, CFSA’s 2007 Needs Assessment spotlighted the need for an expansion of therapeutic foster care providers that are equipped to care for children and youth with mental health concerns. The findings presented in this report raise further questions for CFSA’s consideration. What are the appropriateness and effectiveness of mental health services and supports received by youth in care? What practices should be in place to ensure youth are: 1) educated about their mental health; 2) offered a realistic assessment of how mental health needs might affect them in the future; and 3) informed of how to obtain mental health services, medication, support groups, legal assistance, and other critical resources?

### **Employment and Financial Readiness**

This study reveals room for improvement in employment, vocational preparation, and economic well-being outcomes for youth transitioning to adulthood. Slightly more than half the youth in the study were employed either full- or part-time by emancipation. Only 10 youth were attending

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<sup>27</sup> “Health Care Resources for Foster Youth,” *The Connection: News and Information from the National Court Appointed Special Advocates Association* (Spring 2008).

<sup>28</sup> As reported in CFSA’s “2007 Needs Assessment Report.” Available at: <http://cfsa.dc.gov/cfsa/cwp/view,a,3,q,614813,cfsaNav,|31321|.asp>.



an educational or vocational program at case closure. Of those youth with documented financial resources, more than half did not have enough income to pay for their living expenses.

In 2007, the Office of Youth Development created the position of Vocational Specialist to help youth obtain the skills and training needed to find and keep quality employment to ensure self sufficiency. Referred youth complete a vocational assessment to determine their skill areas and strengths and they attend workgroups on vocational training, r sum  writing, interviewing, and dressing professionally. Youth are eligible for \$5,000 Educational Training Vouchers for post-secondary educational or vocational training. Youth may be referred to local training programs that offer certification in such vocations as plumbing, nursing, heating/air conditioning servicing, and construction. Youth can also participate in apprentice programs through a partnership with the District's Department of Employment Services.

- **Recommendation: *Identify employment and skill development needs and barriers experienced by youth.*** CFSA and the HFTC Collaboratives should partner to assess the employment and income needs of youth who will emancipate from care, determine barriers to employment including criminal justice system involvement, and seek input from the Department of Employment Services and other appropriate agencies to identify employment tracks and skill development areas to help youth find and retain living-wage employment and build their income and assets. Such assessment would help inform the work of CFSA's Vocational Specialist.
- **Recommendation: *Ensure all youth are referred to the HFTC Collaborative Council when they turn 20.*** CFSA and private agency social workers are responsible for referring youth to the Collaborative Council upon their 20<sup>th</sup> birthday. The Council then assigns the youth to the appropriate neighborhood Collaborative. Social workers should be regularly apprised of the process for making timely Collaborative Council referrals.

### **Documentation**

As indicated throughout this report, case documentation for the 35 youth was often incomplete, inconsistent, or lacking in specificity. Interviews with youth and other stakeholders, as well as hard-copy record reviews, suggest more interventions are occurring than are being documented. Documentation in FACES should contain a complete record of social workers' observations, assessments, and interactions with youth and service providers, including referrals made and their outcomes, recommendations for services and supports, and the rationale behind all decision-making concerning permanency planning and cultivating positive adult connections.

- **Recommendation: *Thoroughly document all Center of Keys to Life participation, life-skills activities, and progress in acquiring daily living skills.*** Social workers and CKL staff should write detailed contact notes reflecting the youth's CKL participation, including the types of workshops attended, the topics covered, and the dates, frequency, and level of participation. Reasons for non-participation should be noted as well.

Social workers should write contact notes describing the youth's receipt of independent living skills training, even for those youth placed in group homes or ILPs that



customarily offer and monitor such training. Contact notes should delineate the specific skills and competencies achieved by the youth and their ongoing learning needs.

- **Recommendation: *Develop and document in FACES an “Exit Snapshot” that details every youth’s circumstances at case closure.*** At the time of emancipation, social workers should write a comprehensive exit snapshot that specifies where and with whom the youth will reside, the youth’s financial sources and whether they are sufficient to meet living expenses, whether the youth is employed and/or participating in an educational or vocational program, the status of their Collaborative involvement, any other links to services or supports, and the youth’s personal connections and supports. The dates and results of the youth’s most recent medical, dental, and vision examinations should be documented. If the youth is a parent, information about daycare and caregiving arrangements should be recorded, as well as any services, supports, or benefits that the youth is receiving on his/her child’s behalf. FACES should develop screens or a report format for entering this information. Until then, the information could be entered as a contact note or in the Case Closure Summary Screen.

### **Youth Stakeholder Feedback**

Starting September 14, 2007, youth should complete an “Exit Interview” 30 days before their exit from care.<sup>29</sup> This online questionnaire asks youth to describe their educational, employment, and housing status, identify services they participated in as well as any services they needed but did not receive or participate in, and inquire if they have personal documents, such as birth certificates and Social Security cards. The youth’s CFSA or contracted agency social worker is responsible for ensuring completion of the questionnaire. Upon completion, the youth receives a gift card for purchasing housewares. Although this study did not examine the use or effectiveness of the Exit Interviews and gift cards, in April 2008, OYD informed QA the interviews were not being fully conducted and funds had not yet been secured for the gift cards.

- **Recommendation: *Fully implement Exit Interviews and transitional gift cards for emancipating youth.*** CFSA should fully implement and fund the Exit Interviews and gift cards. The OYD should implement a monitoring mechanism to ensure Exit Interviews are completed, analyze the interview data in aggregate form, and report findings on outcomes and needed services.
- **Recommendation: *Survey youth on their Center of Keys for Life experiences.*** CKL should periodically conduct stakeholder satisfaction surveys with youth who participate in CKL for feedback to determine whether it meets their goals and expectations, and to secure suggestions for improvement. CKL should also survey non-participating youth to assess their level of awareness of CKL and to obtain their reasons for not participating or for discontinuing participation. CKL should analyze the feedback to identify barriers to participation and develop strategies to successfully engage youth.

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<sup>29</sup> Per 9/14/07 Memorandum on “Transition Interviews for Youth in Care” from CFSA’s Deputy Director for Program Operations.



## Topics for Further Study

A relatively small number of youth in this study had all the supports and resources needed for adulthood. In addition, many youth did not participate in workshops or services offered by CKL and other providers. This study did not evaluate why most youth in the sample did not have all the supports and resources in place for independent living. It also did not collect data on such questions as whether youth were unaware of available services and supports, whether they encountered obstacles that affected their participation in services, such as transportation barriers or school demands, or whether they had skill and knowledge development needs that differed from the current service array. Such questions warrant further study. The following recommendations highlight other areas that require additional assessment to determine if changes to existing resources or service provision are needed.

- **Recommendation: *Proceed with plans to implement the use of the Ansell Casey Life-Skills Assessment.*** Current plans are to begin training CFSA and private agency staff on this structured assessment tool in September or October 2008. This will improve staff ability to determine where youth need and desire additional training, support, or skill development as they prepare for independence. CFSA should develop a mechanism to track social workers' completion and review of the tool with youth and to capture trends about the areas of skill development needed by emancipating youth as a group.
- **Recommendation: *Assess placement providers' effectiveness in helping youth prepare for independence.*** OYD currently facilitates a training for foster parents that addresses their role in helping youth acquire the skills and competencies needed in adulthood. Yet, for a third of the youth in this study, QA did not find evidence that the placement providers assisted them in preparing for adulthood. Further assessment is needed to determine if the current training is adequate to meet the needs of foster providers and the youth they are caring for.
- **Recommendation: *Develop additional strategies for engaging youth more fully in independent living activities.*** As mentioned above, OYD already provides some incentives to youth to encourage participation in CKL and other programs. However, given the large number of youth who remained in need of some or all supports and resources at the time of emancipation, consideration should be given to finding additional ways to encourage them to take advantage of the services and supports available.



## Appendix: Selected Case Vignettes

QA assessed whether at emancipation the 35 youth had “all” the necessary supports and resources in place to ensure sustainable and stable independence; “many” of the necessary supports/resources in place, but were without a few significant supports/resources; a “few” (i.e., one to two) of the necessary supports/resources in place, yet many significant supports/resources were not in place; or “none” of the necessary supports/resources in place. The following vignettes describe youth in the four categories, including feedback from those youth who were surveyed. The information in the vignettes was drawn from QA’s case record review.

### All Necessary Supports and Resources in Place

#### ❖ Case Vignette 1

This youth (#29) had a high school diploma, had completed a certified nursing program, was employed full-time in her field of choice, and had a permanent residence. She was linked to a Collaborative and received Rapid Housing funds. She had contact with her siblings and her former foster parents provided her with ongoing support.

*When surveyed in December 2007, the youth reported she was employed full-time and her income was sufficient to cover her bills. She lived in the same apartment in which she resided at emancipation and said she “loves” living on her own. She turned to her former foster parents for guidance and support. She stated she was pleased with her last assigned social worker and the child welfare system did an “excellent” job preparing her to live independently.*

#### ❖ Case Vignette 2

This youth (#15) was connected to a Collaborative, employed full-time, and attending college full-time. He was residing with his grandmother, a supportive adult resource for him. He had contact with other family members, including his brother, aunts, and cousins. While in the child welfare system, he took advantage of many services, including the Center of Keys to Life where he learned about work readiness and college preparation.

#### ❖ Case Vignette 3

This youth (#18), who was diagnosed with severe mental retardation, autism, generalized epilepsy, and intermittent explosive disorder, was in CFSA’s care for eight years. Although his goal was APPLA, living independently was not feasible as he required 24-hour supervision and assistance with daily living tasks. While in CFSA’s care, he lived in a community-based group home with his older brother, who was profoundly mentally retarded, and attended a special education school that provided vocational and socialization opportunities. The youth’s mother and grandmother were involved in the lives of both young men, and the mother attended court hearings, Administrative Reviews, and other planning meetings on her son’s behalf.



Several years prior to emancipation, the youth's GAL and staff from the group home, CFSA, and the Mental Retardation and Developmental Disabilities Administration (MRDDA)<sup>30</sup> began planning for him given his brother would emancipate a year before him. Planning centered on keeping the boys together and transitioning their cases to MRDDA at the time of their respective discharge from CFSA. The documentation reflected multiple discussions, meetings, and advocacy on the part of the youth's social worker and GAL to address placement, licensing, and case management issues. At the time of emancipation, the youth was able to remain with his brother in the same group home, which MRDDA had licensed, and his case transferred to MRDDA for provision of permanent housing and full-time staff support.

*In October 2007, QA interviewed the youth's DDS case manager, who stated the youth resided in the same group home where he lived upon exiting CFSA's care and that he continued to live with his brother and enjoy frequent visits with his mother and grandmother. The case manager reported the youth received Supplemental Security Income and attended a day program for cognitively impaired adults where he was developing Activities of Daily Living (ADLs) skills and participating in outings.*

### **Many Necessary Supports and Resources in Place**

#### **❖ Case Vignette 4**

This youth (#21) was diagnosed with depression and disruptive behavior disorder. As he approached emancipation, he began to refuse mental health treatment. He had financial means due to a wrongful death settlement involving his mother. A court appointed conservator oversaw his funds. At case closure, he was seeking employment, had secured an apartment through Rapid Housing, and was enrolled in a GED program. He lacked an identified, supportive adult resource.

*When surveyed in October 2007, the youth stated he was living in the same apartment and working to obtain his GED and employment. Rapid Housing and settlement funds were his sources of income. His conservator ensured his rent was paid for and he had sufficient food. He said he kept in contact with his sibling and cited his girlfriend as an important support. He stated the child welfare system could have done more to help him obtain his high school diploma. He rated his current functioning as poor because he lacked direct access to his funds, was unemployed, and did not have his GED. He said he "walked out [of the system] with the same things he walked in with—nothing." He stated he was not sure if the system failed him or if his lack of motivation kept him from reaching his goals.*

#### **❖ Case Vignette 5**

This youth (#2) was connected to a Collaborative and accepted into the Rapid Housing program. She and her infant were living in a two-bedroom apartment. She had obtained her GED and was employed full-time. She had a relationship with her birth mother and her sister; however, she did not appear to have an adult to turn to for advice and guidance. Her infant was not enrolled in TANF or Medicaid, although her social worker had advised her to apply for Medicaid for the infant. There was no evidence she had health insurance or formal child care assistance, or that

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<sup>30</sup> Now called the Department on Disability Services.



she was working to obtain her driver's license, which she had identified as a goal. In addition, prior to emancipation, she had stabbed an ex-paramour and was court-ordered to complete drug testing, domestic violence classes, and community service; however, there was little indication of any other efforts by the child welfare system to counsel her around anger management, intimate violence, and safety planning.

#### ❖ Case Vignette 6

Prior to emancipation, this youth (#27) left college after completing two semesters and enrolled in full-time training to become an electrician. He regularly met with his Collaborative worker, searched for housing, and received information on Rapid Housing. At case closure, he received permission to remain in his independent living program for one month while continuing to seek permanent housing. At his own discretion, he had contact with his biological parents, but the documentation did not specify whether he had contact with his siblings. Although he had income from his vocational program, some savings, and funds from his ILP, it was unclear whether those resources were sufficient to sustain him. It was not documented whether he had health insurance. He had no identified, supportive adult in his life. He told his social worker shortly before emancipation he had "no life connections and didn't need any."

#### ❖ Case Vignette 7

This youth (#6) attended college with aspirations of an engineering career. Federal grants and the Center of Keys for Life funded his college expenses. When he was put on academic probation for poor grades, CFSA offered him tutoring, which he declined, stating he would seek extra assistance from his peers and instructors. Prior to emancipation, he told his social worker his fourth-semester grades were not yet available but he did "okay." During breaks, he returned to D.C. to live with his mother and siblings. Although he was referred to a Collaborative, the documentation did not indicate whether he made contact with it or was assigned a case manager.

It was unclear whether the youth had sufficient income to meet all his living expenses. Before case closure, which occurred during his summer vacation from college, his social worker counseled him to maintain contact with CKL to ensure his continued eligibility for financial assistance for college. Reportedly, he planned to seek summer employment. He had a bank account but the documentation did not specify the amount of his savings.

#### ❖ Case Vignette 8

This youth (#7) lived with the adult daughter of her former foster parent, who was an important support to her. QA was unable to determine if this were a permanent or long-term housing arrangement. She had applied for Rapid Housing, attended college locally, and had a part-time job. She had regular contact with her birth father and siblings. She was referred to a Collaborative but it was not documented that she had ever met or developed a relationship with a Collaborative worker. It was indicated she was awaiting assignment of a new worker, since her previous one had left the organization. There was no documentation whether she had health insurance and sufficient income. Prior to emancipation, she sought assistance from her social



worker and GAL for outstanding debts for a student loan and gym membership—the latter was resolved through court proceedings.

*When surveyed in September 2007, the youth said she was living with her father, working part-time, and preparing to join the military. She cited her father, sister, and friends as supports. She stated the child welfare system could have better prepared her for independence by helping her obtain a job that paid sufficient income and offered health insurance. Although she positively rated her relationship with her last social worker, she stated that, to be effective, social workers must have experience in working with teenagers and be committed to meeting their best interests.*

### ❖ Case Vignette 9

This youth (#10) had obtained his GED, completed a year of college, and was employed (the documentation did not specify whether part- or full-time). He planned to re-take the entrance exam for a branch of the military and was enthusiastic about joining the military. He lived with his foster father, an ongoing advocate and source of support, and could remain there if he maintained employment or participated in an educational or vocational program. He was linked to a Collaborative and informed of the Rapid Housing program. He had contact with his biological mother through phone calls and visits; however, it was not documented whether he had recent contact with his eight siblings.

Documentation from 2001 onward reflected the youth used marijuana. Five months before emancipation, he was noted as smoking marijuana regularly. His social worker referred him to in-patient substance abuse treatment. A subsequent Administrative Review noted he had “no understanding of the danger of continued drug use.” There was no further discussion concerning his substance use or efforts to engage him around his marijuana use. His mental and behavioral health was unclear at the time of case closure. Documentation three years prior to emancipation indicated his psychiatrist discontinued his psychotropic and ADD/ADHD medications; it did not reveal the rationale for doing so or discuss whether or not the issues that led to prescribing the medications were resolved. The documentation did not indicate whether the youth had health insurance or sufficient income to meet his living expenses.

### ❖ Case Vignette 10

At age 18, this youth (#11) became the beneficiary of a significant amount of life insurance proceeds. Reportedly, he could use earnings from the proceeds for housing, but the documentation did not specify the amount of the earnings or whether they were sufficient to meet all his living expenses. His group home agreed to allow him to stay there until he found housing. He was linked to a Collaborative. He was slated to graduate from high school a month before emancipation; however, the documentation did not confirm he obtained his diploma. He was unemployed, but had agreed to enroll in vocational training. The documentation did not note if he had in fact enrolled. An aunt, who was the trustee of his inheritance, was the only family member documented as supporting him. It did not appear he had contact with his siblings.

The youth was arrested several months before emancipation for threatening a police officer. He admitted marijuana use but denied addiction. He reported he smoked marijuana “when people



got on my nerves.” Court reports stated he used his group home stipend to purchase drugs. Group home staff suspected he also abused alcohol and reported he was unable to manage his anger and refrain from aggressive behavior. He was indicated as having adjustment disorder with depression. His social worker offered him individual therapy and substance abuse counseling, both of which he declined. It was unclear from the documentation to what extent the issues of substance use, coping skills, problem solving, and mental health were explored with him.

#### ❖ Case Vignette 11

This youth (#19) and her three-year-old child lived in an independent apartment. She was working with a Collaborative, which agreed to provide her with rental assistance once she created a spending plan. She had a high school diploma, a full-time job, and daycare for her child. Her social worker had informed her she could retain her Office of Early Childhood and Development daycare voucher if she maintained employment. She was in contact with her birth parents and sibling. Her father was willing and able to provide her with ongoing support.

Although the documentation indicated the youth was earning \$7.10 per hour and receiving \$100 monthly from her child’s father, it was not clear whether these funds were sufficient to meet all the youth’s needs. The documentation did not reflect whether she had health insurance for her family. There was indication she had face-to-face contact with an ex-boyfriend with whom she had a mutually abusive relationship. CFSA and her placement provider had offered her domestic violence services, counseled her on filing a stay-away order, and involved her in safety planning. She refused to participate in court-ordered individual counseling and anger management.

#### ❖ Case Vignette 12

This youth (#16) and her children, a one-month-old and a four-year-old, lived in an apartment she secured through her independent living placement. She had a high school diploma, was working full-time, and receiving financial assistance from a Collaborative; however, the documentation did not indicate whether she had sufficient income to meet her family’s living expenses. Her older child was connected to daycare; it was not mentioned whether the baby was. Due to the youth’s history of depression and grief, her social worker referred her for therapy several months before emancipation. It was unclear whether she pursued the referral or made progress in addressing her emotional needs. The documentation did not indicate whether she had health insurance and did not identify a supportive adult for her.

#### ❖ Case Vignette 13

Although the documentation reflected that this youth’s (#14) ILP staff, social worker, and Collaborative worker strived to find him stable housing, it was unclear where he went to live. Several possible housing options were indicated, including remaining at the ILP or living with his sister or his girlfriend. He was approved for Rapid Housing funds. Although he was employed part-time and occasionally worked overtime, it was not clear whether his income was sufficient to pay all his living expenses, including outstanding debts in several areas. The Collaborative was helping him find employment that paid more and offered more hours.



Before emancipation, the youth completed a year-and-a-half of college; however, he dropped out due to poor grades and self-reported time management problems. During the months leading up to emancipation, he disclosed marijuana and alcohol use. He declined his social worker's offer to see an addictions counselor based on his belief that neither substance was a real or serious drug and his use was not a "major issue." Documentation reflected no further assessment of or engagement with him around his drug use. At emancipation, his girlfriend was pregnant and he intended to be involved in his child's life. No referrals were made for parenting classes or other support for this first-time father. The documentation did not note a supportive adult for him.

#### ❖ Case Vignette 14

This youth (#17) had a high school diploma, full-time employment, and was approved for Rapid Housing funds. He had a strong relationship with his aunt (his foster parent) and maintained contact with his mother. The documentation did not note if he had contact with his brother. It did not discuss whether he had health insurance and linkages to physical and mental health care, even though he had an extensive medical history, including obesity, nephritic syndrome, asthma, high cholesterol, high blood pressure, sleep apnea, and a diagnosis of adjustment disorder.

*When surveyed in January 2008, the youth stated he was living with a cousin and receiving public assistance. He had been previously employed but became ill and required hospitalizations due to heart failure and other medical conditions. He identified his aunt and cousin as his supports. Although he deemed the child welfare system's ability to help him meet his general needs in independence "good," he felt the system could have better prepared him for adulthood, particularly by helping him enroll in a trade school.*

#### ❖ Case Vignette 15

This youth (#8) had a high school diploma, a full-time job, and some savings. Several weeks before case closure, she told her social worker she could live with a friend or her parents, but it was unclear if she went to reside with either party. A Collaborative had approved her for Rapid Housing funds but noted she had to identify affordable housing before she could begin receiving funds. The Collaborative was helping her locate housing. It was not clear whether her income and savings were sufficient to meet her living expenses and whether she had health coverage. She had no identified, supportive adult in her life.

*When surveyed in September 2007, the youth reported she was a stay-at-home mother who lived with her six-month-old in their own apartment. She was job hunting and considering enrolling in school. She received financial assistance from her Collaborative, her child's father, and TANF. A former mentor and group home staff member were important supports. She said she "loved" her last social worker, who was both firm and supportive. She did not think the child welfare system could have done anything further to prepare her for adulthood; however, she shared that she and her peers in the system did not appreciate the reality of being on their own or understand the system would not always be there to support them.*



### ❖ Case Vignette 16

This youth (#31) graduated from high school with a special education certificate. She had two children, ages 11 months and three years, and was four-months pregnant at emancipation. The family lived in its own apartment and was linked to a Collaborative. Diagnosed as moderately mentally retarded, the youth received SSI and WIC. She was linked to MRDDA (now DDS) for comprehensive services, including financing and supervising her housing and helping her obtain Medicaid, job and/or vocational training, and daycare. She was not employed at emancipation. A year before emancipation, she requested her social worker's assistance in filing for child support; the outcome of this was not recorded. Although she had contact with her biological parents, grandmother, and a cousin, contact with her siblings was not documented. It was not indicated whether she had a supportive adult in her life.

### ❖ Case Vignette 17

This youth (#25) was employed part-time and approved for TANF for herself and her two children, ages four and one. Just before emancipation, she moved from her foster home, where she had lived for several years, to an apartment available through a young mothers' housing program. She received some financial assistance from the father of her youngest child and his family. She had a GED and had received some vocational training, but she put her education plans on hold in order to work. She had obtained child care and purchased a vehicle. She was diagnosed with a depressive disorder, but refused mental health services and medication. Documentation did not note whether any unmet mental health needs affected her functioning. A supportive adult was not identified. She was not linked to a Collaborative.

### ❖ Case Vignette 18

This youth (#32) was diagnosed with epilepsy, mood disorder, disruptive behavior disorder, pervasive developmental disorder, and moderate mental retardation. He demonstrated aggression toward people and objects. At emancipation, he moved from an out-of-state residential treatment facility to a local group home managed by DDS, which would provide him with medical and mental health care, supervision, and case management. Per documentation several years prior to emancipation, the youth received regular SSI payments; however, the status of these benefits was not noted at case closure. He was close to his adult sister, who was involved in his ongoing case planning, but did not appear to have contact with his biological parents.

## Few of the Necessary Supports and Resources in Place

### ❖ Case Vignette 19

This youth (#5) was in the child welfare system for seven years. The court closed his case at CFSA's request when he was 20 due to his non-compliance with services. He had not completed the 11<sup>th</sup> grade, had not secured employment, and was not participating in Job Corps, even though he attended its orientation. He resided with his sister upon discharge and was referred to a Collaborative, although there was no indication he was engaged with it.



The youth self-reported daily marijuana use. CFSA did not appear to address his drug use until near case closure when the agency offered him referrals for a substance abuse evaluation and outpatient treatment. He stated he would attend treatment but was unwilling to stop using marijuana; by case closure, he did not participate in treatment. He declined therapy. There was no documentation of any other efforts to better understand his substance use or counsel him around his dysthymia diagnosis. In addition, a few months before case closure, he was arrested for assault. Subsequent documentation noted him as verbally and physically abusive toward women. There was no indication of counseling him about his arrest or aggressive behavior.

Throughout this case, numerous relatives expressed interest in caring for the youth, who continuously advocated for kinship placement. There were indications some relatives were completing police clearances and others had work hours that conflicted with licensing classes; however, it was unclear why they did not provide placement or permanency for the youth.

*When surveyed in September 2007, the youth was living with his sister, whom he cited as a significant support. He stated he had no sources of income and kept himself busy with job hunting and "taking care of personal business." He reported he was not connected to a Collaborative at emancipation and that CFSA attempted to help him secure a job prior to case closure, but he did not take the attempts seriously. He positively rated his relationship with his last social worker and stated he felt prepared to live independently.*

#### ❖ Case Vignette 20

This youth (#9) was pregnant and had a three-year-old child. It was unclear where they went to reside. Conflicting information suggests they moved to a rented room in a house located outside the District or remained at the youth's group home placement. By case closure, the youth's social worker had researched many transitional and/or maternity housing programs and encountered numerous barriers, such as a lack of vacancies or programs that accepted mothers with only one child or required applicants to have a mental health or substance abuse history for admission.

The youth had not obtained a high school diploma or GED. She was unemployed. She was deemed eligible for Rapid Housing funds, which would be available once she secured employment. Although she had a history of part-time jobs, it was not indicated if she had any savings or other financial support. The documentation was unclear whether she had applied for any public benefits; her last court report simply noted she "shall apply" for benefits. Although it was indicated she attended pre-natal care appointments, her plans for medical insurance and child care were not documented. In addition, the status of her self-reported Section 8 housing application was unclear. No supportive adult was documented. It was not indicated if she had contact with her mother and brother. Although the documentation stated the fathers of her children were incarcerated, it did not reflect whether she had support from the paternal families.

#### ❖ Case Vignette 21

The court closed this youth's (#20) case when she was 19, following a two-month absence from her foster home. She did not have a high school diploma or GED. She was reportedly



employed and had an apartment, although this information was not verified. There was no indication she was linked to a Collaborative or had sufficient income or health insurance. Her mother was deceased. There was conflicting documentation about her father—a court report indicated he was deceased whereas a court order deemed his whereabouts unknown. Documentation did not indicate whether she had contact with her sibling or a supportive adult.

The youth had a history of bipolar disorder and suicidal behavior. She refused to take psychotropic medication. While in care she demonstrated risky behaviors, such as assaulting authority figures and having unprotected sex. A year before case closure, she disclosed she had been raped; she did not file criminal charges. She experienced multiple placement changes in residential treatment care and therapeutic foster care. There was no indication she was linked to mental health services or supports when she exited care.

### ❖ Case Vignette 22

It was unclear where this youth (#22) and her two-year-old child went to live, or how she would care for herself and her child. The youth was uncooperative with services for years prior to emancipation and did not accept the housing and job assistance offered her. She was linked to a Collaborative. She was diagnosed with depression and borderline intellectual functioning; at emancipation, she was not taking medication or receiving mental health services. She had an extensive history of marijuana, PCP, and alcohol use, but there were no documented assessment or treatment referrals. She was awaiting sentencing for drug distribution. Documentation suggested she might be sentenced to a half-way house soon after emancipation and her child might go to live with a relative, but this information was not confirmed.

The youth had no high school diploma or GED and was not involved in any educational program. She had been employed in the past, but had quit her job just prior to emancipation. There was no indication she had any income. In the last contact notes recorded by her social worker, the youth worried that she and her child would become homeless, stating if they were indeed homeless, “no one would care.” The social worker had previously noted concerns about her parenting skills, including issues with proper feeding and supervision, but there was no mention of parenting education, even though the court had ordered it as part of a previous probation. There was no indication the youth had a supportive adult in her life.

### ❖ Case Vignette 23

This youth (#28) was diagnosed with major depressive disorder with psychosis, bipolar disorder, intermittent explosive disorder, impulse control disorder, and ADHD. A court report from a year before emancipation stated he was diagnosed with mental retardation; however, MRDDA (now DDS) deemed him ineligible for its services because his IQ was too high. He was referred to the Department of Mental Health (DMH) and the Rehabilitation Services Administration (RSA) for psychological, medication management, job training, and case management services. His SSI application was pending. He was linked with Health Services for Children with Special Needs, which provides wraparound services for SSI-eligible clients and had agreed to insure him until age 22. Documentation indicated he suffered from arthritis and degenerative bone disease but did not reveal the severity of the conditions or whether he required treatment or pain management.



The youth was job-hunting at the time of emancipation. He was connected to a Collaborative. He reported attending the GED program to which he had been referred, but his attendance was not confirmed. He had not obtained his GED by case closure. He was reluctant to discuss his financial matters with his social worker. His aunt and adult cousin had stated he could live with them upon emancipation, provided mental health services were in place. He reportedly had infrequent contact with his mother, who years before had relinquished her parental rights, and some contact with his sister. His father was deceased.

During the last visit with his social worker, the youth's foster mother said he had not been taking his psychotropic medications. During the visit, the social worker observed him as agitated and having disorganized speech. He had recently experienced episodes of inappropriate urination. He stated he did not want to live with his aunt and they did not get along. He said he did not care about maintaining his DMH and RSA appointments. The documentation did not note where he went to live or whether his mental health was stabilized.

#### ❖ Case Vignette 24

This youth (#30) and her seven-month-old child lived in an apartment through the D.C. Housing Authority. She had \$2,000 in emancipation funds, had registered her baby for WIC benefits, and had obtained a letter from her social worker to assist in securing health services for the baby. She was linked to a Collaborative, but the status of this linkage was unclear. Documentation indicated that, before emancipation, the Collaborative closed her case due to her unwillingness to participate in services. Other documentation indicated she had filed a grievance against her Collaborative worker. The reason for and outcome of the grievance was not noted; regardless, it did not appear she was actively engaged with the Collaborative when she emancipated.

The youth had two additional children: a daughter in a guardianship placement with a relative and a son in CFSA custody with a permanency goal of reunification with the youth. She was diagnosed with a life-threatening illness. While in CFSA's care, she received medical care and medications to manage her illness and prevent its perinatal transmission. Her social worker documented two occasions of discussing safe sex with her. In addition, she reportedly had a history of cervical cancer and/or pre-cancerous cervical cells. The documentation did not clarify her exact diagnosis, treatment, need for ongoing monitoring, or her understanding of this medical condition, nor did it note whether she had health insurance. Before case closure, the social worker helped her apply for SSI and seek child support for her third child. The documentation suggests the status of both was pending at the time of emancipation.

The youth had a history of poly-substance abuse. CFSA offered her several drug treatment services over the life of her case. For example, she completed an in-patient treatment program in the year prior to emancipation. About five months before emancipation, she began a daily, three-month out-patient treatment program. She completed an interview and intake with the D.C. Superior Court Family Treatment Drug program, but voiced her preference to continue with the three-month outpatient program. Her treatment status at emancipation was not documented.



Reportedly, the youth had a history of depression. A year before case closure, she attended an appointment for a psychiatric evaluation and individual therapy and was prescribed an antidepressant. At the time of case closure, she was not engaged in any therapeutic services or taking any medication. The documentation did not describe her mental health status. Before emancipation, she had contact with her biological mother. The documentation did not specify whether she had contact with her four adult siblings or identify a supportive adult for her.

The youth had a fifth-grade education. Prior to emancipation, she told her social worker she was not interested in obtaining her high school diploma, but the social worker documented attempts to encourage her to reconsider. It was unclear whether she was employed. Eight months before emancipation, she told her social worker she had accepted a housekeeping job but there was no verification she started the job or was working when she exited care.

### **None of the Necessary Supports and Resources in Place**

#### **❖ Case Vignette 25**

Diagnosed with depressive disorder and ADD/ADHD, this youth (#4) emancipated at age 20 at CFSA's recommendation. Although he was a high school graduate, he lacked educational and vocational plans, job skills, employment, and health insurance. The documentation did not indicate his living situation or financial resources. He was on probation for property destruction but did not complete court-ordered drug screenings or a psychological evaluation. He had no Collaborative linkage and no identified, supportive adult.