



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

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MEMORANDUM

TO: Governor Jay Inslee and members of the Washington State Legislature

FROM: Ross Hunter, Secretary of the Department of Children, Youth and Families

DATE: September 12, 2023

SUBJECT: Extended Foster Care Systems Assessment

I'm grateful to Partners for Our Children, SDM Consulting, and the Department of Social and Health Services, Research and Data Analysis (RDA) division for their excellent work developing this systems assessment. This report encompasses the voices and experiences of young people with lived experience in foster care, DCYF staff, and key community partners.

This report demonstrates that youth who enroll in Extended Foster Care in Washington have better outcomes than those who do not. But we still have work to do. EFC supports many young people, but fewer than it should. When youth in EFC are in Supervised Independent Living placements (SIL), it provides them with financial support to pay rent, but not enough. EFC provides youth with essential services, but only some of the support they need in this precarious phase of life.

I'm happy to announce that DCYF will submit two decision packages to the Office of Financial Management for inclusion in the Governor's 2024 Supplemental budget to better support youth transitioning out of foster care.

- **An increase in the EFC-SIL rate.** In addition, we are proposing to add a housing supplement in the highest-cost counties in the state. This request is a first step toward addressing the high rates of homelessness and housing instability.
- **An increase the rate paid to Independent Living (IL) providers.** The IL program teaches essential life skills to current and former foster youth, including those who returned home, were adopted, or left care with a guardianship. This rate increase will better support these providers to deliver this service to youth exiting foster care.

We are already implementing many of the recommendations in the systems assessment. For example, four of our six regions have already established specialized EFC units. Other solutions will take longer, like ensuring housing stability and increasing participation in EFC.

These are critical first steps, but we must do more. Beyond the recommendations in the systems assessment, we need to leverage existing resources to help youth access mental and behavioral health services, prevention services, and early childhood supports when they are pregnant or

parenting. We must develop strategies that support them to complete high school, get post-secondary degrees and get on a path to a career.

In addition to our supplemental budget requests, we are launching a chartered initiative to develop targeted strategies to improve outcomes for youth in and exiting EFC. The chartered project will identify strategies to:

- Better connect EFC youth to health, mental health, prevention, and housing services; strategies will also include connection to home visiting, early learning, and childcare programs for pregnant and parenting youth.
- Reduce homelessness and housing instability, increase graduation rates, employment rates, and post-secondary enrollment for youth in EFC.
- Improve connections to community-based resources and services to support youth aging out of foster care and EFC long after they have left the child welfare system.

This chartered project will provide us with short-term, actionable steps to improve EFC and lay the foundation for requests to the Governor and the Legislature for the 2025-27 biennium and beyond.

I'm deeply grateful for the work that went into researching, analyzing, and developing this report. I'm incredibly thankful for young people with lived experience in the child welfare system and DCYF staff for their contributions to this work.



SYSTEMS ASSESSMENT:
Extended Foster Care
Washington State

SPRING/SUMMER 2023



SCHOOL OF SOCIAL WORK
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Executive Summary

This report was prepared by researchers from Partners for Our Children (P4C), at the University of Washington School of Social Work. This work was conducted under contract with the Department of Children, Youth, and Families (DCYF) (#2361-46187) and in collaboration with DCYF, the Department of Social and Health Services' (DSHS) Research and Data Analysis Division (RDA), Sam D. Martin Consulting (SDMC), and an Advisory Group of young people who experienced or were eligible for Extended Foster Care. This work was informed by DCYF staff and community service partners who participated in focus groups and interviews.

This report synthesizes data across multiple sources to provide a systems assessment of state and federally funded services and benefits for young adults who have enrolled in Extended Foster Care (EFC). The report offers a set of recommendations to improve supports for the Extended Foster Care population to promote successful transitions to early adulthood.

The systems assessment synthesizes the following data:

1. **Literature review**
2. **Focus group and interview data from DCYF staff and community service partners**
3. **Service utilization data reported by DSHS's RDA**
4. **Needs assessment data reported by SDMC and their co-design team**

This report includes a review of literature on EFC, evidence regarding the developmental stage of emerging adulthood, the needs of young people who have experienced foster care, the particular needs of specific subgroups who are often marginalized by systems, and we situate this assessment in the current context. In our synthesis across the different data sources, we highlight key points, offering evidence from a range of sources and perspectives. Our recommendations span practice and policy. Some recommendations have resource implications; others do not. In this analysis, data were triangulated across all sources (focus groups, interviews, literature review, RDA administrative data report, and SDMC survey report) to inform the systems assessment and recommendations in this P4C report. We have focused our recommendations on those areas where the different sources of data coalesced and where the evidence consistently points in the same direction. Throughout this report, we underscore that EFC serves a critical need and is a benefit to participating young adults in Washington State, that EFC can be further optimized as a preventive intervention, and that further strengthening EFC services and benefits is a prudent investment.

Summary of literature review:

In the US, the transition to adulthood has become increasingly protracted, less linear, and the pathways more diverse. The 2008 recession and COVID-19 pandemic exacerbated this pattern further, with young adults struggling to enter the job market, make a living wage, and find affordable housing without significant support. For those exiting foster care at 18-21 years of age without sufficient resources,

supports, or preparation, the potential for economic and housing insecurity is real. Literature on neuroscience underscores that young adult brains are still developing through age 25, with judgement, risk-taking, and impulse control portions of the brain maturing during that period. Early childhood trauma and adversities, disrupted social connections in adolescence, and inequalities in resources and opportunities during emerging adulthood too often set the stage for lifelong disadvantages. Certain subgroups of youth and young adults face additional barriers, such as those who have disabilities, mental health or substance misuse problems, or who are Black, Indigenous or People of color (BIPOC), Lesbian, Gay, Bisexual, Trans, Queer (LGBTQ+), pregnant or parenting, living in rural regions, or who are incarcerated or undocumented. It is important that services and supports be developmentally appropriate, culturally relevant, and informed by understanding of complex trauma. Evidence points to EFC having a protective effect in preventing a range of adverse outcomes in young adulthood. The structure, quality, and extent of EFC services and benefits can make a critical difference at this pivotal and formative time in the lives and careers of young adults leaving foster care. EFC supports are needed to not only meet young people's basic needs for food, shelter and safety, but to help them develop knowledge and skills for "adulting," help them build healthy relationships and positive social networks, and enable them to think beyond mere survival.

Summary of key findings from focus groups and interviews:

Researchers from UW's P4C conducted 4 focus groups with DCYF staff and 14 interviews with community service partners to gather data on service gaps and barriers to service utilization for those in EFC. Participants identified a range of issues relating to practice, and policy and considerable consistency was found across the focus group and interview data. Points made by EFC regional leads were echoed by EFC workers across the 6 regions. In our full report, we detail the themes which emerged from our analysis of the focus group and interview data and we offer quotes to illustrate themes. Key themes included expanding EFC supports and coverage and revising eligibility criteria. The crisis of housing instability was a consistent theme. Support for structuring EFC-specific units and the need for collaboration, agreements across agencies, and role clarification were noted regularly. As described in our full report, practice-related themes featured heavily in focus groups with EFC staff, including calls for a specific practice model. EFC staff described demanding caseloads and desire for a clear vision and specialized training. Across focus groups and interviews, individuals noted regional differences and observed that eligibility rules often excluded those who most need the services. Service gaps were also identified including those related to specific independent living skills.

Summary of key findings from RDA report:

As part of the EFC Systems Assessment, DSHS's RDA prepared a report on service utilization and indicators of service needs – the full report is presented in Appendix A. RDA's analysis compares three EFC groups: EFC-Full (N=398); EFC-Early Exit (N=250); No EFC (N=342) and a comparison group, namely a low-income Medicaid Group (N=115,379). As is evident throughout the RDA report, participation in EFC services and benefits are associated with more positive indicators, but all foster care groups had higher support needs than did the statewide low-income (Medicaid) comparison group. These

local findings, together with evidence from the literature regarding the benefit of EFC, underscore that increasing the reach of EFC and targeting particular subgroups may have a notable impact in supporting these emerging adults and improving the trajectories of their lives. For example, the RDA report shows that a sizeable percentage of young adults in EFC or eligible for EFC are parents. By RDA's calculation, a conservative estimate is 27-38%, more than double the rate of parenthood in the low-income comparison group in the state. Taking a 2-generation perspective, it is beneficial to support the particular needs of those young adults in EFC who are parents, including supporting their housing and income stability, and shoring up their support networks and relational and parenting skills to help prevent their children from having future system-involvement.

As another example, data from the RDA report show notable differences between the groups on rates of criminal legal involvement, with participation in EFC associated with lower rates of involvement. Our review of the literature offered evidence of the protective effects of EFC, such as the 2020 finding from Washington State Institute for Public Policy that those young adults exiting care who participated in EFC were significantly less likely to be convicted of a crime. This suggests that expanding EFC enrollment and participation has the potential to reduce consequential outcomes such as criminal legal involvement for those young adults in foster care. As we recommend below, clear information and messaging about the benefits of EFC, coordination within and across systems, active outreach efforts, and specialized services can help increase participation in EFC and potentially improve outcomes for those young adults as they exit foster care or Juvenile Rehabilitation (JR) and help support their successful transitions to adulthood.

Summary of key findings from SDMC report:

In consultation with co-designers, SDMC conducted a survey of young adults who were in EFC or who were recently in EFC to assess their experiences with EFC and identify barriers to service utilization. As described in detail in their final report (see Appendix B for full report), 63 respondents completed the survey, from across all 6 regions of WA state. A majority of participants were aware of and had used services while in EFC. Analysis of data regarding service needs of young adults in EFC revealed that about 27% experienced food insecurity and 48% experienced homelessness or housing insecurity. Of those who reported either homelessness or housing insecurity, 17 of the 30 (57%) were homeless. The SDMC survey included several open-ended questions for participants to share comments. Notably, a majority of these qualitative comments were positive, highlighting the benefits of participating in EFC. At the same time, some EFC participants expressed concerns with services and pointed to gaps and needed improvements in benefits, case management and supports. In particular, housing insecurity and homelessness were key areas of need, including insufficient housing supports and inadequate stipends. Participants also noted barriers related to communication and support from caseworkers, payment delays, as well as unclear policies and rules which forced them to choose between benefits such as housing vouchers or continuing to participate in EFC.

These and other findings from the RDA report (Appendix A) and the SDMC needs assessment (Appendix B) were synthesized with data from focus groups and interviews and evidence from the literature to inform the recommendations summarized below.

Summary recommendations:

1. Expand reach of EFC

- a) Participation in EFC is beneficial and can improve key outcomes; expand participation
- b) Increase participation in EFC for those who were partial participants (need to better understand who they are and why they are in the “Early Exit” group)
- c) Outreach to enroll those who are eligible but who have not participated (“No EFC”)
- d) Outreach and coordination with JR to enroll those exiting JR and eligible
- e) Potential resource: Federal IV-E (all eligible up to age 21)

2. Reconsider eligibility for EFC

- a) Eligibility criteria are often a barrier to service utilization; clarify purpose of eligibility criteria; revise policy to increase access to EFC
- b) Amend criteria which exclude the most vulnerable (e.g., those who are street homeless are ineligible for EFC)
- c) Clarify and revise policies that conflict with EFC goals (e.g., forcing to choose between Housing voucher Vs/ EFC)

3. Extend and augment EFC supports

- a) Emerging adults in the current context need a longer runway for a successful launch; consider policy revision to extend the eligibility time frame (recommend at least to 23 years)
- b) Increase SIL \$ payment (either augmented to truly cover housing, or separate from housing support)
- c) Ensure housing stability; Housing first and also as long-term, ongoing need; resource housing navigators, eviction prevention support
- d) Increase resourcing of Independent Living Skill programs (and starting with adolescents)
- e) Pilot innovations in expanded supports for those who need it, for income security (e.g., California’s Guaranteed Basic Income program for EFC Exiters)

4. DCYF recommendations:

a) Vision for EFC

- i) Need clear purpose and vision for EFC
- ii) What does prevention look like for adolescents and young adults?
- iii) Increase diversity of workforce, representative of clients, of lived expertise, responsive to needs of subgroups, especially those over-represented in child welfare

b) Specialized EFC units

- i) EFC-specific units statewide
- ii) Deliberate focus on adolescents and emerging adulthood as developmental stage
- iii) Specialized training (e.g., in developmental theory; complex trauma; culturally relevant practice; disability-informed practice; EBP interventions for young adults)
- iv) Reduce EFC caseload size for workload equity and to meet practice goals; consider conducting analysis of comparable work

c) Practice model and practice goals for EFC

- i) As DCYF is developing its practice model, ensure that it includes developmentally tailored practice with youth and young adults as a central element
- ii) Augment services and programming for adolescents (before the 17.5 meeting); start earlier; prepare youth for EFC if permanency is not reached
- iii) Continue efforts towards relational permanency; counseling supports for safely re-engaging birth families; family finding; consider Fathers and paternal families; connect Native youth to their Tribes
- iv) What interventions are offered for young adults? Practice goals? Modalities?
- v) Take a two-generation approach; support EFC parents and help prevent future system involvement (e.g., pilot home visiting programs)
- vi) Possible funding through FFPSA

5. Relational Permanency and Support Networks

- a) Maintain focus on relational permanency for young adults
- b) Support ongoing relational skill development
- c) Evidence points to benefits from enduring support networks; increase programs and initiatives for peer supports, near-peer supports, life coaches, navigators, trusted adults; peer supports may help with increased participation in EFC and other voluntary services – peers may better communicate benefits of EFC, of signing release consents, etc.
- d) Consider innovations in online peer support for inclusive access to online community
- e) Pilot innovations such as 'Open Table' model of support network or 'Youth Villages LifeSet' for EFC participants

6. Information and Outreach

- a) Youth and young adults need clear and accurate information about EFC services and benefits; information shared at multiple points, through multiple channels, and available when they need it
- b) For EFC workforce, need clear information about policies, rules, policy interpretations
- c) Partnering agencies and units such as JR need more accessible information about EFC
- d) Future analysis of data on subgroups to examine experiences, especially for those groups who are over-represented

7. Collaboration

- a) Address information, communication, and need for MOU's between agencies and departments (e.g., DCYF EFC, Juvenile Rehabilitation (JR), Early Learning (EL), Licensing, and Developmental Disability Administration (DDA), Independent Living Skills (ILS), Department of Licensing (DOL), Health Care Authority (HCA), Community Service Organizations (CSO); Share materials such as DDA Service Level Agreement on DCYF intranet)
- b) Collaboration for case management; consider Team models of support (e.g., Caseworker – IL worker - Housing navigator)
- c) Coordination and consistency in policy, policy interpretation, and practice across regions of Washington state

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Extended Foster Care (EFC) in Washington State

Extended Foster Care (EFC) refers to the program of services and benefits offered to individuals transitioning from the foster care system who reached the age of adulthood before attaining legal permanency. A range of voluntary services and benefits is offered in recognition of the fact that although they are adults, they still have significant needs for support and stability as they navigate the developmental stage of emerging adulthood. Washington State has had an EFC program for over ten years. Prior to implementing the current EFC program, Washington State had piloted a small-scale version, “Foster Care to 21” (implemented in 2007) for a small number of young adults exiting care. In 2012, Washington State began to offer EFC for all eligible young adults leaving foster care. Since that time, the Washington State Legislature has responded to needed policy revisions and the EFC program has seen several policy revisions which have expanded both the eligibility criteria and the enrollment process (WSIPP, 2020).

In 2021 in the US, over 19,000 individuals transitioned from foster care as adults without achieving legal permanency (Annie E. Casey Foundation, 2023). In Washington State, based on administrative data from June 2022, there were 858 young adults ages 18 through 20 in the EFC program, with approximately even numbers of each age group: 18 year olds (33%), 19 year olds (36%) and 20 year olds (31%). The majority (78%) were living in Supervised Independent Living (SIL) placements. Approximately 12% were living in Foster homes, 4% with relatives or suitable others, a small percentage (3.5%) living in group homes, most of which were Behavioral Rehabilitation Services (BRS), and fewer than 1% were living in a Responsible Living Skills Program (RLSP). Each month across the 2022 calendar year, an average of 25 young adults reached their 21st birthday and were exited from the EFC program.

Format of the report

The following report synthesizes and integrates findings from a review of the literature, information gathered through focus groups and interviews with DCYF staff and community service partners, and findings prepared by RDA and SDMC. We begin with the literature review, followed by a description of the focus groups and interviews we conducted. We present the themes that emerged from the data, offering staff and community partner quotes to illustrate the key themes and points. After presenting these qualitative findings, we review findings from RDA’s analysis of statewide EFC service utilization and from SDMC’s needs assessment with lived experts in EFC. We synthesize these points of evidence to derive a set of recommendations to help inform stakeholders and policymakers as they consider how best to prepare emerging adults transitioning from Washington State’s Extended Foster Care system.

Methods

This systems assessment is primarily a review and synthesis of existing data, supplemented with qualitative data gathered in Spring 2023 through four focus groups with DCYF staff and informational interviews with 14 community partners knowledgeable about EFC. The four focus groups included one group of EFC Regional Leads, two focus groups with EFC staff representing all 6 regions, and one focus group with representatives of JR. Focus groups were conducted by the University of Washington P4C research team. Focus groups were between 60-90 minutes and individual interviews were between 45 - 60 minutes; all

were conducted over the video conferencing platform, Zoom. Focus group and semi-structured interview questions asked about the important and beneficial aspects of extended foster care, how age and developmental stages affect service delivery, whether social networks are involved in services, and asked about service gaps and barriers to service utilization for those in EFC, regional differences, and additional service and benefits needed to support young adults in EFC.

All focus groups and interviews were audio recorded and later transcribed using Otter or Zoom. Research team members reviewed the transcripts to ensure accuracy, editing only for clarity of voice (correcting transcription errors and removing repeated and filler words). Focus group recordings and auto-generated transcripts were supplemented with detailed notes from the focus group facilitator and research team note-taker. Data were analyzed using qualitative thematic analysis through reading and re-reading transcripts and coding content from notes and from transcripts. Using rapid qualitative analysis (Keniston et al., 2023; Nevedal et al., 2021) allowed the research team to utilize the notes and verbatim transcripts of focus groups and interview data for efficient analysis and sorting of the participants' ideas, experiences and insights to gather findings quickly for reporting out. Participant quotes illustrate each theme. Data were triangulated across all sources (focus groups, interviews, literature review, RDA data, and SDMC survey report) to inform the systems assessment and recommendations in this report.

Literature Review

Evidence of the effectiveness of EFC

Studies have documented that youth and young adults who have experienced foster care face numerous adverse outcomes compared to those who have not had child welfare system involvement (Jones, 2014; Courtney & Dworsky, 2006). Research on the effectiveness of EFC has found it to be protective on a range of social, behavioral, and health indicators. Several different sets of analyses have found EFC to be beneficial for those participating. Using Outcome data from the National Youth in Transition Database (NYTD), Child Trends conducted statistical regression analysis of a range of outcomes, with race, ethnicity and gender as control variables. Their analysis found EFC predictive of more positive outcomes in both education and employment compared to those who exited foster care without participating in EFC. Furthermore, analyses found that participation in EFC was associated with reduced racial and ethnic disparities in certain outcomes for BIPOC young adults. These findings underscore that EFC may support DCYF’s goals of eliminating racial disparities in outcomes for young adults who are system involved (Child Trends, 2019).

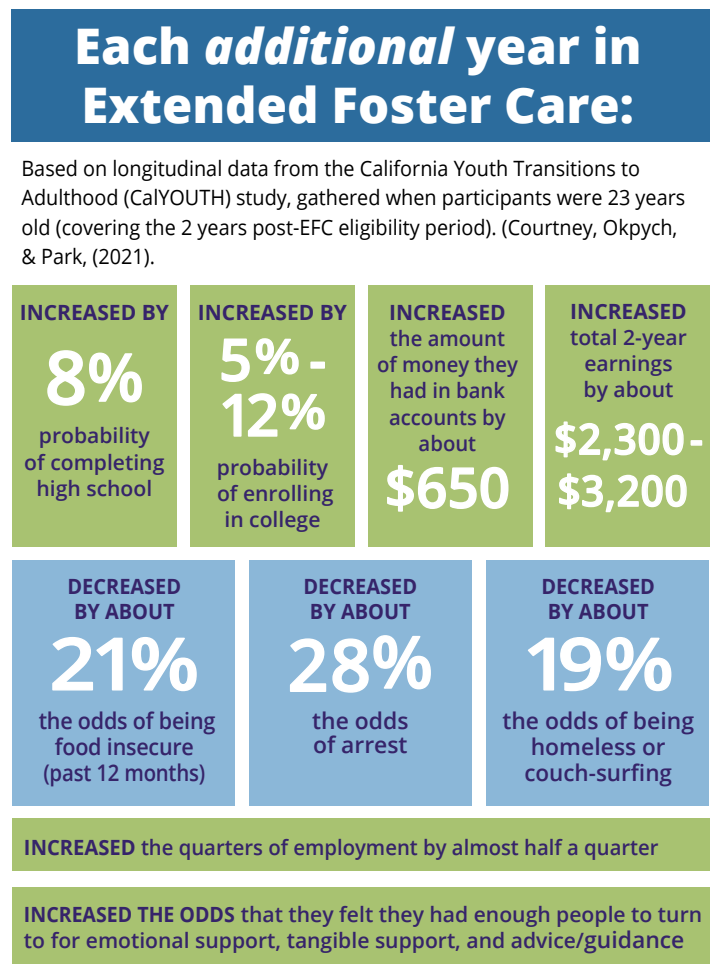
As shown in Figure 1, research using longitudinal data from the California Youth Transitions to Adulthood Study (CalYOUTH) found that participating in EFC was associated with improved outcomes across a wide range, including: education, employment, financial savings, social support, welfare receipt, homelessness, economic insecurity, pregnancy, and rates of criminal legal involvement (Courtney, Okpych, & Park, 2021).

In 2020, the Washington State Institute for Public Policy (WSIPP) compared EFC participants and non-participants on a range of outcomes, concluding that “the average youth participating in EFC was more likely to be employed and have greater earnings. EFC also significantly reduced homelessness, receipt of public assistance, use of medical emergency departments, reduced diagnosis of substance abuse and treatment, criminal convictions, and reduced involvement of offspring in the child welfare system”.

Further, as shown in Figure 2, WSIPP conducted a cost-benefit analysis and estimated that “the EFC program produces \$3.95 of lifetime benefits for each \$1 invested. Of the total benefits, 40% represents savings and revenue that would accrue to state, local, and federal governments” (Miller, et al., 2020, p. 1).

Findings from the literature point to EFC as an effective way to support young adults exiting

Figure 1



Courtney, M. E., Okpych, N. J., & Park, S. (2021). Report from CalYOUTH: Findings on the relationship between extended foster care and youth’s outcomes at age 23. Chicago, IL: Chapin Hall at the University of Chicago.

the foster care system and an important part of preparing them for the transition to adulthood. EFC services and benefits may help mitigate the trauma and disadvantages associated with removal and system involvement and appear to improve key adult outcomes at a pivotal time in young people’s lives and careers. For these reasons, EFC represents a strategic preventive step in reducing future system involvement and as a prudent investment in preparing cohorts of emerging adults at a critical time in their development.

Emerging adulthood

Typically viewed as spanning the ages of 18 – 29 (Arnett, 2000; Shek, et al., 2019), emerging adulthood may be conceptualized as both a critical developmental stage and a significant turning point, setting the stage for future well-being (Silvers & Peris, 2023). As a developmental stage, it is characterized as a time of *identity* formation, *instability* in many realms, *self-focus*, a feeling of being ‘*in-between*’, and time of *exploring* of new possibilities in jobs and relationships (Arnett, 2000). Rather than representing a time of self-discovery, identity formation, and opportunity to learn about work and relationships, for too many young adults exiting foster care, the transition to adulthood represents a premature role transition, with high-stakes consequences if they falter.

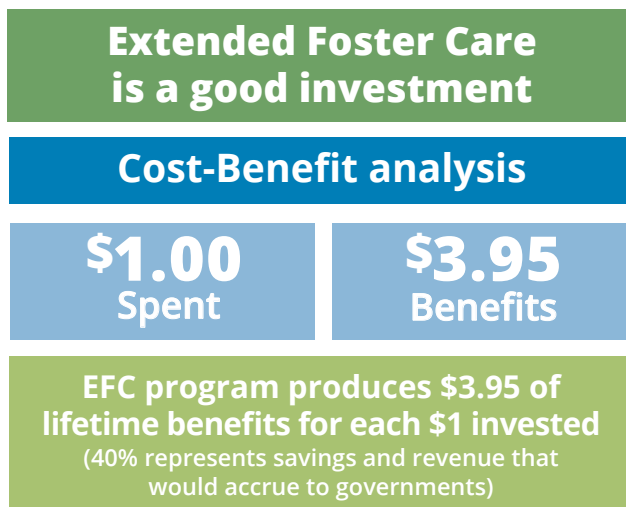
As a possible turning point, emerging adulthood has been described as a “‘make or break time’, that for some individuals marks the beginning of socioemotional stability and autonomy, but for others the beginning of a more negative trajectory” (Silvers & Peris, 2023, p. 3). Inequities experienced in young adulthood, particularly inequalities across educational, economic and social support accumulate as advantages or disadvantages with lifelong consequences (Kim, 2020).

The literature reviewed highlights the importance of considering the context and particular experiences of individuals transitioning from the child welfare system at this developmental period (Gaughen & Hanson Langford, 2019; Häggman-Laitila et al., 2019; Jones, 2014). The age range of 18 to 25 marks a very specific time in young people’s lives where they are typically exploring career paths, capitalizing on educational opportunities, establishing new relationships, and solidifying their many identities and interests as an adult (Arnett, 2000; Sawyer et al., 2018). However, emerging adulthood is filled with hurdles for those transitioning from the child welfare system, as these young people generally do not have the same safety net as other young people to help them reach specific milestones necessary to ensure a solid foundation for a secure future (Häggman-Laitila, et al., 2019).

In considering key elements to practice approaches with emerging adults, a review of a Minnesota Interdisciplinary program for young adults transitioning from foster care pointed to the role of quality, person-centered, case management where “young adults need to be given choices, allowed to make the choices, and then learn the consequences of those choices (Weiland & Nelson, 2014, p. 1127).

The early adulthood developmental period is also recognized as a significant juncture in the course of mental health (Greeson & Thompson, 2014). By adolescence, approximately a quarter of serious mental

Figure 2



Miller, M., Bales, D., & Hirsch, M. (2020). *Extended foster care in Washington State: Final Report. (Document Number 20-05-3201)*. Olympia: Washington State Institute for Public Policy.



Young people's fortunes are increasingly divergent, depending on where they live and their personal circumstances, and the lengthening path through adulthood is exacerbating these inequalities. While affluent young adults now have a longer runway to maturity, with more time, resources, and opportunities for self-discovery, lower-income young adults too often lack that support. Nor do they get second chances if something goes wrong.

Kim, A. (2020). Abandoned: America's Lost Youth and the Crisis of Disconnection. The New Press. (p. 169)



health problems have developed, and by age 24, it is estimated that three quarters of serious mental illnesses have appeared (Akinola & Dunkley, 2019). Outcomes for young adults transitioning out of foster care are worse for those with mental health difficulties (Akinola & Dunkley, 2019). Despite this, there are relatively low rates of engagement in mental health services among transition-age youth and young adults (Cole et al., 2023; Harwik et al, 2017). In fact, mental health services utilization declines during the developmental period of adolescence and early adulthood, coinciding with the period where many mental health disorders appear and rates of substance misuse increase (Zajac et al., 2015).

Low service utilization of health and mental health services by emerging adults in EFC may be attributed to a range of factors, from a lack of awareness of or understanding of one's own diagnosis or mental health needs, stigma around mental health, or barriers in the transition from a children's health and mental health care system to the adult system. For example, those young *people with disabilities* such as Autism or ASD (Autism Spectrum Disorder), or chronic health conditions such as diabetes may have limited information about their conditions and face service barriers in the forced shift from pediatric to adult care settings (Wood et al., 2018). The transition from child and youth health services to adult health care systems has also been identified as a barrier to help-seeking for emerging adults who identify as *LGBTQ+*. For example, *LGBTQ+* youth and young adults across the state face bias and challenges to supportive care, and even those who live in King County, which is regarded as more progressive may face barriers to services when they lose their access to the more consistently gender-affirming care of Seattle Children's hospital.

Brain Development and the Transition to Adulthood

In adolescence, youth are still primarily processing information in the emotional centers of the brain, as the pre-frontal cortex, responsible for executive functioning skills—such as reasoning, long-term planning, and impulse control—is still developing (Siegel, 2014). During the transition to adulthood, youth gradually integrate different regions of their brain that allows them to process information from both an emotional and logical perspective (Siegel 2014). Judgment, organizational skills, insight, and perspective are developed as frontal lobes are more accessible (Jensen Arnett, 2004). Neurodevelopment studies document the adverse effects of chronic stress and ACES (adverse childhood experiences) such as abuse, neglect, or poverty on the developing brains of emerging adults (Wood, et al., 2018). Emerging adulthood is a developmental stage characterized by peak rates of substance misuse, and mental health distress, at a time when the risk-taking and impulse control parts of the brain are not yet fully developed.

Importantly, legislative policies have been responsive to advances in brain science and knowledge about emerging adulthood. For example, prior to the 2008 Federal Fostering Connections legislation, federal

support for foster care ended at age 18, at the age of “adulthood”. Informed by the science at the time regarding neurodevelopment and emerging adulthood, the 2008 legislation increased that age to 21 years. Following the passage of the 2008 Federal Fostering Connections legislation, nearly every state extended foster care services to 21. Given current knowledge of brain science and evidence regarding the protective effects of EFC, it may be beneficial to extend the age limit for federal support further, to 23 or even through 25 years of age. Not every young adult leaving foster care will need it, but given the current realities of the transition to adulthood, the additional time and extended support may be increasingly beneficial. As has been noted: “Youth aging out of foster care need a runway, not a cliff” (Bloch, 2019, p. 1).



Current Context — Current Reality for Young Adults

In the US, the transition to adulthood has become increasingly protracted, less linear, and the pathways more diverse (Wood, et al., 2018). Roles that once were characteristic of young adults in their early twenties are now delayed until the late twenties or even to the mid-thirties (Sironi, 2018). Where adulthood was earlier linked to milestones such as marriage, school-to-employment transitions, family formation, and leaving the parental home, for many emerging adults today, the social context has changed and adulthood is more of a time of self-discovery, with extended periods of education, and living with parents, either continuously or cycling between living in and out of the home, as finances dictate (Sironi, 2018; Wood et al., 2018).

The economic recession of 2008 had a large impact on young adults, affecting their employment opportunities, their income potential and leaving large numbers unemployed or underemployed (Sironi, 2018). The COVID-19 pandemic exacerbated this further, with youth and young adults struggling to enter the job market, make a living wage, and to find affordable housing (Sironi, 2018). A Pew Research Center report notes that “The coronavirus outbreak has pushed millions of Americans, especially young adults, to move in with family members. The share of 18- to 29-year-olds living with their parents has become a majority since U.S. coronavirus cases began spreading early this year, surpassing the previous peak during the Great Depression era” (Pew Research Center, 2023). The current context includes new barriers, lengthy periods of education, student debt, and a high cost of housing and home ownership, which contributes to the further unevenness of the playing field for those who have transitioned to adulthood while in state care. According to the US Census Bureau, even before the pandemic, in 2015, as many as one third of young adults ages 18-34 were living at home with their parents, and more than half of those ages 18-24 (Kim, 2020).

Relational Permanency and Support Networks

Relational permanency in child welfare is understood to represent durable, long-standing social connections with supportive adults and others (Best & Blakeslee, 2020). Supportive adult relationships and support networks are important to promoting positive outcomes (Rubio & Covarrubias, 2020; Ahmann, 2017; Best & Blakeslee, 2020; Opych et al., 2023). Opych et al.’s (2023) longitudinal CalYOUTH study found that having enduring relationships significantly reduced the risk of homelessness (by 44%), economic hardships (by 32%), and food insecurity (by 51%) among young adults exiting foster care. The study also noted that the lowest rates of relational permanence were among African Americans and Native Americans / Alaska Natives in

their sample, two groups who are over-represented in the child welfare system. As they note: “child welfare services can play an immensely influential role in creating conditions that cultivate support networks around every youth in care” (Opych et al., 2023).

Different forms of support found to be helpful included emotional support, concrete support, informational (including skill-building) support, and advocacy. Strong connections were characterized by stability, trust and reciprocity, commonalities, honesty and genuineness (Best & Blakeslee, 2020). Removal from the home and placement in foster care disrupts the support of family members, peers, and community members. Placement instability and repeated moves often mean changes in schools, which further disrupt support networks and valuable relationships with teachers, school counselors, and positive peers (Jones, 2014). Foster care staff attrition also interferes with youths’ and young adults’ ability to build and maintain long-term relationships. As Jones (2014) observed, “Turnover of child welfare workers may make it difficult to establish the continuity in relationships...and cause foster youth to experience relationships, if experienced at all, as tenuous and unreliable” (p. 86).

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Youth should not leave care without the support of a committed adult.

(Jones, L. P. (2014). The role of social support in the transition from foster care to emerging adulthood. Journal of Family Social Work, 17(1), 81-96, p. 90)

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A barrier to building relational permanency for young adults is a lack of quality relationships with adults. When asked about the quality of existing relationships with adult support systems, some young adults define their service providers as emotionally distant and patronizing (Ball et al., 2021). Complex trauma is characteristic of those who have experienced chronic multiple adversities, as is the case for many young people who have experienced foster care (Salazar et al., 2013). Those with complex trauma may refrain from connecting with others, refuse help, and run away or self-isolate, as part their self-preservation strategies (Siegal, 2014; Zajac et al., 2015; Ball et al., 2021). The literature suggests that safety and trust are imperative to forming quality relationships and this takes time and effort on the part of adult supports (Okpych & Courtney, 2017). Rubio and Covarrubias (2020) underscored the need for a strong rapport with the caseworker, the provision of tangible benefits, connection to needed services, and advocacy. High quality, supportive relationships may include help with navigating systems, advocacy, emotional support, connection to services, and mentorship.

In a systematic review of young people’s perceptions of their preparedness as they left foster care, Haggman-Laitila et al. (2019) reported a range of coping mechanisms and profiles. Across the reviewed studies, factors identified as helping in the transition included: **social support** (peer, staff, marriage, networks), **personal characteristics** (including positive future expectations, mental health, goal achievement abilities), and stability in **housing quality, employment, and education**.

Relational health skills: Practice recommendations which emerge from the literature on relational permanency underscore that workers actively assess the youths’ and young adults’ social networks (Jones, 2014). This is also an opportunity for EFC workers to support cultural permanency as well, helping youth and young adults to connect or re-connect with culturally significant individuals, groups and influences, and activities which support enculturation.

The literature and EFC workers point out that many young adults leaving foster care will seek out their birth family: “Part of the process of leaving foster care involves reconnecting youth with their family...many youth

do return home” (Jones, 2014, p. 87). There are positives to be gained, and also concerns. It has been noted that “contact with family is a protective factor against homelessness among former foster youth” (Dworsky & Courtney, 2009). Workers in EFC have shared that they aim to be proactive about preparing youth and young adults for re-engaging with parents, helping the young adults to have careful expectations and clear boundaries.

The formal systems and programs supporting young adults in extended foster care often place greater focus on independent living skills rather than healthy relationship skills (Ball et al., 2017). For young adults to thrive on their own, they need social and interpersonal skills to identify safe supports and nurture positive relationships with peers, informal supports, and professionals alike (Ball et al., 2017). Further, not all, but many young adults with foster care experience have complex trauma histories which affect safety and trust needed for initiating and maintaining health relationships (Ball, et al., 2017 & Siegal 2014). For these individuals, trauma-informed care is essential to support relational permanency.

Independence and Interdependence: In extended foster care, the program goal is often framed around the concepts of independence and self-sufficiency, so much so that these may become viewed as markers of reaching adulthood, even if they are unrealistic. In a qualitative study with 20 transition age youth and young adults in extended foster care, participants explained their intentional distancing from their support systems as preparation for the “isolation” they perceived to be inherent to adulthood (Hokanson et. al, 2018). Some study participants shared that they refused support from extended foster care because they perceived that remaining in the system would set them back in developing autonomy and self-sufficiency. Hokanson and colleagues (2018) note that the spotlight on independence without acknowledging the accompanying ongoing need for interdependence and social relationships may contribute to not only unrealistic expectations but notions of “vigilant self-reliance” and “survivalist self-reliance” and feeling like a failure if they ask for help. For example, one study participant was reported as saying, “... sometimes I think ‘I should ask my social worker’ and then I’m like ‘but I’m 20 years old’” (Hokanson, et al. 2018). EFC programs must first attend to basic needs of shelter, food and safety, but it is a focus on healthy relationships and social networks and the ongoing supports and mentorship from caring adults which will ensure long-term stability and success in young adulthood and beyond.

Peer supports: Peer support appears to be underutilized and could be tapped more deliberately. EFC programs could better engage peers and near-peers to augment social support networks for young adults leaving care. EFC staff interviewed for this system assessment voiced an interest in having more ways to connect EFC participants with one another. Encouraging peer support and helping former EFC participants to remain in communication with peers in care may support relational permanency for both individuals, adds to each person’s support network, and creates a structure for longer-term “near-peer” support from those who have been in EFC and have recently experienced the transition from care (Jones, 2014).

Needs of subgroups of young adults in EFC or eligible for EFC

As described in the literature and voiced by staff and community partners, emerging adulthood is particularly challenging for certain groups of young adults, and subgroups of young adults have needs which are not well met by the existing system of EFC services and benefits. Figure 3 lists the subgroups about whom we heard concerns. A detailed review of literature on each of these subgroups is beyond the scope of the present systems assessment, however we note that as policy, program and practice revisions are considered, it is important to consider each of these subgroups, as they represent individuals whose

needs are often marginalized in systems and who may be less willing to participate in EFC. An individual's experience in the child welfare system can influence whether they participate in EFC, which is a voluntary program. For example, one qualitative study explored the experiences of African American young adults who exited foster care and who chose to not engage in EFC (Flowers-Corpening, 2022). The study described participants' traumatic experiences of abuse in care, broken promises, and decisions made without them, which made them unwilling to further engage with the system after turning 18, despite it being potentially helpful.

The literature and perspectives shared by staff, community partners and those individuals with lived expertise in EFC emphasized the need for culturally responsive care and relevant services, the importance of having a workforce which represents the demographics and experiences of those in care, the requirement that workers be prepared for practice with an understanding of complex trauma, with a developmental perspective, and aware of the unique needs, barriers and strengths of specialized groups of young adults.

Figure 3

Subgroups of young adults in EFC with particular challenges and unmet needs:
Individuals with Disabilities
Pregnant and Parenting
BIPOC
Tribally affiliated
LGBTQ+
Undocumented
Incarcerated or leaving Juvenile Rehabilitation
Health and Mental Health difficulties
Individuals with Substance Use difficulties
Rural locations

Evidence Based Practices (EBP) for young adults

There is a need for more tested effective interventions with young adults in extended foster care. In a 2020 systematic review of interventions for youth and young adults aging out of foster care, it was noted that no programs received the top rating of "Well supported by research evidence." This is in large part because there has simply been insufficient research on programs, therefore the majority of programs remain categorized as "unrated" because they have not been the subject of rigorous research (Greeson, Garcia et al., 2020). Among the small number of programs rated "supported by research evidence" is "MY LIFE" (Powers, et al., 2012). This program aims to improve outcomes in the realms of educational attainment, employment, safe and affordable housing, and has targeted specialized groups, including BIPOC (Black, Indigenous, and People of Color) individuals and those with disabilities.

Particularly encouraging are case management approaches which develop and maintain support networks of caring adults. For example, Youth Villages LifeSet (Greeson et al., 2020) is rated by the California Evidence Based Clearinghouse (CEBC) as having Promising Research evidence. In the LifeSet model, program specialists with low caseloads meet weekly with young adults to work on personalized goals, particularly in the realms of relational health, housing, education and employment (Gaughen & Langford, 2019). The Federal Family First Prevention Services Act (FFPSA) of 2018 now allows federal funding to cover evidence supported prevention services and programs. Services for EFC participants who are young parents might therefore be resourced through FFPSA funding. Programs which might support a "two-generation" prevention approach include home visit support programs for young parents in EFC. For example, EBP's such as "Promoting First Relationships," which helps build responsive and nurturing parent-child relationships and has been found to significantly decrease future foster care placements (Oxford et al., 2016). Similarly, Transitional Living Programs such as "Second Chance Homes Network" offers a continuum of care including housing supports for young mothers (Gaughen & Langford, 2019).

Key themes from DCYF staff and community partners

Across the qualitative data analyzed, we found considerable consistency and coalescing around themes. Points made by EFC Regional Leads were echoed by EFC workers across the 6 regions, reinforced by input from JR staff; information from community partners, offered additional layers of detail and perspective. Below, we highlight themes that emerged from focus groups and interviews, illustrating those themes with quotes. The key themes are: Developmental perspective; Service and Benefit gaps; Housing Instability and Homelessness; Active Outreach; Eligibility Criteria; EFC and Age Eligibility; Organizational support for EFC; Culturally Responsive Services and Need for Diverse Workforce; Collaboration: Information and Communication; Caseloads; Differing perspectives on EFC; Needs of Specific Subgroups; Permanency and Relational Skills; Mentorship and Social Networks.

Developmental perspective

Most of those interviewed for this report voiced a strong need for services that account for the particular developmental period which those eligible for EFC must navigate. They also pointed to the disadvantages associated with having had experience in foster care.

One participant explained: And so, it's important for us to recognize the predictable and understandable dynamics around service provision for this age group and really center and think about what can and should we offer, that will have a meaningful, positive impact in their lives and outcomes.

EFC staff: I think our average youth, coming into extended foster care is developmentally, socially, emotionally, behind. Being in foster care... You know it's a trauma just being in care.

EFC staff: Their development is behind, and then in a lot of respects they think they're mature, and they think that they are grown. But it's a grown 'survival' kind of grown, not a slow down, and you know, take a moment to plan...they're so busy surviving.

Across nearly all of the focus groups and interviews, individuals looked inward, to consider the challenge of transitioning to adulthood from care, reflecting on their own or their own children's developmental needs.

As one interviewee shared: I didn't always manage my money very well, when I was 18 to 21 when I was in college, but if I was really back up against a wall, my mom was able to be a backup safety net for me. And I think young people in extended foster care don't have that same sort of assurance and that opportunity that we, that many other young adults have to make mistakes and grow from them.

An EFC staff noted: I know that my 20-year-old wasn't ready to leave the house. And how do we just say goodbye to these kids? I mean, it's just really hard.

Another interviewee provided a personal example of why developmental guidance is important for all young people:

...I think that generally young people 18 to 21 they're young adults, right? They should have increasing levels of independence, and they should have support and a safety net. When I think about myself,

when I was 18, or 19, I lived in a college dorm. I was able to call my parents if I needed something, I mean, I called them about real dumb things.

One EFC staff member noted that EFC participants may be set up to fail, while another interviewee built upon that idea with a vision of extended foster care as an opportunity for to set them up to thrive:

EFC staff: ...with extended foster care youth, we equate them to young adults, transitioning, like other young adults raised in their birth family — which I think sets them up for failure. We launch them, so to speak, but they haven't had a launch pad that's been stable consistent, forgiving, unconditional.

Interviewee: Instead of the scarcity model, which is 'homeless prevention', the abundance model would say, how do we launch them so they can begin their adult life without having to worry where they're going to sleep or eat, but actually get to focus on their passions, their interests, and how they're going to create a livelihood?

Service and Benefit Gaps

Many of the participants discussed how the financial Supervised Independent Living "SIL" stipend was a critical component of what EFC provides. Many interview and focus group participants discussed how independent living is a critical but underfunded component of the services.

One interviewee explained: I think one of the most important parts of extended foster care is that it's a financial support program for young adults who really have very little other financial support. They don't have the support, generally of family with resources and they're often isolated from community resources that that other people rely on, that I relied on, that most folks would if they if they lose their job, or if they hit a road bump.

Many interview and focus group participants stressed the importance of increasing the Supervised Independent Living "SIL" payment amount to keep up with the ever-growing current cost of living in the state of Washington, and in certain regions of the state in particular. Examples of points shared repeatedly are:

Interviewee: "We need to make sure that they are getting regular increases in their monthly allotment that is commensurate with what the rest of us are facing in this economy."

EFC staff: We do not have concrete goods. \$800 does not cover rent or in any way meet the financial needs of these kids.

EFC staff: We should at least give them the amount that it would cost to pay rent and then they could figure out, I guess everything else, but at least enough to pay rent.

EFC staff: Our ILS program is pretty underfunded, and I'm doing most of those case management things on my own, and when our case loads keep getting higher, that becomes really difficult to do.

Participants identified specific regional differences that create service gaps in how EFC is experienced across the state of Washington. For example, one participant explained:

We don't have statewide legal representation for young people experiencing foster care in Washington State, but we have been working toward it. And that has been a kind of a regional thing. So, like in

King County, any young person that wants an attorney can have one. That is not the case in other counties.

They went on to consider whether there may be a way to use data and improve and hold accountable the different regions:

How do we hold accountable / incentivize regions and regional staff to increase their numbers until we get to that gold standard?

One participant described how the current set up of foster care regulations does not provide adolescents and emerging adults the skills they need to thrive after transitioning from care:

We have a barrier with our licensing regulations. We don't have an adolescent licensing category. So, a 17-year-old is living in a foster home and isn't taught how to cook because we can't have the knives out — and not able to take their medications because they have to be locked up. So that's a super barrier not having an adolescent portion of the licensing regulations, because the foster parents are so scared about getting an infraction, that they're not teaching the youth the skills needed.

Housing Instability and Homelessness

Concerns about the housing instability of individuals in EFC, eligible for EFC, and exiting EFC were voiced strenuously and consistently across all interviews and focus groups. Concerns included the lack of safe and affordable housing and the perceived inadequacy of the SIL stipend. As two EFC staff members described:

It's hard out there with housing — with apartments — to get a cheap, crappy, one bedroom apartment in an area that I wouldn't recommend you walk outside after dark and the rent is \$1,300 a month. I mean, that's almost my house bill. That's almost my mortgage. So it's just crazy out there. So, \$810 a month is not nearly enough. Even for kids who are working at least part time or going to school, \$810 isn't enough.

I think the biggest need is housing... The FYI Voucher is awesome, but you have to exit Extended Foster Care for that, and there's not enough. And housing is just not affordable for probably even most of us. And the stipend is very low... and helpful, but not enough for housing.

Concerns were also heard about an over-emphasis on rapid rehousing rather than long-term stable housing and we repeatedly heard concerns regarding eligibility criteria and rules which create impossible choices for young adults in EFC, such as forcing young people to choose between a housing voucher and remaining in EFC – those who opt for the housing voucher have 90 days to leave EFC, regardless of their age. In one EFC worker's words:

So, the Feds have really dumped a lot of money into our area [for housing vouchers] ... but truly,

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I think the biggest need is housing... The FYI Voucher is awesome, but you have to exit Extended Foster Care for that, and there's not enough. And housing is just not affordable for probably even most of us. And the stipend is very low... and helpful, but not enough for housing.

Extended Foster Care staff

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again, these youth are not prepared — to exit within the 90 days. There's very few that can do that, and then now I'm starting to see these really horrible outcomes where the feds are like: "Oh, housing — Rapid rehousing, housing first is great, and it is, but they're not looking long range. They're looking at very short term, and what I'm already seeing now is now I've got 18, 19, 20 year olds, who are facing an eviction because they failed under FYI, because there's not enough money, and there's not enough support when we had to get out of their lives and don't provide them the \$810 after 90 days, and so that's a nightmare.

The need to consider longer-term housing stability and support to prevent eviction was highlighted by the same EFC staff:

Also IYHP [Independent Youth Housing Program] can sound very appealing in the front end. But unless you have a really high skill, high motivation, young person — If they lose a job, you know...then the program fails. And so it's not expansive enough, and it's not holistic enough, and they're not looking at the long game... and it is so traumatizing for some of these youth, who have never had a safe place of their own to have that and then have the rug pulled out from under them after 6 months, when they're getting evicted, and they're back on the streets.

Active Outreach

Data from interviews with community partners speak to the need for expanded outreach. As one participant said:

...even though we have broad eligibility criteria, that should mean that every single young person who turns 18, when they are dependent on the state of Washington should be eligible for extended foster care. And yet, we continue to hear that young people are not told about the program...

Some EFC staff noted that they had been successful in their outreach and engagement methods, particularly in regions with smaller numbers of eligible young adults. As one regional lead noted:

We have all our kids located, housed, and engaged.

Staff working with young adults in EFC underscore that they try to get information about the program's services and benefits to those individuals in care while they are adolescents, such as at the 17.5 meeting or earlier. They also point out that EFC is a voluntary program, and many young adults are reluctant to participate. As one EFC staff noted:

One key factor in serving this population is their willingness to sign consents. We don't have any authority to do anything for anybody in any direct way without a consent. So how that gets set up for the young people is a huge factor for what we can actually do for them.

Eligibility criteria

EFC staff also emphasized that it's a complex puzzle to determine eligibility for various services and benefits. There are also regional differences in how rules are interpreted. As one EFC staff put it:

Even eligibility is a grey area.

Many of the interview participants identified how the eligibility criteria can put EFC youth and young adults in a difficult position to utilize services. As one participant explained:

For example, if you've got a youth who's been on the run, before they turn 18, because they frankly don't want to live in a group home, or they don't want to live with the relative with whom they were placed and they've been on the run for six months or and then the department comes and says, "Well, in order for you to be in foster care, we need to see where you're living. And that person has been on the run for six months. There's a focus on the rules that I think makes it difficult to meet those folks where they are.

Two interviewees provided examples of how the eligibility criteria for EFC can be a barrier for EFC utilization and put eligible individuals in a tough position:

If there's a young person who is eligible for extended foster care but is homeless, they're in the conundrum...Many social workers would say I cannot approve [them for EFC benefits]. But they can't get out of that tent, unless they have first and last month's rent. So, we put kids in this Orwellian twilight zone — they want an apartment, but can't get an apartment until getting approved, but can't get an approval...

I think it's just when you hear about people...getting kicked out of extended foster care, because they had to drop out of their community college program for whatever reason. Now they're not in school. And so therefore now they're not going to be [in EFC]. I just —one thing for starters, just get rid of that [eligibility criteria].

Another interviewee summed it up:

So, sometimes youth who need the most support, and the most help, are usually those who aren't going to qualify for EFC or aren't going to be eligible for EFC for very long.

Many of the participants identified how individuals eligible for EFC services often have to make difficult choices regarding which services to utilize when they are forced to choose one or the other. One participant explained:

And that often means that youth choose to exit EFC in order to access housing, because they have to make a really tough choice, right? Do I have somewhere safe to stay? Or do I get the support of EFC? And oftentimes, having somewhere safe to stay is gonna win, right?"

Eligibility criteria excludes the most vulnerable

If street homeless



Not eligible for EFC

(Tent is not SIL approved)



Reconsider eligibility for EFC



...some of them are awesome programs, but...there are just barriers everywhere on eligibility. You're either too mentally ill, or not mentally ill enough. Or too dependent, or not dependent enough It is near impossible to find a full wraparound system for any youth Everything is so niche.

Extended Foster Care staff



The value of reconsidering eligibility criteria was voiced regularly. For example EFC staff shared specific examples of cases in which more flexibility in eligibility seemed warranted, recognizing that things like finding employment or pursuing a medical exemption take time:

EFC staff: *I think IYHP needs to be like tripled, and they need to be a little more workable, you know, not having such hard boundaries about: You have to be in school, You have to have a job, You have to do these things. —I think if they're working on it, if they're looking for jobs, I think that should be qualifying.*

I've seen folks struggle with substance abuse, or their mental health is so poor that they can't meet baseline. There's the... medical exemption. Some folks are too unwell to get the letter or aren't ready to. If I have someone I know is struggling with fentanyl and isn't ready to talk, I have a short time frame because they have to exit in a few months.

EFC workers also discussed the challenge of meeting eligibility requirements for specific programs. Although there may be many programs that appear to meet important needs, there are often numerous eligibility requirements that limit access to the program. As one EFC staff person described:

...some of them are awesome programs, but...there are just barriers everywhere on eligibility. You're either too mentally ill, or not mentally ill enough. Or too dependent, or not dependent enough It is near impossible to find a full wraparound system for any youth Everything is so niche.

EFC age eligibility

Interviewees and focus group participants voiced concern about EFC eligibility ending at age 21, partly in recognition of the developmental stage of young adults in EFC, but also in recognition of the current realities of living on one's own and reflecting on the time and resources it took them or their own adult children to make that transition. In the words of some EFC staff and community partners:

EFC staff: *I know that there's the Federal rules about 18 to 21 but we know, because we work with these people, that 21 — no one has their stuff together by the age of 21. Can we get rid of that rule? Can we just keep going past 21?*

One interviewee suggested expanding services and benefits to age 25, provide more time for young people to find their way:

...I do think we need to expand it through age 24, up to 25. There is no model where young people today are, in any huge numbers, breaking out on their own, even at 21. It's not enough time to even finish a BA.

Figure 4



Pointing to existing research on the topic, another interviewee noted the importance of extending supports and services past age 21:

Well, frankly, my opinion, extended foster care to 21 is still not sufficient. The research that I have done...is still showing that they need more time. [It]is really showing that foster youth are averaging age 26 when they graduate from college, and that's with a bachelor's degree and so ending it at 21, you're still seeing inadequate levels of support.

Lengthening the age range for eligibility for EFC would allow more young adults exiting JR to participate in and benefit from EFC. Currently, only those young adults exiting JR before age 21 meet the age restriction. As noted by JR staff:

JR staff: Well, you identified another gap because we [JR] have individuals up to their 26th birthday, essentially, and EFC ends at 21.... So they may even miss the opportunity because it is... not an option.

Organizational Support for EFC

Focus groups with EFC and JR staff surfaced consistent messages about the value and contribution of EFC for participating young adults and yielded ideas for further strengthening the program and better meeting the needs of those eligible. A strong and consistent message was that DCYF needs a clear **vision** for the program. As several EFC staff, including regional leads, shared:

I'm thinking we don't really have a mission statement with "What is our goal?" ... No matter when we take a child in —"What is our goal?" And are we prepared to practice that? And is it universally valued?

I think my biggest thing is just really having policies within our own agency that inform and guide work related to, specifically to EFC youth.

We do not have clear EFC policy at all that outlines really anything but eligibility in the WAC.

Participants in EFC staff focus groups and individual interviews noted that the majority of the regions have a dedicated **EFC unit**. This is an area in which DCYF has made good progress. A small number of regions still have workers whose cases span all ages, birth to 21 and a clear message conveyed regularly was that special EFC units are preferable. Having EFC-specific units permits workers to specialize, which is critical given the challenge of these cases and the complexity of the array of services and benefits for which young adults may be eligible. Furthermore, it was noted repeatedly that when workers have both infants and young adults on their caseloads, infants are always prioritized. Illustrative points made by EFC staff include:

I think the one regional difference is [our region] we do not have dedicated EFC units. I think there's a lot of disservice to our EFC kids in [this region] because we don't have the dedicated staff that can really learn the policy and everything that needs to be done.

We don't even have an EFC unit. The cases are dispersed in the office to whomever.

The EFC regional team [should]...include just the 18-21 year olds, because we can specialize in what they need, and we know it's hard to balance a mixed case load... I've seen other CFWS workers in other parts of the State, with a 20 year old and a 2 year old. They have to prioritize the 2 year old and their safety. They cannot do both. It's just not realistic.

Some participants voiced similar points about having staff who are specifically focused on youth in **adolescent units**, emphasizing the need to start preparing youth early, before the participants are young adults in EFC. Ideas about a focused practice with adolescents were shared by both community partners and EFC staff:

Interviewee: ...really thinking about having adolescent units, people who, before they're in EFC, people who are dedicated to the health safety and well-being of adolescents, have an expertise and a clinical eye for the unique needs of that population. — Looking at how to engage them in a meaningful way, that is supporting them to be prepared to hit adulthood, even in extended foster care...

EFC staff: We need...I will say it again — I'll say it 'til the cows come home — adolescent units back. We need people who are focused on working with teenagers, who understand that at 17 and 16 — you shouldn't be waiting until their eighteenth or the 17 and a half staffing meeting to go: "So what is it that you want to do?"

A noted benefit of having staff who are specifically focused on adolescents and who choose to work specifically with youth is that they are particularly dedicated to individuals in the teenage years, and skilled at working with them. As one EFC staff member observed:

EFC staff: I think one of the real positive things about EFC is the people that work with these youth are often really, really committed and passionate about the work.

EFC staff shared concern that there is currently no practice model for EFC. Several staff observed that so much of child welfare policy and practice is designed with infants and young children in mind. Indeed, young children make up a majority of the cases, but that leaves out youth and young adults. As one worker noted:

EFC staff: You'll see it across policy. All things. We [EFC] are the afterthought that has to fit into one of those other buckets. But this group needs a really targeted set of services. And practice trainings for the workers themselves.

What are the practice goals for the EFC program? What is the vision for practice with young adults? Workers underscore the need for a practice model and evidence-based practices to explicitly include practice goals, methods, and interventions targeted to adolescents and young adults. And what does permanency look like for young adults? As one worker said:

"We need to be talking about best practices. We need to be talking about permanency and what it looks like."

EFC staff emphasized the need for their practice to be more evidence-informed, for the workforce to be more knowledgeable in the developmental phase of emerging adulthood, and to be guided by evidence-based practice models. One staff member noted:

"We are not research based, which we should be."

In addition to culturally responsive and developmentally appropriate interventions, many of the community practitioners acknowledged the high levels of trauma young people in the child welfare experience in their lives, and how this trauma needs to be addressed to support them in living successful lives. As one participant described:

It seems like the trauma that people experience that leads them into the system is really the barrier that has to be addressed before we can move on. Because... as a professional, adult, who was not in child welfare, when my own life events happen, it sets me back as a as an adult. Right? If you have a death in the family, if you get in a car accident — all of those things would set you back. So, if you were in a system, that's a big bureaucracy, that is not tailored to individual needs, that's just going to compound it.

EFC staff also pointed to the challenge of effectively engaging young adults in EFC when part of their role as workers is to be a gate-keeper and ensure compliance. As they shared:

EFC staff: There's plenty of work for us to do in 3 years. We cannot get through it all. Laying on this added layer of compliance, that can be used as punitive, is really damaging, I think, to their psyche, to their engagement, to our rapport building.

A need for tailored and targeted **Training** was noted by EFC Leads and workers. This included a stated need for training from a developmental perspective, to prepare workers for practice and case management with adolescents and young adults. Workers observed:

EFC staff: I do think it's worth calling out here that there is no internal practice training around engaging this population at all. So, other programs are specifically trained for their program. We are not. So, we are self-identifying appropriate research to use and things like that. But there's nothing agency-wide that's provided to this group.

EFC staff: We don't offer direct services to EFC. ... the department directly funds evidence-based services for parents. We don't do that for extended foster care — we're doing case management or social work to connect them to other adult systems.

DCYF staff working in Juvenile Rehabilitation (JR) also discussed training needs to support their work with young adults exiting JR and potentially entering EFC, including the need for greater preparation for **trauma-informed** practice. As one focus group participant noted:

JR staff: How do we better work with young people who have experienced trauma?— using not only a trauma-informed lens, but other engagement strategies... healing centered engagement, that kind of approach to working with this population.

Culturally Responsive Services and Need for Diverse Workforce

Some interviewees noted that current services are often not culturally responsive to the youths' needs, and that there may also be a mismatch with regard to race/ethnicity and sexual orientation. The diversity of the professionals providing services to individuals eligible for EFC came up regularly across interviews. Many participants voiced the importance of having a workforce that reflected the identities and, importantly, who understand the experiences of the individuals utilizing or eligible for EFC services. As they describe it:

...what I've seen, generally is that often, you know, young people of color, and LGBTQ youth, particularly young people who are Black and Indigenous, are just incredibly overrepresented in care, and the vast majority of caseworkers are White. And so, there's generally a disconnect there, which is not to say that white social workers can't provide culturally competent service. But I think there's just

not enough people who share the same identities of youth in care providing services to youth in care. I think that's true under 18 and in EFC.

*We do not have service providers that match our population, period. ...Everybody wants a therapist of color, cool. We've got **one** covered by Medicaid in [this region]. ...We cannot pair [EFC participants] with appropriate services.*

EFC staff: ...one [need] that's come up a couple of times: more culturally relevant services. Services for black birthing folk, a doula with a sliding scale — there's a mortality crisis with black folks.

...bringing in providers that have folks on staff that have lived experience that can walk and navigate those young folks through this...

Participants discussed how the lack of cultural relevance in interventions can affect their receptiveness to the intervention and even outcomes. As one interviewee noted:

Certainly, you know, BIPOC youth are overrepresented in our state. There are some really specific dynamics around indigenous young people in child welfare. And we know that... if ways that are culturally appropriate with tribal communities and their children isn't in the intervention... it doesn't really matter what else is happening... the outcomes will be poor.

Collaboration

A point repeated across different groups of DCYF staff was the need for greater collaboration and coordination within the department and across partner agencies and units, especially to better meet the needs of those with disabilities. Some described the system as currently characterized by a passing of responsibility. As EFC staff said:

These systems should be connected better to support these youth when they are transitioning out and need these systems... And those systems will end up having to get involved at some point. I mean, these kids can't go forward without them, so, having them at the table a lot earlier to do some of that really thoughtful planning...

We really struggle as a system to partner and provide coordinated responses.

It's an easy out to point fingers.

But for those kids who are also developmentally behind it gets really, really sticky. I think one of my biggest frustrations ... I wish that we could work more collaboratively with DDA. Sometimes I think sometimes that comes off very adversarial.

I know myself — when we talk about the development needs of a young adult — half the time I struggle to navigate DSHS or get someone into Sound Mental Health. How could we expect, — my own kid couldn't navigate these systems — I think all of our systems are just not set up to meet the needs of those that are not typically developing.

EFC regional leads and other workers recommended that DCYF prepare MOUs to support effective partnership and collaboration. As they noted:

EFC staff: *We need to have more memorandums of understanding. If we want to be able to have our unit help with ID's: — DOL. If we are wanting to have our young adults to be able to receive SNAP benefits: an MOU with the CSO.*

EFC staff: *We have very limited MOU's with any of those adult systems that we need to be partnering with.... We have sick kids that don't understand the importance of signing a consent, and our hands become literally tied. [We need] some MOU's with adult mental health.*

Information and communication

To better support young adults exiting JR and potentially eligible for EFC, participating JR staff noted a need for greater information, communication, and consistency across regions:

JR staff: *...more information, a better way to connect with the people that are working with these young people that are going to be going into EFC, to educate them on what the benefit of it is. Because we try our best based on a little pamphlet that we have, or we try to Google whatever we can Google, to get as much information just to try to really boost their curiosity around it, and really encourage them to take advantage of this extra support they can receive. So, I think that that would be number one, especially when we have identified a dually served youth that has a possibility of going into EFC.*

JR staff: *EFC and JR are under the same umbrella –DCYF.... We should be efficient because of that — and I think that it ...**has** become more efficient, but I think we can improve that even more, just how information is shared and how we communicate.*

I think the only other thing that comes to mind are internal knowledge gaps, the 'trickle down' of knowledge takes a while. I've had courtesy cases and the primary is in another region and we're on a different page when it came down to social security, SSDI, or stipend...The trickle down takes a while... Some of the information dissemination leads to regional differences.

I think communication is key across the board with the department. We have to all be on the same page about the policy parameters.

Caseloads

Caseload size was noted as a challenge for caseworkers in EFC and in Independent Living services. EFC staff also described a perception that their cases are easier because their clients are older, which they regard as a misperception. In describing their cases, EFC workers noted:

But caseloads are crazy. We're still sitting at 30-40 cases. At one point during the pandemic, I had 70, and you know you can't do much. You really can't do much. I think there is a very large misconception ... that EFC cases are somehow easier. And really it's not. It's nowhere near easier. It's just different.

We're still walking into unknown situations. We're still walking into drug use. I mean more dangerous stuff because we're actually working with adults who have other adults — who we have no idea about — in our spaces... And so I just think they try to...discount the work that we do, because they're adults.

If we can get a cap to our caseload, or more ILS funds, that would go a really long way.

Differing perspectives on EFC

Among the regional differences mentioned were differences in how the courts handled EFC cases, with some courts in some regions aligning with and following the lead of caseworkers' recommendations and other judges are hesitant to dismiss any case. One EFC staff member observed this pattern, and pointed out that it can make it difficult to motivate those participating in EFC to meet program expectations:

I think one quick regional difference that in [this county] it's pretty much just like anyone can be in EFC and you don't really have to do anything, and the judge is never going to dismiss the case, and it creates...sort of the word on the street with the kids is like you literally don't have to do anything.

The tension noted between perspectives of some judges and some EFC caseworkers, particularly in certain regions appears to link back to the question of the Department's vision for EFC and points to the need for clearer philosophy and rationale for the EFC program. One EFC staff member shared how they saw this play out in the competing messages workers hear about the goals of EFC:

I see different workers feel like they...hear different things: "Get in and get out." "Give the bare minimum." "Make them prove it." Others are: "Give them everything." "Let's file on every 17 and a half year old, so they could get EFC".

Needs of specific subgroups

In this assessment, we have considered the needs of subgroups of young adults whose unique situations, needs and experiences are often marginalized in systems and institutions. In focus groups and interviews, we asked about the perceived needs of subgroups and listened for those mentioned. The subgroups whose needs were described most regularly are listed in Figure 3. Some of the service needs and benefit gaps experienced by these particular groups are illustrated in the quotes of DCYF staff and community partners:

EFC staff: *So, I think each [youth] is different. You have [youth] in extended foster care who have developmental **disabilities**. Their needs are going to be really different than the kid who's getting all the scholarships and has graduated high school and been able to you know, have those typical successes that one would expect for a kid not impacted by trauma.*

EFC staff: *I'm assigned to work with a lot of youth that have come into EFC from private dependencies, so most are **undocumented** youth. So, on top of these challenges that we are already facing, these youth are facing even more challenges because of the language barrier, the cultural barriers. So, as an example, they don't qualify for ILS. So then it's on the worker to do all that case management and additional support. They don't qualify for coordinated care, so all that support that comes with coordinated care is not available to them. And so I am just finding that the majority of my caseload are specifically these youth...*

EFC staff: *I think one of the things that we see a lot of is the gap of these young adults coming out of the **BRS** facility and into independent housing... It seems to me there needs to be some sort of step down type homes for these EFC youth that are coming out of BRS, that have some case management-type of supported living situation so they can get more independent.*

EFC staff: *I think King County is kind of seen as the most progressive for **LGBTQ+** youth. I have many*

on my caseload, but still it is super insufficient. They are coming up against all kinds of barriers and stigma and lack of culturally competent services. ... trying to navigate coordinated care and medicaid is a nightmare for all of our kids, but particularly for our trans youth who are working on gender affirming care. That's an absolute nightmare.

Community interviewee: Youth can't be in EFC and be **incarcerated**. And that, I think, is also really problematic. Because we know that many youth who exit foster care are going to go directly into the criminal legal system.

Participants noted how an individual's social identities could impact how services are provided and received across Washington state:

*So, I just I think that...in terms of services, I think the people who live further out from an urban center are going to have access to fewer services. So, I think that's a challenge. And then if you happen to be a **LGBTQ** young person, or child, a young person of color, and you're living somewhere in eastern Washington that's very White, and not terribly accepting of LGBTQ, etc, then that's going to be hard.*

Reentry services for folks coming out of the carceral systems – I had a gang affiliated person who wanted to exit the life – I struggled to find services that matched with him.

Certain subgroups facing service gaps were more represented in certain regions, such as young adults living in rural regions and “service deserts.” Challenges for those in rural locations were voiced by EFC staff as well as JR staff, particularly as they considered how to meet the needs of BIPOC young adults exiting secure facilities. As JR staff noted:

JR staff: *We have youth who are in **rural** and then urban areas and so some services are not available in certain locations and what we've started doing and specifically like, if you have youth who are out living in community facilities and transitioning, and they want to stay living over in that area to stay away from their negative peer group that might have been on the west side, or they get established in a job in the community facility, and then want to release and stay in the area, and there's not a lot of providers who can provide service to them, and specifically not providers who are people of color. And so we currently are paying providers who are people of color to go over to the East side to provide service, because that's what the youth are asking for: “I want somebody who can relate, who looks like me, who's been down a similar path.” And the long-term sustainability for that kind of thing is challenging because it's very expensive.*

EFC staff: *I currently have a young adult who has severe **mental health** [problems]. Is she a good fit for this program? No. — But is this the only program she has to be able to survive and give her some type of type of information to launch, and some ... things to support her so that she is not homeless? Yes.*

The needs of young adults who were **parents** was mentioned by staff in EFC and JR. JR staff pointed to the need for parenting classes for young parents leaving Juvenile Rehabilitation:

JR staff: *Parenting classes, number one... especially the young men. I've noticed they come out [of JR], and they're really anxious. They want to jump in and help out, but they don't really know how to help out. So, I suggest parenting classes. I'd say that was definitely a need, because a lot of times their children are born while they're with us, and so their first meeting with them is when they come out.*

The baby's a couple of months old... and they're trying to figure out, What do I do with this new thing right here? And then for our females as well. You know, we've had a couple of young ladies at our local community facility that have given birth while they are with us. Having parenting classes for them, preparing them for this new child that they're going to be taking care of.

In addition to noting the particular needs and barriers to service utilization for certain marginalized subgroups of young adults eligible for EFC, it's important to acknowledge the income insecurity of nearly all families with experience in the child welfare system. Financial precarity creates concrete barriers which compound and are compounded by all of the difficulties noted with regard to the subgroups highlighted in this section. As one DCYF worker underscored:

I do want to [discuss] the cultural barriers too, but I wanted to say that our youth, being able to sign leases for rent, is really difficult because they don't have the income, and they don't have anyone to co-sign for them. So that's just a really concrete barrier.

Permanency and relational skills

The focus group and interview participants highlighted the importance of relational permanency for those eligible for EFC services. Participants described the importance of not just focusing on legal permanency but other types as well, including relational and cultural permanency:

Interviewee: ...Obviously, those that are in EFC have not obtained permanency and I think that we [should] not stop attempting to find permanency for young people and I have been really trying to move the field in defining permanency in three ways not just legal permanency, which is the historical focus, but that we should also be working with young people on cultural permanency and relational permanency in making sure that young people really are having concerted case management efforts to address all three.

EFC staff: Well, and let's face it — All of our kids are probably at some point going to try and reconnect with their parents. They're gonna, no matter how healthy or unhealthy their parents are. And so, I spend a lot of time talking about how to keep healthy boundaries, how to set healthy boundaries. — You know that you have the right to tell your mom that you don't want to talk to her anymore.

Mentorship and Support Networks

Related to permanency, efforts to build up support networks and connect young adults to mentors was often voiced by community partners and DCYF staff as important to long-term stability and success. As staff and interview participants shared:

EFC staff: I see this age group specifically really needing mentorship of some sort, and while we can provide some of that as their worker, there's only so much we can provide. So, if we could be reaching into communities to set that up, whether it's mentorship around a career they want to enter, or a trade they want to enter or school, or whatever it may be. Those things, I think, are just as important and get overlooked for these youth...

EFC staff: *the youth that were doing the best are the ones who have the most extensive support network, and it just goes to show natural supports are way better ... than we are at providing those skills. But it really depends on the youth, whether or not they got lucky enough to maybe be placed in a foster home that's supportive, or just have family that's supportive. I feel like it's kind of the luck of the draw also kind of based on their functioning if they can keep those connections. It's mostly older adults in their life, more than peers, I think that are supporting them with like the adulting stuff. But it really depends.*

One participant explained how important members of a young person's social network could be used to enhance transition planning:

So, I think right now for our transition planning, which happens way older than it should, [they should be] ...allowed to bring two people ... whoever they choose...those important people in their life, so if I have a best friend, or five best friends or whatever, if I was allowed to bring them to these meetings, and it didn't matter if they knew what my situation was, then I think that having those people there could help the youth take the steps needed to move forwards, because hopefully, they would reinforce what was being said, and they could help that youth partner in that.

Another participant highlighted how mentoring could be a potentially powerful intervention for those in care to assist with a variety of different topics:

I think mentoring is part of the toolkit for our young folks, whether it's peer to peer mentoring, whether it's people with lived experience, whether it's community members. It depends — are you talking about academic stuff? Are you talking about social emotional?... young folks will talk to the folks that they build a relationship with...

Many of the participants in the interviews identified the importance of utilizing the lived experiences of individuals that have gone through the system. As one community participant observed:

I think one of the most effective things that I've seen in the years I've been doing public policy work is when people who have experience with whatever it is we're talking about are meeting with, talking with, and advocating for what they need.

I think mentoring is part of the toolkit for our young folks, whether it's peer to peer mentoring, whether it's people with lived experience, whether it's community members. It depends -- are you talking about academic stuff? Are you talking about social emotional?... young folks will talk to the folks that they build a relationship with...

Community partner interviewee

Summary of qualitative findings:

DCYF staff and community partners provided valuable insight on the benefits of EFC, specific gaps and potential services, benefits, and approaches to improve EFC in Washington State. Their insights,

experiences, and perspectives reflect and reinforce findings from the research literature reviewed. Across literature and data from interviews, we found notable consistency and concordance. Key themes which came together included acknowledging the significant challenge of navigating the transition to adulthood in the context of the child welfare system and in the current social and economic environment. Attention to the needs of particular subgroups was evident in both our qualitative data and the literature. A focus on relational permanency was evident (Salazar, 2018), as was an emphasis on the importance of mentoring for individuals with experience in the foster care system (Berrick et al., 2011; Thompson et al., 2016).

A large part of the conversations with these professionals and community partners centered on the need for targeted services for both adolescents and emerging adults that consider their developmental stage and cultural identity. Practitioners and community partners also identified the need to review and reconsider eligibility criteria to ensure that they do not exclude those who most need the services and benefits. Increased information and outreach regarding the value of EFC is needed, so individuals transitioning from foster care are aware that they can access services to help meet their basic needs and to ensure that staff and partnering units and departments have information to support their outreach efforts. Further, staff and community partners suggested services, benefits and approaches that could potentially strengthen EFC service provision and individuals' experiences with the child welfare system. While evidence points to the clear benefit of EFC services for participating young adults, there is significant potential to improve EFC and better prepare young adults leaving care and set them up for success and support them in reaching their potential as contributing members in their communities across the state.

Analysis of key findings from RDA report:

As part of the EFC Systems Assessment, DSHS's RDA prepared a report on service utilization and indicators of service needs – the full report is presented in Appendix A. RDA's analysis compares three EFC groups: **EFC-Full** (N=398); **EFC-Early Exit** (N=250); **No EFC** (N=342) and a comparison group, namely a **low-income Medicaid comparison Group** (N=115,379). As is evident throughout the report, participation in EFC is associated with more positive indicators, but all foster care groups had higher support needs than did the statewide low-income (Medicaid) comparison group.

Findings from RDA analysis of participation in EFC by demographic characteristics

As described in the RDA report (Appendix A, Figure 3), comparison of the three EFC groups with regard to **demographic** factors revealed differences on a number of characteristics. As with other analyses described in the RDA report, differences noted are descriptive, and not necessarily statistically significantly different, as tests of significance were not conducted.

Comparison by sex (measured with a binary 'male' or 'female' measure) indicated that the EFC-Full group had a higher proportion of females (56%) than males. In contrast, the EFC-Early Exit group had a higher proportion of males (57%) than females. The No EFC group appeared approximately proportionate between females (52%) and males (48%). As noted in the RDA report, this demographic distribution suggests that efforts to increase engagement and retention in EFC would do well to target males, as they are under-represented in the EFC-Full group.

Analysis of EFC participation by race and ethnicity revealed some differences and notable patterns across groups which warrant further study in future research. As shown in RDA's Figure 3, The EFC-Full group was 4% American Indian / Alaska Native (AI/AN), 23% AI/AN, Multiracial, 13% African American or African American, Multiracial, 15% Hispanic/Latina/o/e, and 40% White. Rates of Asian American, Native Hawaiian, and Pacific Islander and 'Other Multiracial' were suppressed in this analysis due to small sample sizes. The No EFC group was 8% AI/AN, 29% AI/AN, Multiracial, 8% African American or African American, Multiracial, with, 15% Hispanic/Latina/o/e and 37% White.

We observe that a very large percentage of the EFC young adults are listed as 'AI/AN, Multiracial' – 23% of the EFC-Full group and 29% of the No EFC and EFC-Early Exit groups. In contrast, the demographic 'AI/AN, Multiracial' represents only 7% of the Medicaid comparison group. AI/AN youth are overrepresented in the child welfare system in Washington state, but their proportion in this EFC group appears notably high (23-29% of the group). Further exploration of this would help clarify the reason for these figures, who this demographic group represents, and whether this reflects increasing disproportionality among older Multiracial AI/AN individuals in the child welfare system, or yet some other explanation.

The RDA report notes that the findings regarding the higher rate of AI/AN individuals in the No EFC group relative to the EFC-Full group point to AI/AN young adults in care as a group to target for greater EFC engagement and retention efforts. We echo this suggestion.

RDA reports the following Key Findings:

- 1. Young adults with different degrees of EFC participation have varied demographic characteristics and foster care service histories. Report results highlight opportunities to improve EFC uptake and retention for young adults who are male, American Indian or Alaska Native, received Behavior Rehabilitation Services, or had an on-the-run event or congregate placement.*
- 2. Young adults who exit foster care have greater support needs compared to same-aged young adults with Medicaid coverage. Young adults exiting foster care at age 18 or later, regardless of duration in EFC, had higher rates of support need indicators, including health conditions, parenthood, homelessness, no earnings, and criminal legal system involvement.*
- 3. Over half of young adults who participate in EFC receive supportive services from three or more state service systems at age 18, but the percentage with cross-system supportive service connections drops considerably after exiting the EFC program.*
(RDA Report 2023, p.1)

As shown in the RDA report, there were similarities and differences between the three EFC groups with regard to their prior foster care experiences. For example, their average age at the time of their **first placement** was comparable (age 11), they had a comparable **number of removal** incidents (1.6 - 1.7), and had spent a similar average number of **years in care** (4.1 - 4.5 years). All three groups had high rates of **placement instability**, with the No EFC group having had the highest rate of placement instability (approximately 14 moves per 1,000 days in care), followed by the Early Exit group (approximately 12 moves per 1,000 days in care) and a rate of 11 moves per 1,000 days in care were reported for the EFC-Full group (p. 4). The RDA report points out that these rates are more than twice the national average. Placement stability is particularly important to building and maintaining relational permanency and social networks. It is not clear why the EFC groups experienced such high rates of placement instability, but this is worth examining in future analyses and considering in developing a practice model and practice goals to support successful transitions to adulthood for young adults who have experienced foster care.

Service utilization rates differed, again highlighting similarities and differences across groups. Supervised Independent Living or "S.I.L." stipends were utilized by a majority of those young adults in the EFC-Full group – 73% at age 18, and 85% by age 20.

Higher rates of support needs among the EFC groups

As evident from RDA's report (Appendix A), a pattern emerged across a range of support need indicators, namely, that more positive indicators were associated with being in the EFC-Full group compared with the Early-Exit group and the No-EFC group, and all three of the EFC groups had more support needs than the Medicaid comparison group. Specifically, this pattern holds true for indicators such as **substance use disorder** (Figure 6), significant **health problems** (Figure 8), **live births** for females (Figure 9), **criminal legal system** involvement (Figure 10), and **homelessness and housing instability** (Figure 11). Summarizing the findings in relation to this area, the RDA report noted:

Young adults exiting foster care were very likely to experience housing instability and could benefit from housing supports to ensure stable living situations... Additionally, many young adults exiting foster care are also managing complex health needs such as mental health conditions, substance use disorders, disabilities, and other significant health issues. Access to a primary care provider and preventive health services is especially important for individuals with complex health conditions. Given the sharp decline in mental health continuity of care after age 18 and consistently high rates of emergency department visits, young adults exiting foster care may not be gaining access to primary care, even when enrolled in Medicaid (p. 13).

As noted in the RDA report, this suggests that, compared to other young adults enrolled in Medicaid, the young adults in each of the EFC groups seem to have “complex and persistent support needs that require more extensive and specialized assistance” (RDA, p. 13). Given the evidence in the literature regarding the benefits of EFC, coupled with evidence of the significant needs of young adults exiting foster care at age 18 or later in Washington state, **expanding the reach of EFC** to meet these important support needs makes good sense.

To expand the reach of EFC, **outreach** might prioritize engaging those Early-Exiters and the No EFC groups. To inform that work, more information would help understand why those groups did not participate in EFC at all or fully. From the data presented in the RDA report, among the notable differences in foster care experiences across the three EFC groups is the rate of **“On-the-run” events at age 17**. As presented in Figure 4 of the RDA report, those in the No-EFC group had the highest percentage with an on-the-run event (44%) at age 17 compared with (17%) for the EFC-Full group. We concur with RDA’s suggestion that this points to the importance of outreach to those individuals who have had an on-the-run event. Effectively engaging hard-to-reach groups such as this will call for active outreach – getting information to those individuals who have run away will take time, resources, and commitment, but this group may be a particularly important target for outreach and engagement efforts. Concomitantly, concentrated efforts to prevent on-the-run events could also support the goal of expanding participation in EFC.

With regard to **homelessness and housing instability**, RDA summarized the following findings:

The young adults in our study had varying ranges and patterns of homelessness or housing instability over time, though homelessness was alarmingly prevalent in all groups (Figure 11). In the EFC-Full group, 16 percent of young adults experienced homelessness or housing instability at age 17. This rate increased during their time in EFC to 29 percent at age 20 and then declined slightly to 26 percent after exiting care at age 21. A lower percentage of the EFC-Early Exit group experienced homelessness or housing instability at age 17 (13 percent), but the percentage increased drastically at age 18 to 37 percent and then again up to about 50 percent at ages 19 and 20 before declining to 43 percent at age 21. Young adults in the No EFC group experienced a relatively high rate of homelessness or housing instability at age 17 (23 percent) and then a sharp increase to over 40 percent after leaving care at age 18. Across all three foster care groups, a majority of the young adults with an indication of homelessness or housing instability were actually homeless as opposed to housing unstable. Given rates of homelessness across foster care groups, many young adults may benefit from concrete housing supports.

In contrast to the strikingly high rates of homelessness and housing instability reported across all three EFC groups, the rate in the Medicaid comparison group was notably lower, ranging from 6 to 10% across the 17-21 age range. The association between foster care and homelessness is evident in these findings and aligns with concerns voiced by EFC staff and community partners and with the experiences of young adults with lived expertise in EFC. To break the continued association between foster care and housing instability, we will need a re-doubling of efforts to address homelessness and housing insecurity with a goal of long-term stability, paired with an emphasis on building and maintaining reliable and durable social support networks.

Evidence from RDA's analysis of **mental health** service needs among EFC participants align with what EFC staff and community partners shared regarding the challenge of young adults transitioning from youth to adult services. As depicted in Figure 5 of RDA's report, rates of indicated mental health treatment need dropped suddenly at age 18 for all three EFC groups, pointing to what the RDA report referred to as a "common disruption in continuity of care upon turning 18" (RDA report, p. 5). A parallel drop was not observed in the Medicaid comparison group. The experience of having to shift from pediatric to adult health and mental health care is a critical point in time when targeted system navigation supports to young adults may be especially needed and may have a notable impact for those who do not have the support of parents or other caregivers. Furthermore, we note that rates of mental health indicators such as medical encounters for suicide or self-harm behavior were higher for all of the EFC groups compared to the Medicaid group, reaching as high as one in five young adults (21%) in the EFC - Early Exit group compared to only 3% in the Medicaid group.

A sizeable percentage of young adults in EFC or who are eligible for EFC are **parents**. By RDA's calculation, a conservative estimate is around 27-38%, approximately double the rate of parenthood in the low-income comparison group in the state. Young adults who are parents have particular support needs, including parenting preparation and training, and from a prevention perspective, their children are more likely to be system-involved in the future. Taking a two-generation view, supports targeted to these young parents can help prevent system-involvement for their own children and is programming potentially resourced through FFPSA. This dovetails with what was noted in the RDA report:

Many young adults were also parenting children. Parents may benefit from help in caring for a family while navigating access to childcare, well-child medical care, home visiting programs, and affordable and stable housing (p. 14).

As evident in the RDA report, rates of **criminal legal involvement** prior to their 21st birthday differ by group, with nearly 60% of the No EFC group having criminal legal system involvement, compared to 34% for those in the EFC-Full group. These data illustrate that EFC supports and benefits are associated with lower rates of criminal legal involvement, however the data also show that rates of criminal legal involvement among those exiting foster care, even with full EFC supports, are more than double those of low-income peers across the state (14%). Drawing from the literature on the protective effects of EFC, it follows that increasing EFC enrollment and participation for those young adults in foster care may reduce criminal legal involvement and the many difficulties associated with criminal legal system involvement. Preventing child welfare system involvement in the first place may hold even greater potential to reduce criminal legal system involvement.

Needed future analysis:

To inform future efforts to expand the reach of EFC and its benefits, further research is needed to better understand the 3 groups (EFC-Full; EFC Early Exit; and No EFC), their experiences, and the reasons why they participated in EFC, left early, or why they did not participate in EFC at all. To RDA's point regarding better engaging young adults who have experienced on-the-run events or congregate care placements, and redoubling efforts to retain participants with BRS histories, our findings underscore the importance of clear information and messaging, coordination within and across systems, and active outreach efforts. Active outreach may help expand participation in EFC and potentially improve outcomes for those young adults as they exit foster care or JR and help support their successful transition to adulthood.

As the literature on EFC and the data from staff, community partners, and individuals with lived expertise indicate, particular subgroups of young adults have additional service, benefit, and access needs, on top of the cumulative disadvantages associated with years in foster care. Data and analyses broken down by subgroup would be helpful to better understand their particular circumstances and how best to target supports effectively and efficiently.

The comparison with a Medicaid group offered a valuable statewide comparison, demonstrating that all EFC groups had higher support needs than those without foster care experience, however, future analyses comparing the EFC groups with young adults representing all income groups would be informative. Analyses showing support needs and key social, health, and well-being indicators across groups, comparing those with foster care experience with their low-income peers as well as all young adult peers statewide would show a fuller picture of the differences.

The RDA report provides a helpful description of current service utilization distributions and patterns among young adults enrolled in or eligible for EFC. Importantly, the report highlights similarities and dissimilarities between the three EFC groups, and features notable contrasts between the foster care groups and a same-age Medicaid comparison group, pointing to the particular support needs of those in the EFC groups.

Key findings from the SDMC Needs Assessment

In consultation with co-designers, SDMC conducted a survey of young adults up age 24 who were currently enrolled in EFC or who had previously been enrolled in EFC. The goal of the needs assessment was to evaluate participants' experiences with EFC and improve experiences for future EFC participants. As noted in the SDMC report, the co-design model of assessing needs involved a relational and participatory process, engaging those lived experts who are most aware of the realities of their needs and who are most affected by the research. Through a mixed-method research design, SDMC and the co-designers developed and conducted an online needs assessment survey using closed-ended and open-ended survey items on a range of questions about EFC service areas. Quantitative data were analyzed and descriptive statistics were presented in charts in the report; qualitative data were analyzed and themes summarized, with quotes from participants' written responses to open-ended questions. SDMC also implemented a multi-media Story Project. For our synthesis, we have drawn upon SDMC's findings as described in their final report, attached to our report as Appendix B.

From The Story Project, SDMC summarized as key learnings and takeaways:

Many of these stories were attached to negative feelings, a few submissions used pictures/paintings of dark/sad/melancholy descriptors. Many submissions included the struggle of their journey and where EFC participants were left behind or where they fell through the cracks but also included where their story took a turn for the better. Some described big positive moments in their lives that turned it around such as becoming a parent, being given an opportunity, stabilized housing, getting a job, finishing school, going to therapy, or simply turning inward and rescuing themselves.

We learned that perspective is everything to lived experts. Successful living and successful adulthood is defined by how they see it. As we know, the experience of being in systems of care is traumatizing and many are woven through a dark past but The Story Project showed that many lived experts find light through their journey and are able to thrive once put into the right circumstances (p. 5).

As described in detail in SDMC's final report (Appendix B), 63 respondents completed the survey. This non-probability sample includes respondents from all 6 regions of Washington State. Reporting on **awareness of services available in EFC**, SDMC found that a majority of respondents, about 86%, were aware of housing support services, approximately 62% knew of food services, 60% were aware of financial supports, and about 67% were familiar with EFC's educational supports. Approximately 65% of the respondents had accessed EFC support services while enrolled in the program. An estimated 10% (n=6) indicated they were not aware of these EFC services. Looking at the data regarding service utilization, SDMC observed that some respondents who knew about support services did not report having used them (p. 10).

SDMC's survey asked about participants' experiences with regard to homelessness and housing insecurity, food insecurity, or experiencing the mental health, behavioral health, or juvenile rehabilitation system, finding that nearly 75% of participants reported experiencing one or more of these. Nearly 48% experienced homelessness or housing insecurity and 27% experienced food insecurity. Of those who experienced **homelessness** or **housing insecurity**, a majority (57%) were homeless (p. 11). When asked whether they were currently at risk for homelessness, approximately 21% reported being at risk of homelessness (p. 14).

In response to questions about whether they had **staff support** in navigating services, nearly 78% of those

who participated in EFC services reported having support from a DCYF staff member. An estimated 49% of respondents indicated they received support from staff outside of DCYF, with Independent Living Services (ILS) comprising the largest share (42%). Asked a follow-up question about how successful their experience with services was, the majority (71%) reported it as successful (rating a 5 or 4 on a scale of 1-5, where 5 = Very successful, all my needs were met) (Appendix B, p. 12).

The SDMC report notes that the majority of survey participants had either stayed in EFC for the full 3 years or were currently enrolled in it. Ten of the respondents were unenrolled. Of these ten individuals, only 2 reported that they had unenrolled themselves (p.13). We note that future research exploring the experiences of those who are unenrolled from EFC would be informative to better understand the reasons a participant may be unenrolled and how to engage and retain all of those young people eligible for EFC.

The SDMC survey included several open-ended questions for participants to write in comments. Themes which emerged from SDMC's analysis of these qualitative data center around food security, financial security, housing security, support, hope, and hopelessness. As noted in the SDMC final report, analysis of these comments revealed that, overall, the majority reflect a positive experience in EFC. At the same time, some EFC participants expressed disappointment and dissatisfaction with EFC and pointed to service gaps and needed service improvements. The SDMC report notes "Extreme negative experiences included the feelings of hopelessness and even suicide, as though their lives would never amount to anything" (p. 16).

Participants expressed "wanting EFC to do more for its participants." As observed in the SDMC final report:

"A major theme from those exiting EFC was the indication that they were not as ready as they could have been once they left. Many indicated that they were in need of additional support from the program or adjacent sources. While many expressed gratitude or a positive experience, participants with negative experiences expressed instability and insufficient preparation for adult life."

Key findings from the needs assessment described in the SDMC report centered around: **Case management** and **Communication; Barriers and issues with Payments; Resources; and Housing.**

With regard to **Case management** and **Communication**, the SDMC report observes that EFC participants often have numerous staff involved and that, although this has many positives, it may lead to role confusion and frustrations. As SDMC note:

...many of the individuals involved in care have overlapping jobs/tasks/responsibilities and lack proper communication channels. A lack of capacity for system providers/social workers creates an effect of responsibility crossover and social workers take on job tasks they were not initially intended to do. Also, not having an established program model specific to EFC social workers leaves young adults with limited knowledge of the services their EFC social worker is actually required to provide.

As one EFC participant shared: "It would be super helpful if we could sit down and map out a plan before exiting EFC or independent living program" (p. 18).

Barriers and issues with payments were highlighted and these took many forms. For example, as described in the SDMC report:

...It was often not known when to expect funds and participants noted a lack of communication regarding when to look out for payments or if disbursements were behind. Participants quickly identified an EFC stipend plus having a full time job would not be sufficient to cover the high cost of living in Washington state - additionally participants expressed their location of residence in the state is not considered with the cost of living (metropolitan vs. rural).

...there is huge difficulty in attending school full time and working a full time schedule with the lack of familial support as is - but it should be noted some benefits are only available if you have a full-time school schedule, although the benefit received for full time students is not enough to cover living expenses.

Participant Quote: "Bills would be due before I got the EFC money so I was racked with late fees and could never stay caught up on late fees on top of the original bill. It was a never ending cycle" (p. 19).

Resources were described by participants as inadequate and rules both unclear and forced them into difficult choices. As summarized in SDMC's report:

... There is no clear information on which services/ programs/resources consider an EFC stipend as income; for example, HUD considers an EFC stipend as viable income... Many have to choose between housing resources even though only having one resource on its own was not enough. Lists of accessible and available resources are limited and EFC social workers do not readily have the information needed ... Participants are unable to find out about resources until it's too late...(p. 19).

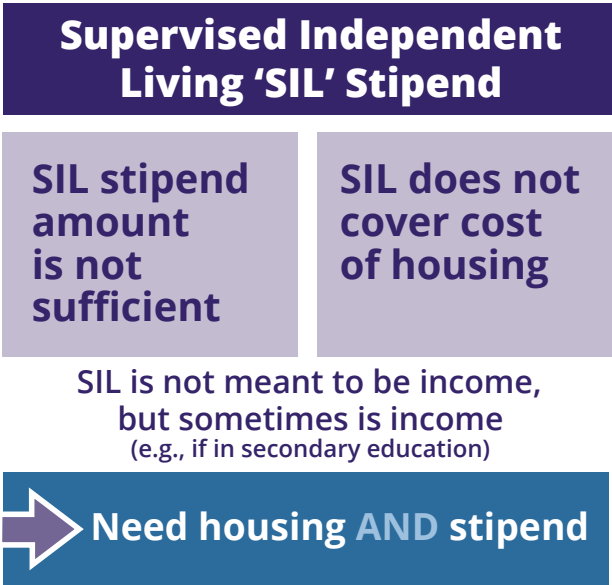
Housing – as with data from EFC staff and community partners, EFC lived experts pointed to housing insecurity and homelessness as a critical need. As described in the SDMC report:

Participants have expressed there is more focus on the immediate, short-term...housing, but not on a long-term housing solution. Participants expressed a need for access to permanent/long term housing in areas that are stable and safe, outside of subsidized housing or low-income, in which the participant can choose where they want to live.

Participants are also advocating for a longer stay in EFC; increasing the age limit.

Participants feel that once they are able to come out of "survival" mode and establish a foundation for a sense of self identity and to create stability in their lives, they are suddenly at the age of exiting care. There is a feeling of being lost on resources and support after aging out of foster care, which is where most have found themselves homeless or nearly homeless" (pp. 19-20).

As presented in the SDMC final report (Appendix B), the recommendations which followed their needs assessment derive from their findings and align with recommendations we present based on our synthesis of the evidence. In addition to specific recommendations related to each of the their key findings reviewed above, SDMC also underscore the need for **EFC-specific units**, clearer **communication** channels and



processes, increased staff **training** in developmental theory, a clear **practice model**, and preparation for trauma-informed care. They recommend addressing those many **barriers** and issues related to **SIL stipends**, taking a **long-term approach to housing stability**, and **not forcing a choice** between housing stability and continued participation in EFC services. Further, the SDMC report recommends **increasing the age limit for EFC** and that the program continue to invite **co-design and lived expert** input and oversight.

Systems Assessment Limitations

We highlight a number of limitations to this systems assessment. First, is that this systems assessment primarily involved review and synthesis of the literature and existing findings rather than original empirical research. In designing and implementing our systems assessment, we worked in collaboration with the EFC Systems Assessment planning team and consulted with an Advisory Council of individuals with lived expertise and others, but our assessment was not designed as a community-based participatory design and therefore did not originate from lived experts. We reviewed and analyzed findings from RDA's service utilization report and analyzed findings from SDMC's needs assessment report. However, the P4C research team did not directly collect or analyze service utilization data or collect data directly from lived experts. Our literature review was focused on EFC and structured to inform different aspects of the systems assessment, but for expediency was not designed as a systematic review on the topic. The focus groups we conducted included EFC staff from all 6 regions of the state and a small number of staff from JR, but we did not include all EFC or JR staff, or conduct focus groups with other staff or stakeholder groups. Similarly, we conducted numerous individual interviews with community partners, but these individuals represented a purposive sample of individuals known to the planning team and recruited because of their in-depth knowledge and subject matter expertise.

Conclusion

In this report, we synthesized findings from the RDA service utilization report (Appendix A), the SDMC needs assessment (Appendix B), data from focus groups and interviews, and evidence from the literature to inform the recommendations presented below. Throughout this project, we have emphasized the importance of considering emerging adulthood as a distinct developmental stage and of recognizing the current, post-pandemic context and realities for young adults transitioning to adulthood in the context of the child welfare system. With this backdrop, we considered the many benefits of EFC for young adults exiting care, particularly for subgroups of young adults whose needs are often marginalized in policies and systems. Services that are culturally relevant and meet the needs of young adults representing diverse social identities may enhance their willingness to engage with EFC programs and support their successful transitions to adulthood. We focused on those findings that resonated across multiple sources of data and evidence. Emerging as critical through lines were housing stability and strong social support networks. Safe and stable housing is so basic and so consequential and yet so fragile in the current social and economic context. To ensure that emerging adults leaving foster care are set up for long-term stability in housing, and to encourage their successes in education, employment, health and well-being, it is critical that they have enduring relational supports and social networks.

Summary recommendations:

1. Expand reach of EFC

- a) Participation in EFC is beneficial and can improve key outcomes; expand participation
- b) Increase participation in EFC for those who were partial participants (need to better understand who they are and why they are in the “Early Exit” group)
- c) Outreach to enroll those who are eligible but who have not participated (“No EFC”)
- d) Outreach and coordination with JR to enroll those exiting JR and eligible
- e) Potential resource: Federal IV-E (all eligible up to age 21)

Based on the evidence reviewed in this systems assessment, EFC provides valuable services and benefits to participating individuals. The literature points to participation in EFC improving a range of key outcomes. Expanding participation by engaging all who are eligible therefore represents a prudent investment. To expand the reach of EFC will involve active outreach and engagement of those who have been historically less likely to participate. This may call for greater outreach with individuals and across systems, communicating information about EFC at various points and in different ways, including potentially engaging peers and near-peers, and developing social network systems to reinforce outreach efforts to communicate about EFC services and benefits.

2. Reconsider eligibility for EFC

- a) Eligibility criteria are often a barrier to service utilization; clarify purpose of eligibility criteria; revise policy to increase access to EFC
- b) Amend criteria which exclude the most vulnerable (e.g., those who are street homeless are ineligible for EFC)
- c) Clarify and revise policies that conflict with EFC goals (e.g., forcing to choose between Housing voucher Vs/ EFC)

As brought to light in the voices of those with lived experience in foster care who spoke of navigating complex and oftentimes conflicting eligibility criteria, who live the reality of seemingly impossible choices, our current eligibility criteria pose a barrier to service utilization. Workers echoed the concerns and pointed also to the complexity of eligibility rules and regional variation in how eligibility is interpreted. It appears warranted to reconsider eligibility criteria. At minimum, we should consider amending those criteria which exclude those who most need the support.

3. Extend and augment EFC supports

- a) Emerging adults in the current context need a longer runway for a successful launch; consider policy revision to extend the eligibility time frame (recommend at least to 23 years)
- b) Increase SIL \$ payment (either augmented to truly cover housing, or separate from housing support)
- c) Ensure housing stability; Housing first and also as long-term, ongoing need; resource housing navigators, eviction prevention support
- d) Increase resourcing of Independent Living Skill programs (and starting with adolescents)
- e) Pilot innovations in expanded supports for those who need it, for income security (e.g., California’s Guaranteed Basic Income program for EFC Exiters)

The literature on neurodevelopment and evidence regarding the increasingly protracted and precarious transition to adulthood, paired with evidence regarding the positive outcomes associated with EFC points to the value of extending the age limit for EFC to 23 or beyond. Not every young adult leaving foster care needs or will want additional time, but further extending this voluntary program may be beneficial, particularly for certain subgroups most at risk of homelessness or future involvement in the legal or child welfare systems. Augmented EFC supports such as increased SIL stipends and additional resources for ILS programming would help address barriers and concerns voiced by EFC staff, community partners, and lived experts. A focus on long-term housing stability would meet the need voiced most often across those interviewed or surveyed.

4. DCYF recommendations:

- a) Vision for EFC
 - i) Need clear purpose and vision for EFC
 - ii) What does prevention look like for adolescents and young adults?
 - iii) Increase diversity of workforce, representative of clients, of lived expertise, responsive to needs of subgroups, especially those over-represented in child welfare
- b) Specialized EFC units
 - i) EFC-specific units statewide
 - ii) Deliberate focus on adolescents and emerging adulthood as developmental stage
 - iii) Specialized training (e.g., in developmental theory; complex trauma; culturally relevant practice; disability-informed practice; EBP interventions for young adults)
 - iv) Reduce EFC caseload size for workload equity and to meet practice goals; consider conducting analysis of comparable work
- c) Practice model and practice goals for EFC
 - i) As DCYF is developing its practice model, ensure that it includes developmentally tailored practice with youth and young adults as a central element
 - ii) Augment services and programming for adolescents (before the 17.5 meeting); start earlier; prepare youth for EFC if permanency is not reached
 - iii) Continue efforts towards relational permanency; counseling supports for safely re-engaging birth families; family finding; consider Fathers and paternal families; connect Native youth to their Tribes
 - iv) What interventions are offered for young adults? Practice goals? Modalities?
 - v) Take a two-generation approach; support EFC parents and help prevent future system involvement (e.g., pilot home visiting programs)
 - vi) Possible funding through FFPFA

Across the focus groups with EFC staff, a message consistently expressed was the need for a clear vision for EFC, dedicated EFC units across all regions, and a practice model designed with youth and young adults in mind. Statewide EFC-specific units would allow for workers to specialize and learn the complex policies, rules and program eligibility expectations and ensure workers can focus on the needs of the emerging adults on their caseloads. Caseworkers recognized relational permanency as a key goal and want further training and

preparation for this work so they can better support young people's need for interdependence, connection and social supports, especially given the trauma history of many young people in foster care. Many of the ideas voiced and recommendations listed are ones which the department has already initiated or stated as goals. In these areas, the recommendations are intended to reinforce and elevate those efforts.

5. Relational Permanency and Support Networks

- a) Maintain focus on relational permanency for young adults
- b) Support ongoing relational skill development
- c) Evidence points to benefits from enduring support networks; increase programs and initiatives for peer supports, near-peer supports, life coaches, navigators, trusted adults; peer supports may help with increased participation in EFC and other voluntary services – peers may better communicate benefits of EFC, of signing release consents, etc.
- d) Consider innovations in online peer support for inclusive access to online community
- e) Pilot innovations such as 'Open Table' model of support network or 'Youth Villages LifeSet' for EFC participants

Attention to relational permanency and the importance of nurturing young people's support networks featured heavily in the literature and was reaffirmed by EFC staff, community partners, and young adults in EFC. Workers expressed interest in structuring ways to connect EFC participants for peer support and ways to better engage peers and other social supports. Resourcing online peer support models could help meet young adults' needs for information and for community, and potentially provide support from peers who have similar life experiences. Innovations in emerging support network models may help young adults build durable connections with positive and caring adults for ongoing support in pursuing their life goals.

6. Information and Outreach

- a) Youth and young adults need clear and accurate information about EFC services and benefits; information shared at multiple points, through multiple channels, and available when they need it
- b) For EFC workforce, need clear information about policies, rules, policy interpretations
- c) Partnering agencies and units such as JR need more accessible information about EFC
- d) Future analysis of data on subgroups to examine experiences, especially for those groups who are over-represented

The need for more information was noted in multiple contexts by EFC staff, JR staff, and in interviews with community partners, particularly those from affiliated practice areas. Accurate information, clearer lines of communication, and active outreach would help staff and partnering agencies, units, and workers engage those young adults who are eligible for EFC, including those who are exiting JR or BRS. We echo RDA's noted directions for future research, including exploring the effects of policy changes and practice variation on outcomes for EFC young adults, such as the temporary extension of EFC during the pandemic which allowed a number of young adults to re-enter or remain in EFC after their 21st birthday. Future research and analysis of data regarding subgroups of young adults in EFC, particularly those who are over-represented in foster care may also help deepen our understanding of their needs and experiences and improve their outcomes.

7. Collaboration

- a) Address information, communication, and need for MOU's between agencies and departments (e.g., DCYF EFC, Juvenile Rehabilitation (JR), Early Learning, Licensing, and Developmental Disability Administration (DDA), Independent Living Skills (ILS), Department Of Licensing (DOL), Health Care Authority (HCA), Community Service Organizations (CSO); Share materials such as DDA Service Level Agreement on DCYF intranet)
- b) Collaboration for case management; consider Team models of support (e.g., Caseworker - IL worker - Housing navigator)
- c) Coordination and consistency in policy, interpretation and practice across regions of Washington state

As shared in the focus groups and interviews, the complexity of EFC-related policies and programs, inconsistent policy interpretations, and noted regional variation in practice across the State point to the need for improved collaboration and coordination within the department and across partner agencies and units. At the case management level, coordination might take the form of team models of support, particularly in the area of housing supports. The need for more memoranda of understanding was underscored by workers to improve their ability to partner and collaborate to better support young adults in EFC.

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APPENDIX A



Characteristics and Service Use of Young Adults in Extended Foster Care Findings from Washington State

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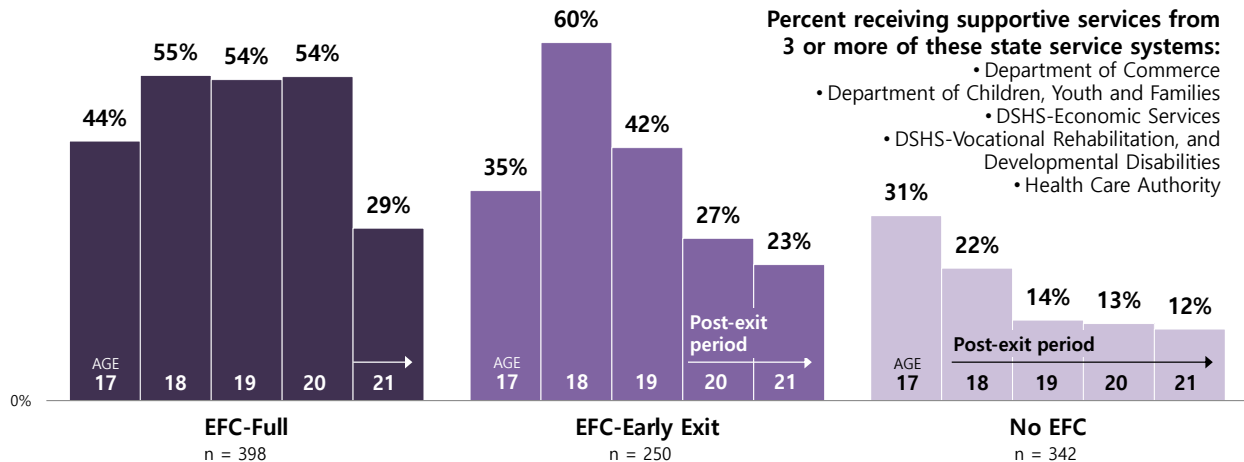
This analysis contributes to a multipart Extended Foster Care systems assessment for the Department of Children, Youth, and Families as required by the 2022 Washington State Legislature per Engrossed Substitute Senate Bill 5693 (2022) Sec. 227, 36.

YOUNG ADULTS exiting foster care experience numerous challenges, but little is known about how health and social service use trajectories vary over time and by length of Extended Foster Care (EFC) involvement. EFC in Washington State allows eligible young adults who are dependent at age 18 to receive case management support and placement services through their 21st birthday. This report uses linked administrative data to measure characteristics and service use from ages 17 to 21 for three groups of young adults exiting foster care with different degrees of EFC participation.

Key Findings

- Young adults with different degrees of EFC participation have varied demographic characteristics and foster care service histories.** Report results highlight opportunities to improve EFC uptake and retention for young adults who are male, American Indian or Alaska Native, received Behavior Rehabilitation Services, or had an on-the-run event or congregate placement.
- Young adults who exit foster care have greater support needs compared to same-age young adults with Medicaid coverage.** Young adults exiting foster care at age 18 or later, regardless of duration in EFC, had higher rates of support need indicators, including health conditions, parenthood, homelessness, no earnings, and criminal legal system involvement.
- Over half of young adults who participate in EFC receive supportive services from three or more state service systems at age 18, but the percentage with cross-system supportive service connections drops considerably after exiting the EFC program.**

Young Adults' Connections to State Service Systems Decrease Upon Foster Care Exit



Study Design

The study population includes individuals in the DSHS Integrated Client Databases (ICDB) (Mancuso & Huber, 2021) who turned 18 years old in state fiscal years (SFY) 2016-2018 (July 1, 2015 to June 30, 2018) and were in Department of Children, Youth, and Families (DCYF) placement and care authority (PCA) on or after their 18th birthday. This selection period allows for a 12-month follow-up after the 21st birthday of the youngest person in the study population (June 30, 2021). Populations were pooled across the three years to ensure that the numbers of young adults in each group were large enough for meaningful reporting. Young adults in the study population who exited DCYF PCA from ages 18 to 21 were identified using DCYF FamLink data and grouped based on the duration of their time in EFC into three groups. Additionally, a group of same-age young adults with Medicaid coverage at age 18 is included to contextualize the results for the three foster care groups.

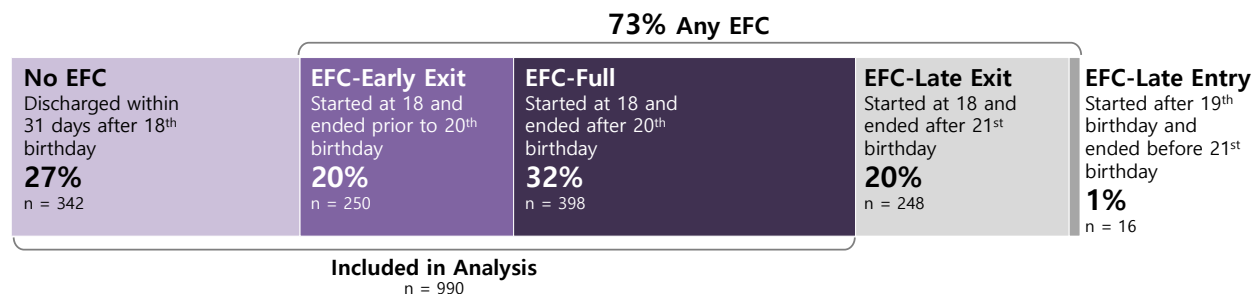
- **EFC-Full** (n=398): Young adults in foster care for more than 31 days while 18 years old who exited foster care *after* their 20th birthday and prior to June 30, 2021.
- **EFC-Early Exit** (n=250): Young adults in foster care for more than 31 days while 18 years old who exited foster care *prior to* their 20th birthday.
- **No EFC** (n=342): Young adults with a final exit from foster care on or within 31 days after their 18th birthday.
- **Medicaid group** (n=115,379): Young adults enrolled in Medicaid for at least one month when they were 18 years old. This population is not mutually exclusive of the foster care groups.

Note that the foster care groups in this analysis do not include young adults who were in foster care after their 21st birthday as a result of the EFC eligibility extension that was in place from January 27, 2020 to September 30, 2021¹ (EFC-Late Exit, n=248) or those who exited foster care when they were 18 years old and then entered EFC after their 19th birthday (EFC-Late Entry, n=16). See Figure 1 and Technical Notes.

FIGURE 1.

Foster Care Groups

Young adults with 18th birthday in SFY 2016-2018 who were in foster care on their 18th birthday



To examine trajectories of experiences and service use for the foster care groups, we used a yearly measurement approach (Figure 2). For the three foster care groups, we used DCYF Famlink data to generate descriptive indicators of foster care experiences prior to age 18. For all four groups, including the Medicaid group, we used the ICDB to generate descriptive indicators of demographics (sex, race/ethnicity) and support needs (health conditions, parenthood, criminal legal system involvement, earnings, and housing) from ages 17 to 21. We also measured service use trajectories across the same ages, including health, disability, economic, housing, and independent living services, as well as supervised independent living placements. See the Technical Notes for complete descriptions of all measures.

¹ https://www.dcyf.wa.gov/sites/default/files/pubs/AP_0002.pdf.

FIGURE 2.

Study Timeline and Populations

Young adults with 18th birthday in SFY 2016-2018

		Age 17	Age 18	Age 19	Age 20	Age 21
		Pre-Period	Extended Foster Care Eligibility Window*			21 st birthday in SFY 2019-2021
DCYF Placement and Care Authority Groups	EFC-Full	In Foster Care	In EFC			Follow-up
	EFC-Early Exit	In Foster Care	In EFC		Follow-up	
	No EFC	In Foster Care	Follow-up			
Comparison Group	Medicaid	-	Medicaid for at least one month	-	-	-
Measures Obtained in Year		Demographics	Mental Health • Substance Use Disorder • Medicaid Enrollment Risk Factors • Social Service Use • Health Services • Foster Care Services			

*Young adults could remain in foster care after their 21st birthday from January 27, 2020 to September 30, 2021 during a COVID-19 response EFC eligibility extension, but those young adults (n=248) are not included in this study. See Technical Notes.

Demographics

We examined demographic characteristics among young adults with different degrees of EFC participation (Figure 3). The EFC-Full group was skewed female (56 percent), while the EFC-Early Exit group was skewed male (57 percent). The No EFC group was more evenly split by sex. The percentage of young adults who were American Indian or Alaska Native (AI/AN) was lowest in the EFC-Full group compared to the EFC-Early Exit and No EFC groups. Black or African American young adults comprised 13 percent of both the EFC-Full and EFC-Early Exit groups, but only 8 percent of the No EFC group. In contrast, Hispanic/Latin(o/a/e) young adults made up 15 percent of EFC-Full and No EFC groups, and only 7 percent of the EFC-Early Exit group. These demographic differences point to an opportunity to more effectively engage male and AI/AN young adults in EFC and to retain them in the program.

FIGURE 3.

Study Population Demographics

Young adults with 18th birthday in SFY 2016-2018

	EFC-Full TOTAL = 398	EFC-Early Exit TOTAL = 250	No EFC TOTAL = 342	Medicaid Group TOTAL = 115,379
Female	56%	43%	52%	50%
Male	44%	57%	48%	50%
American Indian or Alaska Native (single race)	4%	5%	8%	1%
American Indian or Alaska Native Multiracial	23%	29%	29%	7%
Asian, Native Hawaiian, and/or Other Pacific Islander	Suppressed	Suppressed	Suppressed	7%
Black or African American (single race or multiracial)	13%	13%	8%	10%
Hispanic/Latin(o/a/e)	15%	7%	15%	27%
Multiracial, Other	Suppressed	Suppressed	Suppressed	2%
White	40%	43%	37%	43%

NOTE: See Appendix B for counts. Black single race and Black multi-racial groups are combined because counts were less than 11 for the single race Black population in EFC-Early Exit and No EFC groups. Across the three foster care study groups, the total count of Asian, Native Hawaiian, and/or Other Pacific Islander young adults is 14 (2 percent), and the total count of Multiracial Other young adults is 17 (2 percent).

Prior Foster Care Experiences

To further assess the characteristics and experiences associated with EFC participation and retention, we examined time spent in foster care and experiences while in foster care prior to age 18 across the three groups. The average age at earliest out-of-home placement was 11 years for all groups (Appendix B). The number of removal episodes also did not differ much across groups (1.6 to 1.7 episodes). The average duration in foster care prior to age 18 differed only slightly ranging from 4.1 years for the No EFC group to about 4.5 for EFC-Full and EFC-Early Exit groups.

Young adults in all three foster care groups experienced exceptionally high placement instability during their time in care prior to age 18. The No EFC group experienced 13.86 moves per 1,000 days in care, followed by rates of 11.67 and 10.95 moves for the EFC-Early Exit and EFC-Full groups, respectively. The national placement stability rate among children entering foster care is 4.48 moves per 1,000 days in care (CPCS, 2022).

Each of the three foster care groups had different experiences in care at age 17 (Figure 4).

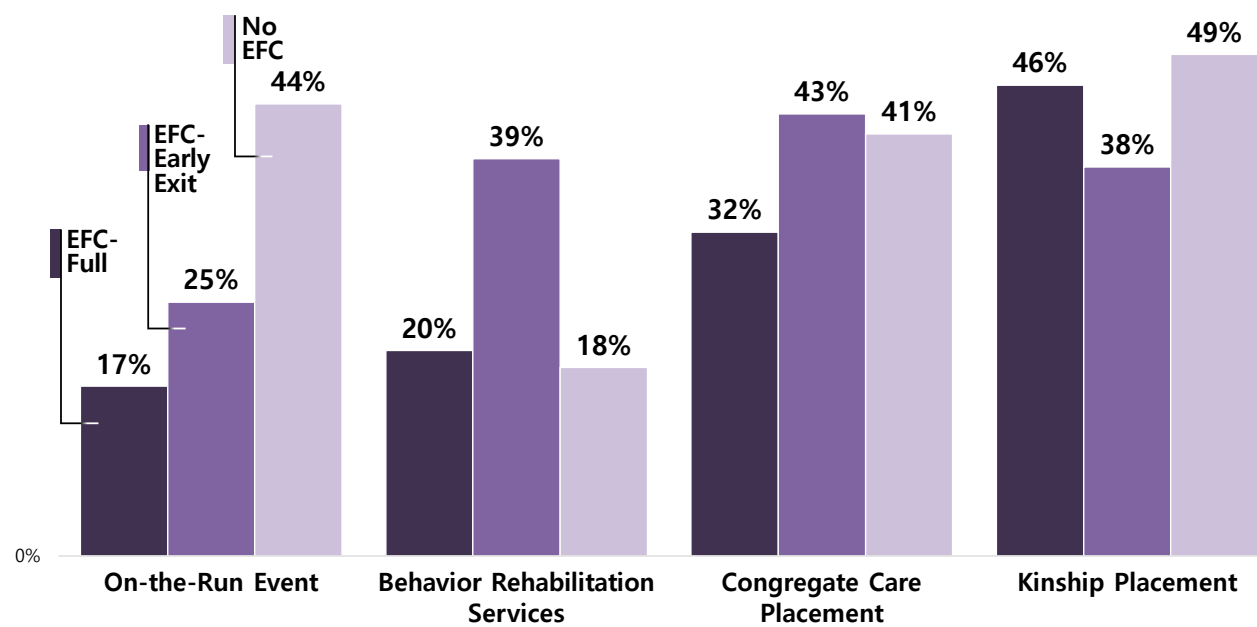
- The EFC-Full group had the lowest percentage of young adults with an on-the-run event (17 percent) or congregate care placement (32 percent).
- The EFC-Early Exit group had nearly twice the rate of Behavioral Rehabilitation Services (BRS) use (39 percent) and the highest percentage with a congregate care placement (43 percent).
- The No EFC group had a much higher percentage with an on-the-run event (44 percent) and high rates of both congregate care (41 percent) and kinship placements (49 percent).

The percentage of young adults involved in Family Reconciliation Services (FRS) or the Responsible Living Skills Program (RLSP) at age 17 was relatively low across the study groups (≤ 10 percent) (Appendix B). Differences in foster care experiences across groups suggest that the EFC program could better engage young adults who have experienced congregate care placements or an on-the-run event and better retain young adults with BRS histories.

FIGURE 4.

Foster Care Experiences at Age 17 by Type of EFC Involvement

Young adults with 18th birthday in SFY 2016-2018 who were in foster care on their 18th birthday



Support Needs

This section examines the prevalence of experiences and characteristics including health conditions, parenthood, homelessness, and earnings among young adults in EFC. These indicators were selected because they likely affect a young adult's transition to adulthood and later life trajectory and represent areas young adults in EFC may need support to navigate. The measures only capture the needs of young adults who interact with state systems and are therefore an underestimate of the actual needs among the groups. Measures are reported separately but often overlap. For instance, involvement with the criminal legal system has been associated with increased rates of homelessness and substance use disorder (Shah et al., 2013a, 2013b).

Across all measures, the three foster care groups had substantially higher rates of support needs compared to same-age young adults enrolled in Medicaid. The text focuses on comparisons across the three foster care groups, but the Medicaid group is included in each measure for comparison (see Appendix C).

Health Conditions

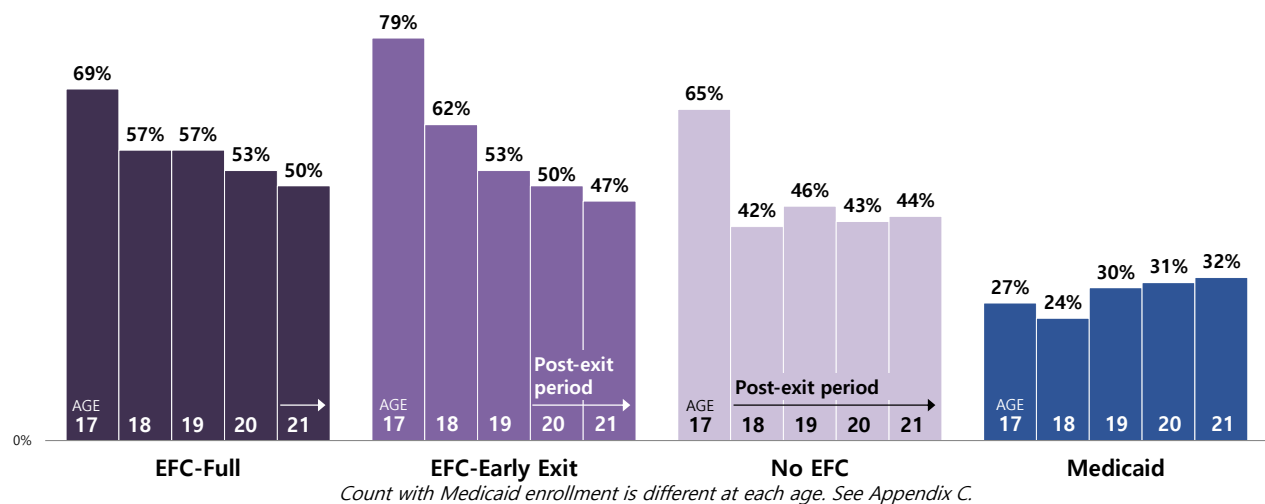
For all health condition indicators, results are limited to young adults enrolled in Medicaid for at least one month at each age. See Appendix C for counts of young adults with Medicaid at each age.

Indicated Mental Health Treatment Need

Young adults with mental health conditions may need continued support in managing their conditions during the transition to adulthood. We combined measures of mental health diagnoses, prescriptions, and services to identify young adults with an indicated mental health treatment need. At age 17, the percentage of young adults in the foster care groups with an indicated mental health treatment need ranged from 65 to 79 percent. However, rates dropped sharply at age 18 among all three groups (Figure 5), suggesting a common disruption in continuity of care upon turning 18. For the EFC-Full group, the percentage with an indicated mental health treatment need remained stable from age 18 to 19 at 57 percent then dropped to 50 percent by age 21. For the EFC-Early Exit group, the percentage with an indicated mental health treatment need declined by 9 percentage points from age 18 to 19 and then declined by 3 percentage points each year thereafter. Rates of indicated mental health treatment need for the No EFC group were lower than both EFC groups and, after the drop from ages 17 to 18, were relatively stable from ages 18 to 21.

FIGURE 5.

Indicated Mental Health Treatment Need among Foster Care and Medicaid Young Adults
Young adults with 18th birthday in SFY 2016-2018 and Medicaid enrollment at each age



Substance Use Disorder

Young adults with substance use disorder (SUD) may struggle with the transition to adulthood and benefit from support such as substance use disorder treatment (CBCS, 2023). The EFC-Full group had the lowest rates of SUD of the foster care groups across all ages; rates decreased from 24 percent at age 17 to 17 percent at age 21 (Figure 6). EFC-Early Exit and No EFC young adults each had different patterns of SUD by age compared to the EFC-Full group with increases in SUD after foster care exit.

FIGURE 6.

Substance Use Disorder among Foster Care and Medicaid Young Adults by Age

Young adults with 18th birthday in SFY 2016-2018 and Medicaid enrollment at each age

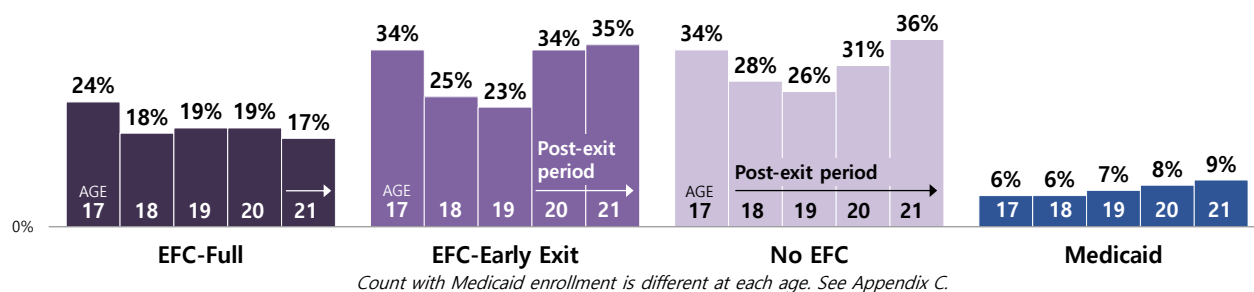


FIGURE 7.

Suicide or Self-Harm Behavior between 17th and 21st Birthdays

Among young adults with 18th birthday in SFY 2016-2018 and Medicaid enrollment

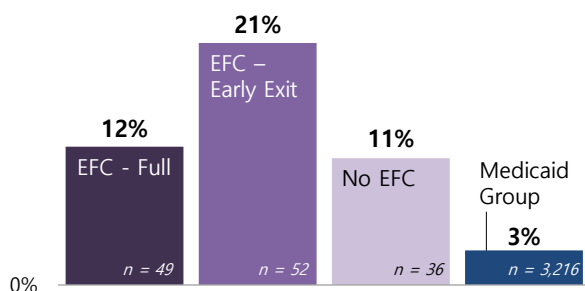
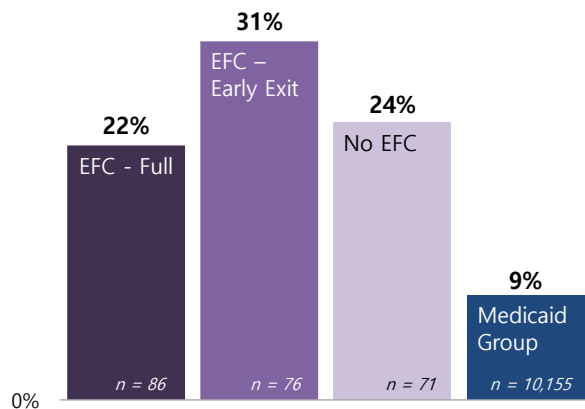


FIGURE 8.

Significant Health Problems at Age 18

Among young adults with 18th birthday in SFY 2016-2018 and Medicaid enrollment



Suicide or Self-Harm Behavior

Young adults with acute mental health issues may struggle during the transition to adulthood; one indicator of mental health crisis is suicide or self-harm behavior. One in five young adults in the EFC-Early Exit group had a medical encounter for suicide or self-harm behavior between their 17th and 21st birthdays (Figure 7). Rates of suicide or self-harm behavior are closer to one in ten within the EFC-Full and No EFC groups.

Developmental Disability

Some young adults with developmental or intellectual disabilities may require support during the transition to adulthood to live independently (Brucker, 2017; Cheatham et al., 2020).

Approximately 10 percent of EFC-Full and Early Exit young adults had a developmental disability diagnosis in each year from ages 17 to 21 (Appendix C). Diagnoses were slightly less common among young adults who did not enter EFC, at 4 to 6 percent per year.

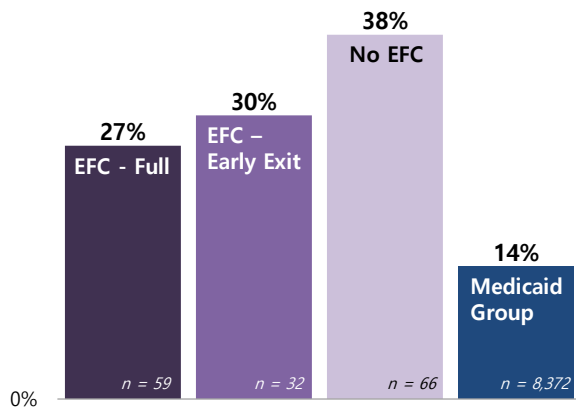
Significant Health Problems

At age 18, about one quarter to one third of each foster care group experienced significant health problems (Figure 8). Percentages remained fairly stable across time, with slight upward trends and similar values for all foster care groups (Appendix C). These high rates of health problems suggest the need for supports in managing chronic and often complex health conditions.

FIGURE 9.

Any Live Birth between 17th and 21st Birthdays

Among female young adults with 18th birthday in SFY 2016-2018 and Medicaid enrollment



Parenthood

To estimate the prevalence of parenthood among the study groups, we measured the number of women with at least one live birth between their 17th and 21st birthdays. The results do not capture all births and do not consider the number of male parents within each group.

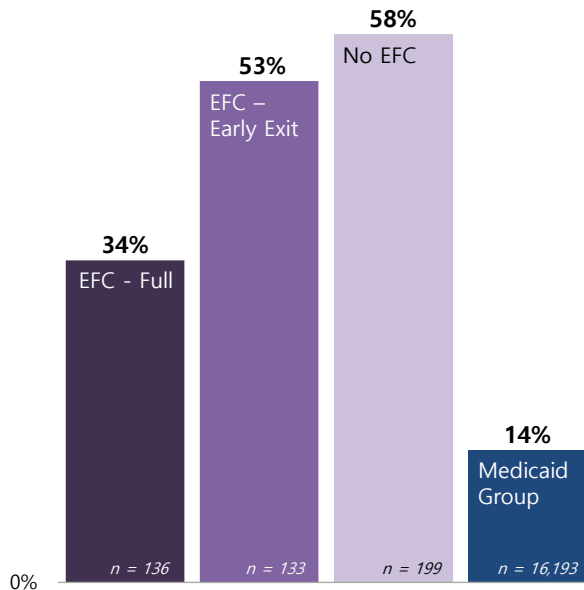
We found high frequencies of live births in all three foster care groups: 27 percent of EFC-Full, 30 percent of EFC-Early Exit, and 38 percent of No EFC women with Medicaid enrollment had a birth between these ages (Figure 9).

Rates of parenthood indicate young adults exiting foster care, especially those who never take part in EFC, could benefit from parenting supports.

FIGURE 10.

Criminal Legal Involvement prior to 21st Birthday

Among young adults with 18th birthday in SFY 2016-2018



Criminal Legal Involvement

Young adults with criminal legal involvement may face barriers during their transition to adulthood, such as difficulties with securing housing or employment, and may benefit from targeted supports (Keene et al., 2018; Pager, 2003).

The percentage of young adults with criminal legal involvement was relatively stable across ages within each group (Appendix C). Differences among groups are easier to interpret with an aggregated indicator of any criminal legal involvement prior to age 21 (Figure 10).

Longer durations in EFC were associated with lower rates of criminal legal involvement, with 34 percent of EFC-Full, 53 percent of EFC-Early Exit, and 58 percent of No EFC young adults having an arrest, conviction, or JR service prior to their 21st birthday.

The same pattern is observed across groups when looking at just JR involvement prior to 18th birthday (Appendix C). The EFC-Full group had the lowest rate of involvement with JR, 6 percent. Rates were more than twice that in the EFC-Early Exit and No EFC groups (14 and 19 percent, respectively). See Technical Notes for measure details.

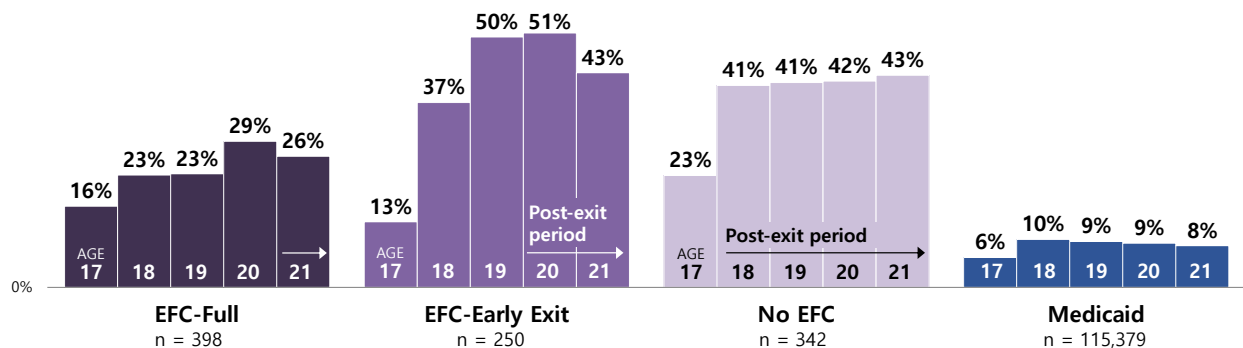
Homelessness and Housing Instability

A lack of stable and safe housing is a major barrier to successfully transitioning into adulthood. The young adults in our study had varying ranges and patterns of homelessness or housing instability over time, though homelessness was alarmingly prevalent in all groups (Figure 11). In the EFC-Full group, 16 percent of young adults experienced homelessness or housing instability at age 17. This rate increased during their time in EFC to 29 percent at age 20 and then declined slightly to 26 percent after exiting care at age 21. A lower percentage of the EFC-Early Exit group experienced homelessness or housing instability at age 17 (13 percent), but the percentage increased drastically at age 18 to 37 percent and then again up to about 50 percent at ages 19 and 20 before declining to 43 percent at age 21. Young adults in the No EFC group experienced a relatively high rate of homelessness or housing instability at age 17 (23 percent) and then a sharp increase to over 40 percent after leaving care at age 18. Across all three foster care groups, a majority of the young adults with an indication of homelessness or housing instability were actually homeless as opposed to housing unstable (Appendix C). Given rates of homelessness across foster care groups, many young adults may benefit from concrete housing supports.

FIGURE 11.

Homelessness or Housing Instability among Foster Care and Medicaid Groups by Age

Among young adults with 18th birthday in SFY 2016-2018



Employment

Like a lack of housing, a lack of employment can be a major barrier to transitioning successfully into adulthood. To estimate unemployment, we used wage data from the Employment Security Department (ESD) to measure the percentage of foster care young adults with no reported earnings. See the Technical Notes for detailed measure information. The percentage of young adults with no reported earnings generally decreased over time for all groups (Appendix C). Fifty-two to 55 percent of young adults in all groups had no earnings at age 17. The percentage with no earnings in the EFC-Full and No EFC groups declined to 34 and 35 percent, respectively, by age 21. However, a much higher percentage of young adults in the EFC-Early Exit group had no reported earnings at age 21 (46 percent). High rates of no earnings in this population suggest a need for employment supports, and lack of employment may go hand in hand with housing instability.

Service Connections

We examined supportive service connections provided by five state service systems. Many of these services connect directly to support needs identified in the previous section (e.g., experiencing homelessness and receiving housing services). The services discussed below are those included in this analysis and are not necessarily an exhaustive list of all services provided by these systems. Other services had annual counts too low to report for the study populations or their administrative data are not part of the ICDB.

- 1. Department of Commerce** works with service providers to administer housing supports such as rapid rehousing, permanent housing, emergency shelters, and transitional housing.
- 2. Department of Children, Youth, and Families (DCYF)** services include Behavioral Rehabilitation Services, Family Reconciliation Services, Independent Living Services (ILS), the Responsible Living Skills Program, and Supervised Independent Living (SIL) Placement services. Only ILS and SIL were used in the study population through age 21 and are reported here.
- 3. Department of Social and Health Services-Economic Service Administration (DSHS-ESA)** provides public assistance including Basic Food assistance and TANF cash assistance.
- 4. Department of Social and Health Services-Division of Vocational Rehabilitation (DSHS-DVR) and Developmental Disabilities Administration (DSHS-DDA)** provide services related to intellectual and developmental disabilities. These entities are combined when considering cross-system use because of relatively small client counts and overlapping populations served.
- 5. Health Care Authority** administers the Medicaid program, which provides health care services.

The text focuses on rates across the three foster care groups, but the Medicaid group is included in the health coverage, health services, disability services, economic services, and housing services measures for comparison (Appendix D).

Cross-System Service Use

The percent of young adults in each foster care group using more than three of the five service systems listed above was determined at each age (See Figure on page 1). A greater percentage of young adults in the EFC-Full and EFC-Early Exit groups received supportive services from three or more of the state service systems at age 18 than at age 17, indicating that some young adults connected with additional service systems when they entered EFC.

The EFC-Full group maintained a similar level of cross-system service connections from age 18 through age 20 (around 55 percent), but only 29 percent continued receiving services from three or more systems after exiting care.

The EFC-Early Exit group experienced a similarly sharp decline in service connections after exiting the EFC program, with an 18-percentage point drop from age 18 to 19 and a 15-percentage point drop from age 19 to 20. Similarly, for the No EFC group there is a decline in the percent receiving services from three or more systems from age 17 to 18 (31 to 22 percent). This decline continues, with only 12 percent receiving supportive services from three or more state systems by age 21.

Foster Care Services

Independent Living Services

The DCYF Independent Living program provides contracted services to eligible young adults. Independent Living Services (ILS) may include educational support, career exploration, vocational training, employment assistance, or daily living skills. Nearly all young adults in the foster care study population were eligible to receive ILS through their 23rd birthday. However, the percentage of young adults receiving ILS was relatively low and varied substantially across groups and by age.

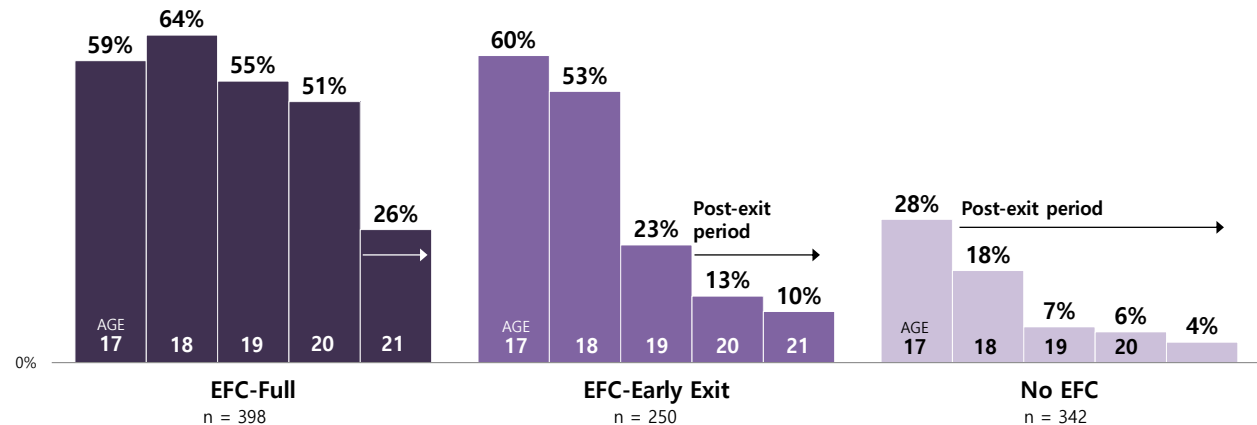
About three out of five young adults in the EFC-Full and EFC-Early Exit groups received ILS at age 17 (Figure 12). At age 18, this percentage increased for the EFC-Full group to a high of 64 percent but decreased for the EFC-Early Exit group to 53 percent. The percentage receiving ILS continued to decline for both groups, with the sharpest drop at age 21 for the EFC-Full group and age 19 for the EFC-Early Exit group.

For the No EFC group, the percentage receiving ILS began low at age 17 (28 percent) and continued to decline over time to 4 percent at age 21. Exiting from care, either at age 18 or after EFC participation, was associated with a substantial drop in ILS participation.

FIGURE 12.

Receipt of Independent Living Services among Foster Care Young Adults by Age

Young adults with 18th birthday in SFY 2016-2018 and in foster care on 18th birthday



Supervised Independent Living (SIL) Placement Services

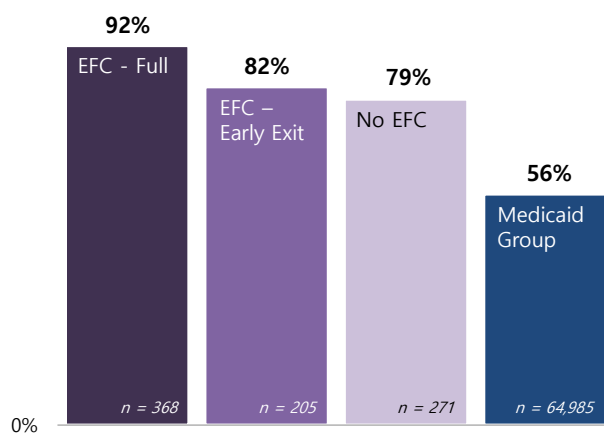
Young adults in EFC may receive SIL, foster care, kinship care, or congregate care placement services. SIL placement services are monthly stipends for young adults living in an approved setting, such as an apartment, dormitory, or shared room. A much higher percentage of young adults in the EFC-Full group received SIL placement services compared to the EFC-Early Exit group (Appendix D). At age 18, 73 percent of the EFC-Full group received SIL placement services, and this percentage increased to 85 percent by age 20. In contrast, just 54 percent of the EFC-Early exit group received a SIL placement service at age 18, declining to 25 percent at age 19. The No EFC group did not receive SIL placement services because they did not participate in EFC.

Health Coverage

FIGURE 13.

Medicaid Enrollment at Age 21

Young adults with 18th birthday in SFY 2016-2018



Former foster youth are eligible for Medicaid health coverage, which provides access to primary care, behavioral health, and other health services, until age 26. In all foster care groups, Medicaid enrollment was very high. At age 17, enrollment exceeded 95 percent in each group. However, by age 21, differences emerged between the foster care groups (Figure 13). Nearly all EFC-Full young adults (92 percent) remained enrolled in Medicaid, but enrollment fell to 82 and 79 percent among EFC-Early Exit and No EFC young adults, respectively. While former foster youth remain eligible for Medicaid until age 26, some of those without Medicaid could have private insurance through an employer. Even so, findings here could also indicate an increase in uninsured young adults after EFC exit.

Health Services

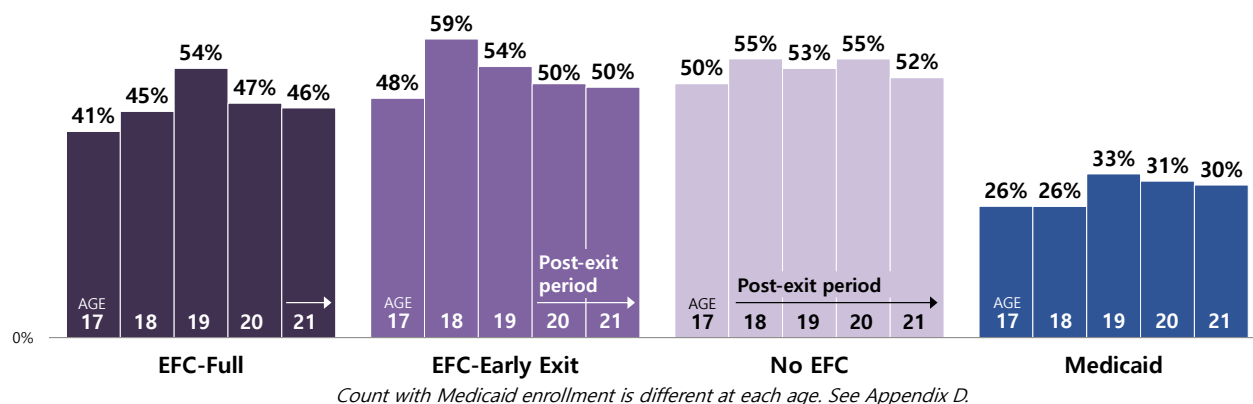
For all health service indicators, results are limited to young adults enrolled in Medicaid for at least one month at each age. See Appendix D for counts of young adults with Medicaid at each age. Results for mental health services, SUD services, and inpatient hospitalizations are not discussed in the report below but are included in Appendix D.

Emergency Department Visits

Emergency department (ED) visits were frequent among the foster care groups across all ages (Figure 14). In the EFC-Full group, ED visits ranged from 41 percent at age 17 to 54 percent at age 19. ED visits were slightly more common in the EFC-Early Exit and No EFC groups. Between 48 and 59 percent of EFC-Early Exit young adults and 50 to 55 percent of No EFC young adults visited the emergency department each year. Emergency department visits can often indicate a lack of access to primary care. While young adults may be enrolled in Medicaid, they may still lack access to a primary care provider and medical home.

FIGURE 14.

Any Emergency Department Visit among Foster Care and Medicaid Young Adults by Age
Young adults with 18th birthday in SFY 2016-2018 and Medicaid enrollment at each age



Disability Services or Eligibility

Seven to 9 percent of EFC-Full and EFC-Early Exit young adults were eligible for or received services from the DSHS-DDA in each measurement year, compared to 3 to 4 percent of No EFC young adults. A similar percentage of EFC-Full young adults received vocational rehabilitation services, ranging from 6 to 8 percent each year. Receipt of DSHS-DVR services was less common for young adults in the EFC-Early Exit group (5 percent or less each year), and even less common for young adults in the No EFC group (less than 2 percent each year).

Economic Services

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families is a cash assistance program for very low-income families with children. At age 17, the percentage of young adults in a household receiving TANF benefits was much higher for EFC-Full and No EFC young adults (26 and 28 percent) than for EFC-Early Exit young adults (14 percent). Note that TANF at age 17 is likely received by kinship caregivers on behalf of the young adult rather than the young adults themselves. By age 18, receipt was much more uniform, ranging from 11 to 13 percent for each foster care group. From age 19 to 21, receipt remained below 10 percent for all groups.

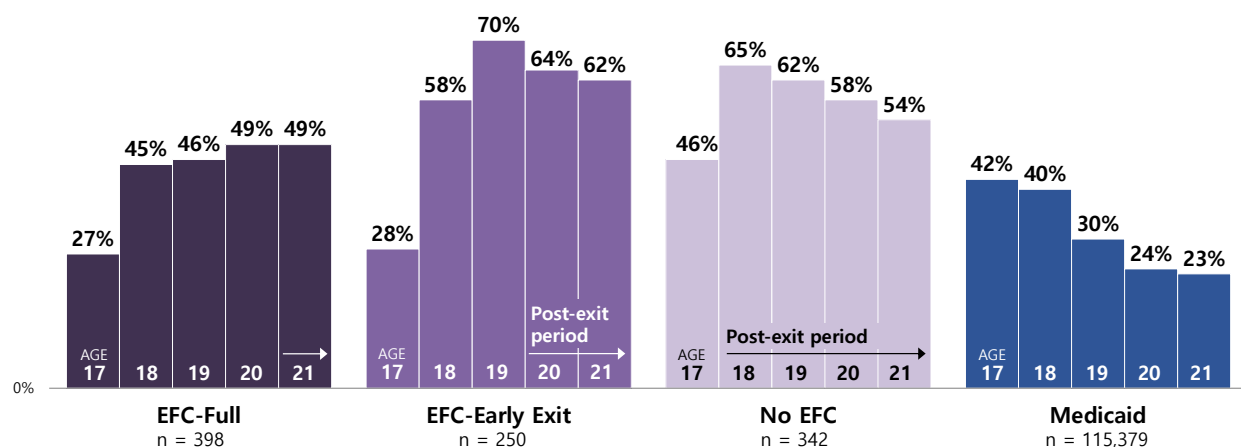
Basic Food

Basic Food is the name for Washington State’s Supplemental Nutrition Assistance Program (SNAP) and Food Assistance Program for legal immigrants (FAP). For all foster care groups, the percentage of young adults receiving Basic Food benefits was lowest at age 17 and increased sharply at age 18 (Figure 15). Twenty-seven percent of the EFC-Full group received Basic Food at age 17, and 45 to 49 percent thereafter. Among EFC-Early Exit young adults, Basic Food receipt rose from 28 percent to 70 percent from ages 17 to 19, and then fell to 62 percent by age 21. Young adults who did not enter EFC had the highest rate of Basic Food receipt at age 17 (46 percent), a steep increase at age 18 to 65 percent, and then a decline to 54 percent at age 21. Use of Basic Food benefits was high, but there may still be eligible young adults who were not connected to the program and could be missing out on additional funds to purchase food.

FIGURE 15.

Receipt of Basic Food among Foster Care and Medicaid Young Adults by Age

Young adults with 18th birthday in SFY 2016-2018



Housing Services

Housing services administered by the Department of Commerce are reported beginning at age 18. Across all groups, the number of young adults who received housing services is much lower than the number with an indication of homelessness or housing instability (Table 1). The percentage of young adults who were homeless or unstably housed and received a housing service is highest among those in the EFC-Full group; 16 percent of those experiencing housing instability received housing services at age 18, increasing to 37 percent at age 21.

Housing service use rates in the EFC-Early Exit group are lower, with 19 percent of those with homelessness and housing instability accessing services at age 21. Even lower, the rate was 11 percent in the No EFC group at age 21. Therefore, while housing instability was less prevalent overall in the EFC-Full population (Figure 11), those in the EFC-Full group who did experience instability were more likely to connect to housing services than those who participated in EFC for shorter durations or not at all.

Due to current data limitations, housing services measures only include a limited number of homelessness services and do not include housing or housing vouchers provided by local public housing authorities. Only clients who consent to have their information shared are included in the system. These counts are likely an underestimate of the actual number of young adults receiving housing services.

TABLE 1.

Housing Services and Emergency Shelter Use among Young Adults Experiencing Homelessness or Housing Instability by Age

	Age 18		Age 19		Age 20		Age 21	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
<i>Numbers in italics represent clients with homelessness or housing instability at each age (denominator for percent calculation)</i>								
EFC-Full (TOTAL = 398)	<i>90</i>		<i>91</i>		<i>117</i>		<i>105</i>	
Housing services	14	16%	20	22%	34	29%	39	37%
Emergency shelter	---	---	12	13%	16	14%	12	11%
EFC-Early Exit (TOTAL = 250)	<i>93</i>		<i>126</i>		<i>128</i>		<i>108</i>	
Housing services	12	13%	24	19%	27	21%	21	19%
Emergency shelter	17	18%	26	21%	27	21%	17	16%
No EFC (TOTAL = 342)	<i>139</i>		<i>141</i>		<i>142</i>		<i>146</i>	
Housing services	16	12%	16	11%	17	12%	16	11%
Emergency shelter	21	15%	18	13%	13	9%	20	14%
Medicaid (TOTAL = 115,379)	<i>11,135</i>		<i>10,654</i>		<i>10,255</i>		<i>9,684</i>	
Housing services	938	8%	980	9%	937	9%	928	10%
Emergency shelter	587	5%	559	5%	559	5%	545	6%

--- Cells with a value from 1 to 10 are not displayed in alignment with small numbers standards.

NOTE: Housing services includes Rapid Re-housing, Permanent Housing, Permanent Supportive Housing, and Transitional Housing from the Homeless Management Information System (HMIS). Emergency shelter indicates the use of temporary lodging for the homeless from HMIS. See Technical Notes for details.

Discussion

This study identifies distinct demographic characteristics, foster care experiences, support needs, and service connections among three groups of young adults exiting foster care in Washington State from ages 18 to 21. Nearly three out of four young adults in care as of their 18th birthday had some level of EFC involvement (73 percent). However, almost a third (29 percent) of the young adults who participated in EFC remained in the program for less than two years. The EFC-Early Exit group of young adults had higher support needs across nearly all measures yet lower rates of supportive system connections than the EFC-Full group of young adults. Further work should be done to understand why the EFC-Early Exit group is leaving EFC and what the program could do to better support and retain those young adults in the program.

All three groups of young adults exiting foster care at ages 18 to 21 had higher levels of support needs across all indicators and ages compared to same-age young adults with Medicaid coverage. This suggests that young adults exiting foster care at age 18 or later, regardless of duration in EFC, have complex and persistent support needs that require more extensive and specialized assistance than other young adults.

While we were limited by the data available to us in characterizing support needs, some major needs stood out. Young adults exiting foster care were very likely to experience housing instability and could benefit from housing supports to ensure stable living situations. Stable living situations provide a foundation for success in all other areas in adulthood. Additionally, many young adults exiting foster care are managing complex health needs such as mental health conditions, substance use disorders, disabilities, and other significant health issues. Access to a primary care provider and preventive health services is especially important for individuals with complex health conditions. Given the sharp decline in mental health continuity of care after age 18 and consistently high rates of emergency department visits, young adults exiting foster care may not be gaining access to primary care, even when enrolled in Medicaid.

Many young adults were also parenting children. Parents may benefit from help in caring for a family while navigating adulthood and independence, including access to childcare, well-child medical care, home visiting programs, and affordable and stable housing. This report offers a high-level overview of support needs and current levels of service connections for young adults exiting foster care. These results should inform work by stakeholders and policymakers to support these young adults as they transition into a successful and fulfilling adulthood where they are empowered to pursue their immeasurable potential.

Study Limitations

This report is limited to indicators readily available in the ICDB or FamLink. These administrative data systems do not include strength-based measures, such as education supports and services, which are important elements of young adults' lives as they transition from foster care to adulthood (Okpych et al., 2020).

These data systems also do not include demographic information on sexual orientation or gender identity. Prior work using survey indicators of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) characteristics found that 30 percent of youth ages 10 to 18 in foster care self-identified as LGBTQ, and these youth had more mental health conditions, fights at school, and victimization than heterosexual youth in foster care (Baams et al., 2019).

The measurement period from age 17 to 21 for young adults who turned 18 in SFY 2016-2018 extends to June 30, 2021 and overlaps with the COVID-19 pandemic. The support need and service use trends observed from ages 20 to 21 may be affected by COVID-related shifts in need and access to services. For instance, starting in March 2020, unemployment rates increased along with economic services caseloads (Patton et al., 2023a). Emergency department service use for youth under 18 dropped in March 2020 and remained low into 2021 (RDA, 2023), especially visits involving mental health or SUD claims (Patton et al., 2023b).

Directions for Future Research

This report identifies opportunities to better understand and address the support needs among young adults transitioning from foster care.

- Improve data collection to identify and characterize additional young adult subgroup populations, such as young adults who discharge prior to their 18th birthday, those who voluntarily disengage versus become ineligible for EFC, and types of Supervised Independent Living (SIL) placements.
- Include indicators from additional data sources in future reporting projects on foster care young adults, such as commercially sexually exploited children (CSEC) screenings in FamLink, prenatal care through HCA, and estimates of parenting males through child support records and/or birth certificates.
- Stratify indicators of support needs and service use by race/ethnicity, gender, and geography to identify and address potential disparities.
- Use multivariate analytic methods to identify groups of young adults with similar constellations of multiple support needs. For instance, young adults who experience homelessness, mental health conditions, and criminal legal involvement may need a different level or type of case management and placement support than those experiencing just one of those needs.
- Dedicate resources to evaluate and monitor the effects of policy changes and practice variation on outcomes for EFC young adults. For instance, the extension of EFC from January 27, 2020 to September 30, 2021 allowed at least 248 young adults in Washington to re-enter or remain in EFC after their 21st birthday. This group of young adults is not included in this report but could be assessed to identify outcomes associated with additional time in EFC.

TECHNICAL NOTES

STUDY POPULATION DETAILS

Nine people were excluded from the EFC-Full group and one person was excluded from the EFC-Early Exit group because of duplicate linkage results with the DSHS Integrated Client Databases (ICDB).

The study population does not include young adults who were in foster care after their 21st birthday as a result of the EFC eligibility extension that was in place from January 27, 2020 to September 30, 2021² (EFC-Late Exit, n=248). Nearly all of these young adults exited care on September 30 or October 1, 2021, and a full year of post-exit follow-up information was not yet available. Furthermore, many of the young adults had left care and then re-entered because of the extension. An alternative study design should be used to account for changes in support needs and service connections during gaps in EFC.

Young adults who exited foster care when they were 18 years old and then entered EFC after their 19th birthday (EFC-Late Entry, n=16) were also excluded because this group was too small to report separately.

ACRONYMS

ACES: Automated Client Eligibility System. The DSHS system used to determine benefit eligibility.

DCYF: Washington State Department of Children, Youth, and Families

EFC: Extended Foster Care

HCA: Washington State Health Care Authority

HMIS: Homeless Management Information System. The Washington State Department of Commerce system used to track housing and homeless services

ICDB: Integrated Client Databases. Includes data from multiple Washington state health and human service systems.

JR: Juvenile Rehabilitation

MH: Mental health

P1: ProviderOne. The Health Care Authority system used to track medical claims and encounters.

PCA: Placement and care authority

SFY: State Fiscal Year. SFY 2016, for example, spans July 1, 2015 to June 30, 2016.

SUD: Substance use disorder

TANF: Temporary Assistance for Needy Families

DATA SOURCES AND MEASURES

Data used for this analysis were from the ICDB and DCYF FamLink data tables. FamLink is the DCYF Statewide Automated Child Welfare Information System (SACWIS). Measure details are listed below in the order in which they are discussed in the report.

- **Demographic characteristics:** Race/ethnicity and gender information comes from compiled client records in the ICDB. Information recorded in state administration systems generally allows for only two responses for gender or sex, 'male' or 'female'. Race/ethnicity categories are reported using the Washington State Racial Disproportionality Advisory Committee Modified (WSRDAC/M) reporting standard adopted by DCYF in 2020. See <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf> for details.
- **Duration in DCYF PCA:** Total number of days spent in DCYF PCA before 18th birthday, summed across all placements. This measure was calculated using FamLink data.
- **Earliest Removal Age:** Age at first out-of-home placement. This measure was calculated using FamLink data.
- **Placement Stability:** Total number of moves a young adult experienced per 1,000 days in DCYF PCA before their 18th birthday. This measure was calculated using FamLink data.
- **On-the-Run Event:** A foster care placement event with an "on the run" service code or discharge reason in FamLink.
- **Behavior Rehabilitation Services (BRS):** Services for children with mental, developmental, emotional, and/or behavioral difficulties that exceed the care capacity of regular foster families. BRS was identified using payment codes from FamLink.

² https://www.dcyf.wa.gov/sites/default/files/pubs/AP_0002.pdf.

- **Congregate care:** An out-of-home placement in a group home, residential treatment facility, detention facility, or crisis center. Congregate care placements were identified using placement settings in FamLink.
- **Kinship care:** An out-of-home placement with either licensed or unlicensed relative caregivers. Kinship care placements were identified using placement settings in FamLink.
- **Family Reconciliation Services (FRS):** A voluntary program serving runaway youth and youth in conflict with their families. The program targets youth ages 12-17. FRS use was identified using case assignments in FamLink.
- **Responsible Living Skills Program (RLSP):** A residentially based independent living program. RLSP use was identified using placement service codes in FamLink.
- **Indicated mental health (MH) treatment need:** Identified among young adults enrolled in Medicaid for at least one month in the measurement year using diagnoses, prescriptions, and treatment records from P1. MH diagnoses include ICD-9 and ICD-10 diagnosis codes for psychotic disorder, bipolar, depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), and conduct disorder. MH prescriptions include antipsychotic, antimania, antidepressant, antianxiety, or ADHD-filled prescriptions. MH treatment records are derived from P1 using inpatient and outpatient MH services administered by the Washington State Health Care Authority (HCA), including the Division of Behavioral Health and Recovery (DBHR) or Tribal Authorities.
- **Substance use disorder (SUD):** Identified among young adults enrolled in Medicaid for at least one month in the measurement year using diagnoses, prescriptions, and treatment records from P1, as well as drug- and alcohol-related arrests from Washington State Patrol. Diagnoses include those related to use of alcohol, amphetamines (including methamphetamine), cocaine and other stimulants, heroin and other opioids (including synthetic opioids), and cannabis. It does not include diagnoses related to tobacco use disorder.
- **Suicide or self-harm behavior:** Identified among young adults enrolled in Medicaid for at least one month in the measurement year and an ICD-9 or ICD-10 diagnosis code from P1 that corresponds to intentional self-injury (e.g., intentional self-harm by handgun discharge) or self-injury where intent was undetermined (e.g., handgun discharge undetermined intent).
- **Significant health problems:** Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with diagnoses and prescriptions from P1 indicating costly medical conditions. Individuals with costly medical conditions have a risk score above that of the average in the Supplemental Security Income (SSI) population based on a combination of age, sex, diagnosis, and prescription indicators.
- **Developmental disability:** Identified among young adults enrolled in Medicaid for at least one month in the measurement year and an ICD-9 or ICD-10 diagnosis code from P1 that corresponds to a developmental disability (such as developmental coordination disorder, alexia, and dyslexia) or pervasive developmental disability (such as autosomal deletion syndrome and autism).
- **Live birth:** Identified among female young adults enrolled in Medicaid for at least one month in the measurement year and an indication of livebirth in P1 based on ICD-9 or ICD-10 diagnosis codes, procedure codes (CPT, HCPCS), and diagnosis-related group codes (DRG).
- **Criminal legal system involvement:** Any arrest, conviction, or JR involvement. See descriptions below.
- **Arrest or conviction:** ICDB data on arrests or convictions based on arrest data from the Washington State Patrol (WSP) and conviction data from the Administrative Office of the Courts.
- **Juvenile Rehabilitation (JR) involvement:** Receipt of any JR service prior to age 18. JR services include parole, community placement, institutions, youth camps, dispositional alternatives, and additional services. JR involvement continued past age 18 for some young adults, but counts were less than 11 for all foster care groups by age 21.
- **Homelessness or housing instability:** Client living situations as identified from an integrated set of indicators from ACES, HMIS, and P1. It includes ACES indicators for homeless without housing, homeless with housing, currently residing in a battered spouse's shelter or emergency shelter, living in an inappropriate living situation, WorkFirst clients who indicate they are homeless, and homelessness indicated in address information. HMIS indicators include receipt of housing services targeting homeless individuals. P1 indicators are from service encounters with a diagnosis code that indicated homelessness at the time of service.
- **Homelessness:** See Homelessness or Housing Instability description above, but this measure excludes the ACES homeless with housing indicator, individuals with an address of "General Delivery," "Couch Surfing," or whose reported address was the same as their Community Services Office, and those who only received HMIS transitional housing or homeless prevention services.

- **No reported earnings:** No reported earnings using Employment Security Department (ESD) wage data. ESD wage data does not include income from self-employment, most federal employment, or unreported earnings.
- **Independent Living Services (ILS):** A voluntary program for young adults ages 15 through 22 who are or were in foster care with DCYF or a tribal court. Services may include daily living skills, educational support, and employment assistance.
- **Supervised Independent Living (SIL) Placement:** A placement option for young adults in DCYF EFC where they live independently in an approved setting and receive a monthly stipend payment. Approved settings may include apartments, dormitories, shared rooms, and other settings.
- **Health coverage:** Medicaid enrollment data were obtained from eligibility codes in ICDB. Disability coverage indicates at least one month of disability-related Medicaid eligibility. See Appendix D for disability coverage results.
- **Substance use disorder service:** Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with a medical claim or encounter in P1 indicating receipt of any of the following through the state-funded behavioral health system: outpatient SUD treatment, inpatient residential SUD treatment, medication for opioid use disorder (buprenorphine, naltrexone, methadone), medication for alcohol use disorder (acamprosate, disulfiram, naltrexone). Results are displayed in Appendix D.
- **Mental health service:** Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with a medical claim or encounter in P1 indicating receipt of inpatient or outpatient mental health treatment administered by the Washington State Health Care Authority (HCA), including the Division of Behavioral Health and Recovery (DBHR), or Tribal Authorities. Results are displayed in Appendix D.
- **Inpatient hospitalization:** Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with a P1 medical claim or encounter for an inpatient hospitalization. Results are displayed in Appendix D.
- **Emergency department visit:** Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with a medical claim or encounter in P1 for an outpatient emergency department visit.
- **Developmental Disabilities Administration (DDA) Services:** ICDB client data on Developmental Disabilities Administration (DDA) services were used to identify youth who either received services through DDA or who received a determination of positive eligibility for DDA services, even if no paid service was received.
- **Division of Vocational Rehabilitation (DVR) Services:** ICDB client data including Vocational Rehabilitation Case Management, Vocational Assessments, Medical and Psychological Services, Support Services, Placement Support, and Training, Education, and Supplies through the Division of Vocational Rehabilitation.
- **Temporary Assistance to Needy Families:** Washington's cash assistance program for very low-income families with children. TANF recipients are identified in ACES if they were a recipient in a TANF assistance unit.
- **Basic Food:** Washington's Supplemental Nutrition Assistance Program (SNAP) and Food Assistance Program for legal immigrants (FAP) that provides food benefits for low-income individuals and families. Recipients are identified in ACES if they were a recipient in a Basic Food assistance unit.
- **Housing services:** Includes Rapid Re-housing, Permanent Housing, Permanent Supportive Housing, and Transitional Housing as reported in HMIS. Homelessness prevention, Street Outreach, Day Shelter, assessment, and non-housing services are not included because they do not provide actual housing to clients. Safe Haven counts were zero across all populations and time periods.
- **Emergency shelter:** Use of temporary shelter (lodging) for the homeless in general or for specific populations of the homeless as reported in HMIS. Requirements and limitations may vary for different programs.

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Characteristics and Service Use of Young Adults in Extended Foster Care

Findings from Washington State

SEPTEMBER 2023

SUPPORTING DATA TABLES

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APPENDIX A.

Demographics by Study Group

	EFC-Full		EFC-Early Exit		No EFC		Medicaid Group	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	398		250		342		115,379	
GENDER								
Female	224	56%	108	43%	178	52%	57,881	50%
Male	174	44%	142	57%	164	48%	57,498	50%
RACE/ETHNICITY								
American Indian or Alaska Native (<i>single race</i>)	14	4%	13	5%	27	8%	1,663	1%
American Indian or Alaska Native Multiracial	93	23%	72	29%	99	29%	7,902	7%
Asian, Native Hawaiian, and/or other Pacific Islander	---	---	---	---	---	---	8,186	7%
Black or African American (<i>single race or multiracial</i>)	53	13%	32	13%	27	8%	11,733	10%
Hispanic/Latin(o/a/e) (<i>single or multi-ethnicity, not Black or AI/AN</i>)	61	15%	18	7%	50	15%	30,678	27%
Multiracial, other	---	---	---	---	---	---	2,585	2%
White (<i>single race</i>)	161	40%	108	43%	126	37%	50,057	43%
Unknown Race/Ethnicity	0	0%	0	0%	0	0%	2,575	2%

*Black single race and Black multi-racial groups are combined because counts were low for the single race Black population in EFC-Early Exit and No EFC groups.

--- Cells with a value from 1 to 10 are not displayed in alignment with small numbers standards.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
 CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

APPENDIX B.

Prior Foster Care Experiences by Study Group

FOSTER CARE SERVICES AT AGE 17	EFC-Full (n=398)		EFC-Early Exit (n=250)		No EFC (n=342)	
	Number	Percent	Number	Percent	Number	Percent
Behavior Rehabilitation Services (BRS)	80	20%	97	39%	63	18%
Family Reconciliation Services (FRS)	20	5%	26	10%	27	8%
On-the-run event	66	17%	62	25%	151	44%
Congregate care placement	126	32%	108	43%	141	41%
Kinship placement	184	46%	96	38%	166	49%
Responsible Living Skills Program (RLSP)	17	4%	11	4%	16	5%
FOSTER CARE HISTORY	Average or Rate		Average or Rate		Average or Rate	
Average age at earliest removal date	11.4 years		10.9 years		11.4 years	
Average number of removal episodes before 18th birthday	1.7		1.6		1.7	
Average duration in DCYF PCA before 18th birthday	1,588 days 4.4 years		1,690 days 4.6 years		1,479 days 4.1 years	
Placement stability (moves per 1,000 days in DCYF PCA before 18th birthday)	10.95		11.67		13.86	

DCYF PCA = Department of Children, Youth, and Families Placement and Care Authority

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

Support Needs by Study Group at Age Shown

	Age 17		Age 18		Age 19		Age 20		Age 21		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
EFC-Full (N=398)												
Housing												
Homelessness or housing instability	65	16%	90	23%	91	23%	117	29%	105	26%	n/a	n/a
Homelessness	55	14%	75	19%	75	19%	93	23%	84	21%	n/a	n/a
Employment												
No reported earnings	215	54%	155	39%	131	33%	125	31%	134	34%	n/a	n/a
Criminal Legal System												
JR involvement before 18th birthday	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	25	6%
Any involvement before 21st birthday	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	136	34%
Arrest or conviction	53	13%	45	11%	45	11%	53	13%	53	13%	n/a	n/a
Health Care (Medicaid enrolled)												
Indicated MH treatment need	269	69%	221	57%	219	57%	204	53%	183	50%	n/a	n/a
Any substance use disorder (SUD)	92	24%	68	18%	73	19%	71	19%	61	17%	n/a	n/a
Co-occurring MH and SUD	77	20%	53	14%	58	15%	57	15%	44	12%	n/a	n/a
Significant health problems	92	24%	86	22%	101	26%	108	28%	98	27%	n/a	n/a
Developmental disability	37	10%	37	10%	36	9%	40	10%	37	10%	n/a	n/a
Suicide or self-harm ages 17 to 21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	49	12%
Parenthood (females with Medicaid)												
Live birth ages 17 to 21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	59	27%

n/a -- Not measured during time period.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
 CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

	Age 17		Age 18		Age 19		Age 20		Age 21		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
EFC-Early Exit (N=250)												
Housing												
Homelessness or housing instability	33	13%	93	37%	126	50%	128	51%	108	43%	n/a	n/a
Homelessness	26	10%	79	32%	115	46%	113	45%	84	34%	n/a	n/a
Employment												
No reported earnings	130	52%	129	52%	117	47%	112	45%	116	46%	n/a	n/a
Criminal Legal System												
JR involvement before 18th birthday	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	36	14%
Any involvement before 21st birthday	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	133	53%
Arrest or conviction	68	27%	57	23%	70	28%	68	27%	54	22%	n/a	n/a
Health Care (Medicaid enrolled)												
Indicated MH treatment need	195	79%	152	62%	123	53%	106	50%	97	47%	n/a	n/a
Any substance use disorder (SUD)	83	34%	61	25%	53	23%	72	34%	71	35%	n/a	n/a
Co-occurring MH and SUD	77	31%	46	19%	42	18%	55	26%	45	22%	n/a	n/a
Significant health problems	58	24%	76	31%	72	31%	62	29%	62	30%	n/a	n/a
Developmental disability	29	12%	32	13%	24	10%	22	10%	22	11%	n/a	n/a
Suicide or self-harm ages 17 to 21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	52	21%
Parenthood (females with Medicaid)												
Live birth ages 17 to 21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	32	30%

n/a -- Not measured during time period.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

	Age 17		Age 18		Age 19		Age 20		Age 21		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No EFC (N=342)												
Housing												
Homelessness or housing instability	77	23%	139	41%	141	41%	142	42%	146	43%	n/a	n/a
Homelessness	65	19%	121	35%	114	33%	118	35%	131	38%	n/a	n/a
Employment												
No reported earnings	187	55%	155	45%	134	39%	133	39%	119	35%	n/a	n/a
Criminal Legal System												
JR involvement before 18th birthday	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	65	19%
Any involvement before 21st birthday	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	199	58%
Arrest or conviction	114	33%	103	30%	105	31%	102	30%	108	32%	n/a	n/a
Health Care (Medicaid enrolled)												
Indicated MH treatment need	211	65%	124	42%	118	46%	115	43%	120	44%	n/a	n/a
Any substance use disorder (SUD)	111	34%	83	28%	67	26%	83	31%	97	36%	n/a	n/a
Co-occurring MH and SUD	91	28%	57	19%	53	21%	57	21%	69	25%	n/a	n/a
Significant health problems	71	22%	71	24%	79	31%	84	31%	93	34%	n/a	n/a
Developmental disability	19	6%	13	4%	11	4%	14	5%	15	6%	n/a	n/a
Suicide or self-harm ages 17 to 21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	36	11%
Parenthood (females with Medicaid)												
Live birth ages 17 to 21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	66	38%

n/a -- Not measured during time period.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
 CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

	Age 17		Age 18		Age 19		Age 20		Age 21		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Medicaid Comparison (N=115,379)												
Housing												
Homelessness or housing instability	6,939	6%	11,135	10%	10,654	9%	10,255	9%	9,684	8%	n/a	n/a
Homelessness	1,247	1%	1,358	1%	1,297	1%	1,272	1%	1,270	1%	n/a	n/a
Employment												
No reported earnings	58,879	51%	38,866	34%	34,998	30%	35,468	31%	35,468	31%	n/a	n/a
Criminal Legal System												
JR involvement before 18th birthday	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1,578	1%
Any involvement before 21st birthday	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	16,193	14%
Arrest or conviction	4,973	4%	6,306	5%	7,380	6%	7,483	6%	6,894	6%	n/a	n/a
Health Care (Medicaid enrolled)												
Indicated MH treatment need	28,121	27%	27,668	24%	19,749	30%	20,505	31%	20,549	32%	n/a	n/a
Any substance use disorder (SUD)	6,704	6%	6,493	6%	4,902	7%	5,472	8%	5,892	9%	n/a	n/a
Co-occurring MH and SUD	4,202	4%	3,970	3%	3,352	5%	3,666	5%	3,939	6%	n/a	n/a
Significant health problems	7,980	8%	10,155	9%	9,439	14%	9,846	15%	9,984	15%	n/a	n/a
Developmental disability	3,058	3%	3,249	3%	2,882	4%	2,804	4%	2,825	4%	n/a	n/a
Suicide or self-harm ages 17 to 21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3,216	3%
Parenthood (females with Medicaid)												
Live birth ages 17 to 21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	8,372	14%

n/a -- Not measured during time period.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

Service Connections by Study Group at Age Shown

	Age 17		Age 18		Age 19		Age 20		Age 21	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
EFC-Full (N=398)										
Health Coverage										
Disability Medicaid enrollment	---	---	23	6%	23	6%	38	10%	64	16%
Medicaid enrollment	388	97%	387	97%	383	96%	382	96%	368	92%
Health Services (Medicaid enrolled)										
Emergency department visit	159	41%	174	45%	205	54%	178	47%	168	46%
Inpatient visit	34	9%	18	5%	30	8%	30	8%	25	7%
Mental health service	237	61%	167	43%	165	43%	145	38%	128	35%
SUD Service	31	8%	26	7%	23	6%	20	5%	12	3%
Disability Services										
Division of Vocational Rehabilitation (DVR)	---	---	22	6%	29	7%	30	8%	29	7%
Developmental Disabilities Administration (DDA)	29	7%	29	7%	32	8%	33	8%	32	8%
Economic Services										
Basic Food	106	27%	181	45%	184	46%	197	49%	196	49%
Temporary Assistance to Needy Families (TANF)	103	26%	51	13%	14	4%	14	4%	21	5%
Housing Services										
HMIS housing services	---	---	12	5%	24	10%	27	11%	21	8%
HMIS emergency shelter	---	---	17	7%	26	10%	27	11%	17	7%
Foster Care Services										
Independent Living Services (ILS)	236	59%	256	64%	220	55%	203	51%	105	26%
Supervised Independent Living (SIL) placement	167	42%	290	73%	324	81%	339	85%	---	---

--- Cells with a value from 1 to 10 are not displayed in alignment with small numbers standards.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

	Age 17		Age 18		Age 19		Age 20		Age 21	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
EFC-Early Exit (N=250)										
Health Coverage										
Disability Medicaid enrollment	14	6%	46	18%	53	21%	47	19%	49	20%
Medicaid enrollment	246	98%	246	98%	232	93%	214	86%	205	82%
Health Services (Medicaid enrolled)										
Emergency department visit	117	48%	146	59%	125	54%	108	50%	102	50%
Inpatient visit	24	10%	30	12%	24	10%	19	9%	20	10%
Mental health service	184	75%	121	49%	83	36%	75	35%	59	29%
SUD Service	27	11%	22	9%	13	6%	21	10%	21	10%
Disability Services										
Division of Vocational Rehabilitation (DVR)	---	---	11	4%	12	5%	---	---	---	---
Developmental Disabilities Administration (DDA)	18	7%	22	9%	21	8%	21	8%	21	8%
Economic Services										
Basic Food	69	28%	145	58%	175	70%	160	64%	154	62%
Temporary Assistance to Needy Families (TANF)	36	14%	28	11%	17	7%	18	7%	14	6%
Housing Services										
HMIS housing services	---	---	12	5%	24	10%	27	11%	21	8%
HMIS emergency shelter	---	---	17	7%	26	10%	27	11%	17	7%
Foster Care Services										
Independent Living Services (ILS)	149	60%	132	53%	58	23%	32	13%	24	10%
Supervised Independent Living (SIL) placement	81	32%	134	54%	62	25%	0	0%	0	0%

--- Cells with a value from 1 to 10 are not displayed in alignment with small numbers standards.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
 CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

	Age 17		Age 18		Age 19		Age 20		Age 21	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No EFC (N=342)										
Health Coverage										
Disability Medicaid enrollment	18	5%	39	11%	27	8%	27	8%	26	8%
Medicaid enrollment	325	95%	296	87%	258	75%	269	79%	271	79%
Health Services (Medicaid enrolled)										
Emergency department visit	164	50%	164	55%	138	53%	149	55%	140	52%
Inpatient visit	25	8%	34	11%	35	14%	27	10%	35	13%
Mental health service	178	55%	89	30%	81	31%	77	29%	82	30%
SUD Service	49	15%	32	11%	27	10%	33	12%	42	15%
Disability Services										
Division of Vocational Rehabilitation (DVR)	---	---	---	---	---	---	---	---	---	---
Developmental Disabilities Administration (DDA)	13	4%	11	3%	12	4%	---	---	---	---
Economic Services										
Basic Food	156	46%	223	65%	213	62%	198	58%	185	54%
Temporary Assistance to Needy Families (TANF)	95	28%	43	13%	23	7%	31	9%	25	7%
Housing Services										
HMIS housing services	---	---	16	5%	16	5%	17	5%	16	5%
HMIS emergency shelter	21	6%	21	6%	18	5%	13	4%	20	6%
Foster Care Services										
Independent Living Services (ILS)	97	28%	60	18%	24	7%	22	6%	15	4%
Supervised Independent Living (SIL) placement	11	3%	0	0%	0	0%	0	0%	0	0%

--- Cells with a value from 1 to 10 are not displayed in alignment with small numbers standards.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
 CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

	Age 17		Age 18		Age 19		Age 20		Age 21	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Medicaid Comparison (N=115,379)										
Health Coverage										
Disability Medicaid enrollment	4,201	4%	5,488	5%	4,957	4%	4,735	4%	4,760	4%
Medicaid enrollment	105,941	92%	115,379	100%	66,240	57%	66,818	58%	64,985	56%
Health Services (Medicaid enrolled)										
Emergency department visit	27,646	26%	30,082	26%	21,552	33%	20,779	31%	19,710	30%
Inpatient visit	2,091	2%	2,616	2%	2,661	4%	2,528	4%	2,625	4%
Mental health service	19,997	19%	18,289	16%	13,198	20%	13,863	21%	13,979	22%
SUD Service	2,234	2%	2,059	2%	1,593	2%	1,703	3%	1,832	3%
Disability Services										
Division of Vocational Rehabilitation (DVR)	591	1%	1,413	1%	1,756	2%	2,140	2%	2,051	2%
Developmental Disabilities Administration (DDA)	2,191	2%	2,333	2%	2,426	2%	2,345	2%	2,342	2%
Economic Services										
Basic Food	48,590	42%	46,640	40%	34,332	30%	27,947	24%	26,058	23%
Temporary Assistance to Needy Families (TANF)	8,000	7%	5,171	4%	2,502	2%	2,148	2%	2,170	2%
Housing Services										
HMIS housing services	930	1%	938	1%	980	1%	937	1%	928	1%
HMIS emergency shelter	579	1%	587	1%	559	<1%	559	<1%	545	<1%

--- Cells with a value from 1 to 10 are not displayed in alignment with small numbers standards.

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
 CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

Technical Notes

Acronyms

ACES	Automated Client Eligibility System (ACES). The DSHS system used to determine benefit eligibility.
DCYF	Washington State Department of Children, Youth, and Families.
HCA	Washington State Health Care Authority.
HMIS	Homeless Management Information System. The Department of Commerce system used to track housing and homeless services.
ICDB	Integrated Client Databases. Includes data from Washington State health and human services agencies.
JR	Juvenile Rehabilitation
MH	Mental Health
P1	ProviderOne. The Health Care Authority system used to track medical claims and encounters.
PCA	Placement and care authority.
SFY	State Fiscal Year. SFY 2016, for example, spans July 1, 2015 to June 30, 2016.
SUD	Substance Use Disorder
TANF	Temporary Assistance for Needy Families

Study Populations

The study populations were identified among individuals in the ICDB who turned 18 years old in SFY 2016-2018 (July 1, 2015, to June 30, 2018). Young adults who aged out of foster care were identified using DCYF FamLink data and grouped based on the duration of their time in EFC into three foster care groups. A group of same-age young adults with Medicaid coverage at age 18 is included to contextualize the results for the three foster care-involved groups.

EFC-Full (n=398): Young adults in foster care for more than 31 days while 18 years old and exited care after their 20th birthday and prior to June 30, 2021. Nine young adults were excluded because of duplicate linkage results with ICDB.

EFC-Early Exit (n=250): Young adults in foster care for more than 31 days while 18 years old and exited foster care prior to their 20th birthday.

No EFC (n=342): Young adults with a final exit from foster care on or within 31 days after their 18th birthday.

Medicaid group (n=115,379): Young adults enrolled in Medicaid for at least one month when they were 18 years old. This population is not mutually exclusive of the other population sub-groups.

NOTE: The foster care populations do not include young adults who were in care after their 21st birthday as a result of the EFC eligibility extension that was in place from January 27, 2020 to September 30, 2021 (n=248) (https://www.dcyf.wa.gov/sites/default/files/pubs/AP_0002.pdf) or youth who were not in DCYF PCA when they were 18 years old but then entered DCYF PCA after their 19th birthday (i.e. “late entry” EFC youth, n=16).

Data Sources and Measures

Demographic characteristics: Race/ethnicity and gender information comes from compiled client records in the ICDB. Information recorded in state administration systems generally allows for only two responses for gender or sex, ‘male’ or ‘female’. Race/ethnicity categories are reported using the Washington State Racial Disproportionality Advisory Committee Modified (WSRDAC/M) reporting standard adopted by DCYF in 2020. See <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf> for details.

PRIOR FOSTER CARE EXPERIENCES

Duration in DCYF PCA: Total number of days spent in DCYF PCA before 18th birthday, summed across all placements. This measure was calculated using FamLink

Earliest Removal Age: Age at first out-of-home placement. This measure was calculated using FamLink data.

Placement Stability: Total number of moves a young adult experienced per 1,000 days in DCYF PCA before their 18th birthday. This measure was calculated

On-the-Run Event: Youth experienced a placement event with an “on the run” service code or discharge reason in FamLink.

Behavior Rehabilitation Services (BRS): Services for children with mental, developmental, emotional, and/or behavioral difficulties that exceed the care capacity of regular foster families. BRS was identified using payment codes from FamLink.

Family Reconciliation Services (FRS): A voluntary program serving runaway youth and youth in conflict with their families. The program targets youth ages 12-17. FRS use was identified using case assignments in FamLink.

Responsible Living Skills Program (RLSP): A residentially based independent living program. RLSP use was identified using placement service codes in FamLink.

Congregate care: An out-of-home placement in a group home, residential treatment facility, detention facility, or crisis center. Congregate care placements were identified using placement settings in FamLink.

Kinship care: An out-of-home placement with either licensed or unlicensed relative caregivers. Kinship care placements were identified using placement settings in FamLink.

SUPPORT NEEDS

Homelessness or housing instability: Client living situations as identified from an integrated set of indicators from ACES, HMIS, and P1. It includes ACES indicators for homeless without housing, homeless with housing, currently residing in a battered spouse's shelter or emergency shelter, living in an inappropriate living situation, WorkFirst clients who indicate they are homeless, and homelessness indicated in address information. HMIS indicators include receipt of housing services targeting homeless individuals. P1 indicators are from service encounters with a diagnosis code that indicated homelessness at the time of service.

Homelessness: See Homelessness or Housing Instability description above, but this measure excludes the ACES homeless with housing indicator, individuals with an address of “General Delivery,” “Couch Surfing,” or whose reported address was the same as their Community Services Office, and those who only received HMIS transitional housing or homeless prevention services.

No reported earnings: No reported earnings using Employment Security Department (ESD) wage data. ESD wage data does not include income from self-employment, most federal employment, or unreported earnings.

Criminal legal system involvement: Any arrest, conviction, or JR involvement. See descriptions below.

Juvenile Rehabilitation (JR) involvement: Receipt of any JR service prior to age 18. JR services include parole, community placement, institutions, youth camps, dispositional alternatives, and additional services. JR involvement continued past age 18 for some young adults, but counts were less than 11 for all foster care groups by age 21.

Arrest or conviction: ICDB data on arrests or convictions based on arrest data from the Washington State Patrol (WSP) and conviction data from the Administrative Office of the Courts.

Indicated mental health (MH) treatment need: Identified among young adults enrolled in Medicaid for at least one month in the measurement year using diagnoses, prescriptions, and treatment records from P1. MH diagnoses include ICD-9 and ICD-10 diagnosis codes for psychotic disorder, bipolar, depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), and conduct disorder. MH prescriptions include antipsychotic, antimania, antidepressant, antianxiety, or ADHD-filled prescriptions. MH treatment records are derived from P1 using inpatient and outpatient MH services administered by the Washington State Health Care Authority (HCA), including the Division of Behavioral Health and Recovery (DBHR) or Tribal Authorities

Substance use disorder (SUD): Identified among young adults enrolled in Medicaid for at least one month in the measurement year using diagnoses, prescriptions, and treatment records from P1, as well as drug- and alcohol-related arrests from Washington State Patrol. Diagnoses include those related to use of alcohol, amphetamines (including methamphetamine), cocaine and other stimulants, heroin and other opioids (including synthetic opioids), and cannabis. It does not include diagnoses related to tobacco use disorder.

Significant health problems: Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with diagnoses and prescriptions from P1 indicating costly medical conditions. Individuals with costly medical conditions have a risk score above that of the average in the Supplemental Security Income (SSI) population based on a combination of age, gender, diagnosis, and prescription indicators.

Developmental disability: Identified among young adults enrolled in Medicaid for at least one month in the measurement year and an ICD-9 or ICD-10 diagnosis code from P1 that corresponds to a developmental disability (such as developmental coordination disorder, alexia, and dyslexia) or pervasive developmental disability (such as autosomal deletion syndrome and autism).

Suicide or self-harm behavior: Identified among young adults enrolled in Medicaid for at least one month in the measurement year and an ICD-9 or ICD-10 diagnosis code from P1 that corresponds to intentional self-injury (e.g. intentional self-harm by handgun discharge) or self-injury where intent was undetermined (e.g. handgun discharge undetermined intent).

Live birth: Identified among female young adults enrolled in Medicaid for at least one month in the measurement year and an indication of livebirth in P1 based on ICD-9 or ICD-10 diagnosis codes, procedure codes (CPT, HCPCS), and diagnosis-related group codes (DRG).

SERVICE CONNECTIONS

Medical coverage: Medicaid enrollment data were obtained from eligibility codes in ICDB. Disability coverage indicates at least one month of disability-related Medicaid eligibility.

Emergency department visit: Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with medical claim or encounter in P1 for an outpatient emergency department visit.

Inpatient hospitalization: Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with P1 medical claim or encounter for an inpatient hospitalization.

Mental health service: Identified among young adults enrolled in Medicaid for at least one month in the measurement year and with medical claim or encounter in P1 indicating receipt of inpatient or outpatient mental health treatment administered by the Washington State Health Care Authority (HCA), including the Division of Behavioral Health and Recovery (DBHR), or Tribal Authorities.

Substance use service: Identified among young adults enrolled in Medicaid for at least one month in the measurement year and medical claim or encounter in P1 indicating receipt of any of the following through the state-funded behavioral health system: outpatient SUD treatment, inpatient residential SUD treatment, medication for opioid use disorder (buprenorphine, naltrexone, methadone), medication for alcohol use disorder (acamprosate, disulfiram, naltrexone).

Division of Vocational Rehabilitation (DVR) Services: ICDB client data including Vocational Rehabilitation Case Management, Vocational Assessments, Medical and Psychological Services, Support Services, Placement Support, and Training, Education, and Supplies through the Division of Vocational Rehabilitation.

Developmental Disabilities Administration (DDA) Services: ICDB client data on Developmental Disabilities Administration (DDA) services were used to identify youth who either received services through DDA or who received a determination of positive eligibility for DDA services, even if no paid service was received.

Basic Food: Washington’s Supplemental Nutrition Assistance Program (SNAP) and Food Assistance Program for legal immigrants (FAP) that provides food benefits for low-income individuals and families. Recipients are identified in ACES if they were a recipient in a Basic Food assistance unit.

Temporary Assistance to Needy Families: Washington’s cash assistance program for very low-income families with children. TANF recipients are identified in ACES if they were a recipient in a TANF assistance unit.

Housing services: Includes Rapid Re-housing, Permanent Housing, Permanent Supportive Housing, and Transitional Housing as reported in HMIS. Homelessness prevention, Street Outreach, Day Shelter, assessment, and non-housing services are not included because they do not provide actual housing to clients. Safe Haven counts were zero across all populations and time periods.

Emergency shelter: Use of temporary shelter (lodging) for the homeless in general or for specific populations of the homeless as reported in HMIS. Requirements

Independent Living Services (ILS): A voluntary program for young adults ages 15 through 22 who are or were in foster care with DCYF or a tribal court. Services may include daily living skills, educational support, and employment assistance.

Supervised Independent Living (SIL) Placement: A placement option for young adults in DCYF EFC where they live independently in an approved setting and receive a monthly stipend payment. Approved settings may include apartments, dormitories, shared rooms, and other settings.

REFERENCES

Mancuso, D., & Huber, A. (2021). Washington State Health and Human Services Integrated Client Databases. Olympia, WA: DSHS Research and Data Analysis Division. Retrieved from <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-205.pdf>

SOURCES: DSHS Integrated Client Databases (RDA) and FamLink (DCYF).
CONTACT: Barbara Lucenko, DSHS Research and Data Analysis Division, 360.902.0890.

APPENDIX B

SDM Consulting

Extended Foster Care Summary Report

January 2023-June 2023



This summary report is prepared for the Department of Children, Youth, & Families. It includes feedback and learnings from lived experts through the Co-Design Institute, recommendations based on co-design learnings, data analysis from the Extended Foster Care Survey, and a nationwide scan of the Extended Foster Care Program conducted by SDM Consulting.

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Executive Summary:

In 2022, the State Legislature allocated \$200,000 to The Department of Children Youth and Families to do a Systems Assessment of the Extended Foster Care Program. This report is being submitted to satisfy requirements in Section 227 (36) in Washington State's 2022 Supplemental Budget.

(36) \$200,000 of the general fund—state appropriation for fiscal year 2023 is provided solely for the department to contract for a systems assessment of state and federally funded services and benefits for young adults enrolled in or exiting extended foster care and make recommendations to improve the continuum of supports for the extended foster care population to support successful transitions to independent adulthood.

(a) The systems assessment must include, but is not limited to, the following:

(i) A survey of state and federally funded services and benefits, and the utilization of such services and benefits, including but not limited to economic services, housing programs and payment vouchers, independent living programs, educational supports, and access to postsecondary opportunities, including vocational training and placement programs, legal services, navigation assistance, and peer mentoring. The survey must examine how these services and benefits contribute to a continuum of supports for young adults enrolled in extended foster care and those who have exited since September 2021;

(ii) A young adult needs assessment, including collecting data on young adults enrolled in extended foster care and those who have exited since September 2021. The needs assessment must also gauge young adults' awareness of and ability to access the available services and benefits;

(iii) Identification of gaps or redundancies within the existing array of state and federally funded programs serving the extended foster care population;

(iv) Identification of funding sources or programs that could be used to address any gaps in the array of services and benefits available; and

(v) An assessment of the various data systems currently used or capable of being used to report on the young adult population served by the extended foster care program. The data assessment must include a discussion of any system limitations and recommendations to support future data tracking of outcomes for this population.

(b) The department and contractor must engage with state agencies administering relevant programs, contracted organizations serving the extended foster care population, and young adults currently in extended foster care and those who have exited since September 2021 to conduct the systems assessment. A status update must be submitted to the governor and appropriate fiscal and policy committees of the legislature by November 30, 2022. A final report must be submitted to the governor and appropriate fiscal and policy committees by June 30, 2023.

Project Timeline:

[Full EFC Weekly Calendar Link](#)

[EFC Full Notion Project Overview & To-Do List](#)

Month	Activities
January - February	<ul style="list-style-type: none"> ● Participant Recruitment and Info Sessions ● Establish the need for Co-designing EFC ● Establish goals/objectives ● Establish Co-design session timeline ● Begin weekly Co-design sessions (February 13, 2023)
March - April	<ul style="list-style-type: none"> ● Understanding where EFC currently stands, history and timeline of EFC ● Address any gaps in knowledge ● Establish what works and does not work in the EFC program <ul style="list-style-type: none"> ○ Voices of personal experience ● Preliminary design ● Analyze & research national EFC scan ● Recruit and collect Story Project submissions ● Launch EFC Survey
June - July	<ul style="list-style-type: none"> ● Build report from qualitative data ● Finalize recommendations & themes ● Begin monthly Co-design sessions <ul style="list-style-type: none"> ○ Updates/communication

Our Approach:

Literature Review:

SDMC Team conducted a literature review to understand what Extended Foster Care programs assist across the country. This was to gain a better understanding of which states have EFC programs, any other systems assessments that have been conducted and what are the differences between Washington state and what is working for other states.

Story Project:

SDMC conducted a project that enabled lived experts who experienced Extended Foster Care to submit creative works of their own to capture various stories of their lived experiences within child welfare and EFC. We captured these stories in a variety of multimedia formats including drawing, written, poetry, slideshows and video. This was to begin understanding trends on the journey young people take through EFC.

A combination of key learnings from the Extended Foster Care Co-Design Project can be found under “Key Learnings (Pg. 18)”, but the Story Project came with its own themes. Story Project submissions will not be shared publicly in this report but here are some high level findings. Many of these stories were attached to negative feelings, a few submissions used pictures/paintings of dark/sad/melancholy descriptors. Many submissions included the struggle of their journey and where EFC participants were left behind or where they fell through the cracks but also included where their story took a turn for the better. Some described big positive moments in their lives that turned it around such as becoming a parent, being given an opportunity, stabilized housing, getting a job, finishing school, going to therapy, or simply turning inward and rescuing themselves.

We learned that perspective is everything to lived experts. Successful living and successful adulthood is defined by how they see it. As we know, the experience of being in systems of care is traumatizing and many are woven through a dark past but The Story Project showed that many lived experts find light through their journey and are able to thrive once put into the right circumstances.

EFC WA State Survey:

SDMC created EFC survey questions with the support of DCYF and co-design lived experts. This survey was finalized and shared out on Google Forms with the help and distribution of DCYF and many other state providers. This survey is conducted solely to gain input from young people who are currently enrolled or have enrolled in the Extended Foster Care Program in Washington State up to age 24 to further improve the lived experience of future participants. The input is confidential and will be used as discussed material within DCYF only to better the program. Survey takers were compensated with a payment of \$25 for survey completion. Sensitive information such as social security number or banking information (with the exception

of direct deposit option) was not requested. A full layout of the survey questions can be found on pg. 45

Co-design Process:

SDMC Engaged in a Co-Design Process that took place over several months. Co-design is an approach to designing with, not for, people and communities. This approach **amplifies the voices and experiences of the people closest to the needs** addressed through an engagement or initiative. It also **prioritizes relationships, increases trust across all stakeholders, and uses participatory approaches** to ensure the work is guided by those most affected.

Co-design requires sharing power with people with lived experience across the entirety of an engagement or initiative, from determining the focus of exploration, to the design implementation, and evaluation.

Session	Date	Discussion
Info Sessions	Jan 5, 2023	<ul style="list-style-type: none"> An introduction to the entire project for potential participants including the history, the why, how, timeline and what to expect
Session 1	Feb 13, 2023	<ul style="list-style-type: none"> Introduction to EFC Co-design What is co-design and how do we do it? EFC Project Scope & Recap from info session
Session 2	Feb 22, 2023	<ul style="list-style-type: none"> Establish/enact Model of Care- We established our community guidelines within our space as we begin working with each other. The Model of Care includes discussion around these questions: <ul style="list-style-type: none"> What do you need to be present in this space? What does safe look and feel like in the group? How do we want to handle conflict? How do we want to engage in conversation? How do we want to report out to other stakeholder groups? <p>The Model of Care is kept through the entirety of the project and is referenced occasionally with co-designers when needed.</p>

		<ul style="list-style-type: none"> ● Current EFC Program + Bill 5230 ● Review history and current policies of EFC ● Identify any gaps in knowledge of the program
Session 3	Mar 6, 2023	<ul style="list-style-type: none"> ● Present and review gaps in knowledge ● Develop EFC Survey Questions ● The EFC experience (personal) <ul style="list-style-type: none"> ○ This included a discussion that was co-designer led. Participants discussed similarities and differences in barriers and experiences while in EFC.
Session 4	Mar 15, 2023	<ul style="list-style-type: none"> ● EFC Survey Questions Cont. ● Journey Mapping <ul style="list-style-type: none"> ○ Journey Mapping is a personal project that participants used to map out their journey in child welfare, specifically in EFC and post EFC. This showed many themes between EFC participants and their experiences.
Session 5	Mar 22, 2023	<ul style="list-style-type: none"> ● EFC Survey Questions Cont. & Finalized ● Presentation of Journey Maps
Session 6	Mar 30, 2023	<ul style="list-style-type: none"> ● Activity - "How many people were involved in your EFC care and transitioning adulthood?" <ul style="list-style-type: none"> ○ Benefits/challenges of having multiple people involved ○ What would you have changed? ○ In this activity we used Jamboard to separate into breakout rooms in order to have smaller intentional discussion. ● Intro to crafting a Mission and Vision statement ● Introducing the Story Project
Session 7	Apr 3, 2023	<ul style="list-style-type: none"> ● Medical coverage/assistance for EFC Participants with dependents. "What did that look like for you and were there any barriers?" <ul style="list-style-type: none"> ○ This took place as an open discussion

		<ul style="list-style-type: none"> ● Intro into drafting a Mission/Vision statement ● Intro to understanding data <ul style="list-style-type: none"> ○ This included a data definitions list and a “How to Understand Data” Youtube Video
Session 8	Apr 10, 2023	<ul style="list-style-type: none"> ● Draft Mission/Vision statement ● RDA Measurements breakdown in understanding
Session 9	Apr 17, 2023	<ul style="list-style-type: none"> ● RDA presentation by DSHS ● P4C presentation by Partners for Our Children
Session 10	May 8, 2023	<ul style="list-style-type: none"> ● Open review and discussion based on RDA and P4C’s presentation ● Presentation of the EFC Survey Data
Session 11	May 31, 2023	<ul style="list-style-type: none"> ● EFC Co-design Recap Survey ● Presentation of collected themes from the project and receiving additional/last input from co-designers
Session 12	Jun 5, 2023	<ul style="list-style-type: none"> ● EFC Co-design Recap survey
Session 13	Jun 12, 2023	<ul style="list-style-type: none"> ● The EFC recap survey was intended for us to receive constructive feedback from co-designers on how we can make the process better for them in the future. Through this survey we also collected what co-designers would like to review or retouch from the entirety of the project. This mainly included resource navigation and shared paid opportunities for lived experts. ● Updates and what’s next for EFC Co-Design? <ul style="list-style-type: none"> ○ We shared with co-designers that we will now be meeting monthly to review any updates or changes that have been made to the project

Extended Foster Care Data Collection & Analysis

Introduction

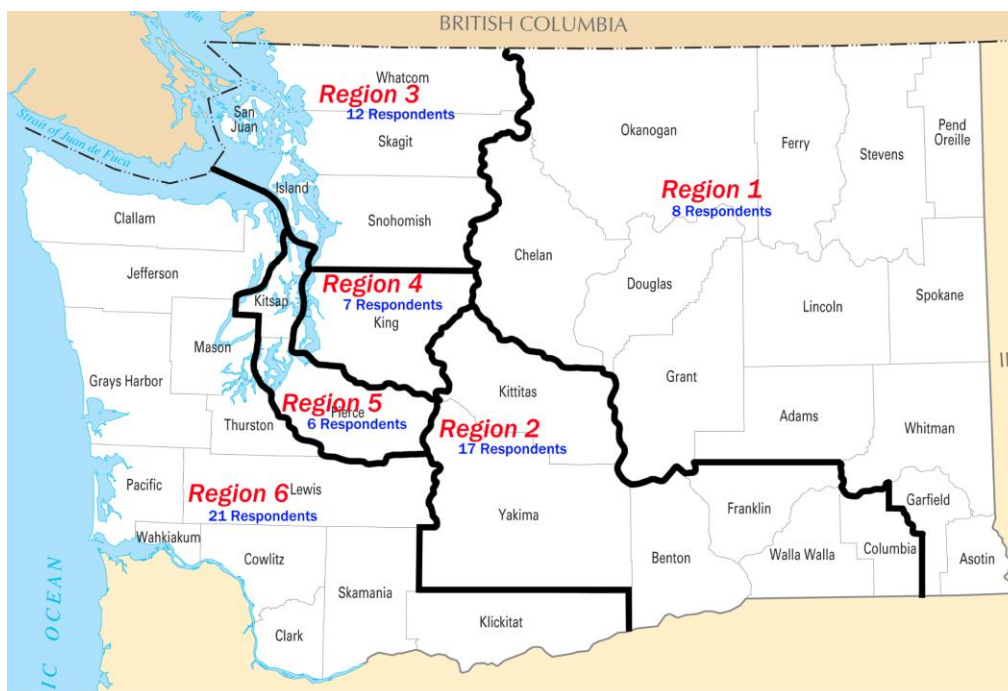
In a survey conducted by SDMC, previous and current Extended Foster Care (EFC) enrollees had the opportunity to share their experiences. What follows is a review of the survey responses by SDMC staff.

Zip Codes

Respondents were asked to identify where they experienced the EFC program and placement in Washington State. To illustrate the responses, we have grouped their responses in providing their addresses and zip codes into six different regions across Washington. These regions include the East, the Southeast, the North Sound, Seattle, the South Sound, and the Southwest. Each region constitutes multiple counties, save for one. All regions have either relatively similar population bases or geographic similarity. Each individual zip code provided was noted and added to a cumulative final count per each region. Multiple survey respondents identified that they were moved numerous times within and without the state. Six respondents noted that they were within different regions during this time. Because of this difference, they were included in the final count as separate experiences of while in the EFC program under different regions.

Total Number of Respondents in Washington State Regions

Region	Counties	Count
Region 1 - East	Adams, Asotin, Chelan, Douglas, Grant, Ferry, Garfield, Lincoln, Okanogan, Pend d'Oreille, Spokane, Stevens, and Whitman	8
Region 2 - Southeast	Benton, Columbia, Franklin, Kittitas, Walla Walla, and Yakima	17
Region 3 - North Sound	Island, Skagit, Snohomish, San Juan, and Whatcom	12
Region 4 - Seattle	King	7
Region 5 - South Sound	Pierce and Kitsap	6
Region 6 - Southwest	Clark, Clallam, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum	21



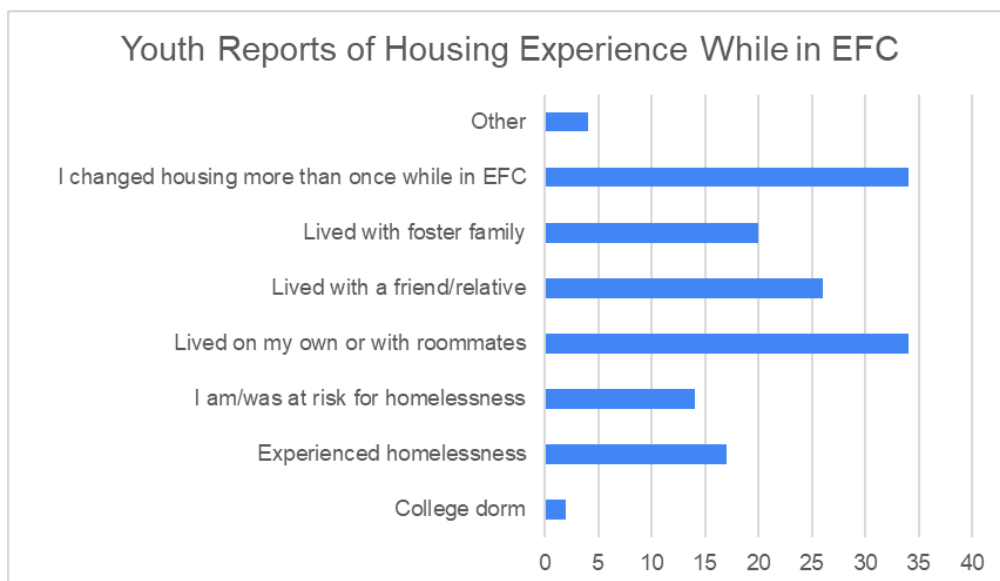
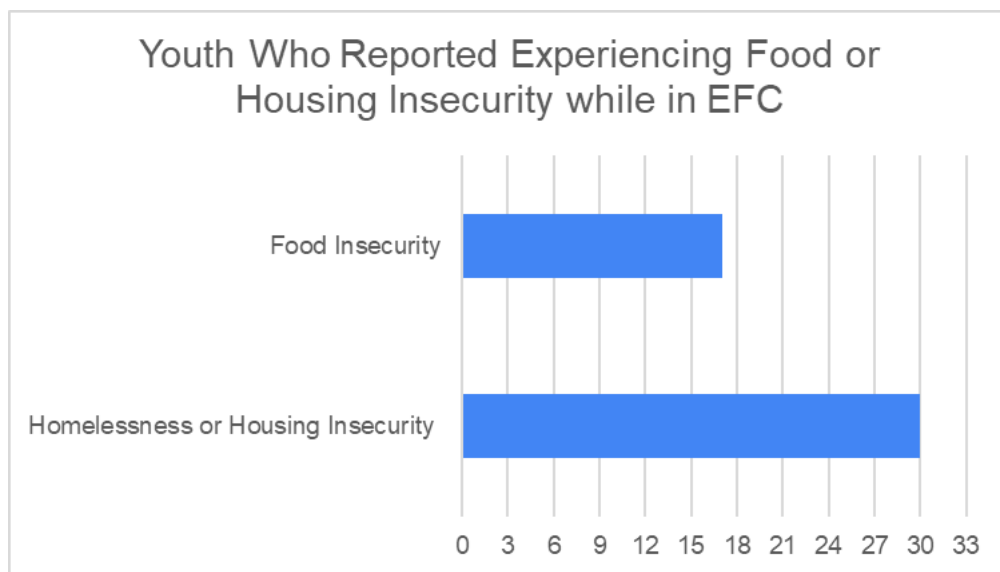
Gaps in Services

Participants were asked questions about their experiences with the services provided while they were in EFC. Alternatively, they were asked whether they were receiving services through the EFC program itself or through adjacent services.

Respondents were asked what they knew about the services that were made available for young adults in EFC or transitioning out of care. A large majority, 54 out of 63 or 85.71%, responded that they were aware of housing support services provided through EFC. More than half, 39 out of 63, or 61.90%, were aware of food services provided through EFC. A similar proportion, 38 of 63, or 60.31%, were aware of the financial support services offered through EFC. Slightly more, 42 of 63 or 66.67%, knew about the educational support services provided through EFC. Six respondents, or 9.52% expressed that they did not know anything about the services that were made available for young adults in EFC or transitioning out of care. Three of the six were BIPOC, and all either entered EFC at age 17 or 18. Of the 63 respondents, 41 of them, or 65.08%, accessed these services while they were in EFC. Even some that were aware of the services provided did not use the services that were available to them.

Respondents were also asked what they experienced while they were in EFC: housing insecurity or homelessness; food insecurity; mental health or the behavioral health system; or the juvenile rehabilitation or detention systems. Sixteen of the 63 respondents, or 25.3%, did not experience housing insecurity or homelessness, food insecurity, mental health or the behavioral health system, or the juvenile rehabilitation or detention systems. 74.6% experienced at least one of

these. In particular, 17 of 63 (26.98%) experienced food insecurity, and 30 of 63 (47.62%) experienced homelessness or housing insecurity. For those who experienced homelessness or housing insecurity, 17 of the 30 (56.67%) were homeless.

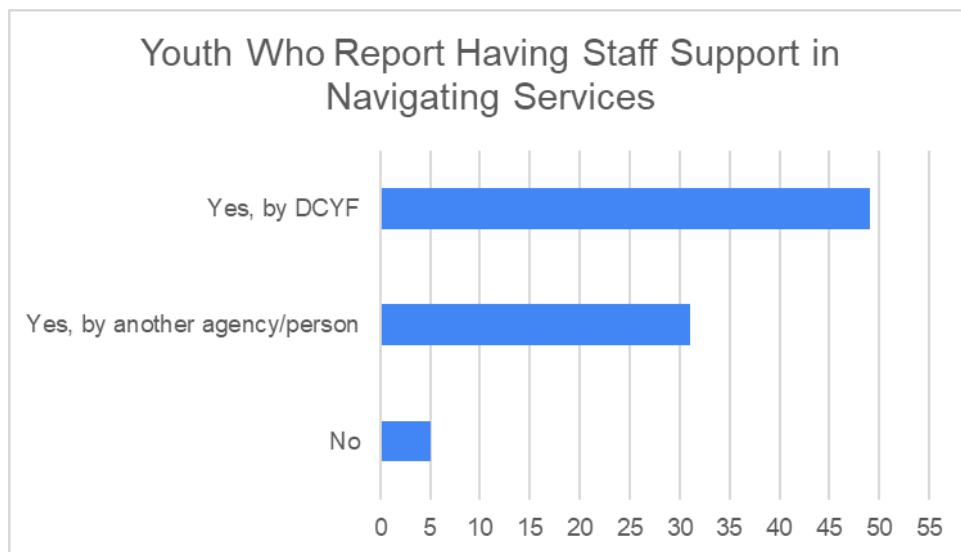


Help Through Services

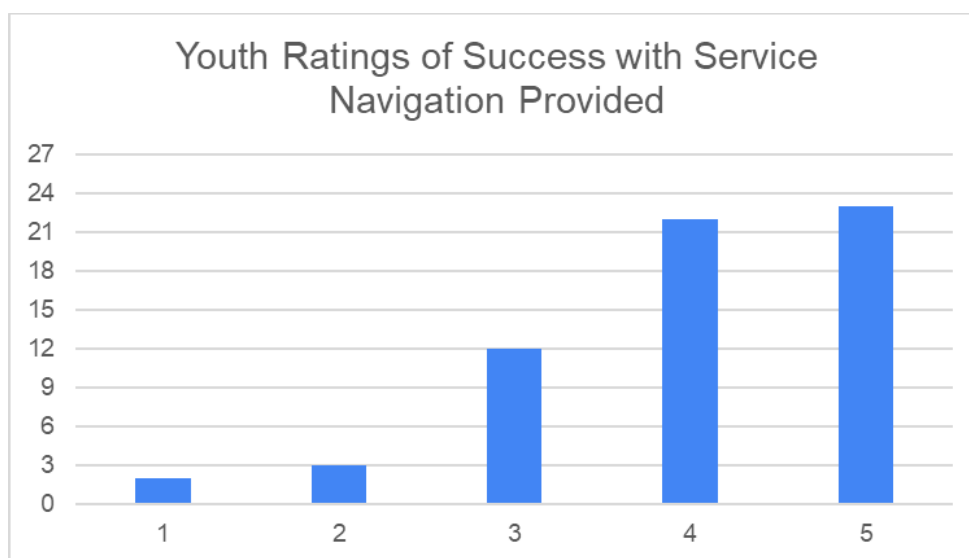
Survey participants were asked whether they were helped through navigating the services and if so, by who. Here we were interested in finding out whether navigation was successful and aided to ensure EFC participants were getting the services they needed for their situations.

Interestingly, there was some overlap in where they received help. A majority of participants, 49 of 63 (77.78%), indicated that they were helped by a staff member of the Department of

Children, Youth, and Families (DCYF). However, there are also those who received help outside of DCYF, 31 of 63 (49.21%). This means that there were respondents receiving assistance in navigating EFC's services with both the help of DCYF and another source. Of those 31 who were helped by others to navigate, Independent Living Services made up 13 of the 31 (41.94%), and Treehouse made up 8 of 31 (25.81%), and 5 of 31 (16.13%) were helped by Catholic charities.

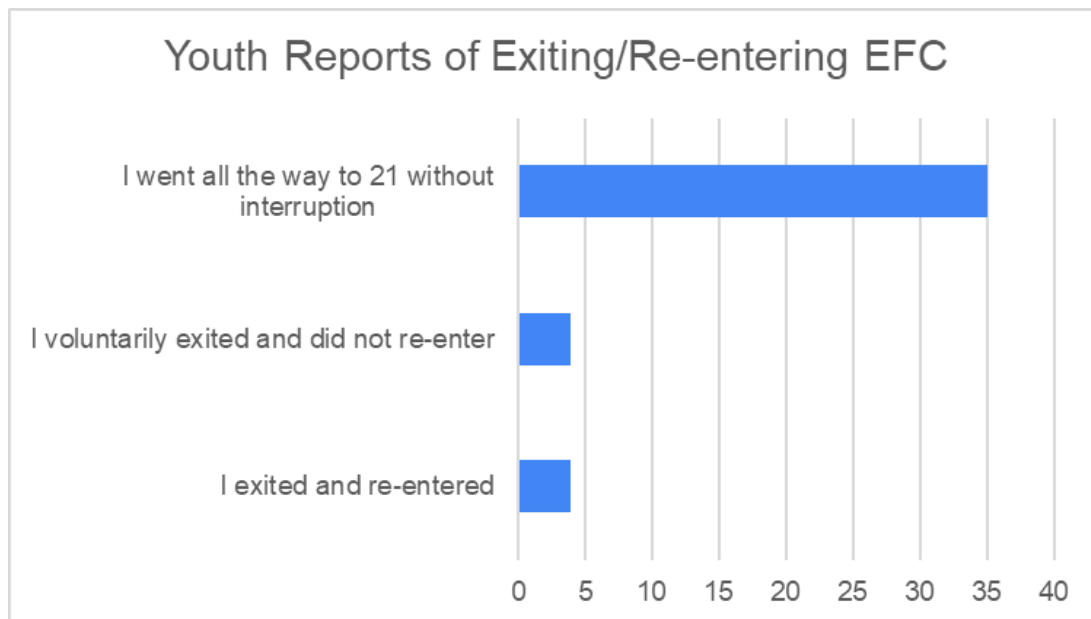


A majority of the respondents responded that they were satisfied with their experience – 45 of 63 (71.43%). 23 of the members rated their experience in navigation 5/5, while 22 rated their experience 4/5.

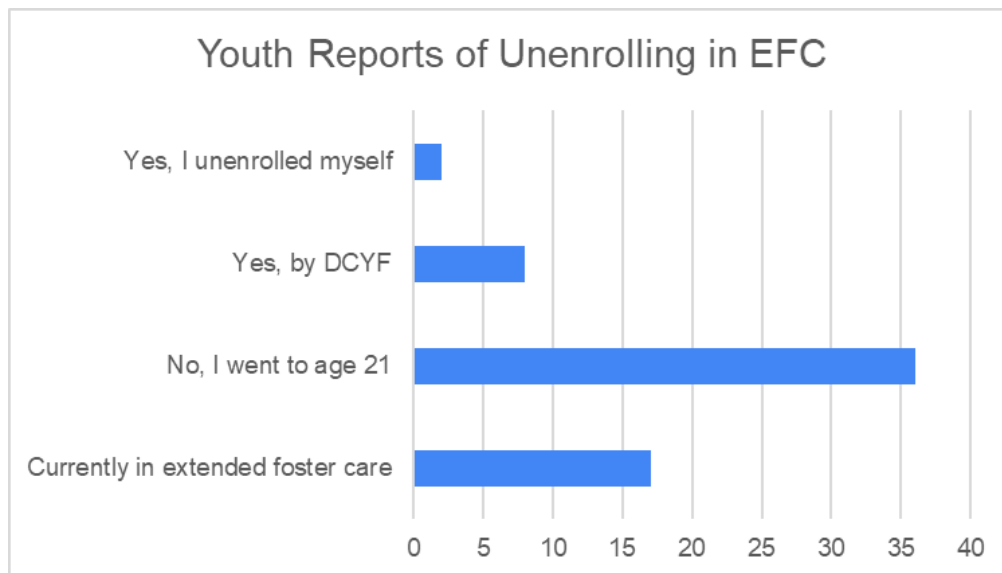


Entering and Exiting EFC

Survey participants were asked to identify how they initiated their experience with EFC. They were asked whether they were voluntarily opting into EFC, or if they stopped using EFC services partway through. Thirty-five of the respondents (55.56%) went through all the years of EFC without interruption. Meanwhile, 4 respondents exited and did not return to EFC and 4 exited and later re-entered EFC. 20 respondents indicated that none of these descriptions matched their experience with EFC. Some indicated that they were still in EFC - at least 17.

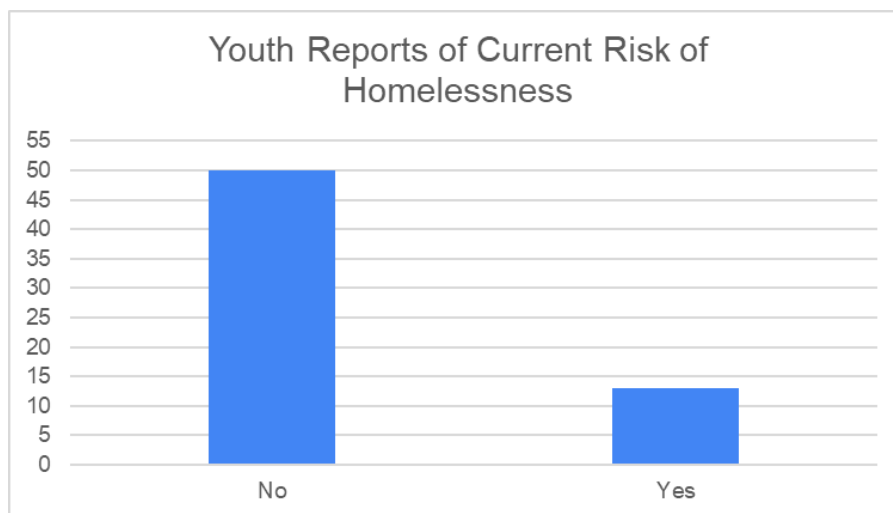


Participants were also asked if they were assisted in unenrolling with EFC. While a majority were enrolled until they were age 21, 8 respondents indicated that they were unenrolled by a DCYF staff member, and 2 indicated that they unenrolled themselves.

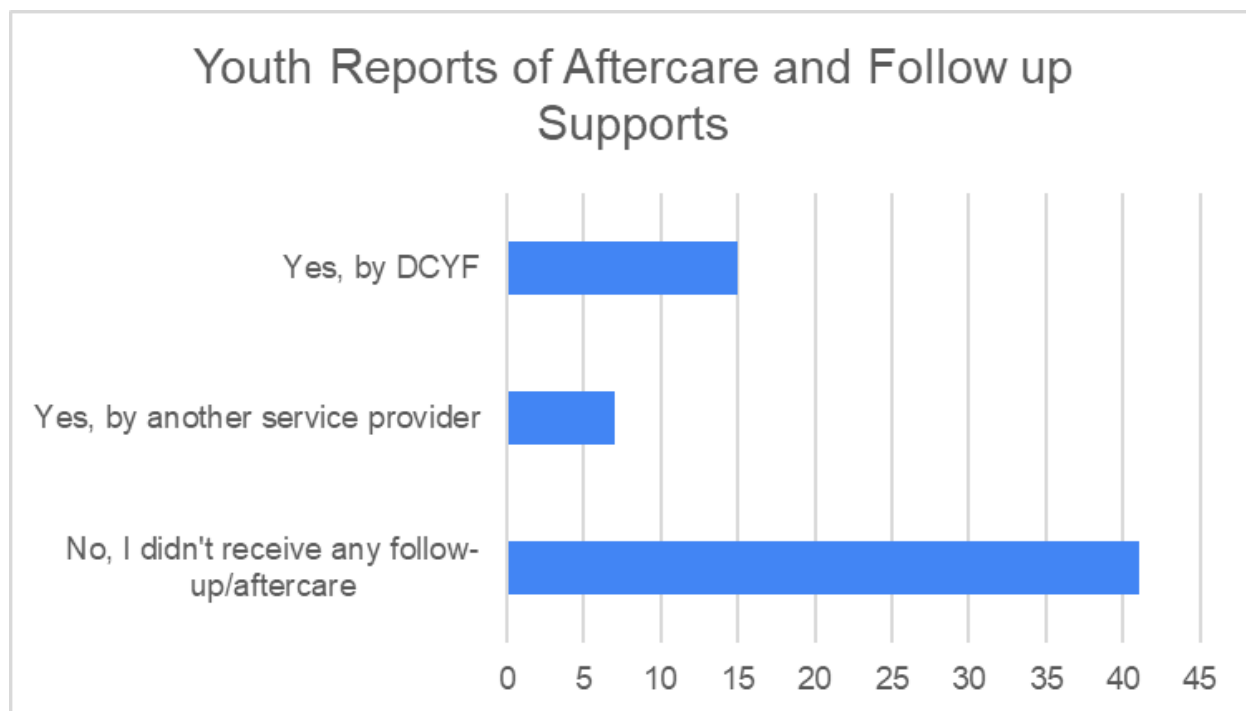


Post-EFC Experiences

Participants were asked to identify whether they were at risk for homelessness as they took the survey, after their EFC experience. A vast majority of respondents – 50 of 63 (79.37%) – indicated that they were not at risk for homelessness, with 13 respondents (20.63%) indicating they were at risk of homelessness.



Meanwhile, there are those who received supports from other services, most, 41 of 63 (65%), have not received any follow-up or aftercare. Of the 22 that did receive follow-up or aftercare, 15 were from DCYF. For the 7 respondents that received aftercare from another service provider, their providers were either Independent Living Services (5), Treehouse (3), Volunteers of America (1), Youthnet (1), Casey Families (1), and a lawyer (1).



Overall Experiences in EFC

The survey asked for participants to briefly describe their overall experience with participating in EFC and to describe any additional barriers or support they had. This gave participants the chance to directly talk about their experiences in a narrativized, open format. Of the 63 responses, 43 (68.25%) shared their overall experience with participating in EFC. Common themes broadly fell into four initial categories and their respective antitheses: food security, financial security, housing security, and support. These were then mirrored to reflect negative experiences voiced by respondents, adding the following categories: food insecurity, financial insecurity, housing insecurity, and neglect. As analysis of the survey answers continued an additional categories were added to reflect the responses: hope and hopelessness. Senses of either hope or hopelessness were present in the survey results that needed to be uniquely reflected in the results.

Overall, the survey results indicate a positive experience in EFC. Of the 43 who shared their experience, 26 (or 60.46%) of them indicated their experiences were positive. Eighteen survey-takers indicated that they had received support, either from their case worker, a therapist, or a social worker they accessed during their time in EFC. However, when EFC fails in serving its youth, it can lead to significant hardship and dire consequences for those participating. One respondent indicated that while their experience was stressful, it was an overall positive. An overall sense of wanting EFC to do more for its participants. Participants were overall satisfied with the security the EFC program provided, however, there were still major gaps for many. Seven respondents alluded to either housing insecurity or homelessness. These gaps included failures of communication and neglect from staff and case workers unable to directly address

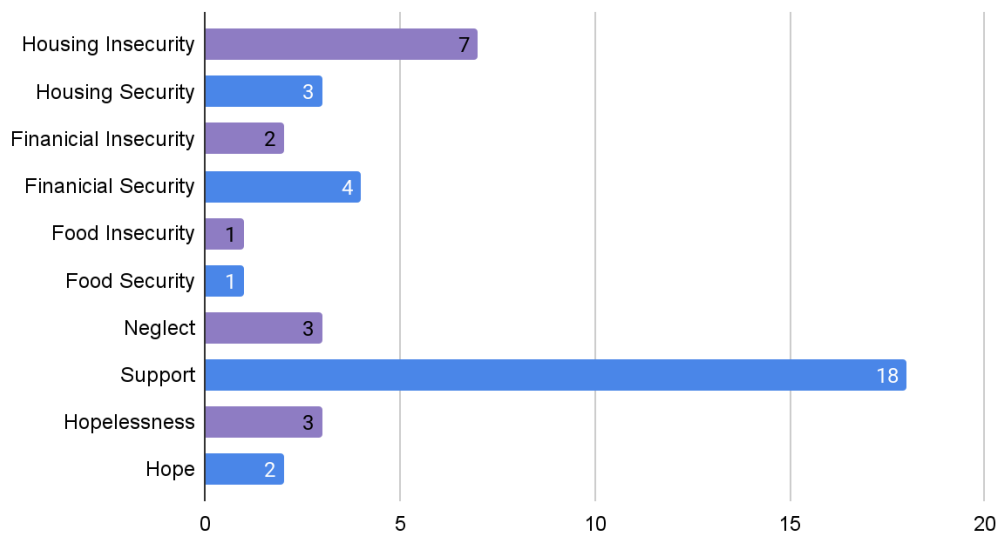
foster youth's needs. Extreme negative experiences included the feelings of hopelessness and even suicide, as though their lives would never amount to anything.

A major theme from those exiting EFC was the indication that they were not as ready as they could have been once they left. Many indicated that they were in need of additional support from the program or adjacent sources. While many expressed gratitude or a positive experience, participants with negative experiences expressed instability and insufficient preparation for adult life.

Common Themes from EFC

Themes	Count
Housing Insecurity	7
Housing Security	3
Financial Insecurity	2
Financial Security	4
Food Insecurity	1
Food Security	1
Neglect	3
Support	18
Hopelessness	3
Hope	2

Common Themes in EFC Experience Responses



Key Learnings:

Includes key learnings based off of co-design, survey results, journey mapping and story project

Case management & Communication

Participants have many system professionals involved in their life (varies between 4-10). This includes social workers, EFC workers, mental health therapists, school counselors, Passport & ETV workers, ILS/transitions case managers, and other housing professionals. This creates confusion and frustration between participants. They have expressed having multiple people is helpful for direction and information, but many of the individuals involved in care have overlapping jobs/tasks/responsibilities and lack proper communication channels. A lack of capacity for system providers/social workers creates an effect of responsibility crossover and social workers take on job tasks they were not initially intended to do. Also, not having an established program model specific to EFC social workers leaves young adults with limited knowledge of the services their EFC social worker is *actually* required to provide.

Quote:

- "I had to meet with my SW at least 1x/mo. I didn't feel like I got the support I needed. I didn't feel comfortable talking with my SW but I had to every month in which it felt like she was only giving me unsolicited advice/suggestions."
- "It would be super helpful if we could sit down and map out a plan before exiting EFC or independent living program"

Understanding and Integration of Adolescent Development'

Many participants expressed throughout the project that they felt misunderstood by their social worker, other professionals but also by themselves. There seems to be a notable gap in communication between parties involved. Co-design participants felt that the acknowledgement of their differences between youth involved in systems of care and young people of "normalcy" should be distinctly recognized.

Barriers and issues with payments

Participants needed to move a lot due to not being able to afford housing which inadvertently delayed payments. Participants felt they were being punished by the system as a result of constant housing instability. It was often not known when to expect funds and participants noted a lack of communication regarding when to look out for payments or if disbursements were behind. Participants quickly identified an EFC stipend plus having a full time job would not be sufficient to cover the high cost of living in Washington state - additionally participants

expressed their location of residence in the state is not considered with the cost of living (metropolitan vs. rural).

Some participants voiced the EFC stipend was sufficient enough to cover their cost of living expenses but they were not prepared enough financially when transitioning out of EFC, making it difficult to navigate life with significantly less resources. Many participants had to choose between going to school full time or working full time in order to receive benefits; there is huge difficulty in attending school full time *and* working a full time schedule with the lack of familial support as is - but it should be noted some benefits are only available if you have a full-time school schedule, although the benefit received for full time students is not enough to cover living expenses.

Quotes:

- "I was in the process of changing my name, and that was difficult without the help to navigate that. I was in EFC when I started the process of changing my name but my SW never followed up with me although she said she would. But I was reassured I would be helped through it and continuously wasn't. This delayed payments and the process of changing my name."
- "Bills would be due before I got the EFC money so I was racked with late fees and could never stay caught up on late fees on top of the original bill. It was a never ending cycle."

Resources

Participants are informed by social workers that an EFC stipend is not considered income until it is. There is no clear information on which services/programs/resources consider an EFC stipend as income; for example, HUD considers an EFC stipend as viable income. Even though many resources don't include an EFC stipend as "income", participants indicate they still have to choose between resources or risk losing the stipend. Many have to choose between housing resources even though only having one resource on its own was not enough. Lists of accessible and available resources are limited and EFC social workers do not readily have the information needed to give young people. Participants are unable to find out about resources until it's too late, often they reach a crisis (that may have been preventable) or they learn of the resource when they surpass the age qualification.

Housing

Participants have expressed there is more focus on the immediate, short-term (shelter, short term housing programs, dorms, age/income restricted housing) housing, but not on a long-term housing solution. Participants expressed a need for access to permanent/long term housing in areas that are stable and safe, outside of subsidized housing or low-income, in which the participant can choose where they want to live. Participants are also advocating for a longer stay in EFC; increasing the age limit. Participants feel that once they are able to come out of "survival" mode and establish a foundation for a sense of self identity and to create stability in

their lives, they are suddenly at the age of exiting care. There is a feeling of being lost on resources and support after aging out of foster care, which is where most have found themselves homeless or nearly homeless.

Quotes:

- “I wish my social worker, while I was homeless, provided me with more services from DCYF. I was told to go to a youth shelter when I needed housing for a safe return for my son.”

Overall Program Involvement

Varying schedules of service provider and participant made communication and scheduling meetings difficult. Participants want the flexibility and option to decide when/where/how long they should meet as well as determining what needs to be discussed/addressed; coordinating around the schedule of the participant to ensure their success. Many participants had to engage in self advocacy, which may have caused tension and power struggles between social workers and participants; which may inadvertently cause some participants to opt out because their desired needs are not met.

Lived Expert Oversight and Advisory

Co-design participants were especially thankful for the opportunity of co-design for Extended Foster Care. Some expressed that they have way more input and insight that can be utilized for the program. They stood by the understanding that a program made *for* them should also include them in the making and betterment of the program.

Recommendations Based on Key Learnings:

Case management & Communication

- It is recommended that the Extended Foster Care participant gets to establish what best practices are for communication between them and their EFC social worker within a reasonable timeline of expectations that is discussed when a participant enters the EFC Program or is established with a new EFC social worker.
- It is recommended that EFC participants may be allowed to request cross communication between EFC social workers and other system professionals to provide more efficient communication channels that may resolve gaps in knowledge and remove barriers that could turn into crises.
- It is recommended that participants be given the flexibility and option to decide when/where/how long they should meet as well as determining what needs to be discussed/addressed; coordinating around the schedule of the participant to ensure their success. Many participants had to engage in self advocacy, which may have caused tension and power struggles between social workers and participants; which may

inadvertently cause some participants to opt out because their desired needs are not met.

- Additionally, it is recommended that EFC participants be introduced to an EFC Program Model upon entry that helps them best navigate the EFC Program and transitioning adulthood successfully.

Understanding and Integration of Adolescent Development

- It is recommended that DCYF and other providing agencies who work directly with young adults familiarize themselves with adolescent development and the impact of trauma on young people who have experienced systems of care, specifically through The Center for the Study of Social Policy's Youth Thrive and Youth Thrive for Youth Training., which is currently in alignment with DCYF's other work doing Families Thrive.

Barriers and issues with payments

- It is recommended that EFC participants are given an explicit breakdown of their housing options and how they can remain in line with EFC housing policies. This should also include steps of what the EFC participant should provide and within what timeline they should inform their EFC social worker of a move or expected move as to not delay needed payments.
- It is recommended that EFC participants are provided with consistent updates regarding their EFC payment. This includes where the participant can expect to receive the check, confirmation that the check was sent with a date attached, when to expect to receive the payment, if there are any possible delays and who to contact other than their social worker if there are delays or questions regarding payment.
- It is recommended that the cost of living in Washington State be considered in EFC payments - additionally if the participants reside in a metropolitan or rural area.
- It is recommended that EFC participants be equipped and prepared with transitioning out of EFC with sufficient resources and follow up case management to ensure the participant does not fall into crises such as homelessness.

Resources

- It is recommended that participants are equipped with a collection of resources that do not require the participant to choose between EFC services and another service

Housing

- It is recommended that participants create an extensive housing action plan with their social worker with a multitude of alternative plans that lead to long term housing solutions.
- It is recommended that participants create an action plan for emergencies in case of sudden housing instability

Overall Program Involvement

- It is recommended that the EFC age limit be increased. Participants feel that once they are able to come out of “survival” mode and establish a foundation for a sense of stability in their lives, they are suddenly at the age of exiting care and are not yet ready to self-sustain. There is a feeling of being lost on resources and support after aging out of foster care, which is where most have found themselves homeless or nearly homeless. If the EFC stipend cannot go past 21 years of age, there is a recommendation that participants may be allowed to stay in EFC for case management and other services until 23 to continue receiving support.

Lived Expert Oversight and Advisory

- It is recommended that there be a program model created for Extended Foster Care with the oversight and support of co-design through lived experts.
- It is recommended that there be a Lived Expert Oversight & Advisory board for EFC to ensure best practices

EFC Mission and Vision Statement:

A recommendation given to us by lived experts.

As it stands, there is currently not a Mission or Vision statement for the Washington State Department of Children, Youth, & Families Extended Foster Care program. Creating a foundation for the services being provided, as well as illustrating how that foundation evolves is the first step in demonstrating an organization's commitment and standards.

Co-designers examined the following:

- What is a mission/vision statement
 - Mission: what you are accomplishing currently
 - Vision: what you want to accomplish in the future
- Personal experiences of EFC
- Personal mission/vision statements
 - What do you value
 - What are your goals
- What should a mission/vision statement look like for EFC

A spirited discussion revealed common themes:

- Receiving supportive and empathetic care
- Being valued as an individual
- Having the tools necessary for success in transitions
- Building trust and positive relationships to help young adults feel safe

Co-designers explored each element of their common themes, focusing on the definition of ‘trust’ and what ‘trust’ should look like from staff who are supporting young adults:

- Having confidence; in the program being administered and the supports being received
- Committed to being present for the young adult
- Having open two way communication

They also pointed out the importance of EFC staff having a strong sense of empathy. Of note, upon learning there was not a dedicated EFC program model, Co-designers expressed understanding the shortcomings of their social workers. However they made it clear training is not needed to have a general foundation for connecting to others in this field of work. At a minimum, Co-designers would like EFC support staff to exhibit a sense of empathy and connectedness for positive social interactions. Co-designers were also explicit regarding proper communication between system staff and participants.

Quotes:

"My 1st social worker did not show up when I needed assistance with paperwork and court updates. I was really worried."

"With my 3rd and last one (*social worker*), they answered texts and communicated via emails a lot which put a stop to my anxiety."

Utilizing these common themes and definitions, Co-designers were tasked with developing a strong and ethical Mission and Vision statement reflective of their values, goals, and objectives for EFC participants resulting in the following:

Mission

Building trust and providing the tools for success through supportive and positive relationships, focusing on the safety and value of our individual young people.

Vision

Empower young adults to achieve their personal goals - through positive support, utilizing available resources enabling young adults to live independent and fulfilling lives.

Implementing the above Mission and Vision statements from Co-designers helps build and plan a meaningful program and provides intentional purpose for participants.

Limitations and Challenges

- **Sample size of EFC Survey**-- It is to be noted that the sample size of the EFC survey was 63 survey takers. It can be difficult to find significant relationships from the data, as statistical tests normally require a larger sample size to ensure a representative distribution of the population and to be considered representative of groups of people to whom results will be generalized or transferred. But note that sample size is generally less relevant in qualitative research if explained in the context of the research problem. The sample size is due to the EFC survey targeting a very niche population in Washington State.
- **Lack of available and/or updated data** -- In regards to our EFC literature review and national scan a lack of updated data limited the scope of our analysis, and made finding trends and meaningful relationships more difficult. However, this displays a need for future research based on designing a different method for gathering data on Extended Foster Care and measuring principles on what a successful transition out of systems of care looks like.
- **Measure used to collect the data** -- After completing our interpretation of the findings, we discovered that the way in which we gathered data inhibited our ability to conduct a thorough analysis of the results. For example, young people in systems of care have a multitude of limitations and barriers that were not specifically addressed in our survey and, in retrospect, could not have been addressed in our survey due to the nature of life in “the system”. We acknowledge the deficiency and understand that future research must be a specific method of working with lived experts based on their individual stories and experiences.
- **Self-reported data & findings** -- Self-reported data has its limitations by the fact that it rarely can be independently verified. In other words, you have to take the accuracy of what people say, whether in interviews, focus groups, or on surveys, at face value. However, self-reported data can contain several potential sources of bias that you should be alert to and note as limitations. These biases become apparent if they are incongruent with data from other sources. These are: (1) **selective memory** [remembering or not remembering experiences or events that occurred at some point in the past]; (2) **telescoping** [recalling events that occurred at one time as if they occurred at another time]; (3) **attribution** [the act of attributing positive events and outcomes to one's own agency, but attributing negative events and outcomes to external forces]; and, (4) **exaggeration** [the act of representing outcomes or embellishing events as more significant than is actually suggested from other data].
- **Fluency in language** -- This deficiency should be acknowledged as there is possibility of fluency of language in communication within co-design groups, focus groups, or in the EFC survey which can contribute to a lack of understanding.

Deliverables per contract between DCYF & SDMC:

- Extended Foster Care System Assessment
 - Young Adult Needs Assessment Component - Stipend \$50 per focus group.
 - Recruit lived experts for 4 focus groups of approximately 10-15 people (note, participants must be representative of age, gender, race/ethnicity, and region of residence/service).
 - Partner with AP Program Manager to develop focus group questions.
 - Co-Facilitate groups giving input on:
 - Assessment of developmentally appropriate program components that are needed or desired.
 - Survey of young adults' knowledge of state and community services and how to access transitional living.).
 - Experience with DCYF (solution-oriented, no bashing) - what's it like to go to court, to talk to social worker, level of engagement desired with social worker.
 - Provide a written qualitative analysis of data collected during the meetings.
 - Ensure participants have an opportunity to share any currently unmet needs and refer needs to AP program manager to facilitate resolution.\
 - Co-Facilitate a meeting with participants to review the report, conclusions and recommendations before it is submitted to DCYF Government Affairs team for internal review; and Utilize contract funds to pay stipends to participants.
 - EFC Participant Story Project - Stipend \$50 per story.
 - Young adults currently enrolled in EFC as well as those aging out by June 30, 2023 will be invited to participate in an EFC Story Project, where they can write their story in their words.
- ii. Utilize contract funds to pay stipends to participants when stories are submitted.
- iii. Develop opportunities for ongoing engagement in EFC advisory capacity.
- iv. Where applicable, EFC young adults may participate in both IL and EFC focus groups, which could be scheduled back to back.

Appendix A

EFC Literature Review & National Scan

STATEMENT OF PURPOSE

The intent of this report is to deliver a synopsis of the current state of EFC programs across the country. This is a review of which states have EFC programs, whether those states or community partners have conducted studies on the efficacy of those programs, and determining whether SDM Consulting can replicate the work done in Washington state (that being assessing EFC programs and outcomes, providing recommendations, and implementing recommendations) in other states. Have other states had in-depth, landscape analyses conducted, and how did they collect assessments? Were youth assessments involved?

SUMMARY OF EFC ACROSS THE U.S.

Extended Foster Care (EFC) Programs¹ are spread across the United States. The most recent data, provided by the Washington State Institute for Public Policy (WSIPP), reveals that as of 2020, Oklahoma is the only state to not have an EFC program that extends foster care past the age of 18 or offers an equivalent service.² However, the degrees of which each state extends the EFC services varies, and criteria for the services offered also depend on the state's focus on the program and their funding. There are also differences in the source of funding, with only 29 states as of 2020 using federal foster care funds for their EFC from Title IV-E of the Social Security Act (SSA).

Alaska, for example, has extended their foster care benefits to fostered young adults until the age of 21, and offer transition programs until the age of 23.³ Comparatively, Alabama's transitional programs are available through the ages of 18 to 20, and place an

¹ Defined using the Government Accountability Office's (GAO) description of extended foster care, being "Extended-care states are states (including the District of Columbia) that have been approved by the Department of Health and Human Services to extend foster care to youth ages 18 to 21 under title IV-E of the Social Security Act." Under this definition, nearly all fifty states have some extended foster care program funded by IV-E. Oklahoma is the only one to not.

² Washington State Institute for Public Policy, *Extended Foster Care in Washington State: Final Report* (Olympia: Washington State Institute for Public Policy, 2020), 8. Retrieved from [Wsipp Extended-Foster-Care-in-Washington-State-Final-Report_Report.pdf](#). See footnote 25 and Exhibit 2.

³ As per Alaska Stat. §§ 47.18.300; 47.18.320; Admin. Code Tit. 7, § 53.350.

emphasis on reducing the dependence of childhood care to living independently as an adult is a process requiring a decrease in adult supervision.⁴ The generosity of the programs is reliant on state statutes that provide for extended care or independent living options for youth. Four states (Nevada, Utah, New Hampshire, and Vermont) permit all youth to remain in foster care until the age of 21, while six states (Alaska, Missouri, Idaho, Wyoming, Mississippi, and Kentucky) have unique criteria for entering EFC. Seven states (Montana, South Dakota, Iowa, Kansas, Wisconsin, and Louisiana) only allow for a foster youth to remain in EFC to obtain a high school education or equivalent.

EFFICACY OF EFC

EFC's efficacy is dependent on the services it offers within the state in question. While there is a bare minimum provided under Title IV-E, additional expansions vary between states and therefore vary in the programs' overall effectiveness. Yet the consensus is quite clear: greater support provided through EFC programs better prepares youth for adulthood through preparation, social development, and education. The imperative is to ensure that youth and young adults touched by the foster care system are given the tools they would otherwise not have once they come of age and even beyond.

A CSU San Bernardino thesis in 2016⁵ believed California's EFC Program, CalYOUTH, was successful in its early phases. In fostering independence, participants in EFC reported higher ability of independent living, caring for themselves, and living alone. A slim majority showed competence in filling out apartment applications, where to find low-income housing, emergency utility assistance, as well as knowing their tenant rights and responsibilities.⁶ However the findings are marred by a small sample size and limited supporting research. An in-depth study into California's EFC conducted by the University of Chicago's Chapin Hall provides results for the effects of California's CalYOUTH program that tracked foster youth from ages 17 through 23. By 2020, nearly 25% of foster youth reported being homeless due to unstable housing since previous interviews,⁷ with a reduction to 17.5% if youth stay in extended foster care. The Chapin Hall study questioned whether reducing or abruptly cutting benefits at age 21 was the best course of action in the instance of CalYOUTH, given the benefits foster youth have from within the programs and services. EFC provides a greater chance for them to

⁴ As per Alabama Admin. Code r. 660-5-48-.04; 660-5-51-.02; 660-5-51-.03

⁵ Retrieved from <https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=1489&context=etd>.

⁶ Krystal L. Walker, "The Effectiveness of Extended Foster Care in Preparing Young Adults for Self-Sufficiency" (2016). Electronic Theses, Projects, and Dissertations. 29-31. <https://scholarworks.lib.csusb.edu/etd/433>.

⁷ Available at https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf, pages 18-19.

complete their high school degree, enroll in college, pay for college using the Chafee Educational Training Vouchers, be employed, and have better self-reported health overall.⁸ To remove these benefits would be throwing them into the deep end of the ocean without a life saver.

Reports outside of the California system suggest similar benefits. Washington's WSIPP reported in 2020 that there were significant reductions in homelessness, increased employment and earnings, and increased high school graduation and post-secondary enrollment.⁹ ChildTrends offers a broader examination of the EFC system, pointing out there is a reduction in unintended youth pregnancies, greater chances of employment through preparation, better educational attainment, and a benefit overall. Notably, reasons for older youth going back into the foster care system through EFC is mostly due to neglect or behavioral problems that hold them back.¹⁰ In short, extending foster care provides a greater chance for stability and resources for foster youth. Foster youth, not having the same opportunities due to insatiable housing and a penchant for finishing high school behind their peers, need additional help and resources to meet their challenges. Extending foster care, extending that stability, to them provides those resources. That stability attempts to maximize freedom for those who do not have the luxuries others take for granted. Extended foster care programs allow for the development of youth who were left behind. It provides greater opportunity to develop the skills necessary for independent living, granting greater stability in their final formative years.

EFC Programs & Data of Selected States

As reported by WSIPP, 49 of the 50 states have some form of EFC program, either building on top of the existing federally-funded program under Title IV-E or matching the federal program. Provided below are brief synopses of state programs and how, if at all, they are engaging youth to provide feedback about state programs.

Few states gather the information on their own, with many state programs relying on the National Youth in Transition Database (NYTD) for the demographics for those who have

⁸ Available at https://www.chapinhall.org/wp-content/uploads/CY_EF_IB0317.pdf.

⁹ Available at https://www.wsipp.wa.gov/ReportFile/1721/Wsipp_Extended-Foster-Care-in-Washington-State-Final-Report_Report.pdf.

¹⁰ Available at <https://www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care>.

been served by state foster care programs. Looking at Minnesota as an example,¹¹ there is no data specific to the Extended Foster Care program specifically, rather data on populations still in foster care, noting their ages. The implication there being that those surveyed and still in foster care above the age of 18 fall under the coverage of the state's EFC programs. Meanwhile, there are efforts made by states like Alaska, where there is a newly formed Council under the Governor's Office to assess and address the failings of the foster care system in the state.

What follows is a selection of states¹² that have varying degrees of evaluation on their programs. Many use NYTD surveys for the national database, but do not have internal or external in-depth reports that evaluate their EFC systems, nor do they utilize the voice of current and former foster youth and young adults.

Alaska

Recent reports have indicated that the Alaskan Foster Care system as a whole has been grossly inept. In May 2022, class action lawsuits were filed against Alaska's Office of Children's Services. The suit hopes to address the violations of the rights of children, in which systemic issues that have not been addressed.¹³ This is in addition to recent litigations against Alaska and the OCS for gouging Social Security benefits from the children, using to to fund the Office.¹⁴ National advocates have been supporting appeals to the process.¹⁵

¹¹ Minnesota data snapshot available at https://mn.gov/dhs/assets/MN%20FY17-21%20Data%20Snapshot.4.21.22_tcm1053-526206.pdf.

¹² States not listed are Alabama, Connecticut, Delaware, Iowa, Kansas, Massachusetts, Mississippi, Missouri, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington (we are already covering this state, not listed to remove redundancy), West Virginia, Wisconsin, and Wyoming. States not listed did not provide enough information or have a readily available evaluation or assessment report either internal or externally performed. Listed states had some additional information that pertained to the assignment at hand and had that information ready and available.

¹³ Michelle Theriault Boots, "Class-action lawsuit calls for major reform in Alaska's 'failing, dangerous' foster care system," *Anchorage Daily News* (May 19, 2022), available at <https://www.adn.com/alaska-news/2022/05/19/class-action-lawsuit-calls-for-major-reform-in-alaskas-failing-dangerous-foster-care-system/>

¹⁴ Wesley Early, "National advocates push against Alaska OCS spending foster youth social security benefits in new legal filing," *Alaska Public Media* (June 7, 2022), available at <https://www.alaskapublic.org/2022/06/07/national-advocates-push-against-alaska-ocs-spending-foster-youth-social-security-benefits-in-new-legal-filing/>.

¹⁵ Wesley Early, "National advocates support Alaska foster children's appeal over state taking their social security benefits," *KTOO* (June 7, 2022), available at <https://www.ktoo.org/2022/06/07/national-advocates-support-alaska-foster-childrens-appeal-over-state-taking-their-social-security-benefits/>.

Governor Michael Dunleavy signed Administrative Order No. 330 in late 2021 that organized a Council of 13 members meant to provide direct feedback on the child welfare system.¹⁶ The Governor's Parent/Foster Parent Collaborative Council's composition, however, utilizes the foster parents but not the youth themselves. Bringing in adoptive, former and current foster parents, and service providers, the Council's perspective is limited to the current challenges of the 3,027 children currently in OCS custody. While there are to be two adults that graduated from the foster care system, there is a broad definition as to what that might consider. They are beginning to engage in something similar that Washington is doing with the Department of Children, Youth, and Families, however they are not facilitating a direct and diverse codesigned outreach. They could, however, be interested in the prospect of codesigned assessments. As of now there have been no assessments or recommendations made.

Arizona

Arizona provides EFC through their Young Adult Program¹⁷ with educational assistance services, independent living, formal transition plans, housing assistance, and vocational assistance programs. However, there is no readily available report for assessing the Arizona Young Adult Program.

Arkansas

Arkansas adopted the full IV-E criteria, and allows for additional programs such as Supervised Independent Living (launched in Fall 2020), transitional services starting at age 14, and offers up to \$5,000 in assistance payments a year in their EFC program.¹⁸ However, there is no clearly available data on the Arkansan EFC program, its outcomes, nor its methodology.

California

Internal reports on California's CalYOUTH program, their EFC equivalent, are not available. However, the University of Chicago's Chapin Hall has numerous reports investigating the efficacy of California's EFC. Chapin Hill's extensive, in depth studies utilized surveys of 16 to 17 year-olds and had been in foster care during the sample draw in December 2012 and had been in the California foster care system under the

¹⁶ Available at <https://gov.alaska.gov/wp-content/uploads/sites/2/AO-330-Parent-Foster-Parent-Collaborative-Council.pdf>.

¹⁷ Available at [Young Adult Program | Arizona Department of Child Safety \(az.gov\)](https://www.az.gov/young-adult-program)

¹⁸ Available at <https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/services-for-older-youth-or-former-foster-youth/>.

supervision of county child welfare agencies for at least 6 months.¹⁹ Youth selected into the study were mailed an advance letter containing a \$5 bill to introduce the study.

Colorado

The Family First Prevention Services Act provides for the independent living services for foster youth and the extension for Colorado's EFC program. Colorado only recently, as of June 2021, formalized their EFC for the Foster Youth in Transition Program.²⁰ Using the NYTD, Colorado outreaches to their foster youth to assess their position after leaving foster care and how state services have served them. Depending on the age, they are compensated anywhere between \$10 to \$50 between ages 17 to 21.²¹ The survey asks whether they are on Medicaid, what their education level was, employment status, whether they received food assistance, whether they were on welfare programs, people in their lives, relationship status, and whether they have tried marijuana.

Florida

Under 409.1451(7) F.S., the State of Florida provides Independent Living services to help transition foster youth and young adults into adulthood. Services include the standard caseworker set up that provides assistance to transitioning foster youth into adulthood. These services are assessed by the Independent Living Advisory Council, whose purpose is to review and make recommendations on the implementation and operation of independent living transition services.²² Reports from the Council are provided yearly. In their most recent report from 2021, the Council found that "although there was healthy and much needed discussion on the topic of transition planning, the Council was unable to effectively gauge the status of the implementation for young adults participating in EFC."²³ Similar to the Alaska model of a Council, the Florida Council does include among its membership young adults who receive or have received services and funding through the "Road-to-Independence" Program. Identified in their recent reports are similar pitfalls found in focus groups in Washington state, where there was a desire from focus ground participants to have greater access to financial assistance as well as financial literacy programs. The Florida Council, and the Florida Department of Children and Families, might be receptive to codesign methods being adopted in Washington.

¹⁹ Available at https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf.

²⁰ Available at <https://co4kids.org/family-first/timeline>.

²¹ Available at <https://drive.google.com/drive/folders/1uEkRI0DNwNQNJkgj38DG6f1LLeSYRdcE>.

²² Available at <https://www.myflfamilies.com/service-programs/independent-living/advisory-council.shtml>.

²³ Available at https://www.myflfamilies.com/service-programs/child-welfare/lmr/docs/2021LMRs/ILSAC_Annual_Report_2021_and_DCF_Response.pdf.

Georgia

Georgia's Connected By 21 program provided by their Division of Family & Children Services is their Independent Living Service, with services for education, employment, housing, budgeting and building a support network to assist youth as they transition to adulthood. Additional education assistance is available for youth up to age 26. Georgia's DFCS gifted town hall listening sessions to solicit foster youth on the Connections Extension of Foster Care program policies. With 120 youth attending the town halls, feedback was direct. Eligibility, requirements, housing and other services were touched on.²⁴ In their estimation, youth elected and personally determined that they needed to stay in Georgia's EFC.

Hawaii

Hawaii's EFC programs rely on their independent living programs for foster youth, providing youth programs to develop knowledge, skills, and connections to make a successful transition to living on their own.. While there is no report evaluating the , there is the Hawai'i Helping Our People Envision Success (HI HOPES) Youth Leadership Board, made up of current and former foster youth from ages 14 to 26.²⁵

Idaho

Idaho recently passed an extension to their foster care system to comply with the Family First Prevention Services Act, extending the age to 21.²⁶ However, Independent Living Programs for foster youth continue to follow the federal Chafee model. NYTD is also used to collect data for feedback on programs and current status of current and former foster youth. There is no readily available report, internal or external, assessing their EFC program consulting foster youth.

Illinois

Foster youth in Illinois are assigned a case manager who will identify programs that will better skills to achieve self-sufficiency, such as housing, education and following the federal Chafee model. The Statewide Foster Care Advisory Council exists to consult and assist the Director of the Department of Children and Family Services in the rollout of foster programs. The Advisory Council, however, does not center the foster youth and

²⁴ Available at <https://dhs.georgia.gov/book/export/html/19171>.

²⁵ Available at <http://www.ilpconnections.org/>.

²⁶ Available at <https://legislature.idaho.gov/sessioninfo/2021/legislation/H0336/>.

young adults like codesigns do, placing most of the membership of the Council on foster parents from different regions from within the state.

Indiana

Indiana provides a number of EFC programs such as educational assistance services, independent living, formal transition plans, housing assistance, and vocational assistance programs. Youth are allowed to reenter into the program, and contemplated extending EFC to age 23 (the current is 20). While there are reports internally assessing the programs and the entire department of Child Services,²⁷ there is no readily available report assessing their EFC program while consulting foster youth.

Kentucky

Kentucky provides EFC with educational assistance services, independent living, formal transition plans, housing assistance, and leadership programs. The Commonwealth also collects data and provides it to NYTD. The data collected by NYTD and Youth Outcomes Survey helps agencies evaluate services and outcomes for youth in foster care and aging out of foster care.²⁸ The database and survey results are used to better define agency roles and perfect services to best prepare youth for self-sufficiency and a more successful transition into adulthood. Kentucky also offers a youth self-assessment form that can be used for continued evaluations.²⁹ This self-assessment provides the youth and young adults the chance to answer for themselves how they feel they have developed and might determine whether they are comfortable and equipped to leave care.

Louisiana

Louisiana's EFC program offers support for foster youth and young adults through independent living services, education support, vocational training, and promotion of self-sufficiency. Partnering with the Annie E. Casey Foundation and Mainspring Consulting, the Louisiana Department of Children & Family Services recommended changes addressing the extension of foster care age to 21. To this, they recommended that foster youth and young adults remain at the center of the process, regularly consulted for review of services.³⁰

²⁷ Available at <https://www.in.gov/dcs/files/IndianaEvaluationReportCWGFinal.pdf>.

²⁸ Available at <https://chfs.ky.gov/agencies/dCBS/dpp/oohc/Pages/independentliving.aspx>.

²⁹ Available at <https://chfs.ky.gov/agencies/dCBS/dpp/oohc/Documents/ACLSALevel4foryouth16.pdf>.

³⁰ Available at http://www.dCfs.louisiana.gov/assets/docs/searchable/Reports/SCR_10_Aging_Out_Report_020119.pdf.

Maine

Maine's EFC program presents support for foster youth and young adults with youth transition services through the Chafee Foster Care Independence Program. Maine also follows the NYTD model of data collection, engaging foster youth and young adults through surveys for feedback on needs and program evaluations.³¹

Maryland

As per Md. Code of Regs. § 07.02.11.04, Maryland offers youth resources for independent living through their Ready By 21 program,³² promising safe stable housing, education, financial empowerment, and more. Has an EFC program and transitional programs.

Michigan

Michigan's Foster Youth in Transition programs offer everything from educational and career planning, housing assistance, financial planning, and assistance in buying and learning how to drive a car. Financial literacy assistance is available until the age of 23. Extensions of the programs are offered between ages 18 to 21.³³ However, Michigan does not offer an in-depth report. Information on youth served is available through the NYTD. Michigan offers a chance for foster youth to provide their perspective to the NYTD through a survey to the national database, which helps internally evaluate the services and outcomes for youth in foster care and aging out of foster care.³⁴ However, this information is not immediately available.

Minnesota

Minnesota's EFC programs for foster youth continue to follow the federal Chafee model, looking to support foster youth and young adults through independent living services, education support, vocational training, and promotion of self-sufficiency. There is no in-depth report, internal or external, assessing their EFC program consulting foster youth, Minnesota uses the NYTD.³⁵

³¹ Available at <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/ocfs/cw/nytd.pdf>.

³² Available at <https://dhs.maryland.gov/foster-care/youth-resources/ready-by-21/>.

³³ Available at <https://www.michigan.gov/fyit/resources/fostercare1821>.

³⁴ Available at <https://mdhhs.michigan.gov/nytd/>.

³⁵ Minnesota data snapshot available at https://mn.gov/dhs/assets/MN%20FY17-21%20Data%20Snapshot.4.21.22_tcm1053-526206.pdf.

Montana

Montana's Code Ann. § 52-2-601 and 602 call for a transitional living program as a means to support foster youth, using federal Chafee dollars to meet that need. However, while there are plans and rolling evaluations as a means to *prevent* children from falling into the foster care system,³⁶ there has been no obviously public report conducted by the Montana Department of Public Health & Human Services or their Child & Family Services Division on the efficacy of their programs. This could mean local collaboration and co-design is possible.

Nebraska

In 2015, Nebraska adopted the Bridge to Independence Program. Here, the program supports foster youth transitioning to adulthood by providing caseworkers, access to resources, healthcare coverage and a monthly payment. This program is offered to young adults between the ages of 19-21.³⁷ However, there is no readily available report, internal or external, assessing their EFC program consulting foster youth.

Oklahoma

The State of Oklahoma does not have a dedicated EFC program, but it does offer its Successful Adulthood program, which is a transitional program funded by federal Chafee dollars. The program does not offer a clear assessment of the program's success.

Oregon

Oregon offers numerous services under their Independent Living Program and EFC programs in line with the federal Chafee program. Oregon uses the NYTD for their data and outcomes, which requires the use of directly surveying youth and young adults.³⁸ However, they also utilize ChildTrends' data for supplemental information.³⁹

Tennessee

Tennessee's EFC programs for foster youth continue to follow the federal Chafee model, looking to support foster youth and young adults through independent living services,

³⁶ Available at <https://dphhs.mt.gov/assets/cfsd/TitleIV-EPreventionPlan.pdf>.

³⁷ Available at <https://dhhs.ne.gov/Pages/Bridge-to-Independence.aspx>.

³⁸ Available at [State of Oregon: Independent Living Program - National Youth in Transition Database \(NYTD\) Outcomes](#)

³⁹ Available at <https://www.oregon.gov/DHS/CHILDREN/FOSTERCARE/ILP/Documents/Transition-Age-Youth-Outcomes.pdf>.

education support, vocational training, and promotion of self-sufficiency.⁴⁰ There is no readily available report, internal or external, assessing their EFC program consulting foster youth.

Additional Resources

Resources for understanding the impact of foster care is always important in trying to understand how to improve it. The following links are to additional resources that have been found during this research for future reference and use.

Boston University has a Foster Care Chartbook that takes statistics and the current systems in place for each state.

The Chartbook is available here: <http://www.bu.edu/ssw/usfostercare/>

ChildTrends also has a comprehensive child welfare database that provides state and national data on foster care and adoption from foster care for each state.

ChildTrends' resource can be found here:

<https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>

The Annie E. Casey Foundation provides another state-by-state database that compiles information specifically about foster youth in transition.

The database can be found here: <https://www.aecf.org/resources/fostering-youth-transitions>.

Mainspring Consulting, in collaboration with the Annie E. Casey Foundation, researched and reported on various different programs and models for EFC programs and transition services.

The report can be found here:

<http://centerforchildwelfare.fmhi.usf.edu/kb/ilpub/Promising%20Program%20Models%20For%20EFC%20and%20Transition%20Srvs.pdf>

⁴⁰ Available at [Slide 1 \(tn.gov\)](#)

Appendix B

Extended Foster Care Better Efficacy and Trainings

EFC Efficacy

Older youth who age out of foster care experience an increased risk for homelessness, young parenthood, low educational attainment, high unemployment rates, and other adverse adult outcomes.⁴¹ Extended foster care programs (EFC) reduce, though do not eliminate, the chances of those negative outcomes from occurring. Washington's WSIPP reported in 2020 that there were significant reductions in homelessness, increased employment and earnings, and increased high school graduation and post-secondary enrollment.⁴² Moreover, for every \$1 invested in youth in extended foster care brings \$1.35 back to the state.⁴³ ChildTrends offers a broader examination of the EFC system, pointing out there is a reduction in unintended youth pregnancies, greater chances of employment through preparation, better educational attainment, and a benefit overall. Notably, reasons for older youth going back into the foster care system through EFC is mostly due to neglect or behavioral problems that hold them back.⁴⁴ In short, extending foster care provides a greater chance for stability and resources for foster youth. Foster youth, not having the same opportunities due to insatiable housing and a penchant for finishing high school behind their peers, need additional help and resources to meet their challenges. Extending foster care, extending that stability, to them provides those resources. That stability attempts to maximize freedom for those who do not have the luxuries others take for granted. Extended foster care programs allow for the development of youth who were left behind. It provides greater opportunity to develop the skills necessary for independent living, granting greater stability in their final formative years.

⁴¹ Retrieved from https://www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care#_edn5.

⁴² Available at https://www.wsipp.wa.gov/ReportFile/1721/Wsipp_Extended-Foster-Care-in-Washington-State-Final-Report_Report.pdf.

⁴³ Washington State Institute for Public Policy, *Extended Foster Care in Washington State: Final Report* (2020),

https://documentcloud.adobe.com/gsuiteintegration/index.html?state=%7B%22ids%22%3A%5B%2213GNiTx49A8_W6mLPwpxfCkUMr2ZOabc%22%5D%2C%22action%22%3A%22open%22%2C%22userId%22%3A%22104920781691800135384%22%2C%22resourceKeys%22%3A%7B%7D%7D.

⁴⁴ Available at <https://www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care>.

Data on Housing

According to Chapin Hill's CalYOUTH study of California's EFC program, as of 2020, there was still a concern when reporting on their homelessness experiences overtime. Just under one-fifth of participants reported experiencing homelessness between ages 17 and 19, whereas about one-quarter reported experiencing homelessness at some point between 19 and 21, and between 21 and 23.⁴⁵ By 2020, nearly 25% of foster youth reported being homeless due to unstable housing since previous interviews,⁴⁶ with a reduction to 17.5% if youth stay in extended foster care.⁴⁷ The Washington Institute of Public Policy took a comparative sample and identified those who were in EFC and those who were not in EFC and how likely they were to experience homelessness. What they found is that of those who had been in EFC between ages 18 to 21, 16% faced homelessness. 22% of those ages 21 to 23 who had been in EFC had experienced homelessness. Comparatively, those who had not been in EFC, 45% of those ages 18-21 had experienced homelessness, with 38% of those ages 21 to 23 experienced homelessness. Moreover, those outside of EFC had a more likely chance of experiencing homelessness at longer durations.⁴⁸ Additionally, according to the National Youth in Transition Database's numbers, those in EFC are at least 2.7 times less likely to be homeless by age 21 than those outside EFC.⁴⁹

California's EFC Program & Its Success

A CSU San Bernardino thesis in 2016⁵⁰ believed California's EFC Program was successful in its early phases. In fostering independence, participants in EFC reported higher ability of independent living, caring for themselves, and living alone. A slim majority showed competence in filling out apartment applications, where to find low-income housing, emergency utility assistance, as well as knowing their tenant rights and responsibilities.⁵¹ However the findings are marred by a small sample size and limited supporting research.

⁴⁵ Available at https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf, pages 151-152.

⁴⁶ Retrieved from https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf, pages 18-19.

⁴⁷ Retrieved from https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf, pages 18-19.

⁴⁸ Retrieved from

https://documentcloud.adobe.com/gsuiteintegration/index.html?state=%7B%22ids%22%3A%5B%2213GNiTx49A8_W6mLPwpxfCkUMr2ZOabc%22%5D%2C%22action%22%3A%22open%22%2C%22userId%22%3A%22104920781691800135384%22%2C%22resourceKeys%22%3A%7B%7D%7D, page 17.

⁴⁹ Retrieved from https://www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care#_edn5.

⁵⁰ Retrieved from <https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=1489&context=etd>.

⁵¹ Krystal L. Walker, "The Effectiveness of Extended Foster Care in Preparing Young Adults for Self-Sufficiency" (2016). Electronic Theses, Projects, and Dissertations. 29-31. <https://scholarworks.lib.csusb.edu/etd/433>.

A more in-depth study into California's EFC conducted by the University of Chicago's Chapin Hall provides results for the effects of California's EFC program that tracked foster youth from ages 17 through 23. By 2020, nearly 25% of foster youth reported being homeless due to unstable housing since previous interviews, with a reduction to 17.5% if youth stay in extended foster care.⁵² The Chapin Hall study questioned whether reducing or abruptly cutting benefits at age 21 was the best course of action in the case of California, given the benefits foster youth have from within the programs and services.

So why was California's model as successful as it was? Like many of the other EFC programs across the country, it follows the federal guideline requirements under the Fostering Connections to Success and Increasing Adoptions Act of 2008. That is the baseline framework from which all EFC operate. In addition, however, there is a range of independent living placements made available by 2019. These services include a transitional housing placement program, a transitional housing placement plus foster care program, supervised independent living placement, and transitional housing program plus.⁵³ The suite can be described as the following:

Service Name	Description
TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) AND TRANSITIONAL HOUSING PLACEMENT-PLUS-FOSTER CARE (THP+FC)	THPP and THP+FC allow young people to practice the skills needed to live independently upon exiting the foster care system. In addition to providing supervised transitional housing, the programs also provide supportive services based on a young person's transitional living plan. THPP and THP+FC are more structured than Supervised Independent Living Placements.
SUPERVISED INDEPENDENT LIVING PLACEMENT (SILP)	A SILP is a supervised setting as specified in a young person's transition plan. This may include apartment living, room and board arrangements, college dorms and shared roommate settings. A young person placed in a SILP may receive the foster care maintenance payment directly. The payment for a young person living in a SILP is equal to the basic foster care rate for 15 - 21 year olds.
TRANSITIONAL HOUSING PROGRAM-PLUS (THP-PLUS)	THP-Plus is a transitional housing placement option for young people ages 18 to 24 who exited foster care at or after age 18. Young people in this program are not eligible for Title IV-E reimbursement. The program's goal is to provide a safe living environment, for up to 24 months, while assisting the young person in developing the life skills necessary to be successful living independently. The program provides supervised transitional living housing and supportive services based on a transition plan.

⁵² Available at https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf, pages 18-19.

⁵³ Retrieved from <https://assets.aecf.org/m/resourcedoc/mainspring-promisingprogrammodels-2019.pdf>, see page 11.

As noted above, there are a wide variety of placement options.⁵⁴ Additionally, depending on the composition of the household, the young adult participating in EFC may also be eligible for other state welfare programs, such as CalFresh, the federally subsidized SNAP program in California.⁵⁵

Training Caseworkers for Young Adults

It is difficult to find specifics on the training programs for the caseworkers that involve themselves with the participating young adults in the extended foster care programs. While the specific structure and layout of the trainings is elusive in some cases, the Urban Institute, in collaboration with Chapin Hall at the University of Chicago, identified 17 states, counties, and communities that have targeted case management.⁵⁶ The prime difference between case management for youth in foster care and young adults in extended foster care is the focus of priority. Young adult case management focuses on the transition to independent living. Services broadly include educational attainment, employment support, mental health services, life skills training, and budgeting and financial education.

The broad structures of these services are focused on listening to young adults and recognizing their needs as they become more autonomous. Case managers are supposed to work with youth to connect them with adult-serving services, requiring a familiarity with navigating these adult-serving services, such as financial aid support for colleges.⁵⁷ Some states started to reduce the services as the young adults aged in places where they were making progress and reducing the amount of funding they were given. The Urban Institute report identified three different models of specialized case management services provided by Illinois, Indiana, and Oregon.

Illinois

Illinois's EFC case management services are delivered by private contractors, with the state setting goals and standards and implementing the training for these private providers. This mirrors other models such as Louisiana. The Illinois system offers the services through a private agency, which programs and provides full case management.

⁵⁴ Retrieved from <https://www.cdss.ca.gov/Portals/9/FosterCare/EFC%20FINAL.pdf>.

⁵⁵ Retrieved from <https://www.cdss.ca.gov/Portals/9/FosterCare/202009-EFC-FAQ.pdf>.

⁵⁶ Available at <https://www.acf.hhs.gov/opre/report/specialized-case-management-young-adults-extended-federal-foster-care>.

⁵⁷ Available at <https://www.acf.hhs.gov/opre/report/specialized-case-management-young-adults-extended-federal-foster-care>.

Guidelines are overseen by state workers. Part of the case management is for transition aged youth to be seen weekly by case managers and have 24-hour supervision, while the independent living option program youth are seen twice a month and have greater independence.⁵⁸

Indiana

The State of Indiana process for all case management services through state workers, but all other services are provided through private organizations. This model allows for both consistency and flexibility when it comes to meeting the needs of a diverse group of young adults. Case management is provided by public agency collaborative care case managers, and meet with the transitioning youth monthly. The caseload includes both older youth and young adults only and manages cases by location.⁵⁹

Oregon

Oregon is the only state in the country that presumes that foster youth will continue on into extended foster care.⁶⁰ Workers whose caseloads skewed older began centralizing resources and shifting their case management strategies toward young adults' needs, resulting in a model that is not formally identified as specialized case management but shares a number of key traits with formal specialized case management models.⁶¹ Case workers are public child welfare agency workers who see the youth at least once a month face-to-face, and only serve 16-20 year olds. According to the statute, there is specialized training made available to Oregon's EFC staff.⁶² Looking for specifics yields little beyond the summarized.

More Specialized Case Management for Young Adults

Outside of these models, there were additional models identified in other instances that offer similar specialized case management to young adults, including in Louisiana and California. Mainspring Consulting released a report on these additional models to determine best practices.⁶³ Some states like Georgia and Tennessee have specialized

⁵⁸ Retrieved from <https://www.acf.hhs.gov/opre/report/specialized-case-management-young-adults-extended-federal-foster-care>, see page 9-10.

⁵⁹ Retrieved from <https://www.acf.hhs.gov/opre/report/specialized-case-management-young-adults-extended-federal-foster-care>, see page 9-10.

⁶⁰ See [mainspring-promisingprogrammodels-2019.pdf \(aecf.org\)](#), page 7.

⁶¹ Available at <https://www.acf.hhs.gov/opre/report/specialized-case-management-young-adults-extended-federal-foster-care>.

⁶² Retrieved from <https://jlc.org/issues/extended-foster-care/oregon>.

⁶³ Available at <https://assets.aecf.org/m/resourcedoc/mainspring-promisingprogrammodels-2019.pdf>.

case management teams that work exclusively with young adults. These caseworkers meet with the youth at least once a month as per federal regulation. Maine and California both have specialized training for case managers who work with young adults in EFC.⁶⁴

Shortfalls of other case management systems include when the foster youth has not achieved permanency. Here, the focus transitions to ensuring the youth is able to achieve independence when they reach adulthood. This leads to the spread of typically available programs, such as independent living plans, transition plans, individual education plans, and permanency plans, being a web for both the case manager and the youth or young adult to navigate,⁶⁵ adding to the already stressful system. There needs to be flexibility to the young person's transition into adulthood, not a one-size fits all approach - but these services should not be difficult to navigate. The added spread creates chances for challenges and introduces errors of bureaucratic fumbling.

The specialized case management can range from a number of different methods, but some of the best practices as they stand are bound to fall short of achieving an easy transition into adulthood. A key from the best practices would be constant connection and communication between the case worker and the young adult.

Youth Villages LifeSet - Louisiana

In Louisiana, the state adopted the model of outsourcing to the national social service organization, Youth Villages, based out of Memphis, TN, following their LifeSet model of extended foster care.⁶⁶ It's a hands-on model with a low cases to caseworker ratio of 10:1, intended to help shepherd young adults to independence.⁶⁷ Caseworkers meet weekly and are more attentive to the needs of EFC participating young adults. It's the nation's largest program in this regard, and offers goal-setting with a focus on housing, relational permanency, mental and physical health, career and employment, education, and life skills.⁶⁸ A 2018 nationwide evaluation of Youth Villages' LifeSet model examined the efficacy of the model in its curricula that cover topics like money management and

⁶⁴ Retrieved from <https://assets.aecf.org/m/resourcedoc/mainspring-promisingprogrammodels-2019.pdf>, page 16.

⁶⁵ Available at <https://assets.aecf.org/m/resourcedoc/JCYOI-SuccessBeyond18-QualityCasePlanning-2014.pdf>, see page 4.

⁶⁶ Contact information for LifeSet can be found here: <https://youthvillages.org/contact-us/>. Additional contact information for the program and its trainings would be Brandy Young at Brandy.Young.DCFS@LA.GOV, or the Extended Foster Care mailbox at ExtendedFosterCare.DCFS@LA.GOV.

⁶⁷ Retrieved from <https://www.dcf.louisiana.gov/page/647>.

⁶⁸ Retrieved from <https://youthvillages.org/services/lifaset/>.

job-seeking skills, as well as behavioral treatment strategies. The study revealed that the Transitional Living Program (LifeSet) revealed an decrease in the housing instability of the participating youth, as well as an increase in income year over year after exiting foster care.⁶⁹ Louisiana's Department of Children & Family Services (DCFS) offers Extended Foster Care Trainings (though it appears to act more as an information session) for both youth and their caretakers to understand the EFC program and directly answer questions.⁷⁰

California

The California Department of Social Services (DSS), Children and Family Services Division (CFSD), is responsible for developing and overseeing a vast array of programs and services for California at-risk children and families.⁷¹ The child welfare system is administered by California's 58 counties, meaning that each county organizes and operates their own program of child protection based on local needs while complying with state and federal regulations. The DSS CFSD establishes the best practices for county social workers and provides for the training for social workers with federal funding.⁷²

One of the major contentions comes from a lack of appropriate placement options. Case workers in counties across the state answered a Chapin Hall survey in 2016, in which they repeated that the services provided by California's EFC was dearly needed for the youth exiting foster care, and that the lack of placement options for young adults was a significant challenge to its implementation.⁷³ This means that in the event of housing the young adults in the EFC program, they were at a loss in trying to find stable housing for them. Similar reports from Chapin Hall indicate that the lack of housing and the availability of resources within a jurisdiction could influence the attitude taken by child

⁶⁹ Retrieved from https://www.mdrc.org/sites/default/files/Youth_Villages_Short_Report_2018_final_web.pdf, see page 6-8.

⁷⁰ Retrieved from <https://www.dcf.louisiana.gov/assets/23-006-Extended-Foster-Care-Information-Session.pdf>.

⁷¹ Best Point of Contact might be found with the Information System User Resource Unit UserResourceUnit@osi.ca.gov, retrieved from <https://www.cdss.ca.gov/inforesources/child-welfare-services-case-management-system>. Alternatively the Transition Age Youth Policy Unit might be useful, email found here: TAYPolicy@dss.ca.gov, retrieved from <https://www.cdss.ca.gov/inforesources/foster-care/extended-foster-care-ab-12>.

⁷² Retrieved from <https://www.cdss.ca.gov/inforesources/child-welfare-services-case-management-system>.

⁷³ Retrieved from <https://www.chapinhall.org/research/caseworkers-say-lack-of-appropriate-placement-options-presents-challenge-to-implementing-extended-foster-care/>.

welfare workers and other professionals in providing support to nonminor dependents. This could, in turn, further inform the training of the case workers.⁷⁴

⁷⁴ Retrieved from <https://assets.aecf.org/m/resourcedoc/mainspring-promisingprogrammodels-2019.pdf>, 36.

Appendix C

[EFC Organizational Outreach Link](#)

Extended Foster Care WA State Survey 2023

To participants,

This survey is conducted solely to gain input from young people who are currently enrolled or have enrolled in the Extended Foster Care Program in Washington State up to age 24 to further improve the lived experience of future participants. Your input is confidential and will be used as discussed material within DCYF only to better the program. Please use an email that you check regularly so we can contact you with your payment of \$25 for survey completion. This survey is estimated to take roughly 20-30 minutes to complete.

Please keep in mind that we will not request any sensitive information such as social security number or banking information (with the exception of direct deposit option). Once the survey is completed, SDM Consulting staff will reach out to you with payment options within two weeks. Your thoughts regarding your experience in EFC are valuable to us and we appreciate you providing insight and awareness to the EFC Co-Design Team.

If you have any accessibility need (language barrier, technology issues, etc.) please contact us at programs@sdmartinconsulting.com

Payments may only be received through Cash app, Venmo, direct deposit, or a check by mail. NO gift cards or PayPal.

Section One

I am/was in Extended Foster Care in Washington State. If "No", this survey does not apply to you and you will not be compensated.

- Yes
- No

I understand that if I am 25 years of age or older then this survey does not apply to me and I will not be compensated.

- Yes
- No

I understand that my responses are anonymous and that researchers will not see my name with any of my responses.

- Yes
- No

I understand that I will be compensated \$25 for completing this survey to the best of my ability.

- Yes
- No

Section Two

Demographic Information

We respect human diversity and understand that sexual orientation and gender identity and expressions are sensitive and personal matters. To improve the effectiveness of Extended Foster Care and ensure we address the needs of young adults in EFC, please let us know the following demographic information or select "I'd rather not say."

What is your date of birth?*

Please select any of the following race/ethnicity identities that apply to you.

- American Indian/Indigenous/Native American/Alaskan Native
- Asian/Asian American/Pacific Islander/South Asian
- Black/Black American/African American/African
- Latinx/Latino/Hispanic
- White/European/Caucasian
- I'd rather not say

Please select any of the following identities that apply to you.

- Girl/Woman
- Boy/Man
- Trans Girl/Woman
- Trans Boy/Man
- Genderqueer/Gender Nonconforming

- Other, not listed
- I'd rather not say

Sexual orientation/Identity

- Straight
- Lesbian
- Gay
- Bisexual/Pansexual
- Queer
- Asexual
- Other, not listed
- I'd rather not say

Do you identify as a person with a disability or other chronic condition?

- Yes
- No
- I'd rather not say

While in Extended Foster Care, did you have any dependent(s)?

- Yes
- No

What needs do you/did you have related to your dependent(s) while in EFC? Check all that apply or skip if this does not apply to you.

- Food/formula
- Diapers/wipes
- Furniture/equipment
- Parenting Resources

- Childcare
- None
- Other

What was your zip code, town or city while you were in Extended Foster Care? You may list multiple.

Which of the following have you experienced? Check all that apply.

- Homelessness or Housing Insecurity while in EFC
- Food Insecurity (lack of access/resources to food) while in EFC
- Juvenile Rehabilitation or Juvenile Detention
- Mental/Behavioral Health System
- None of the above

What age did you enter into foster care? You may skip if you do not know the answer.

How many placements did you have while in foster care? This includes foster homes, kinship care, group homes, and any other time that the guidance of your care was placed elsewhere. You may skip if you do not know the answer.

What are your educational accomplishments?

- In high school
- Received High School Diploma
- Received GED
- Received AA/AS Degree
- Received BA/BS Degree
- Completed Trade School
- In college/trade school
- Other, not listed
- None

If "Other" or your accomplishments are not listed, please list them here. Skip if this does not apply to you.

Section Three

Program Related Information

What age were you when you heard about Extended Foster Care? You may skip if unknown.

What do you know about available services out there for young adults in EFC or transitioning out of care?

- Housing Support
- Food Resources
- School/Educational Services
- Family Support/Resources
- Financial Support
- None
- Other

Which of those services did you utilize? You may skip if none.

Did you have staff support in navigating those services? Check all that apply.

- Yes, by DCYF
- Yes, by another agency/person
- No

If "Yes, by another agency/person", which agency supported you in navigating services? Skip if this does not apply to you.

How successful was your experience with those services?

Not successful, I still had unmet needs

1

2

3

4

5

Very successful, all my needs were met

If you didn't utilize these services, why?

What type of services are you interested in or what are you wanting to know more about?

Did you voluntarily exit and re-enter into Extended Foster Care or did you go all the way to age 21 without interruption?

- I exited and re-entered
- I went all the way to 21 without interruption
- I voluntarily exited and did not re-enter
- None of the above

Were you unenrolled from Extended Foster Care?

- Yes, by DCYF
- Yes, I unenrolled myself
- No, I went to age 21

If "Yes" to the previous question, please explain why you unenrolled yourself or were unenrolled by DCYF. Skip if this does not apply to you.

Section Four

Experience while in EFC

How was the process for receiving monthly checks in Extended Foster Care? Please explain any barriers to payments and what happened.

Do you/did you go to the doctor regularly while in EFC?

- Yes
- No

Do you/did you go to the dentist regularly while in EFC?

- Yes
- No

If you did not go to the doctor or dentist regularly, please explain here. Skip if this does not apply to you.

What information or support for education/employment did you receive? Check all that apply.

- Educational opportunities
- Help/guidance with financial aid
- Learning disability resources
- Career guidance
- Employment counseling
- Applying for school

- Applying for work
- None

If you were in college/further education, what additional supports did you receive?
Check all that apply.

- Financial aid support (help filing applications)
- Housing
- Food
- Alternate housing when on school breaks
- Money/resources for additional expenses and needs
- Other

If "Other" or some choices are not listed, please list.

Please select what relates to your housing experience while in EFC. Check all that apply.

- I changed housing more than once while in EFC
- Experienced homelessness
- I am/was at risk for homelessness
- Lived on my own or with roommates
- Lived with a friend/relative
- College dorm
- Lived with foster family
- Other, not listed

If "Other, not listed", please explain here.

Are you currently at risk for homelessness?

- Yes
- No

Please select all that apply to your family dynamic while in EFC

- I started my own family while EFC
- I had a child/children while in EFC
- I received family support while in EFC
- I did not receive family support while in EFC
- None of these apply to me

Section Five

Transitional Services Post EFC

Did you receive any follow-up or aftercare after exiting/unenrolling (voluntary or involuntary) from EFC by DCYF or any other service provider?

- Yes, by DCYF
- Yes, by another service provider
- No, I didn't receive any follow-up/aftercare

If "Yes, by another service provider", please list which organization

If you received follow-up or aftercare, about how long after exiting did that happen? Skip if none.

- About 1 month after exiting
- About 3 months after exiting
- About 3-6 months after exiting
- 1 year after exiting
- 2-3 years after exiting

If you received follow-up or aftercare, about how frequently did that happen? Skip if none.

- Only once
- 2 times
- 3-6 times

- 6-10 times
- 10 plus times

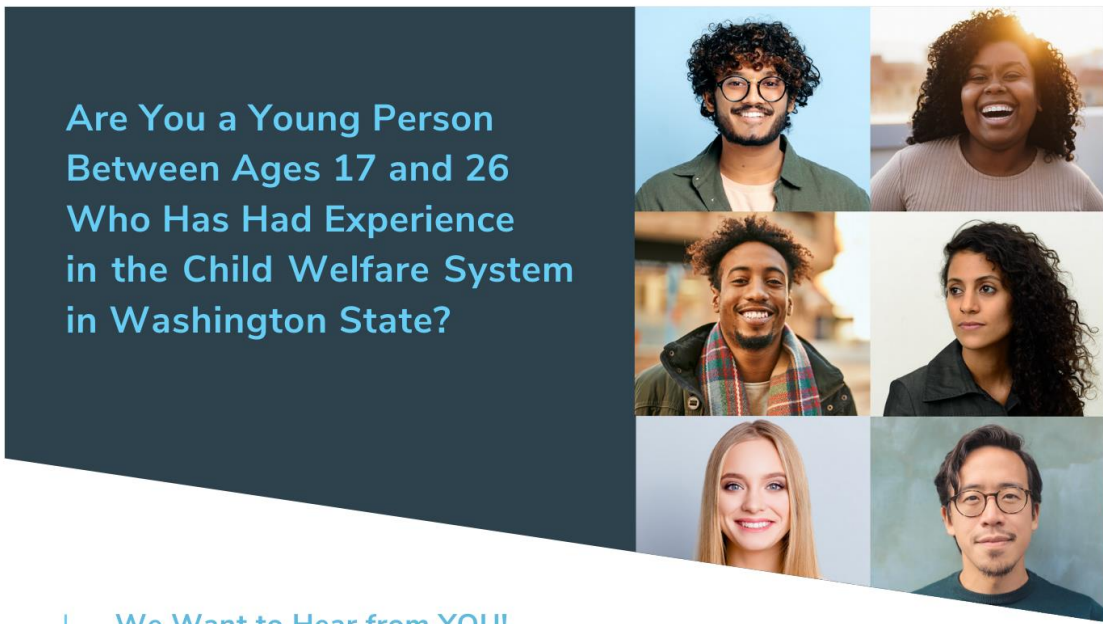
Where do you typically find your safe person/safe place that can support you? Check all that apply.

- Peers
- Mentors
- Parents/foster parents
- Family
- Church
- Parents of friends
- Teachers/school counselors
- Case workers/service providers
- Other, not listed

In a few sentences, can you describe your overall experience with **exiting** Extended Foster Care? Please describe any additional barriers or support you had. Skip if this does not apply to you.

In a few sentences, can you describe your overall experience with **participating** in Extended Foster Care? Please describe any additional barriers or support you had.

Appendix D



**Are You a Young Person
Between Ages 17 and 26
Who Has Had Experience
in the Child Welfare System
in Washington State?**

We Want to Hear from YOU!

Share YOUR experience with child welfare programs in our state—what helped, what didn't and most importantly, what we could be doing better. Your experiences will help us create better services and programming that meet the needs of the youth in these programs.

**It's Quick and Easy!
All You Have to Do Is**

- Be between ages 17 and 26.**
- Have experience with the child welfare system in Washington State.**
- Participate in a co-design session per month from October 2022 to May 2023.**

You Have a Voice. Use it and get paid!



Participants will be paid \$50 per session

Make Your Voice Heard.

Your voice matters. Your experiences matter.

For more information, contact programs@sdmartinconsulting.com.
Register today



Appendix E



EFC Participants

We're looking for anyone who has participated in Extended Foster Care to submit their creative perspective of their personal experience using art, poetry, videos, essays, photography, etc.

Creative Freedom

Highlight what worked and did not work for you. What barriers did you encounter? What support did you receive in the program? What changes would make to the program?



Submissions are due by the week of June 16th
 Please provide submissions digitally to minnie@sdmartinconsulting.com

PAID OPPORTUNITY

- Compensation of \$100 per submission
- Submissions will be anonymous
- No age limit
- No limit on submissions



Appendix F



CO-DESIGN
— INSTITUTE —

**Were you in Extended Foster Care in
Washington State and are you 24 years
of age or younger?
Then this survey is for you!**

Those who were enrolled or are currently enrolled in EFC in WA state are eligible. Help improve the lived experience of future participants and get paid \$25. Your input is confidential and will be used as discussed material within DCYF only to better the program.

Payments may only be received through Cash app, Venmo, direct deposit, or a check by mail. NO gift cards or PayPal.

Questions? Contact
programs@sdmartinconsulting.com

[Click Here
to Take
the Survey!](#)