

# Transition-Age Youth in Massachusetts

Tufts University Urban &  
Environmental Policy & Planning  
Field Project team,  
in partnership with  
LUK, inc.

# Transition-Age Youth in Massachusetts

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Client:

LUK, Inc.

Project Team:

Mariel Marchand

Samantha Pirk

Bradley Putnam

Stephanie Savir



**Tufts**  
UNIVERSITY

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# Executive Summary

Transition-age youth are people between the ages of 16 and 24 who are approaching the end of their eligibility for state services meant for children. Many of these youth were enrolled in services such as foster care or adolescent mental health and are either moving into adult services or losing the support from state services altogether. For youth who will not be receiving adult services, this period of transition presents challenges to meeting basic needs such as healthcare, housing, and employment.

LUK, Inc., a social service provider based in Fitchburg, Massachusetts, asked us to report on the current state of services in Massachusetts for transition-age youth and to determine if there are aspects of this service provision that can be enhanced. While many state agencies serve this population, our report focuses on services provided by three core agencies within the Massachusetts Executive Office of Health and Human Services (EOHHS): the Department of Children and Families (DCF), the Department of Youth Services (DYS), and the Department of Mental Health (DMH). Our key task is to determine how these three agencies serve transition-age youth, both individually and by working together as a system. We have also been tasked with determining if there are other states that are thought of as models when considering the provision of services and if aspects of their programs that could be used in Massachusetts.

Through interviews with state agencies in Massachusetts, California, Maryland, and Connecticut, and with a number of advocacy groups across the country, we have compiled information on how services are

provided both within Massachusetts and in states chosen based on their strong reputations for serving youth well. We have learned about the specific risk factors for this population and have found that different agencies have different ideas of what constitutes a successful transition to adulthood. By analyzing the information we collected through our interviews, we have identified key findings about service provision in Massachusetts and generated recommendations for how services in Massachusetts may be enhanced. These recommendations reflect both agency-specific programming shifts and system-wide shifts that we think could result in improved outcomes for this population. A brief explanation of our key findings and recommendations is included below.

Massachusetts is fortunate to have talented and dedicated workers who contribute greatly to youth service provision. Our readings helped us to identify ways in which Massachusetts could continue to build on its strengths in regard to how services are provided, and our interviews reinforced these points. Some of these areas relate to individual agencies in Massachusetts government, while others pertain to service provision more broadly.

Some of Massachusetts' limitations include a lack of centralized service provision between agencies, a lack of budget line items designated for youth, and a lack of centralized data collection. Also, agencies are inconsistent in defining when youth services end, housing for youth is inadequate, and youths' educations are often incomplete.

## Recommendations to Enhance Services to Transition-Age Youth

Because transition-age youth are served by different agencies in different ways, our research focused both on services within agencies and how agencies interact with one another to provide integrated care. Some of our interviewees work at individual state agencies in Massachusetts or in other states, while others work at advocacy organizations that collaborate with multiple state agencies. Given the complexity of intra-agency and inter-agency operations, we divided our recommendations into two categories: one for changes to how individual agencies provide services and another for how agencies might better coordinate their efforts.

### *Recommendations for Agency-Specific Programming*

1. Create developmentally appropriate services and individualized plans. Services provided to every youth should be tailored to his or her needs, with adjustments made over time as needed.
2. Provide comprehensive and easily accessible information in the form of a resource guide or website for youth and their mentors. A strong mentor should know what state services are available to help the youth and be able to direct them to information regarding employment, education, housing, and health care. This mentor should help the youth through application processes and be there to answer questions.
3. Designate line items in the state budget for the provision of services to transition-age youth. By specifying funding for this age group, the state can better focus its resources and measure their effects.

4. Prioritize housing. One of the greatest needs youth face is a having a stable place to live. Each agency that serves youth should prioritize housing as the most important service needed. While state agencies and nonprofits groups can help provide apartments for some youth, they can also further encourage kinship housing, if appropriate, for the individual youth, even if relatives live in other states.

### *Recommendations for Structural Changes*

1. Create a common intake system at the Executive Office of Health and Human Services (EOHHS) so that youth can receive appropriate services from each agency. A common intake system would ensure that youth receive a suite of services that is proportional to their needs regardless of their point of entry into the system.
2. Increase integration between EOHHS services and education, including public high schools, vocational schools, state colleges, and community colleges. Provide additional tuition assistance for community colleges, state colleges and universities, and vocational schools to ensure education does not end at high school for transition-age youth.
3. Promote deeper involvement of housing agencies in providing services for transition-age youth. These efforts would help secure more independent living situations for youth while also assisting with kinship housing placements after leaving state services if appropriate.
4. Centralize communication between agencies. A common recordkeeping system could reduce duplication and increase efficient use of time.

# Introduction

Compared to previous generations, young Americans today are delaying marriage, parenthood, the initiation of work and career, and the achievement of other developmental milestones formerly associated with a successful transition to adulthood. Delays in progressing to adulthood can be attributed to many factors, including changes in the economy and limited availability of living-wage jobs for those without a college degree. As a result, some researchers have begun to refer to ages 18-29 as “emerging adulthood.” This in-between stage of development is challenging for all youth, but can be especially difficult for youth lacking traditional means of support.

In Massachusetts there are 870,000 youth between the ages of 16 and 24, which is the age range often considered to be transitional. Of this population, 62,080 males and 75,141 females (a total of 16%) live in poverty. The average unemployment rate within this age group in Massachusetts is 14.6%. Of the total number of youth in Massachusetts, approximately 9,000 are served by state social service agencies.

## *The Problem*

This stage of life poses particular risks for youth who are transitioning out of state services such as foster care or the aftercare support services they had been receiving from juvenile justice agencies. Upon leaving these services, youth are often left without the support network they had been relying upon. This period of transition can present challenges for youth to meet their basic needs, such as healthcare, housing, and

employment.<sup>1</sup> As a result, it is important for state and federal agencies to assist youth who are transitioning out of services meant for children.<sup>2</sup>

There is extensive research on both the needs and the risk factors for transition-age youth. A 2014 report from Child Trends identified the “presence of various internal (such as self-regulation and motivation), relational (such as positive parent-child relationships, relationships with pro-social adults), and contextual protective factors (such as effective schools, community resources)” as key elements that promote healthy development. In contrast, risk factors include trauma, poverty, and mental health problems.<sup>3</sup> Furthermore,

*Of the 870,000 youth between the ages of 16 and 24 in Massachusetts, 137,221 are living in poverty.*

youth face an even more challenging transition to adulthood if they are leaving foster care or juvenile justice, if they have disabilities or mental health issues, or if they have experienced homelessness.<sup>4</sup>

Research has shown that the incidence of mental illness is higher for youth who have experienced foster care, juvenile justice, or homelessness than it is for youth who have not. In turn, mentally ill youth have lower graduation rates, lower rates of continuation to post-secondary education, and are more likely



to be unemployed. Many young adults struggle with alcohol or drug problems in addition to other mental disorders. Furthermore, foster youth are more likely to have mental health issues that continue into adulthood.<sup>5</sup> Risks for youth in the juvenile justice system include early age criminality, prior arrests and assaults, out-of-home placements, poverty, unemployment, alcohol or drug abuse, school or family problems, and mental or emotional disability.<sup>6</sup> For youth in foster care, housing is a crucial issue. Those who become homeless after leaving care are more likely to need food, monetary assistance, or medical care; to have a mental illness, unstable employment, or lower income; and to be arrested.<sup>7</sup>

### *Elements of the Solution*

In order to ensure the wellbeing of youth who often otherwise lack a social and family support network,

*Approximately 9,000 youth are served by the Departments of Mental Health, Juvenile Justice, and Children and Families.*

services must be provided to meet their needs as they transition out of foster care, juvenile justice, and mental health services. These needs include ongoing, nurturing relationships with adults; positive relationships with peers; safe and stable homes, schools, and workplaces; opportunities for physical and mental health; education or vocational training; and community service and civic participation opportunities. There are community and faith-based organizations that provide some of these services, but the state cannot assume that these groups have the capacity or the responsibility to meet the entire need of the population.

### *Framework for this Report*

Our report explores services for transition-age youth and indicators of a successful system. It reviews the current state of transition-age youth services in Massachusetts, briefly explores federal youth services and funding streams, and examines services provided by three other states (Connecticut, California, and Maryland) with noteworthy programs. While there are a number of agencies in Massachusetts that serve transition-age youth, our report focuses on the Department of Children and Families (DCF), the Department of Youth Services (DYS), and the Department of Mental Health (DMH). Our analysis of interviews with state agencies in all four states and advocacy groups across the country has led us to a number of key findings and recommendations on how to improve the coordination and effectiveness of transition-age youth services in Massachusetts.

## Section Footnotes

<sup>1</sup> “Basic Needs, Safety, and Welfare,” Youth.gov, accessed February 17, 2016, <http://youth.gov/youth-topics/challenges-basic-needs-safety-and-welfare>.

<sup>2</sup> Mary A. Terzian, Kristin Anderson Moore, and Nicole Constance, “Transitioning to Adulthood: The Role of Adolescent Depression and Suicidal Ideation,” Child Trends Research Brief no. 24 (2014).

<sup>3</sup> Terzian et al., “Transitioning to Adulthood: The Role of Adolescent Depression and Suicidal Ideation.”

<sup>4</sup> “Basic Needs, Safety, and Welfare,” Youth.gov.

<sup>5</sup> United States Government Accountability Office, “Young Adults with Serious Mental Illness: Some States and Federal Agencies Are Taking Steps to Address Their Transition Challenges” (2008).

<sup>6</sup> Robert Tansi and Jan Ponikiewski, “Juvenile Recidivism Report For Clients Discharged During 2011,” Massachusetts Department of Youth Services (2015).

<sup>7</sup> Melissa Ford Shah, Chris Albrecht, and Barbara Felver, “The Housing Status and Well-Being of Youth Aging Out of Foster Care in Washington State,” Prepared for the Washington State Department of Commerce, Community Services and Housing Division (2013).

<sup>8</sup> “Preparing Our Kids for Education, Work, and Life: A Report of the Task Force on Youth Aging Out of DSS Care,” The Boston Foundation (2008).





# Federal and Massachusetts Transition-Age Youth Services

This section explains the many services at the federal level and within Massachusetts that are available to transition-age youth. The federal programs discussed below provide funding and guidance for state-administered programs. The first type of services that we describe is child welfare services, which are provided by DCF within Massachusetts. Next we survey juvenile justice services, which are provided by DYS in Massachusetts. Since many youth within these two service areas are also struggling with mental health issues, we look at mental health services third. In Massachusetts, DMH is responsible for the provision of these services. Other agencies that interact with youth include the Department of Elementary and Secondary Education, the Department of Developmental Services, and the Department of Housing and Community Development.

## Federal Child Welfare Services

The Foster Care Independence Act of 1999 was the first major federal program to provide funds and increase flexibility for states to develop supportive programs for foster care youth through age 21. The Act created the John C. Chafee Foster Care Independence Program, which provides grants for state foster care agencies to prepare youth for successful transitions to adulthood. The aims of the Chafee Program are to help youth transition into lives of self-determination; provide education and training for employment; help youth prepare for and succeed in postsecondary training and education; provide personal and emotional support; promote interactions with dedicated adults; and to provide financial, housing, counseling, employment, and other services to former foster youth ages 18-21.<sup>9</sup>

Other federal agencies and departments have provided other services or enacted protective provisions for transition-age youth, including the Department of Health and Human Services, the Department of Housing and Urban Development, the Department of Education, and the Department of Labor. Their programs include the Runaway and Homeless Youth Act, Housing Vouchers, the Workforce Investment

Act, and AmeriCorps. The Consolidated Appropriations Act of 2014 created the Performance Partnership Pilots for Disconnected Youth (P3), which requires federal departments to work collaboratively. Through P3, federal agencies, the Corporation for National and Community Service, and the Institute of Museum and Library Services work together to overcome community challenges. The program allows states, cities, and towns to pool funding for services and programs to improve outcomes for young adults. The program defines disconnected youth as young adults ages 14-24 who are low income, homeless, in foster care, involved in the juvenile justice system, unemployed, not in school, or at risk of dropping out. Pilot programs are being launched in over ten cities around the nation, including Chicago, Indianapolis, and Los Angeles. The pilot sites will implement programs to help foster youth successfully transition from high school to college or employment, help low-income mothers build parenting skills and job experience through childcare internships, help high-risk youth graduate from high school, and more.<sup>10</sup> However, since this program just started last year, its effects have not yet been measured.

## Child Welfare Services in Massachusetts

The Department of Children and Families (DCF) oversees child welfare services in Massachusetts. The department is charged with strengthening families and protecting children from abuse and neglect. Depending on the case, the department might monitor a family, provide intensive family assistance, help place a child in a home with extended family, or place a child in a foster home or other care with non-relatives. In 2015 the department oversaw services for 51,684 children between birth and age 17, of whom 5,240 were ages 16 and 17. In addition, the department provided voluntary support for 1,674 youth ages 18-21. In total, the department assisted 6,914 youth ages 16 to 21, which amounts to 13% of the children it serves.<sup>11</sup>

*13% of the youth  
DCF serves is  
between the ages of  
16 and 21.*

*The Department of Children and Families aims to give foster youth the same opportunities that are available to non-foster youth from more affluent backgrounds.*

Massachusetts has been “ahead of the curve” on some aspects of foster care for youth. First, in the early 2000s Massachusetts extended MassHealth coverage to former foster youth until age 21, spending \$10 million that was not eligible for federal reimbursement.

Second, Massachusetts waived tuition and fees at public colleges for former foster youth. Third, Massachusetts allowed juvenile court judges to oversee foster youth cases until age 21. All of these changes took place prior to 2008 when Congress passed a law encouraging other states to emulate Massachusetts.

DCF oversees a variety of programs to help youth transition out of state care. One area of support the department provides is housing assistance. Some funding comes from the federal Chafee program and provides 18 months of rent assistance for 25 youth based on their income. While this program provides critical housing support, 18 months is not often long enough for youth to find a permanent housing arrangement. Therefore, DCF has partnered with the Massachusetts Department of Housing and Community Development to offer further housing support for up to three years. In order to be eligible for this funding, youth need to be working part-time, be in school part-time, and be in regular contact with a DCF outreach worker. The program provides a step-down of rent support: 80% in the first year, 60% in the second year, and 40% in the third year. If a youth chooses to finish or leave school and spend more time working, he or she would no longer be eligible but would be able to earn more. The options provided to youth in this program give them the ability to make choices for themselves with guidance from a DCF outreach worker. It allows them to grow and explore, helping them to learn how to lead adult lives.

DCF also provides various forms of financial support to youth who are transitioning out of its care. First, the department administers funding from the Chafee program to help youth finishing high school with incidental expenses such as SAT preparation courses, senior class trips, and caps and gowns for graduation. For youth beginning to live on their own between ages 18 and 22, the department can help with start-up costs such as first and last month’s rent for an apartment, emergency car repairs, or furniture. By covering these types of expenses, the department aims to give foster youth the same opportunities that are available to non-foster youth from more affluent backgrounds.

Youth transitioning out of foster care have also benefitted from DCF’s internship program, which serves around 90 youth per year. DCF outreach workers help youth to find an internship at a local employer based on the youth’s interests, and the department pays the youth \$7 per hour to work there. This program has seen successes on two levels. First, it has given youth valuable work experience. Some have been hired by the employer after having completed the internship. Second, the program gives youth a strong adult mentor in their lives. This type of relationship can be invaluable for a youth leaving foster care. In one case, a work supervisor adopted a former foster youth intern.

DCF also provides education support for youth transitioning out of foster care. First, as previously mentioned, Massachusetts public

colleges waive tuition and fees for former foster youth until age 25. Second, the department runs a foster child grant program that provides up to \$6,000 for tuition at a vocational school or other private education program. Third, the department oversees Chafee grants of up to \$5,000 for tuition or housing support in order to attend college. DCF helps to determine youths' eligibility for one or more of these educational support programs.

Finally, DCF works to ensure that youth leaving its care have skills for taking care of themselves. Both DCF and its contracted service providers use a readiness tool that assesses all aspects of a youth's preparation for leaving state care, including job skills, hygiene, knowing how to drive, personal financial management, and nutrition. If a youth is in need of improvement, the readiness tool helps the youth and a caseworker to focus on the areas of greatest need. Again, the department aims to provide transition-age youth with support and guidance similar to what a parent might provide to a youth who was not receiving state services.

## Federal Juvenile Justice Services

At the federal level, states receive funding through the Juvenile Justice Delinquency Prevention Act of 1974, which does not place a strong emphasis on re-entry into the community. The federal government does not directly provide services. Instead, it sets requirements for states, meaning states can choose to prioritize community re-entry, as long as they meet other requirements. This is not easy with limited state budgets. To make the transition easier for youth, it has been argued that more of the budget should be allocated to transition services to take place once youths have completed their detention and that an emphasis should be placed on a shorter detention time and a longer aftercare program. There have also been strong arguments for funding to be given to community-based alternatives, including religious organizations and aftercare services.<sup>12</sup>

## Juvenile Justice in Massachusetts

The Department of Youth Services (DYS) is responsible for the detention of youths under age 18 who commit any offense except homicide. It serves a dual mandate to protect citizens by keeping serious offenders off the street and to rehabilitate at-risk youth who have committed offenses. DYS has approximately 800 youth in their care at any one time, including out-of-home placements and youth awaiting a court hearing. Caseworkers are assigned no more than 15 youths. For DYS, the main indicator of a successfully transitioned youth is one who does not reoffend within a five year period, though the first six months is the period of highest risk. In a report released by DYS in 2015, the one-year recidivism rates over the prior five years were 26.1% for males and 3.9% for females.<sup>13</sup> DYS has identified several factors that they believe are most highly associated with recidivism, including out-of-home placements, mental disabilities, unemployment, substance abuse, lack of education, and poverty.<sup>14</sup> Many of these issues lead DYS to have direct tie-ins with other agencies, including DCF and the Department of Elementary and Secondary Education. As a result,

*DCF serves 6,914 youth over the age of 16. 25% of those youth are over the age of 18 and are receiving services on a voluntary basis.*

*1,674 youth age out of DCF services each year.*

*312 out of 800 youth offenders in Massachusetts have had some involvement with DCF prior to their detention.*

a suite of services is generally offered to youths in the care of DYS. Due to recent changes in federal law, these organizations can now receive funding for youths up to age 21, providing many with additional support to reintegrate into the community.<sup>15</sup>

An important overlap occurs between the populations of DYS and DCF, as 312 out of 800 of youth offenders in Massachusetts have had some involvement with DCF prior to their detention. While there are no data currently available that identify the overlap between DYS and DMH, research has suggested that up to 70% of youth involved in the juvenile justice system nationally have some sort of learning disability or mental health concern.<sup>16</sup>

One initiative DYS is currently undertaking is counseling for youth between ages 18 and 21. The program is too new to determine whether the results are producing a positive effect. Although DYS has declined to release how many youth are using the service, they are encouraged by preliminary results. This counseling is voluntary for the youth, and DYS has seen significant enrollment. The average time a youth participates in the program is around six months. Although six months is a relatively short period of time, it is the most critical period given the high likelihood of re-offense within the first six months.

## Federal Mental Health Services for Youth

A mental illness is generally defined as, “a health condition that changes a person’s thinking, feelings, or behavior and causes the person distress and difficulty in functioning.”<sup>17</sup> According to a United States Government Accountability Office report on services for young adults with serious mental illness across the country, state mental health departments are primarily responsible for administering the public mental health system. As a result, state-operated or county-operated facilities, nonprofit organizations, and other private providers deliver the majority of services.<sup>18</sup>

Despite the fact that most services are provided directly by states, the report lists a number of federal programs that can assist young adults with serious mental illness, provide educational and employment-related services, and provide housing support. Individuals can also qualify for funding from the Community Mental Health Block Grant under the Substance Abuse and Mental Health Services Administration (SAMHSA). If individuals are unable to work, they may qualify for Supplemental Security Income or Disability Insurance provided by the Social Security Administration. This funding can be used in conjunction with state funding to support the provision of services.<sup>19</sup>

Unfortunately, public services are often not tailored to the needs of young adults with serious mental illnesses. For example, some service providers are not trained in adolescent development, group therapy often does not involve members in the same age range, and employment programs are often not tailored to young adults. Another challenge that youth across the country face is the differences in eligibility criteria between child and adult systems, which can result in the loss of services as individuals age out of child



services and do not meet the criteria for adult services. Additionally, qualifying for free or low-cost mental health services is often more difficult for adults than for children.<sup>20</sup>

## Mental Health Services for Youth in Massachusetts

DMH offers a variety of services for 2,800 to 3,000 transition-age youth in Massachusetts. According to DMH's Young Adult Resource Guide, the department has "primary responsibility for the delivery of non-acute continuing care mental health services for children with serious emotional disturbances who are not able to receive appropriate mental health services through other entities or insurance."<sup>21</sup> As such, the DMH transition-age youth initiative helps "young people embark on a positive life path into adulthood toward the goals of personal stability, community housing and employment, and positive youth and family relationships."<sup>22</sup> It is important to note that DMH child and adolescent services end at age 19. If a youth aging out of DMH child services wishes to continue receiving services at age 19, the individual must qualify and apply for DMH adult services. This age cutoff does not reflect that of DCF and DYS, where youth age out upon turning 22.

The Young Adult Resource Guide lists a number of service options specifically for transition-age youth throughout Massachusetts. Among these are Young Adult Resource Centers, Recovery Learning Centers, and vocational programs. These offer support services and daily structure for youth and their families. Many of the service descriptions mention the importance of establishing meaning, purpose, and connections in the lives of youth, as well as the importance of allowing them to set their own paths forward. Most of the programs listed in the Resource Guide do not require DMH referral, although a few do. While this suggests that transition-age youth throughout Massachusetts who are not receiving services directly from DMH are able to receive mental health services from independent service providers, this would only be possible if the non-DMH youth are aware of these services. The guide also includes more general information on employment, education, health and nutrition, housing, transportation, and more.<sup>23</sup>

Another way in which Massachusetts serves its clients is through an Assertive Community Treatment model that brings together an interdisciplinary team of mental health and social service providers that are available in the community 24 hours per day. These programs are designed for individuals with serious symptoms of mental illness who come to the programs when they are experiencing crisis. The services are individually tailored and take into account cultural diversity.<sup>24</sup>

Young adults are able to find employment through supported employment programs, which are designed to help individuals work in the community while receiving mental health treatment and rehabilitation services. These jobs are intended to meet an individual's preferences and abilities with the goal of retaining the jobs throughout the transition period.<sup>25</sup>

*DMH child and adolescent services end at age 19.*

Youth in Massachusetts are given the opportunity to participate in the planning of mental health services through youth councils. The Youth Development Council (YDC) was formed in 2002 as a subcommittee of the Massachusetts State Mental Health Planning Council. The focus of the YDC is on “transition age programming...and to create a voice for youth,”<sup>26</sup> and it has played a strong role in the development of the DMH transition-age youth initiative. It meets every other month. Another youth council in Massachusetts is the Statewide Youth Advisory Council (SYAC), which “brings together providers, youth, and young adults to advise the Department of Mental Health.”<sup>27</sup> SYAC members advocate for themselves and for young adults in the DMH system and in the community. The Council meets every month.

One area where there is strong collaboration between state agencies is the Caring Together Program. DMH and DCF work together to provide children and families residential and support services. While this program is not specifically targeted towards transition-age youth, it presents an example of how joint procurement of services and “common service criteria and standards of care” enhance service provision and reduce overall costs.<sup>28</sup> The uniform standards include transition and bridging requirements and practices that promote school achievement and cultural competency.

While the state budget does not specifically designate funding for transition-age youth through budgetary line items, the department spends about \$3 million on transition-age youth programming. In 2013, DMH received a four year, \$4 million grant from SAMHSA for the Success for Transition-Age Youth (STAY) grant. This grant supports 22 young adult peer mentors at 12 Community Services Agencies (CSAs) throughout the state where mental health services are provided to youth. The “young

adults bring lived experience and are able to connect and provide a unique understanding in supporting other youth.”<sup>29</sup> In order to ensure that youth are receiving the transitional services that they feel they need, CSAs are trained in Achieve My Plan (AMP!). AMP! ensures that youth are able to meaningfully participate in the planning of their service provision.<sup>30</sup>

Another grant that DMH received from SAMHSA is the “Now is the Time” Healthy Transitions grant, which is specifically for youth who are not in the DMH system but would benefit from support. The purpose of the grant is “to improve access to treatment and support services for youth...that either have, or are at risk of developing a serious mental health condition.”<sup>31</sup> The grant was first awarded in 2014 and services began in January 2016. Although service provision has just recently begun, this \$1 million per year grant will fund two drop-in centers, one in Lawrence and one in Haverhill, that allow young adults to walk in and receive services without the requirement of DMH eligibility or a formal mental health diagnosis. The goal of these drop-in centers is to eliminate the barriers that young adults often face in receiving services. Like CSAs, the drop-in centers provide age-appropriate AMP! wrap-around services and are staffed with peer mentors who can relate to the youth and the issues they are facing.

## Summary

Although states receive funding for transition-age youth from the federal government, youth are not a major concern at the federal level as reflected in separate provisions, policies, or inconsistent funding. This situation is mirrored at the state level in Massachusetts. Youth are served by multiple agencies with overlapping jurisdiction and insufficient funds. Nonetheless, Massachusetts state agencies supports youth in promising ways. DCF and DYS extend their age of eligibility

beyond 18, and each agency has come up with new ways to support the youth. For example, DMH includes youth in policy-setting activities, DCF offers housing and job training, and DYS offers counseling. These programs are evidence of imaginative thinking and a desire to address this population.

## Section Footnotes

<sup>9</sup> “Chafee Foster Care Independence Program and Education and Training Voucher Program,” Children’s Bureau, Last modified 2011, accessed February 4, 2016, <http://www.acf.hhs.gov/programs/cb/resource/chafee-foster-care-program>.

<sup>10</sup> “Performance Partnership Pilots for Disconnected Youth (P3),” Youth.gov, accessed February 17, 2016, <http://youth.gov/youth-topics/reconnecting-youth/performance-partnership-pilots>.

<sup>11</sup> Massachusetts Department of Children and Families, Caseload Report FY16 Q1, December 2015, <http://www.mass.gov/eohhs/researcher/family-services/dcf-reports.html>.

<sup>12</sup> Ashley Nellis and Richard Wayman, “Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community.”

<sup>13; 14</sup> Tansi and Ponikiewski, “Juvenile Recidivism Report For Clients Discharged During 2011.”

<sup>15</sup> Teresa Wiltz, “States Tackle ‘Aging Out’ of Foster Care,” The Pew Charitable Trusts, March 15, 2015. Accessed March 1, 2016. <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/3/25/states-tackle-aging-out-of-foster-care>.

<sup>16</sup> Nellis, Ashley and Richard Wayman, “Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community,” Youth Reentry Taskforce of the Juvenile Justice and Delinquency Prevention Coalition, 15.

<sup>17; 18; 19; 20</sup> United States Government Accountability Office (USGAO), “Young Adults with Serious Mental Illness: Some States and Federal Agencies Are Taking Steps to Address Their Transition Challenges,” (2008), 7.

<sup>21; 22; 23</sup> Maria Tucker, “Young Adult Resource Guide: 2012,” Massachusetts Department of Mental Health (2012).

<sup>24; 25</sup> USGAO, “Young Adults with Serious Mental Illness.”

<sup>26; 27</sup> Voices 4 Hope, “Massachusetts Youth Councils,” Accessed April 8, 2016, <http://www.voices4hope.net/massachusetts-youth-councils.html>.

<sup>28</sup> Commonwealth of Massachusetts Executive Office of Health and Human Services, “Caring Together Overview,” July 2014, <https://www.masspartnership.com/pdf/Caring%20Together%20Overview%207.2014.pdf>.

<sup>29</sup> Department of Mental Health, “Success for Transition Aged Youth,” Accessed March 11, 2016.

<sup>30</sup> Research and Training Center for Pathways to Positive Futures, “Achieve My Plan (AMP!): Youth Participation in Planning Teams,” Accessed April 8, 2016, [http://www.pathwaysrtc.pdx.edu/pdf/Webinar\\_AMP.pdf](http://www.pathwaysrtc.pdx.edu/pdf/Webinar_AMP.pdf).

<sup>31</sup> Substance Abuse and Mental Health Services Administration, “‘Now is the time’ Healthy Transitions (HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions,” Last modified January 15, 2015, <http://www.samhsa.gov/grants/grant-announcements/sm-14-017>.

# Methodology

We began our research by reviewing previous literature on services for transition-age youth. We read professional reports by advocacy organizations and academics, and we reviewed websites for state government agencies and advocacy organizations (see References and Bibliography). We reviewed these materials in order to learn about programs, policies, and funding sources designed for transition-age youth, as well as previous efforts that have been undertaken to reform these policies.

Our next step was to interview key informants. Based on our initial reading, we developed a list of questions about service provision (see Appendix A). We followed a semi-structured interview protocol, meaning that we constructed each interview based on a standard set of questions. Not every question was asked of every informant, nor were they asked in precisely the same order. Instead, we chose questions from our list that were most relevant to each informant, and we asked them in an order that followed naturally from the flow of the conversation.

With help from LUK, we developed a list of key informants from government agencies and nonprofit organizations that serve youth (see Appendix B). We contacted 28 people, of whom 18 agreed to be interviewed. We spoke with representatives at Massachusetts state agencies, officers at Massachusetts advocacy organizations, representatives from other state governments, and officers at national child

welfare advocacy organizations. We conducted the interviews in order to gain personal perspectives on providing services to youth. In contrast to the written reports we reviewed, our interviews gave us wide-ranging individual viewpoints on particular aspects of youth services.

Our third step was to construct a data reduction matrix to compare our interview results. The matrix had columns for genres of information and rows for the individual interviews we conducted (see Appendix C). The matrix helped us to compare information both within cases and across cases, allowing us to draw out common themes and formulate recommendations.

We also produced a one-page flyer with key findings and recommendations that can be used by LUK and other advocates working to enhance services for transition-age youth in Massachusetts (see Appendix D).

Due to the broad scope of this research field, our report analyzes service provision to transition-age youth as a whole population, as opposed to considering specific subgroups of these young people. Research suggests that subgroups are present and may have particular needs. For example, reports suggest a disproportionate number of LGBTQ youth in foster care.<sup>32</sup> Our analysis is not meant to obscure the special challenges and needs of subgroups. Instead it is intended to present a broader understanding of what types of outcomes are best for the population as a whole.

## Section Footnotes

<sup>32</sup> Amy Dworsky, “The Economic Well-Being of Lesbian, Gay, and Bisexual Youth Transitioning Out of Foster Care,” Mathematica Policy Research (2013).



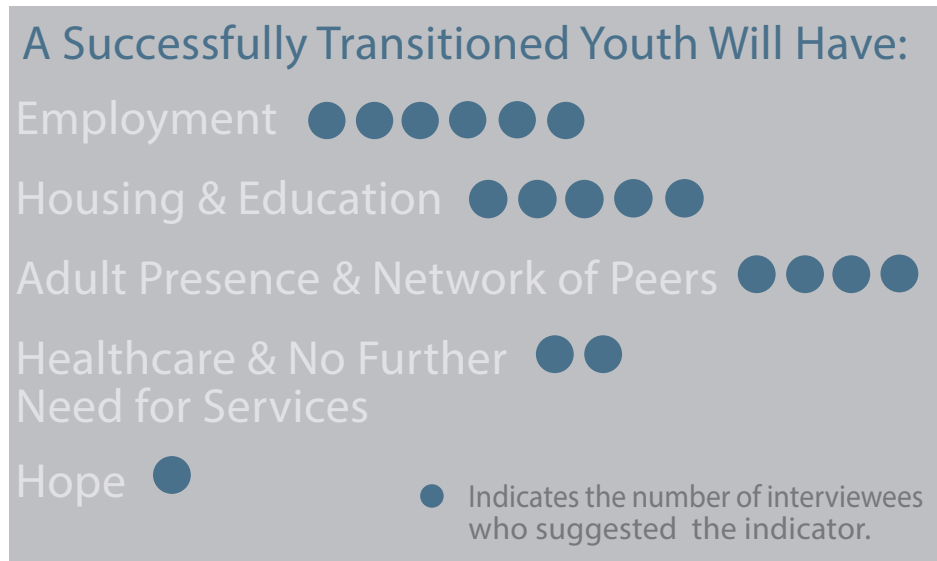
# Findings: Indicators of a Successful Transition

In our research we sought two types of information regarding services for youth: indicators of a youth's successful transition out of state services and models from other states that Massachusetts might consider replicating. We start on the individual level in order to see what each youth leaving the system should be prepared to do as he or she enters adulthood. First, we wanted to understand what the end result of a well-functioning system for youth would be. The key question we aimed to answer is: What would any services, offered by the range of state agencies involved, want to achieve for these young people? We asked this question at the level of an individual in order to guide more comprehensive policy recommendations. If state services can help to prepare youth in these ways, they could be considered successful.

Many of the youth who receive services from the state in child welfare, juvenile justice, and mental health grow up in challenging circumstances, in families that were unable to sufficiently help them develop into fully functioning adults. In many ways, the state tries to provide services that replicate what other children receive from their families. In this view, an overall measure of a successfully transitioned youth is one who has had opportunities and experiences comparable to a youth who was not in state services. This means a 25-year-old who came out of state services would have the knowledge and experience needed to pursue housing, employment, education, and a generally fulfilling life. Details about each of these aspects of a successful transition follow (see the diagram on the right for a summary).

1. *Youth have meaningful employment or are employable.* Having steady employment is important for all people. However, employment for transition-age youth is especially important because many do not have families to fall back on if they have trouble finding or keeping employment. Therefore, successful state services for transition-age youth will focus on training them for employment and allowing them to work part time while still receiving services. This allows for a gradual transition period.

2. *Youth have a permanent place to live.* When a youth leaves state



care, he or she will need a place to live. It could be an apartment, but it could also be kinship living. Even if a youth's parents or grandparents are unable to provide housing, a youth could go to live with an uncle, a cousin, a godparent, or any other relative who might have a spare room. Regardless of who and where, a youth needs a stable home in order to proceed with life. Sharing a home with an adult could potentially give the youth more ready access to a strong adult presence in life (see below).

3. *Youth have received at least a secondary education.* Succeeding in school is often difficult for children who come from challenging family situations, and involvement in foster care, juvenile justice, or mental health services can create additional barriers to educational success. If a child changes homes

frequently, is held in the custody of juvenile justice, or struggles with mental health issues, he or she will miss time in school and will often lack a supportive home with a quiet place to do homework. As a result, many youth who are involved in state services often have some form of disruption to their education. In recognition of this, successfully transitioned youth will have had the opportunity to continue their education during the time of their transition out of state services. Youth might be finishing a high school degree, participating in a vocational program, or attending college, but regardless of the stage of education, he or she should be working on completing it.

4. *Youth have a strong and positive adult presence in life.* A youth who successfully transitions out of state services will have a strong adult

presence in his or her life. Many youth who did not receive state services as children are fortunate to have parents who continue to give them lifelong advice and guidance. Given the circumstances that many youth who received state services faced in childhood, they could have an even greater need for this type of adult presence in their lives. The adult could be a biological parent, a foster parent, a caseworker, a coach, a mentor, or a close friend. Whoever it is, the youth needs to have someone to ask for guidance.

5. *Youth have a supportive network of peers.* People of all ages rely on peers for companionship, conversation, and emotional support, and youth leaving state services are no different. Youth who transition successfully will have formed friendships, either through school, work, or state service programming. Nonprofits and government agencies can assist in providing spaces for youth to create community. There are already models of nonprofit agencies that run nonresidential drop-in spaces where youth can do laundry, access the internet, eat a hot meal, do homework, or seek advice from staff about jobs, housing, and education. Voluntary programs like this can provide youth a low-pressure environment in which to connect with others.

6. *Youth are enrolled in healthcare services and have an understanding of how to use it, should they need it.* Many youth who received state services might have had inconsistent physical healthcare, strains on their mental health, or challenges with alcoholism or drug abuse. Youth who successfully leave state services will know how to access health services. They will feel comfortable going to periodic doctors' appointments in order to access preventative healthcare, and they will know how to reach mental health providers if the need arises. They will have insurance through MassHealth, the Massachusetts Health Connector exchange, or private insurance.

7. *Youth are no longer in need of services.* State services are often designed for youth who have no other place to go. If a youth no longer needs assistance from state agencies, that lack of need can itself be an indication of a successful transition.

8. *Youth have hope for the future.* In spite of the challenging situations faced by youth coming out of state services, many of them are surprisingly resilient. Many have lived in multiple homes or dealt with multiple caseworkers and still hold a positive outlook for the future. For others, life instability can be demoralizing, leading to a sense of hopelessness and a lack of motivation. As a result, a successfully transitioned youth will anticipate a promising future. He or she will look forward to shaping a fulfilling, meaningful life through education, work, and family.



## Summary

From the perspective of our interviewees, these indicators represent a successful outcome for a youth who has passed through the system of state services. Measuring these outcomes to determine whether the services were effective can be difficult for state agencies, though some methods are now being explored. Due to the requirements of the federal Health Insurance Portability and Accountability Act (HIPAA), it is often not possible for state agencies to contact a former client to gather data on their current situation. Additionally, a 2008 report by the U.S. Government Accountability Office looking at services for young adults in different states explains that while young adult programs have existed in most states for at least five years, “none of the states have systematically collected data on outcomes to evaluate the effectiveness of their programs. State officials said that their budget resources are limited and they have focused on providing services.”<sup>33</sup> While this report is now eight years old, we have found only limited evidence of outcome data collection.

When examining indicators, it is important to note that there is one way in which the federal government measures youth outcomes. All states must participate in a survey that measures their independent living services for youth. Through the Chafee Act, the Administration of Children and Families (ACF) was federally mandated to develop a data collection system. The ACF thus created the National Youth in Transition Database (NYTD) and requires states to collect demographic and outcome information on youth who receive independent living services paid for by the state through Chafee. The ACF uses these data to track which independent living services states provide and to assess youth outcomes on a national level. The survey measures youth on six outcomes: financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance.<sup>34</sup>

## Section Footnotes

<sup>33</sup> USGAO, “Young Adults with Serious Mental Illness,” 32.

<sup>34</sup> Children’s Bureau, “About NYTD,” Accessed April 14, 2016, <http://www.acf.hhs.gov/programs/cb/resource/about-nytd?page=all>.





# Findings: State Models to Consider

Because transition-age youth services are provided at the state level, this section of our report examines states that were recommended by informants and through our literature search as promising models. The section starts with model aspects of Massachusetts' services and then outlines programs in Connecticut, California, and Maryland that offer promising opportunities for enhancing service provision in Massachusetts. The child welfare agencies in Connecticut, California, and Maryland consider transition-age youth to be between the ages of 14 and 21. While there are other agencies that interact with these youth, the agencies discussed below are the most relevant to our study.

We gathered the following information through key informant interviews, the 2008 Government Accountability Office report on mental health services, and reviews of government publications and websites. We note that the 2008 GAO report indicates that elements in the current Massachusetts system of service provision are exemplary.<sup>35</sup> These are highlighted below along with other key elements of Massachusetts service provision.

## Model State: Massachusetts

Massachusetts has been “ahead of the curve” on some aspects of foster care for youth. First, in the early 2000s Massachusetts extended MassHealth coverage to former foster youth until age 21, spending \$10 million that was not eligible for federal reimbursement. Second, Massachusetts waived tuition and fees at public colleges for former foster youth. Third, Massachusetts allowed juvenile court judges to oversee foster youth cases until age 21. All of these changes took place prior to 2008 when Congress passed a law encouraging other states to emulate Massachusetts.

DCF also oversees a variety of programs to help youth transition out of state care. First, it offers financial assistance with rent and moving costs. Second, it offers scholarships to help pay for vocational or postsecondary education. Third, it provides paid internships with the dual purpose of providing work experience and a strong connection to an adult.

The GAO report highlights the fact that Massachusetts serves its clients through an Assertive Community Treatment (ACT) model. ACT brings together an interdisciplinary team of mental health and social service providers that are available in the community 24 hours per day. These programs are designed for individuals with serious symptoms of mental illness who come to the programs when they are experiencing crisis. The services are individually tailored and take cultural diversity into account.<sup>36</sup>

Another successful element of Massachusetts service provision is that young adults are able to find employment through supported employment programs. These

are designed to help individuals work in the community while receiving mental health treatment and rehabilitation services. Intended to meet an individual's preferences and abilities, the goal is that the youth will be able to retain the job throughout the transition period.<sup>37</sup>

Also important is that youth in Massachusetts are given the opportunity to participate in the planning of mental health services through youth councils. The Youth Development Council (YDC) was formed in 2002 as a subcommittee of the Massachusetts State Mental Health Planning Council. The focus of the YDC is on “transition age programming...and to create a voice for youth,”<sup>38</sup> and it has played a strong role in the development of the DMH transition-age youth initiative. It meets every other month. Another youth council in Massachusetts is the Statewide Youth Advisory Council (SYAC), which “brings together providers, youth, and young adults to advise the Department of Mental Health.”<sup>39</sup> The SYAC advocates for themselves and for young adults in the DMH system and in the community. It meets every month.

As previously mentioned, transition-age youth in Massachusetts who were in DYS custody are enrolled in a counseling program upon their release in order to align with DYS's philosophy that re-entry begins at intake. This counseling service provides youth with moral and financial support to help them readjust to life after their sentences are served. The counseling program includes check-ins, a personalized re-entry plan, a plan to finish high school or obtain a GED, tuition assistance for community college, and general mentorship.

## Key Findings from Massachusetts

- *Massachusetts extended MassHealth coverage to former foster youth until age 21*
- *Offers financial assistance with rent and moving costs*
- *Provides paid internships with the dual purpose of providing work experience and a strong connection to an adult*
- *Uses Assertive Community Treatment (ACT) model*
- *Provides supported employment programs*
- *Offers the opportunity to participate in the planning of mental health services through youth councils*
- *Community re-entry begins at intake*

## Model State: Connecticut

Connecticut considers working with transition-age youth to be one of its specialties. Units within Connecticut's Department and Children and Families (DCF) agency are dedicated specifically to these youth and the agency requires caseworkers to go through 10 days of training on adolescent services. Children enter these caseloads, meaning they are considered to be transition-age youth and receive a transition-age youth caseworker, at age 14. If a transition-age youth is receiving services from more than one agency, funding and responsibilities are shared across agencies using cooperative agreements. These agreements outline the process required for multiple agencies to provide services during the transition period and the funding responsibilities of the agencies.<sup>40</sup>

In order to facilitate communication and relationships among agencies, the Connecticut DCF has staff out-posted at other agencies, including the Department of Correction (DOC), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Developmental Services (DDS), to bridge referrals and enhance cooperation. Though their agencies do not share databases, the staff liaisons are responsible for making sure that there is communication between agencies regarding youth who are involved with multiple providers. This allows the agencies to work together to serve clients in a cohesive fashion because the liaison is responsible for making sure that each agency provides the needed services to the client. The agencies also encourage close communication and coordination among service providers through quarterly meetings so that service providers understand the importance of working together to serve individuals.

In order to provide a bridge for individuals who are aging out of child services and must transition to

another agency to continue receiving services as an adult, Connecticut uses a formal referral process across adult-serving agencies.

On the programming side, volunteer mentorship is considered to be an important part of transition services for these youth. If the youth would like a mentor, they are matched with volunteer mentors who are trained by Connecticut's DCF to work with these youth and aid them through their transition. The goal is that the mentor/mentee relationship will continue beyond the time when the youth ages out of services, providing the mentee with an already established relationship in the community.

Educational specialists are also part of Connecticut's programming. The specialists work specifically with older adolescents in care, help them with college or vocational school planning, make sure they are tracked appropriately, and help to review their applications for schools and jobs.

Additionally, all youth within Connecticut's DCF receive a mental health screening at the age of 16. DCF helps youth receive services from DMHAS if mental health support is needed. Since a large portion of children receiving in-home support or foster care services throughout the country have undiagnosed mental health issues, this is an important aspect of Connecticut's programming, allowing the agency to identify and treat problems early. Young adults within the juvenile justice system are also referred as early as possible to DMHAS so that transition plans can be developed and referrals to adult mental health services can be made if necessary.<sup>41</sup> It is estimated that approximately two thirds of youth within the juvenile justice system have either a diagnosed or undiagnosed mental illness and that 70% have a learning disability.<sup>42</sup>

Like Massachusetts, one of the ways Connecticut provides mental health services is through an Asser-

tive Community Treatment (ACT) model which brings together an interdisciplinary team of mental health and social service providers that are available in the community 24 hours per day. These programs are designed for individuals with serious symptoms of mental illness who come to programs when they are experiencing a crisis. The services are individually tailored to meet the needs of the client.<sup>43</sup> Connecticut uses ACT programs in "some of its young adult program sites, often to serve those leaving foster care and the juvenile justice system."<sup>44</sup>

The Connecticut mental health agency also provides supported education services for young adults who enroll in higher education. Funding is provided for a supported education counselor "who provides case management services, acts as a liaison between the university's disability office and the student," and works with the student and university staff to ensure that the mental illness is accommodated in the classroom and during exams.<sup>45</sup> The counselor also works closely with "state adult and child mental health agencies and with youth formerly in foster care or juvenile justice who are transitioning out of the child mental health system."<sup>46</sup>

## Key Findings from Connecticut

- *Children enter transition-age youth population at age 14*
- *Funding and responsibilities are shared across agencies using cooperative agreements*
- *DCF has staff out-posted at other agencies who are responsible for making sure that there is communication between agencies regarding youth who are involved with multiple providers*
- *Offers volunteer mentorship*
- *Uses educational specialists*
- *All youth within DCF receive a mental health screening at the age of 16*
- *Uses Assertive Community Treatment (ACT) model*
- *Provides supported education services for young adults who enroll in higher education*
- *Provides funding for a supported education counselor*



## Model State: California

California transition-age youth services provide a variety of options for success. The transitional time period can be difficult for these youth, and the system in California is designed to allow for trial and error. Often, when a youth exits to permanence, meaning they leave the system, it is difficult for them to return to services. In California, there are minimal barriers to re-entry, so if a youth exits to permanence, he or she can resume services if necessary. This gives the youth the opportunity to test out a number of different life scenarios, such as a living situation, educational program, or employment. If one of these attempts is not successful, he or she is eligible to return to the agency to receive additional guidance and services if needed. As a result, the service providers offer transition-age youth alternate options and flexibility as they transition out of services. The service providers also strive to make the services appealing to youth so that they are interested in re-entering if necessary.

Looking specifically at the California Department of Social Services (CDSS), there is the Foster Care Support Services Bureau, and within that is a Transition-Age Youth Policy Unit, which is a separate unit with specific responsibilities. This unit was formerly known as the Independent Living Program Policy Unit, but when extended foster care went into effect in 2012, transition-age youth became the main focus of the unit and the name was changed. As California is a large state, services are provided at the county level. The Transition-Age Youth Policy Unit provides policy guidance, program assistance, and oversight. Thus, communication between agencies and between agency and county are important. This is done through various methods of data sharing and emphasis on communication, as well as through transition-age youth liaisons who

are located in other agencies such as in the juvenile justice facilities.

California transition-age youth services in the child protection system also put a major emphasis on the last three years of foster care, working with youth on post-secondary education. Understanding the value of education for future employment, the goal is for the youth to have completed one year of post-secondary education upon leaving care.

Another important resource available to transition-age youth in California is a printed resource planner that was developed by non-profit organizations together with former foster youth. These planners are available for ages 14-18 and 18-24, as well as for birth parents. The planners provide various resources to the youth, including information about available services. The planners for 14-18 year-olds focus largely on the importance of staying in school, as well as managing the relationship with social workers and sex education. The planners for 18-24 year-olds focus on housing, employment, and college options, providing information on grants and scholarships, as well as help with how to apply for financial aid for college.

Similar to the resource planner, California also has a website directed toward foster youth, providing them with information regarding rights, services, emergency crisis and help hotlines, and ways to connect with other youth. The website also provides youth with resources that can help them understand how to navigate the transition into adulthood such as links to scholarships, educational services, drivers' licenses, employment resources, and other information that may be needed upon their transition from care.<sup>47</sup>

California employs several methods to track outcomes for youth in state care. The counties track exit outcomes including employment status, level of education, permanent

connections with adults, whether they are parenting, and involvement with the juvenile justice system. Outcomes are also tracked through a collaboration between the University of California at Berkeley and the CDSS called the California Child Welfare Indicators Project (CCWIP). CCWIP used around 20 measures to assess California's entire child welfare system and provides policymakers and child welfare workers with direct access to the information.<sup>48</sup>

## Key Findings from California

- *Has a Transition-Age Youth Policy Unit, which is a separate unit with specific responsibilities*
- *Major emphasis put on the last three years of foster care*
- *Provides a printed resource planner*
- *Offers a website directed toward foster youth*
- *Tracks youth outcomes through a collaboration between the University of California at Berkeley and the CDS&S called the California Child Welfare Indicators Project*

## Model State: Maryland

Maryland encourages inter-agency collaborations through the creation of inter-agency committees. These committees use a strategic planning process that identifies sub-committees or work groups that focus on different areas including employment, homelessness and housing, and infrastructure and systems. Groups can have representatives from different agencies at the state, local, and provider level. These groups were formed because of the significant overlap between the populations that the agencies serve as well as the services that agencies provide. Working in these sub-committees reduces the duplication of work and helps to manage the complications created by overlap. Additionally, working in sub-committees allows the agencies to work together to align policies and services. For example, this partnership between agencies has resulted in the Department of Human Resources (DHR), the state's human services provider, working with the Department of Labor on workforce development programs to provide employment opportunities, trainings, job coaching, and other types of skills training specifically for foster youth.

Additionally, the mental health agency in Maryland has a formal arrangement with the state's vocational rehabilitation agency under which "individuals determined eligible by the mental health agency are also determined eligible by the vocational rehabilitation agency for supported employment services."<sup>49</sup> The eligibility determination process is automated and simultaneous so that, upon being determined eligible for mental health services, "individuals receive assistance finding and keeping a job and managing their mental illness in the workplace."<sup>50</sup>

Maryland is also in the process of creating an inter-agency database, which will allow agencies to more easily and quickly share necessary information.

In order to better serve youth in need of mental health services, "Maryland has chosen to broaden eligibility criteria for mental health services for young adults beyond the medical necessity criteria established for adults."<sup>51</sup> Young adults need not meet all of the eligibility criteria required of an adult to receive services in hopes that early detection and treatment will allow the youth to "become meaningful community participants rather than becoming dependent on the service system."<sup>52</sup>

Maryland has an initiative called Ready by 21 that provides independent living services to its transition-age youth. Youth begin life skills development such as education, employment, housing, health care, connections to supportive adults, interpersonal relationships, and financial literacy at age 14. The youth continue through a series of benchmarks that are broken up by age and life domain areas in order to guide youth's transition during their time in foster care and transitional planning. These benchmarks provide youth with age-appropriate services as they progress through adolescence to age 21. DHR also works in collaboration with both state and local organizations on this initiative. Additionally, included as part of the Ready by 21 program is the Maryland Youth Transitional Plan.<sup>53</sup> This is used to ensure these youth have personalized, comprehensive written plans outlining their preparation for transition to adulthood.

Maryland also has a website that promotes all of the transitional services available to youth on a local, state, and federal level. The website was designed for those who are in or who have been in the Maryland child welfare system, foster parents, social workers, supporters, legal and court-appointed advocates, and community-based organizations. It is a youth-friendly and easy to navigate website that provides users with resources, links to the Maryland Youth Transitional Plan,

events, and a blog.<sup>54</sup> The list of resources includes manuals, education, employment, health care, vital records, housing, financial literacy, and community-based resources.

In addition to the federal National Youth in Transition Database survey, Maryland uses two survey instruments to measure outcomes for youth. First, an exit survey is given to all youth who leave foster care at 21. It measures how well youth were able to accomplish the benchmarks laid out in the "Ready by 21" program and the youths' overall experience in foster care. The survey measures outcomes such as level of education, employment status, presence of a supportive adult, presence of employable skills, confidence level, conflict management skills, and housing status. Second, Maryland's direct service providers use a "Youth Engagement Model," which is a survey designed to assess how the caseworkers and social workers engage with the youth. The survey data are used to inform the agencies on policy and practice, to see what services youth are taking advantage of and which they are not, and to improve and increase access to underused services.

## Key Findings from Maryland

- *Encourages inter-agency collaborations through the creation of inter-agency committees*
- *Has a formal arrangement with the state's vocational rehabilitation agency*
- *Is creating an inter-agency database which will allow agencies to more easily and quickly share necessary information*
- *Has chosen to broaden eligibility criteria for mental health services for young adults beyond the medical necessity criteria established for adults*
- *Has an initiative called Ready by 21 that provides independent living services*
- *Offers a website that promotes all of the transitional services available to youth on a local, state, and federal level*
- *Uses two survey instruments to measure outcomes for youth*

## Analysis of Key Findings from Model States

Massachusetts, Connecticut, California, and Maryland provide model services for transition-age youth. It is therefore not surprising that many of the key features of the states' programs are iterative in principle but have variations in practice. Massachusetts, Connecticut, and Maryland, for example, all focus on education beyond high school for this age group. However, Massachusetts places an emphasis on cost relief rather than relationship management and counseling. While there are variations in approach, there is general agreement that extended education is an important priority for youth in state services.

Another important strategy adopted by multiple states is the Assertive Community Treatment Model, which underscores the importance of integrating youth back into their community. Such integration can give the youth a sense of belonging and confidence that they are being cared for.

Finally, the importance of data sharing across overlapping social service populations is highlighted by Maryland's inter-agency collaborations and Connecticut's inter-agency staff. Based off of these states, we have identified two possible models of communication within a state system between agencies: Department of Children and Families as Central Communication Hub and Representatives from Agencies form Communication Subcommittee. In a Central Communication Hub model, DCF would create a committee or unit specifically dedicated to transition-age youth, and this group would act as the central hub of communication for all inter-agency work. Liaisons from the transition-age youth group within DCF would work in the offices of various state agencies to enhance communication between the agencies that serve these youth. Alternatively, in a Communication Subcommittee model, DCF and other relevant state agencies would join together to create subcommittees made up of representatives from each agency. These subcommittees would be responsible for working with youth who are served by multiple agencies and for working on collaborative programs. In both approaches, communication between agencies is enhanced and the youth are better served.

As previously mentioned, many youth interact with multiple social service agencies that operate somewhat independently of one another. As such, agencies need to share files and general knowledge about the services a youth is receiving from other agencies in order to serve them properly. In Maryland and Connecticut, agencies seek to solve this data sharing issue by having staff members physically cross over to other agencies. Although there are more efficient ways to share data, the efforts of these states demonstrate the importance of integrated services if the youth is to be properly served.

While these model programs do exist in these four states, we were unable to determine what percentage of the transition-age youth population in each state has the opportunity to take advantage of these services due to either eligibility or funding constraints. Our research suggests that there is limited capacity within these programs to serve the entire population that has a need for them.

## Section Footnotes

<sup>35; 36; 37</sup> USGAO, “Young Adults with Serious Mental Illness.”

<sup>38; 39</sup> Voices 4 Hope, “Massachusetts Youth Councils,” Accessed April 8, 2016, <http://www.voices4hope.net/massachusetts-youth-councils.html>.

<sup>40; 41</sup> USGAO, “Young Adults with Serious Mental Illness.”

<sup>42</sup> Nellis, Ashley and Richard Wayman. “Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community.” Youth Reentry Taskforce of the Juvenile Justice and Delinquency Prevention Coalition, 15.

<sup>43; 44; 45; 46</sup> USGAO, “Young Adults with Serious Mental Illness.”

<sup>47</sup> California Ombudsman for Foster Care, “Foster Youth Help,” Accessed April 14, 2016, <http://www.fosteryouthhelp.ca.gov/>.

<sup>48</sup> Berkeley Social Welfare, “California Child Welfare Indicators Projects,” Accessed April 14, 2016, [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/).

<sup>49; 50; 51; 52</sup> USGAO, “Young Adults with Serious Mental Illness,” 35.

<sup>53</sup> Maryland Youth Launching Initiatives For Empowerment, “Maryland Youth Transitional Plan,” Accessed April 14, 2016, <http://mdconnectmylife.org/initiatives/maryland-youth-transitional-plan/>.

<sup>54</sup> Maryland Youth Launching Initiatives For Empowerment, “What is My Life?” Accessed April 14, 2016, <http://mdconnectmylife.org/>.







# Limitations in Massachusetts

Massachusetts is fortunate to have dedicated government employees, nonprofit workers, and volunteers who toil tirelessly to improve the lives of youth. As mentioned earlier, the Commonwealth already displays significant strengths in youth service provision. However, our research helped us to identify ways in which Massachusetts could continue to build on its strengths in regard to how services are provided. These are described below.

1. There is no centralized system of service provision for transition-age youth within Massachusetts, and agencies are largely working in silos. While it is generally agreed upon that transition-age youth are between the ages of 16 and 24 and are aging out of services intended for children, DMH is the only state agency that specifically addresses their unique situation and needs through a Young Adult Resource Guide. This became clear to our team as we attempted to quantify the number of transition-age youth in Massachusetts. Because they are not thought of as a specific population that needs its own set of services, transition-age youth are usually grouped in with children and adolescents as they receive services. While there are programs, such as the Caring Together Program, that require coordination between agencies, there is not a strong centralized system of communication between the agencies.

2. There are no designated line items for transition-age youth in the state budget. While many agencies provide services to this age group, their funding is often hard to distinguish from funding allocated for other age groups because there are no designated line items for transition-age youth within DCF, DYS, or DMH. While DMH does provide specific services for transition-age youth through the STAY Grant, none of the departments are allocated money in the state budget specifically for transition-age youth.

3. There is no methodology to collect data from this subset of the youth population across agencies. Transition-age youth are frequently “lumped together” with the entire population an agency serves, making it difficult to identify trends or identify what practices are working best for youth. We had difficulty assembling data on how many transition-age youth are served by the state because each agency has its own definition and record-keeping. Other researchers have faced similar data collection challenges.<sup>55</sup>

4. Agencies are inconsistent in defining when child services end. This inconsistency between agencies reinforces discontinuities in state services, making comprehensive service provision more challenging. For example, DMH child and adolescent services end at age 19, whereas in DCF and DYS, care from the department ends at 18, while voluntary services continue through age 21.

*There is no centralized system of service provision for transition-age youth, and agencies are largely working in silos.*

*There are no designated line items for transition-age youth in the state budget.*

*There is no methodology to collect data across agencies.*

*Agencies are inconsistent in defining when child services end.*

*There is inadequate housing for youth transitioning out of state services.*

*Many transition-age youth coming from state services have not received adequate education for meaningful and fulfilling employment as they begin their adult lives.*

5. There is inadequate housing for youth transitioning out of state services. While it is possible to find apartments for some youth, state agencies can further encourage kinship housing, where appropriate, even if it is far away. For many youth, living with a cousin, a godparent, or other relation can be an important source of stability. Anything the state can do to encourage this stability is positive. Various local, state and federal agencies provide housing units and housing vouchers for youth transitioning out of state services. These agencies include local housing authorities, DCF, the Massachusetts Department of Housing and Community Development, and the United States Department of Housing and Urban Development. However, the programs these agencies run are all small, and collectively they do not meet the tremendous need for housing.

6. Many transition-age youth coming from state services have not received adequate education for meaningful and fulfilling employment as they begin their adult lives. Studies have shown that transition-age youth who do not finish high school are only half as likely to be employed as their peers with a college degree.<sup>56</sup> Furthermore, the Toronto Pathways program and other case studies have suggested that a young person who finishes high school might make up to \$600,000 more over the course of their career than one who does not.<sup>57</sup> In addition to financial gain, school provides structure and accountability for transition-age youth, both of which are linked to the reduction of recidivism among the juvenile justice population. If educational attainment leads to a fulfilling career, the youth will have more hope for their future and will be more invested in building a life. While Massachusetts is already encouraging youth to continue their education beyond high school, so far it only waives fees for youth coming out of state services and, in a small number of cases, pays community college tuition for youth formerly involved with DYS. This might not be the best use of state funds. The aforementioned Pathways program guides youth through high school with intensive one-on-one counseling similar to Connecticut's approach. While the costs were high for the Pathways program, there was a reduction in the drop-out rate by almost 70% only two years after the program was implemented.<sup>58</sup> These results suggest that counseling and personalized attention might be a more effective tool to increase educational attainment among transition-age youth.

## Summary

Considering these six limitations and the lessons that can be learned from the above model states, there is an opportunity for Massachusetts to enhance the services it provides for transition-age youth.

## Section Footnotes

<sup>55</sup> “Missed Opportunities: Preventing youth in the child welfare system from entering the juvenile justice system,” Citizens for Juvenile Justice (2015).

<sup>56</sup> Nellis and Wayman, “Back on Track,” 19.

<sup>57</sup> The Boston Consulting Group, BCG Assessment Of Pathways To Education, Toronto: Pathways to Education (2011).

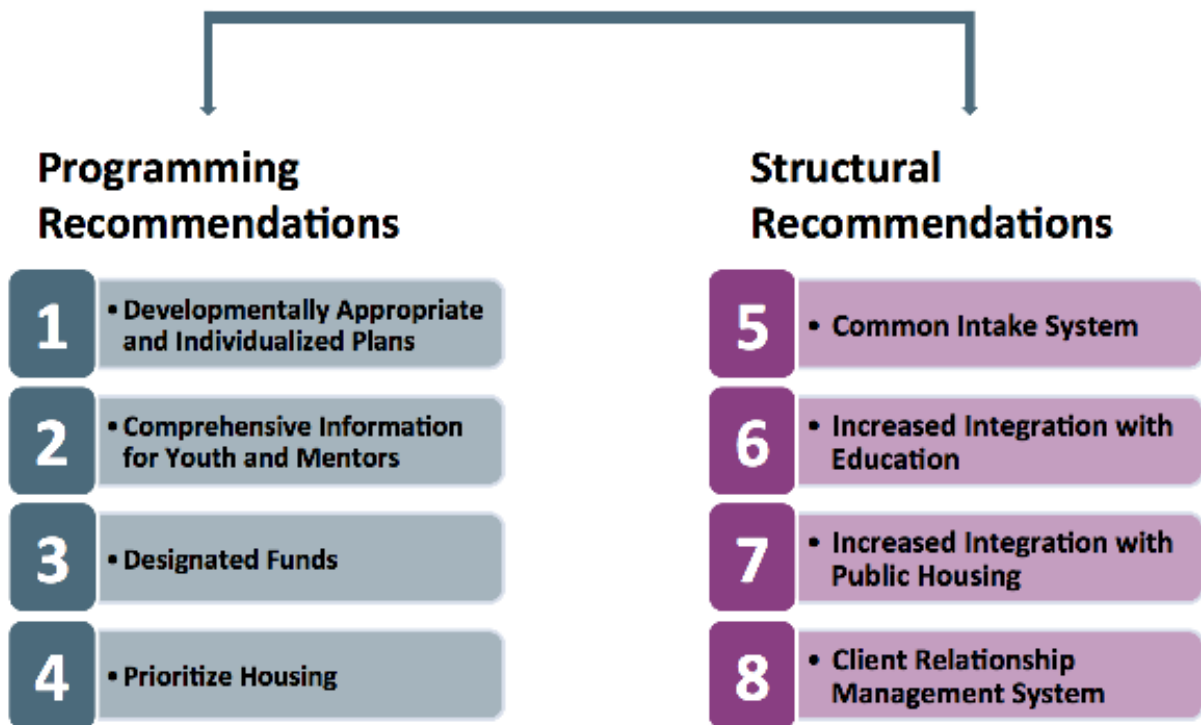
<sup>58</sup> The Boston Consulting Group, BCG Assessment Of Pathways To Education.



# Recommendations

Because transition-age youth are served by different agencies in different ways, our research focused both on services within agencies and how agencies interact to provide integrated care for youth. Some of our interviewees worked at individual state agencies in Massachusetts or in other states, while others worked at advocacy organizations that work with multiple state agencies. Given the complexity of intra-agency and inter-agency operations, we divided our recommendations into two categories: one for changes to how individual agencies provide services, and another for how agencies might better coordinate their efforts. These are represented as programming and structural recommendations below.

## Recommendations for Enhancing Services



*Recommendations are divided into two sub-groups: Programming changes which will take place at the agency level and structural changes which will take place across agencies*

## Recommendations for Agency-Specific Programming

In our interviews we asked how agencies might improve service provision for youth. The recommendations below are a synthesis of the answers we received. Versions of these recommendations arose repeatedly from the people we interviewed and in the prior research we surveyed. This first group of recommendations concerns services provided by individual agencies.

1. *Create developmentally appropriate services and individualized plans.* Services provided to every youth should be tailored to his or her needs, with adjustments made over time as needed. All youth who are leaving foster care need a permanency plan that is appropriate for their age and life situation. Youth who continue to receive state services after aging out should be placed with other young adults.

2. *Provide comprehensive and easily accessible information in the form of a resource guide or website for youth and their mentors.* A mentor should know what state services are available to help youth and be able to direct them to information regarding employment, education, housing, and health care. This mentor should help the youth through these application processes and be there to answer questions. Similar to California and Maryland, Massachusetts can create a website for youth that is all-encompassing so that if youth need help in the future, they or their mentor can look to the guide and figure out where to get those services.

3. *Designate line items in the state budget for the provision of services to transition-age youth.* Given the current fragmentation of the state budget, funding for transition-age youth is scattered and uncoordinated. Designating specific line items for this age group would help to focus resources and services. By specifying funding for this age group, the state can better focus its resources and measure outcomes.

4. *Prioritize housing.* One of the greatest needs youth face is a having a stable place to live. Each agency that serves youth should prioritize housing as the most important service needed. While state agencies and nonprofit groups can help provide apartments for some youth, they can also encourage kinship housing, even if relatives live in other states. The Massachusetts Department of Housing and Community Development (DHCD) should work with private developers, local housing authorities, and social service agencies to provide low-cost housing for youth who are exiting state services. For more information on DHCD spending on housing, see Appendix E. Such housing should also include on-site counselors who can help youth navigate the challenges of young adulthood. The consequences of neglecting housing are grim, given that one in four children aging out of foster care ends up homeless within four years.<sup>59</sup>

## Recommendations for Structural Changes

This second group of recommendations concerns coordination among government agencies and between nonprofits, for-profit companies, and government.

1. *Create a common intake system at the Executive Office of Health and Human Services (EOHHS) so that youth can receive the appropriate services from each agency.* Our research found that a youth's experience with state systems varied greatly depending on his or her point of entry: DYS, DCF, or DMH. All of these agencies are part of EOHHS. An ideal system would provide the same intake process to everyone in order to match each person to the services they need.

2. *Increase integration between EOHHS services and education, including public high schools, vocational schools, state colleges, and community colleges.* Bridgewater State University launched a pilot program to help former foster youth thrive in college. The program provided designated dorms and additional support to youth who had no other home. Many public school systems have been able to ease transitions when foster youth move between schools. Public schools and colleges should continue taking steps to help foster youth and former foster youth succeed in school.

3. *Promote deeper involvement of housing agencies in providing services for transition-age youth, both in order to find more apartments and to assist with kinship housing placements after leaving state services.* Government agencies and nonprofit social service organizations currently provide a small number of housing units and vouchers for youth. In order to expand the number of units available, the U.S. Department of Housing and Urban Development and the Massachusetts Department of Housing and Community Development should work more closely with other agencies that serve transition-age youth. Such housing could be administered by DCF or contracted nonprofit social service organizations and could be partially funded by businesses, foundations, or other non-government sources. By working together, nonprofits, businesses, and government agencies can help to reduce the risk of homelessness for transition-age youth.

4. *Centralize communication among agencies.* Though the overlap between transition-age youth populations receiving state services is significant, our research showed a lack of centralized communication between agencies. By not allowing caseworkers to access information regarding a youth, agencies experience duplication of services, procedural bottlenecks, and general inefficiency. A simple example of this is scheduling errors that sometimes occur when a youth is shared between agencies. Sometimes a youth will have a counseling session scheduled for the same time as a job interview set up by a different agency. While this is not a major setback, these types of inefficiencies do impact a youth who might feel that he or she is not being adequately looked after. Furthermore, it forces a youth into a situation where two important appointments conflict. Lastly, it wastes the time of two caseworkers who must

identify and resolve the youth's scheduling conflict.

To correct this, we recommend the implementation of a client relationship management (CRM) system. A CRM system is cloud-based data sharing software that allows multiple parties to interact with a single entity. In this case the entity would be the youth's case file. Through this service, each caseworker from each agency the youth is involved with can view others' notes on the youth and add to them as appropriate. As previously mentioned, Massachusetts agencies communicate via phone and email, risking lost information and miscommunication. While the software would not directly enhance the youth's treatment, it would allow caseworkers to be more efficient, leaving them more time to dedicate to each case.

*A CRM system creates numerous advantages for multiple parties interacting with the same client.<sup>60</sup> Some of these advantages are:*

- *A lack of file duplication*
- *The ability to shield unnecessary but confidential data from other parties*
- *Easily accessible information for service providers*
- *The ability to track and measure effectiveness of programs*

The key driver behind these advantages is the efficiency boost experienced by users who have access to the information. The model in Appendix F demonstrates the value capture to the state when a CRM system is properly implemented.

The models in Appendix F show how even with a relatively small boost in efficiency, the government sees immediate financial returns on its investment. (Efficiency is defined as time saved by not having to make a phone call or send an email as opposed to simply accessing a file.) For example, DYS serves 800 youths with 15 caseworkers per youth. To measure the value capture we have valued the time saved by the caseworkers by their average salary,



which we are estimating to be around \$36,000 per year for a 52 week year, at 40 hours per week. The value capture is a function of the adoption rate (i.e. what percentage of caseworkers use the system), the salary of the caseworker, and how much time each caseworker saves (i.e. efficiency boost percentage). This time saved can then be applied to the youths for whom the caseworker is responsible. While we do not suggest that caseworkers take on more cases, we can see that the caseworker can dedicate more time to each youth without having to wait for information from other agencies. For the test case system, even efficiency boosts as low as 5% and an adoption rate of 40% generated a 119% return on investment.<sup>61;62</sup>

In addition to boosts in efficiency, the CRM system allows for much-needed data capture. In writing this report, the team was struck by the lack of aggregated cross-referenced data. This, we believe, is a function of the silo-based structure under which Massachusetts operates. Without data, it is incredibly difficult to track what treatment models and service methodology work best for this specific age group. Furthermore it is difficult to identify trends without coherent numerical data to back hypotheses. Under the current system of manual files it is nearly impossible to compare data and statistics across agencies without a labor-intensive process and significant guesswork and extrapolation. Going forward, the implementation of data sharing software such as a CRM could remedy this challenge for agencies and advocates.

## Summary

Our research suggests that all eight of these recommendations could help improve services for youth in Massachusetts. Some, such as a CRM and designated line items for youth, are fairly small and could be implemented in a year or two. Others, such as a common intake system at EOHHS and better integration with housing agencies, are longer-term ideas that would take many years to implement. We believe that recommendations on both timescales could enhance how Massachusetts serves youth.

## Section Footnotes

<sup>59</sup> Kristina E. Gibson, *Street Kids: Homeless Youth, Outreach, and Policing New York's Streets* (New York: New York University Press, 2011).

<sup>60</sup> Kavanagh, Shayne C, *Revolutionizing Constituent Relationships: The Promise of CRM Systems for the Public Sector*. Chicago: Government Finance Officers Association of the United States and Canada (2016).

<sup>61</sup> Caroline Malamut, 2014, "How Much Does CRM Software Cost? - Capterra Blog." *Blog.Capterra.Com*, <http://blog.capterra.com/much-crm-software-cost/>.

<sup>62</sup> "Salary: Case Manager In Boston, MA," 2016, *Glassdoor*, [https://www.glassdoor.com/Salaries/boston-case-manager-salary-SRCH\\_IL.0,6\\_IM109\\_KO7,19.htm](https://www.glassdoor.com/Salaries/boston-case-manager-salary-SRCH_IL.0,6_IM109_KO7,19.htm).



## Conclusion

With guidance and funding from the federal government, Massachusetts state government provides a range of services to youth ages 16-24. These services include foster care placement and related case management, mental health counseling and treatment, and guidance and rehabilitation through the juvenile justice system. Many aspects of the system work well. For example, many former juvenile offenders voluntarily re-enroll in state support, foster youth have input into decisions regarding their own care, and youth receiving mental health services are actively involved in planning their own programs through youth councils.

However, the 9,000 youth served by Massachusetts social service agencies receive inconsistent services. The agencies define transition age differently, and they often do not collect data specific to this age group that would help to gauge effectiveness of programs. Furthermore, agencies generally do not have funding sources dedicated specifically to youth.

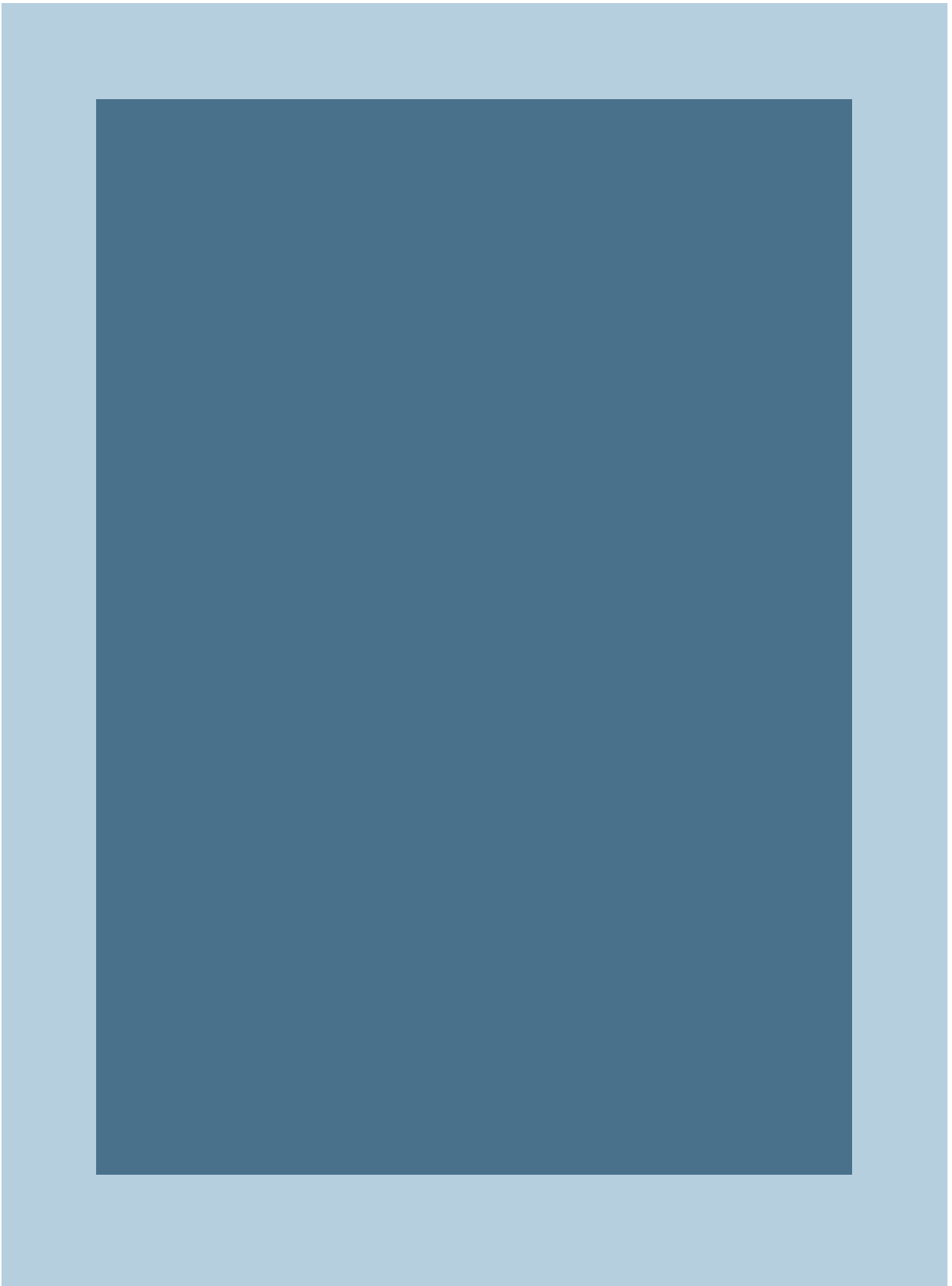
Other states provide models that Massachusetts might emulate. For example, state agencies in Maryland engage in ongoing collaboration in order to ensure continuity of services, and the state offers comprehensive information on a common website. California has low barriers to entry and re-entry into youth services and a strong focus on the final years of care, both of which facilitate a guided and gradual transition out of state services. Connecticut provides mental health screening for all foster youth and outposts agency staff to other agencies in order to encourage interagency

collaboration. All of these models could be useful in Massachusetts.

Massachusetts has many opportunities to build on its successes within agencies. First, agencies can focus on finding permanent housing for youth, either kinship housing or apartments. Second, the Commonwealth could designate line items in the budget specifically for transition-age youth. Third, youths' adult mentors could have access to comprehensive electronic information in order to guide youth towards opportunities in employment, education, and housing.

The Commonwealth also has opportunities to build a better system of care among agencies. First, EOHHS could create both a common intake system for cases and a common data collection system in order to measure program outcomes. Second, housing agencies and social service agencies could work more closely on both seeking kinship housing and offering housing units for youth leaving state services. Finally, EOHHS could further integrate with all levels of education: vocational schools, high schools, community colleges, and state colleges and universities.

State government provides vital services to youth in order to help them achieve outcomes comparable to youth not in state care. With enhancements to programming and to cross-agency coordination, the state can be even better positioned to help every youth strive for and attain a promising future.



# Appendix A

## Interview Questions

To prepare for our informant interviews, we developed a comprehensive list of questions. We took a semi-structured approach to our interviews. We did not ask each informant each question. Instead, we selected which questions to ask each informant based on his or her area of expertise and whether he or she worked at a government agency or a nonprofit group.

A. First, I'd like to understand the basic structure of your state's services to transition-age youth, and then, more specifically, [your agency's] involvement with these youth:

1. Which agencies in your state work with transition-age youth?
  - a. What services do those agencies provide?
  - b. How would you characterize the different sets of responsibilities that inform each agency's engagement?
2. Now would you please provide a bit more detail about your own agency's services:
  - a. Which legislative and administrative policies frame your agency's involvement?
  - b. How much funding do you receive for transition-age youth? Where does the funding come from (how much comes from the state, federal government, grants, donations, etc.)?
  - c. How do you prioritize the services you provide given funding constraints?
  - d. How would you define success of your programs for transition-age youth? What are considered to be successful outcomes? What indicators are used to measure success for the individuals?

B. Now I'd like to turn to how your agency's services complement those of the other agencies working with this population.

3. In what ways does your agency work with/collaborate with the other agencies that service transition-age youth?
  - a. So if a client is eligible to receive services from multiple agencies, are there formal or informal ways to direct that client to one or the other?
  - b. Or, if a client is actually receiving services from multiple agencies, are there ways that those agencies cooperate to try to insure the broadest, least duplicative set of services?
  - c. Do you share information with other agencies about clients?
    - i. How is that done?
4. Has your agency encountered any challenges working across agencies?
  - a. If so, please describe the type of challenge that emerges/has emerged.
  - b. How has your state addressed these?

C. Now I'd like your help in thinking about what would constitute a successful state system for transition-age youth. Please feel free to use your state as an example, or to sketch out what success would look like more generally.

5. In your view, what are key elements of a successful public system?
  - a. That is, what would be/are the goals of this kind of system?
    - i. What kinds of help and support do transition-age youth need? Which of these are reasonable for state systems to provide?
  - b. What indicators might you use to document the extent to which a system meets those goals?

6. In that successful system, what types of collaboration might be evident?
  - a. How are tasks/needs/goals distributed?
  - b. Budgets?
7. Now thinking about your own agency or state, are there services that you might provide that you are not currently providing, or services that you would see better offered by another agency?

For Massachusetts public agency respondents only:

Since this field project is, at least at this juncture, Massachusetts-focused, I am interested in the particular opportunities to promote the well-being of transition-age youth here in our state.

1. Thinking about the context, structure, and quality of supports for transition-age youth in Massachusetts, are there special attributes of our system that might be highlighted as “best practices?”
2. How might the state move forward toward even better practice?
  - a. What are the main impediments in Massachusetts for moving forward?
  - b. Is there any other information you might provide us at this point?

## Appendix B

### List of Agencies and Organizations Contacted

We spoke with representatives from the following government agencies and nonprofit advocacy organizations in order to understand the wide scope of transition-age youth services and develop recommendations for policy changes. We are indebted to the men and women of these organizations who generously offered their time to share their perspectives with us.

#### Massachusetts State Agencies

Department of Children and Families (DCF)  
Department of Elementary and Secondary Education (DESE)  
Department of Mental Health (DMH)  
Department of Youth Services (DYS)

#### Agencies in Other States

California Transition-Age Youth Policy Unit  
Connecticut Department of Children Families  
Maryland Department of Human Resources Social Services Administration

#### Advocacy Groups in Massachusetts

Children's League of Massachusetts  
Coalition for Juvenile Justice  
The Home for Little Wanderers  
LUK, Inc.

#### National Advocacy Groups

Casey Family Programs and the Jim Casey Youth Opportunity Initiatives  
Center for Excellence in Youth Development  
Child Trends  
Child Welfare League of America  
Children's Defense Fund  
Council of State Governments Justice Center (2nd Chance Act Grantees)  
Extraordinary Families/Child Welfare Initiative  
First Focus  
John Burton Foundation  
National Network for Youth



# Appendix C

## Data Reduction Matrix

We developed a data reduction matrix using Microsoft Excel that would allow us to analyze the information gathered through our interviews with key informants. We decided to use each row to represent an informant and placed relevant information across the row under the appropriate column. The column headings are listed below:

### *Interviewee/Report*

Are the agencies working within silos or across agencies?

What makes a best case - What are the 5 or 10 elements of a successful system (structural/relational)?

What are indicators of successful outcomes for transition-age youth?

For successful case studies: What are distinctive elements of the case (state characteristics/environment)?

How do things match up? (What from this particular case could be applicable in Massachusetts)

What is Massachusetts doing? (Agency level)

What is Massachusetts doing? (Cross agency level)

What are the additional opportunities for Massachusetts to enhance services?

# Appendix D

## One-page Flyer for Advocates

See the one-page flyer for advocates on the following page.

# Transition-Age Youth Legislative Recommendations

## What Massachusetts Does Well

- Agencies provide a number of successful programs for transition-age youth
- Youth receiving mental health and foster care services are actively involved in planning their own programs through youth councils
- Former juvenile offenders are given the opportunity to enroll in state support

*These recommendations are based on extensive research on transition-age youth services within Massachusetts and states who provide model services. Full details can be found through Luk, Inc.*

*Transition-age youth are individuals ages 16 to 24 who are exiting foster care, juvenile justice, mental health care, or other state services.*

## What Could Be Improved

- Youth services are scattered across multiple agencies without adequate communication between agencies
- Agencies define transition-age youth differently
- Agencies have few funding sources dedicated specifically to transition-age youth

## Top Three Recommendations

1. Create a common intake system at EOHHS so that youth can receive appropriate services from each agency. A common intake system would ensure that youth receive a suite of services that is proportional to their needs regardless of their point of entry into the system.
2. Designate line items in the state budget for the provision of services to transition-age youth. By specifying funding for this age group, the state can better focus its resources and measure their effects.
3. Centralize communication between agencies with a common database. A common system could reduce duplication and increase efficient use of time.

## Appendix E

### Additional Department of Housing and Community Development Information

*Current state-targeted funding for unaccompanied homeless youth services and housing:*

1. Two million dollars in the FY16 State Budget for housing and services for unaccompanied homeless youth (line item 4000-0007).
2. 40 MRVP Vouchers for the Community Support Program for Unaccompanied Homeless Transition Age Youth (CSP-TAY) in Central Massachusetts.
3. \$150,000 in the FY16 State Budget for the Massachusetts Special Commission on Unaccompanied Homeless Youth (including 2016 Youth Count).
4. \$200,000 to MHSA in the Home & Healthy for Good line item (7004-0104) for LGBTQ unaccompanied homeless youth.
5. Housing Preservation and Stabilization Trust Fund, Housing Innovation Fund, and the Housing Stabilization Fund – DHCD awarded funds to Our House in Westfield (DOMUS, Inc.) for 10 SROs - \$1,375,973.

*Inequality in Funding:*

The Commonwealth of Massachusetts offers only a limited amount of targeted, dedicated appropriations for shelter, services, or housing assistance for homeless youth. The Home & Healthy for Good line item (7004-0104) does include \$200,000 to fund an LGBTQ young adult supportive housing program. More recently, the fiscal year 2016 State Budget allocated \$2 million in line item 4000-0007 for housing and services for unaccompanied homeless youth. However, none of the \$42 million appropriated by the Commonwealth for individual homeless assistance is granted to youth-focused agencies (7004-0102 – Individual Homeless Assistance).

On the federal level, HUD appropriated over \$69,697,000 in federal McKinney-Vento Homeless Assistance Grants funding to Massachusetts in fiscal year 2014. Of these funds, less than 1% (\$620,000) was granted to projects specifically targeting unaccompanied homeless youth. Approximately half a dozen agencies in Massachusetts receive federal Health and Human Services funding to offer street outreach, shelter, and transitional housing.

The following line items within DHCD could be examined for carve-outs for homeless youth populations:

7004-0101 – Emergency Assistance Families Shelter & Services	\$155.059 million
7004-0102 – Homeless Individuals Assistance	\$44.825 million
7004-0104 – Home & Healthy for Good	\$1.8 million
7004-0108 – Mass. Short Term Housing Transition Program	\$31.249 million
7004-9024 – Mass. Rental Voucher Program	\$90.932 million
7004-9030 – Alternative Housing Voucher Program	\$4.6 million
7004-9316 – Residential Assistance for Families in Transition	\$12.5 million

This information was accessed via the Massachusetts Shelter and Housing Alliance, “2015 Recommendations to the Baker Administration.”

# Appendix F

## Client Relationship Management System

A CRM system is cloud-based data sharing software that allows multiple parties to interact with a single entity. The models below show how even with a relatively small boost in efficiency, the government sees immediate financial returns on its investment. For example, DYS serves 800 youths with 15 caseworkers per youth. To measure the value capture we have valued the time saved by the caseworkers by their average salary, which we are estimating to be around \$36,000 per year for a 52 week year, at 40 hours per week. The value capture is a function of the adoption rate (i.e. what percentage of caseworkers use the system), the salary of the caseworker, and how much time each caseworker saves (i.e. efficiency boost percentage). This time saved can then be applied to the youths for whom the caseworker is responsible. While we do not suggest that caseworkers take on more cases, we can see that the caseworker can dedicate more time to each youth without having to wait for information from other agencies. For the test case system, even efficiency boosts as low as 5% and an adoption rate of 40% generated a 119% return on investment.

### Test Case 1: Sage – 40% Adoption

Sage						
Server Cost	\$1,500					
Yearly Cost per User	\$500					
Support Plan as Percent of Yearly Cost	20%					
Case Worker Salary	\$36,033					
Increase in Salary Each Year	2%	Annual Raises				
DYS Youth	800					
Youth per Case Worker	15					
Potential Users	53					
Percentage Adoption	35%					
Adoption Increases	5%	Gains in Popularity of the System				
Users	19					
Efficiency Boost	4.00%					
Worth	\$37,474.32					
<b>Cost/Benefit</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Server Installation	\$ (1,500.00)					
Cost of Users		\$ (26,666.67)	\$ (26,666.67)	\$ (26,666.67)	\$ (26,666.67)	\$ (26,666.67)
Support Plan	\$ (300.00)	\$ (5,333.33)	\$ (5,333.33)	\$ (5,333.33)	\$ (5,333.33)	\$ (5,333.33)
<b>TOTAL COST PER YEAR</b>	<b>\$ (1,800.00)</b>	<b>\$ (32,000.00)</b>	<b>\$ (32,000.00)</b>	<b>\$ (32,000.00)</b>	<b>\$ (32,000.00)</b>	<b>\$ (32,000.00)</b>
Percent Case Workers Using System		35%	40%	45%	50%	55%
<b>Total Case Workers Using the System</b>		<b>19</b>	<b>21</b>	<b>24</b>	<b>27</b>	<b>29</b>
Salary Per Case Worker		\$36,033	\$36,753.66	\$37,488.73	\$38,238.51	\$39,003.28
Value of Time Saved per CaseWorker		\$1,441.32	\$1,470.15	\$1,499.55	\$1,529.54	\$1,560.13
Total Value Saved		\$26,904.64	\$31,363.12	\$35,989.18	\$40,787.74	\$45,763.85
<b>TOTAL COST TO STATE</b>	<b>\$ (1,800.00)</b>	<b>\$ (5,095.36)</b>	<b>\$ (636.88)</b>	<b>\$ 3,989.18</b>	<b>\$ 8,787.74</b>	<b>\$13,763.85</b>
<b>NPV</b>	<b>\$13,552.05</b>					

Test Case 2: Microsoft – 35% Adoption 8% Boost

Microsoft						
Server Cost	\$ 4,922.00					
Yearly Cost per User	\$ 982.00					
Support Plan as Percent of Yearly Cost	20%					
Case Worker Salary	\$36,033					
Increase in Salary Each Year	2%	Annual Raises				
DYS Youth	800					
Youth per Case Worker	15					
Potential Users	53					
Percentage Adoption	35%					
Adoption Increases	5%	Gains in Popularity of the System				
Users	19					
Efficiency Boost	8.00%					
Worth	\$ 38,915.64					
<b>Cost/Benefit</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Server Installation	\$ (4,922.00)					
Cost of Users		\$ (52,373.33)	\$ (52,373.33)	\$ (52,373.33)	\$ (52,373.33)	\$ (52,373.33)
Support Plan	\$ (984.40)	\$ (10,474.67)	\$ (10,474.67)	\$ (10,474.67)	\$ (10,474.67)	\$ (10,474.67)
<b>TOTAL COST PER YEAR</b>	<b>\$ (5,906.40)</b>	<b>\$ (62,848.00)</b>	<b>\$ (62,848.00)</b>	<b>\$ (62,848.00)</b>	<b>\$ (62,848.00)</b>	<b>\$ (62,848.00)</b>
Percent Case Workers Using System		35%	40%	45%	50%	55%
<b>Total Case Workers Using the System</b>		<b>19</b>	<b>21</b>	<b>24</b>	<b>27</b>	<b>29</b>
Salary Per Case Worker		\$36,033	\$36,753.66	\$37,488.73	\$38,238.51	\$39,003.28
Value of Time Saved per CaseWorker		\$2,882.64	\$2,940.29	\$2,999.10	\$3,059.08	\$3,120.26
Total Value Saved		\$53,809.28	\$62,726.25	\$71,978.37	\$81,575.48	\$91,527.69
<b>TOTAL COST TO STATE</b>	<b>\$ (5,906.40)</b>	<b>\$ (9,038.72)</b>	<b>\$ (121.75)</b>	<b>\$ 9,130.37</b>	<b>\$ 18,727.48</b>	<b>\$28,679.69</b>
<b>NPV</b>	<b>\$29,657.57</b>					

## References and Bibliography

- Abrams, Laura S., Sarah K. S. Shannon, and Cindy Sangalang. "Transition Services for Incarcerated Youth: A Mixed Methods Evaluation Study," *Children and Youth Services Review* 30, no. 5 (2008): 522-35. <http://www.sciencedirect.com/science/article/pii/S0190740907002125>.
- Allen, Molly. "Teens Aging Out of Foster Care in Oregon: A Guide to Transition Planning for Caseworkers, Judges, and Advocates" (Executive Summary). Juvenile Rights Project, Inc. (2004).
- "Basic Needs, Safety, and Welfare." Youth.gov. Accessed February 17, 2016. <http://youth.gov/youth-topics/challenges-basic-needs-safety-and-welfare>.
- Berkeley Social Welfare. "California Child Welfare Indicators Projects." Accessed April 14, 2016. [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/).
- The Boston Consulting Group. *BCG Assessment Of Pathways To Education*. Toronto: Pathways to Education (2011).
- California Ombudsman for Foster Care. "Foster Youth Help." Accessed April 14, 2016. <http://www.fostery-outhhelp.ca.gov/>.
- Children's Bureau. "About NYTD." Accessed April 14, 2016. <http://www.acf.hhs.gov/programs/cb/resource/about-nytd?page=all>.
- "Critical Elements of Juvenile Reentry in Research and Practice." CSG Justice Center. April 21, 2014. Accessed February 22, 2016. <https://csgjusticecenter.org/youth/posts/critical-elements-of-juvenile-reentry-in-research-and-practice/>.
- "Chafee Foster Care Independence Program and Education and Training Voucher Program." Children's Bureau. Last modified 2011. Accessed February 4, 2016. <http://www.acf.hhs.gov/programs/cb/resource/chafee-foster-care-program>.
- Commonwealth of Massachusetts Executive Office of Health and Human Services. "Caring Together Overview." July 2014. <https://www.masspartnership.com/pdf/Caring%20Together%20Overview%207.2014.pdf>.  
Department of Mental Health. "Success for Transition Aged Youth." Accessed March 11, 2016.
- Dworsky, Amy. "The Economic Well-Being of Lesbian, Gay, and Bisexual Youth Transitioning Out of Foster Care." Mathematica Policy Research (2013).
- Eyster, Lauren and Sarah Looney Oldmixon. "State Policies to Help Youth Transition Out of Foster Care." National Governors Association Center for Best Practices (2007). <http://www.nga.org/files/live/sites/NGA/files/pdf/0701YOUTH.PDF>
- Ferrier, Danielle. "The State and Federal Policy Story of Homeless, Unaccompanied Youth." Boston University of Social Work (2015).
- Gibson, Kristina E. *Street Kids: Homeless Youth, Outreach, and Policing New York's Streets*. New York: New York University Press (2011).
- Jivanjee, Pauline, Eileen Brennan, and M. Carolina Gonzalez-Prats. "Building Community Supports for Young People in the Transition Years: A Tip Sheet for Service Providers." Portland State University Research and Training Center for Pathways to Positive Futures (2016). <http://www.pathwaysrtc.pdx.edu/pdf/projPTTP-Community-Support-Tip-Sheet.pdf>
- Koyanagi, Chris, Laurel Stine, Elaine Alfano, and Elizabeth Lind. "Moving On: An Analysis of Federal Programs Funding Services for Transition-Age Youth with Serious Mental Health Conditions." Bazelon Center for Mental Health Law (2005). [http://www.bazelon.org/LinkClick.aspx?fileticket=8Vesx\\_bWHBA%3D&tabid=104](http://www.bazelon.org/LinkClick.aspx?fileticket=8Vesx_bWHBA%3D&tabid=104)
- "Literature Review of Five Federal Systems Serving Transition Age Youth with Disabilities." Office of

Disability Employment Policy, United States Department of Labor (2013). <http://www.dol.gov/odep/pdf/20140916literature.pdf>

Maryland Youth Launching Initiatives For Empowerment. “Maryland Youth Transitional Plan.” Accessed April 14, 2016. <http://mdconnectmylife.org/initiatives/maryland-youth-transitional-plan/>.

Maryland Youth Launching Initiatives For Empowerment. “What is My Life?” Accessed April 14, 2016. <http://mdconnectmylife.org/>.

Massachusetts Shelter and Housing Alliance. “2015 Recommendations to the Baker Administration.”

“Missed Opportunities: Preventing Youth in the Child Welfare System from Entering the Juvenile Justice System.” Citizens for Juvenile Justice (2015).

Nellis, Ashley and Richard Wayman. “Back on Track: Supporting Youth Reentry from Out-of- Home Placement to the Community.” Youth Reentry Taskforce of the Juvenile Justice and Delinquency Prevention Coalition.

Newman, Leigh Ann, Sara Goscha, and Patrick Coakley. “Transitional Aged Youth with Barriers.” Public Consulting Group (2014). [http://www.publicconsultinggroup.com/humanservices/library/white\\_papers/documents/Transitional\\_Aged\\_Youth\\_With\\_Barriers\\_White\\_Paper.pdf](http://www.publicconsultinggroup.com/humanservices/library/white_papers/documents/Transitional_Aged_Youth_With_Barriers_White_Paper.pdf)

“Performance Partnership Pilots for Disconnected Youth (P3).” Youth.gov. Accessed February 17, 2016. <http://youth.gov/youth-topics/reconnecting-youth/performance-partnership-pilots>.

“Preparing Our Kids for Education, Work, and Life: A Report of the Task Force on Youth Aging Out of DSS Care.” Boston Foundation (2008).

Research and Training Center for Pathways to Positive Futures. “Achieve My Plan (AMP!): Youth Participation in Planning Teams.” Accessed April 8, 2016. [http://www.pathwaysrtc.pdx.edu/pdf/Webinar\\_AMP.pdf](http://www.pathwaysrtc.pdx.edu/pdf/Webinar_AMP.pdf).

Roberts, Ray. “Cost Study of Youth Residential Centers for Juvenile Offenders Pursuant to Senate Substitute for House Bill 2588.” Kansas Department of Corrections. January 15, 2015.

Shah, Melissa Ford, Chris Albrecht, and Barbara Felver. “The Housing Status and Well-Being of Youth Aging Out of Foster Care in Washington State.” Prepared for the Washington State Department of Commerce, Community Services and Housing Division (2013).

Substance Abuse and Mental Health Services Administration. “‘Now is the time’ Healthy Transitions (HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions.” Last modified January 15, 2015. <http://www.samhsa.gov/grants/grant-announcements/sm-14-017>.

Tansi, Robert and Jan Ponikiewski. “Juvenile Recidivism Report For Clients Discharged During 2011.” Massachusetts Department of Youth Services (2015).

Terzian, Mary A., Kristin Anderson Moore, and Nicole Constance. “Transitioning to Adulthood: The Role of Adolescent Depression and Suicidal Ideation.” Child Trends Research Brief no. 24 (2014). <http://www.childtrends.org/?publications=transitioning-to-adulthood-the-role-of-adolescent-depression-and-suicidal-ideation>.

Transitional Age Youth San Francisco. “Policy Priorities for Transitional Age Youth: Vision and Goals 2014-2016.” California Department of Children, Youth, and Their Families (2014). [http://www.taysf.org/wpcontent/uploads/2014/03/TAYSF\\_PolicyPrioritiesdoc.pdf](http://www.taysf.org/wpcontent/uploads/2014/03/TAYSF_PolicyPrioritiesdoc.pdf)

Tucker, Maria. “Young Adult Resource Guide: 2012,” Massachusetts Department of Mental Health (2012). [www.mass.gov/dmh/tay](http://www.mass.gov/dmh/tay).

United States Census. American Community Survey. 2014 Massachusetts Annual Averages. Accessed April 25, 2016.



United States Government Accountability Office. “Young Adults with Serious Mental Illness: Some States and Federal Agencies Are Taking Steps to Address Their Transition Challenges.” (2008).

Voices 4 Hope. “Massachusetts Youth Councils.” Accessed April 8, 2016. <http://www.voices4hope.net/massachusetts-youth-councils.html>.



97 Talbot Ave  
Medford, MA 02155  
Tel: 617.627.3394  
Fax: 617.627.3377  
E: [uep@tufts.edu](mailto:uep@tufts.edu)