Characteristics and Service Use of Young Adults in Extended Foster Care

Findings from Washington State

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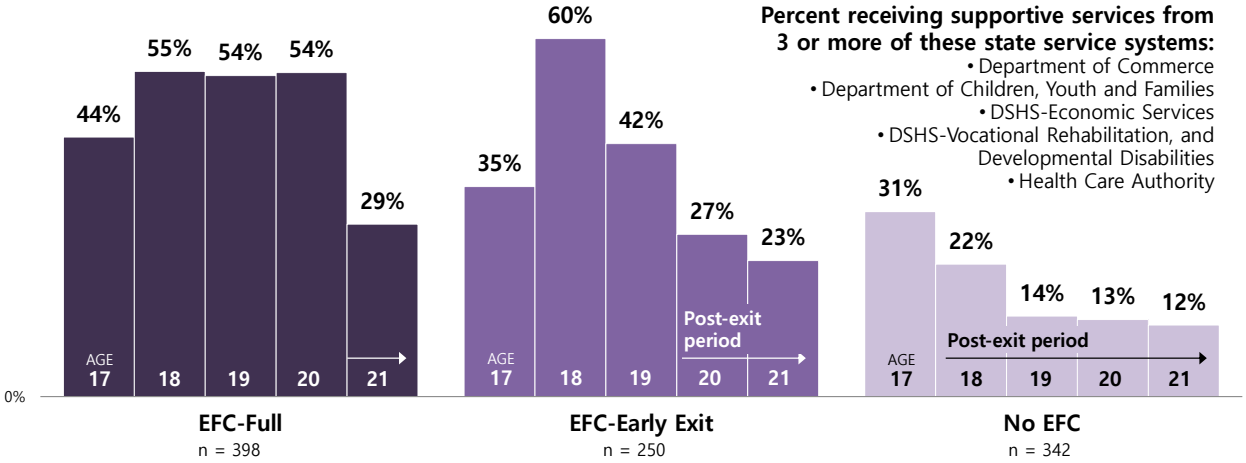
This analysis contributes to a multipart Extended Foster Care systems assessment for the Department of Children, Youth, and Families as required by the 2022 Washington State Legislature per Engrossed Substitute Senate Bill 5693 (2022) Sec. 227, 36.

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

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-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.
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.**

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



Washington State Department of Social & Health Services
Transforming lives

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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.

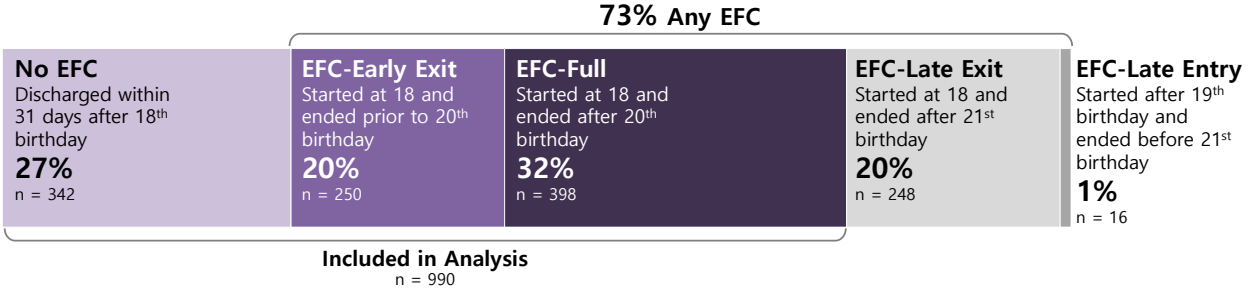
- **EFC-Full** (n=398): Young adults in foster care for more than 31 days while 18 years old who exited foster care *after* their 20th birthday and prior to June 30, 2021.
- **EFC-Early Exit** (n=250): Young adults in foster care for more than 31 days while 18 years old who exited foster care *prior 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, 2021[1] (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*			21st 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.

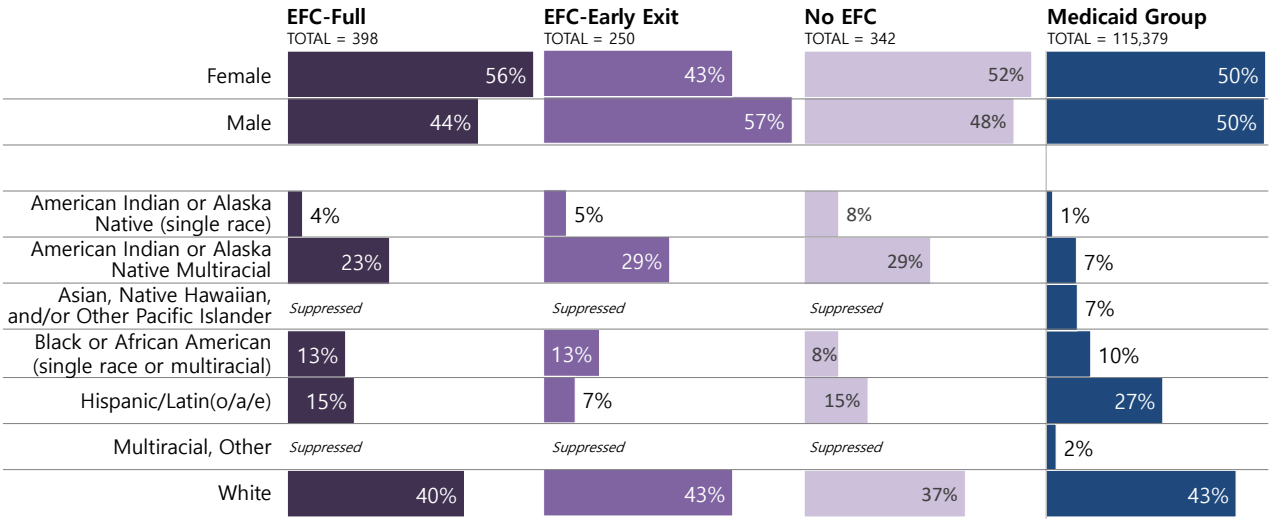
Demographics

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



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).

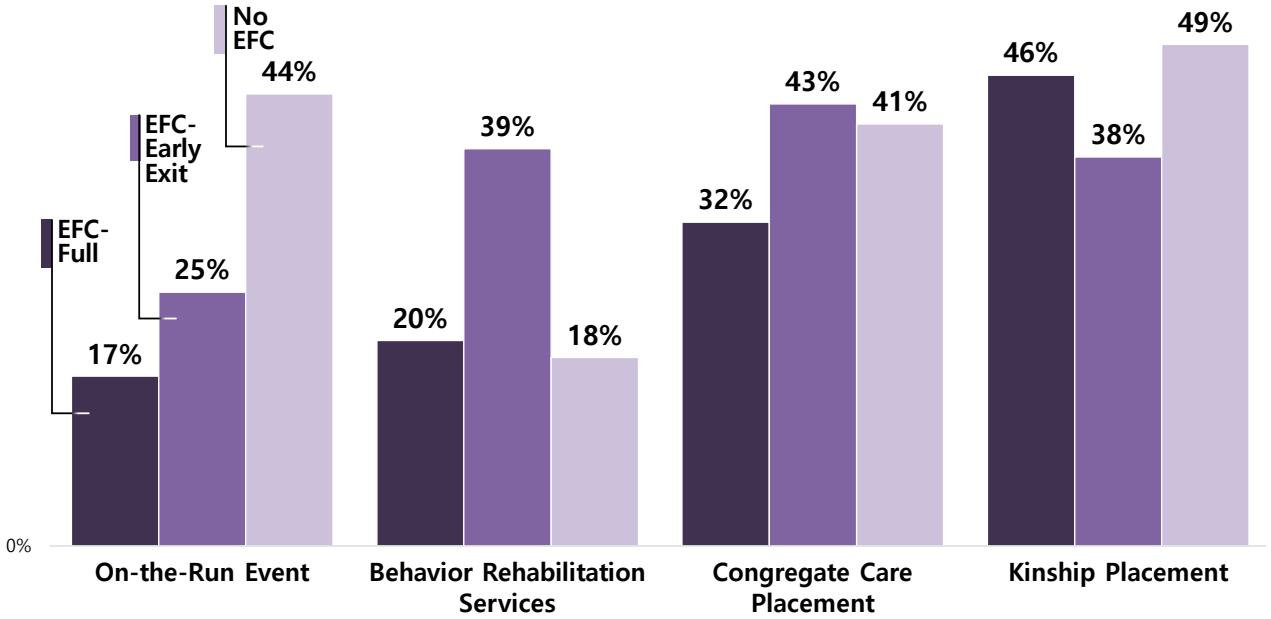
- The EFC-Full group had the lowest percentage of young adults with an on-the-run event (17 percent) or congregate care placement (32 percent).
- The EFC-Early Exit group had nearly twice the rate of Behavioral Rehabilitation Services (BRS) use (39 percent) and the highest percentage with a congregate 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.

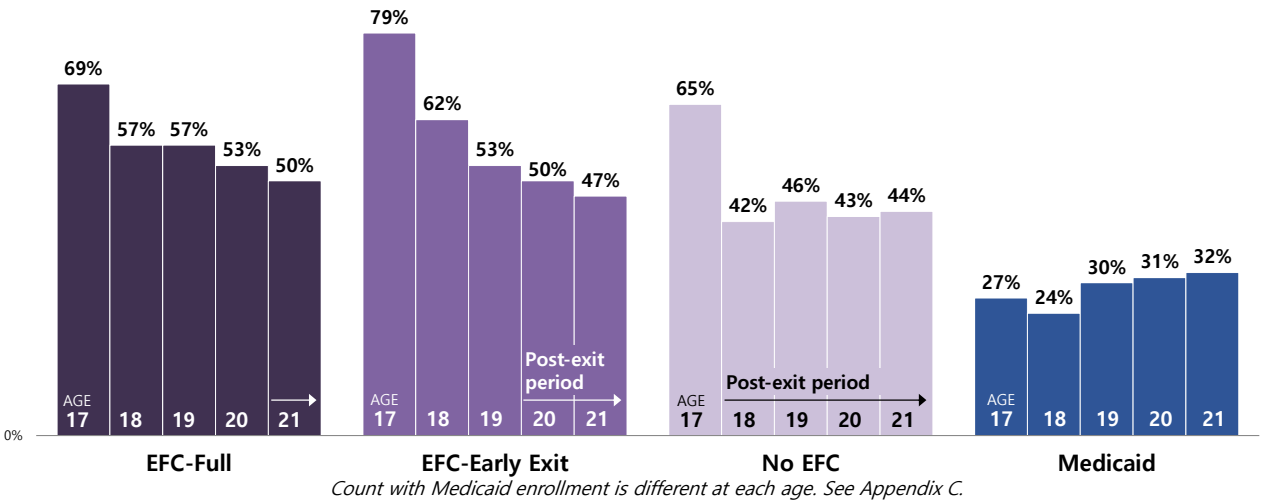
Indicated Mental Health Treatment Need

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



Count with Medicaid enrollment is different at each age. See Appendix C.

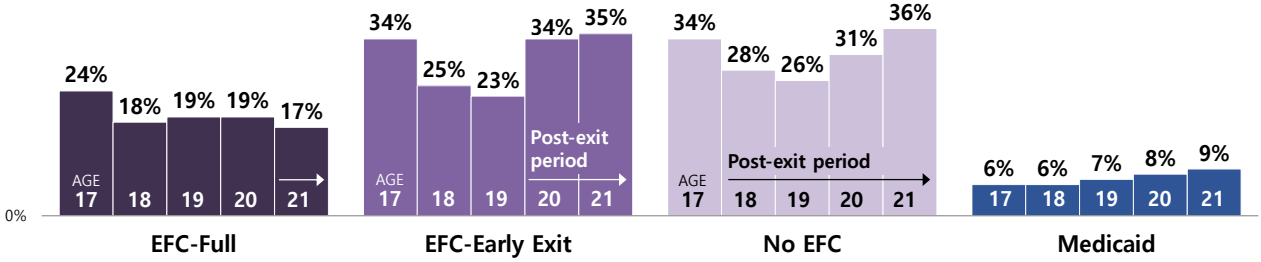
Substance Use Disorder

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



Count with Medicaid enrollment is different at each age. See Appendix C.

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

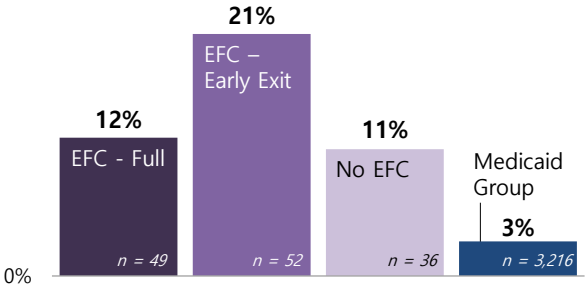
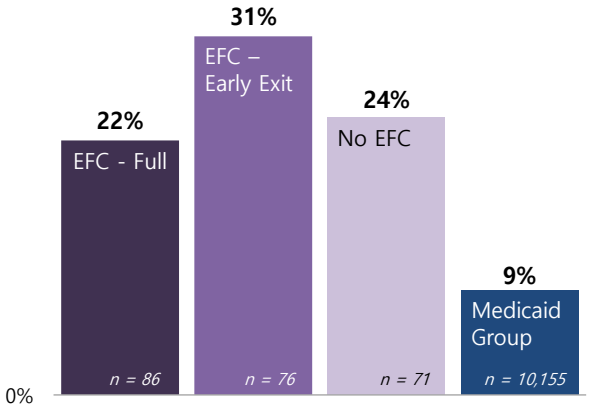


FIGURE 8.

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

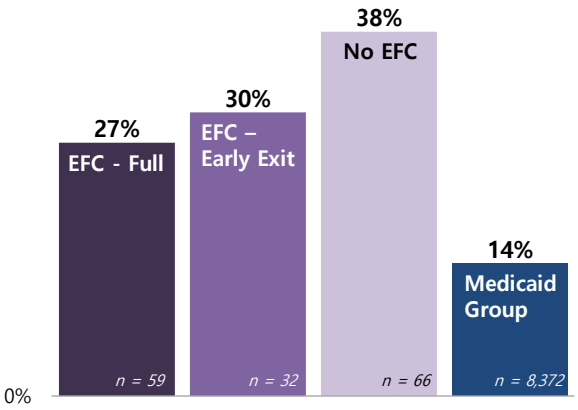
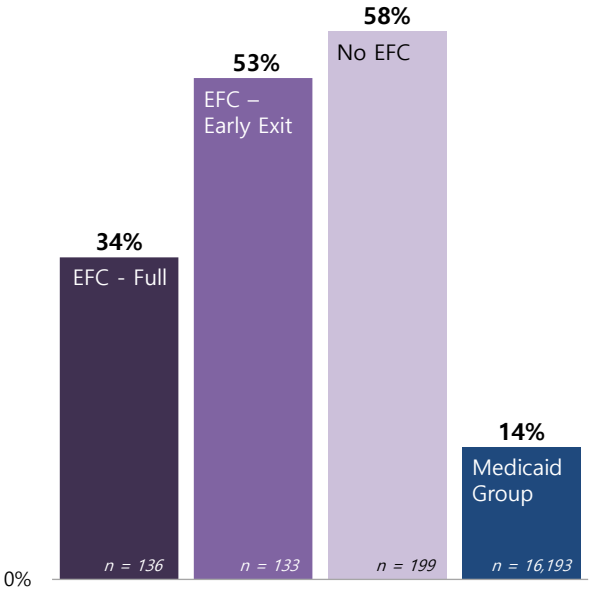


FIGURE 10.

Criminal Legal Involvement prior to 21st Birthday

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



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.

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.

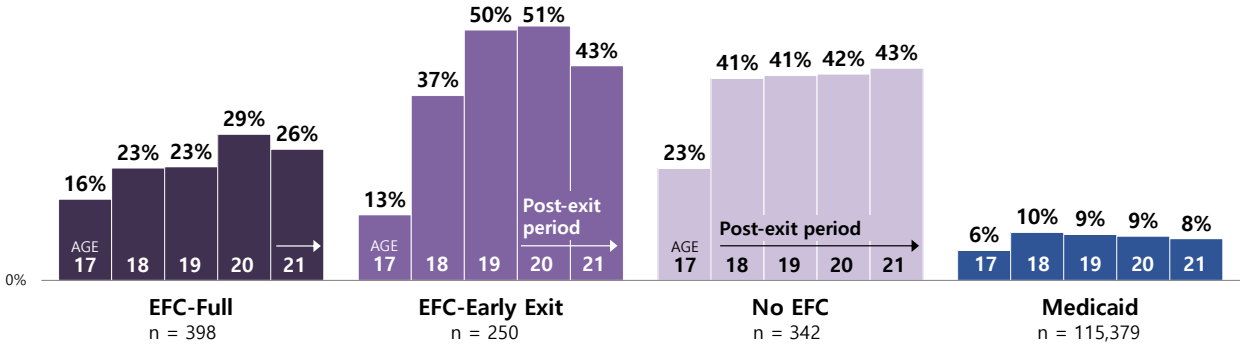
Homelessness and Housing Instability

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.

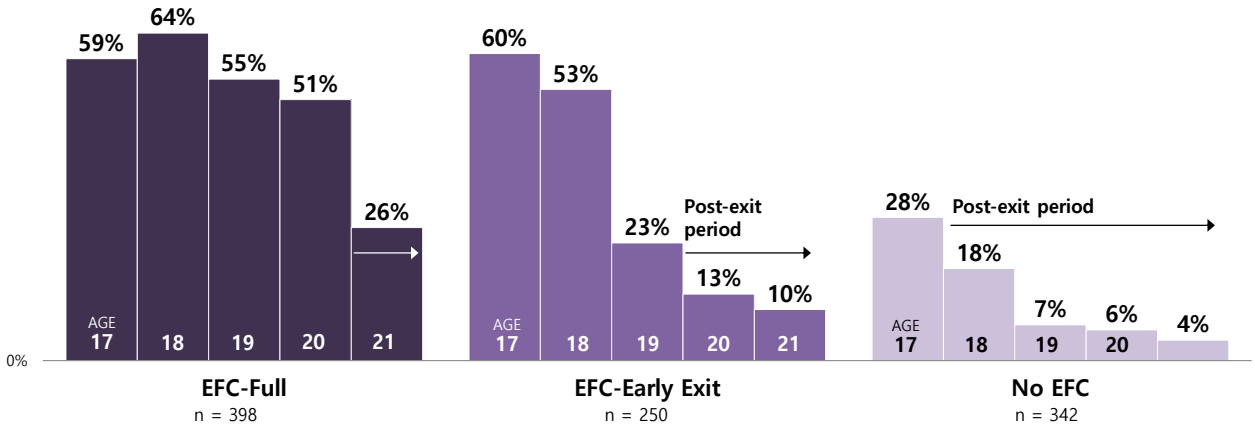
About three out of five young adults in the EFC-Full and EFC-Early Exit groups received ILS at age 17 (Figure 12). At age 18, this percentage increased for the EFC-Full group to a high of 64 percent but decreased for the EFC-Early Exit group to 53 percent. The percentage receiving ILS continued to decline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

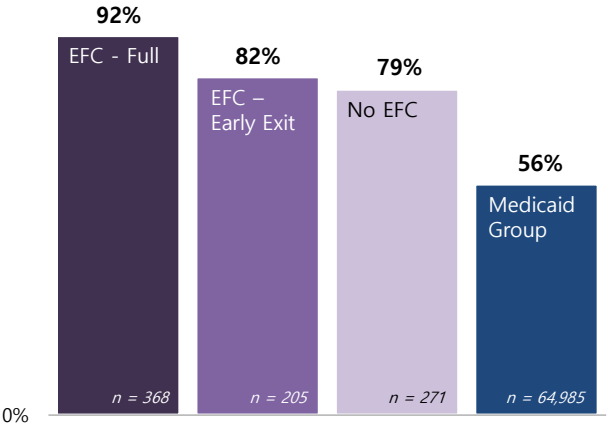
Young adults in EFC may receive SIL, foster care, kinship care, or congregate care placement services. SIL placement services are monthly stipends for young adults living in an approved setting, such as an apartment, dormitory, or shared room. A much higher percentage of young adults in the EFC-Full 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.

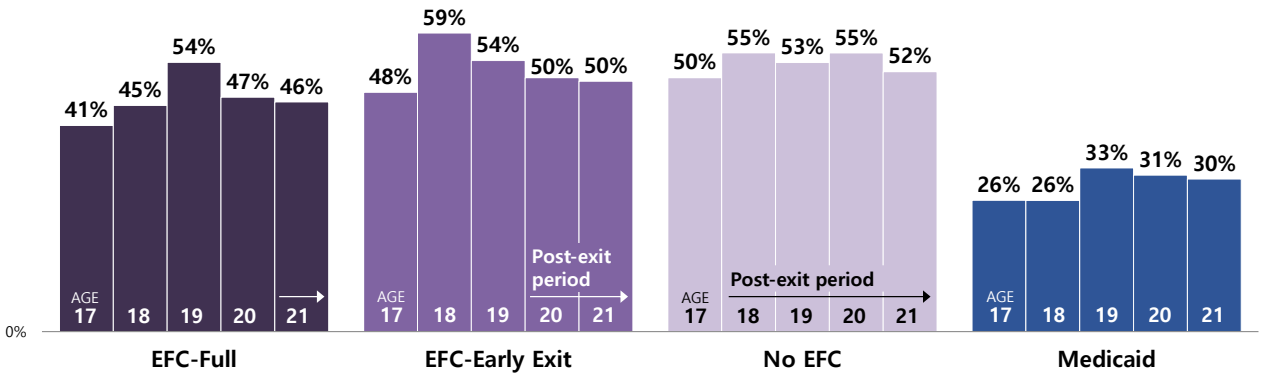
Emergency Department Visits

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



Count with Medicaid enrollment is different at each age. See Appendix D.

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

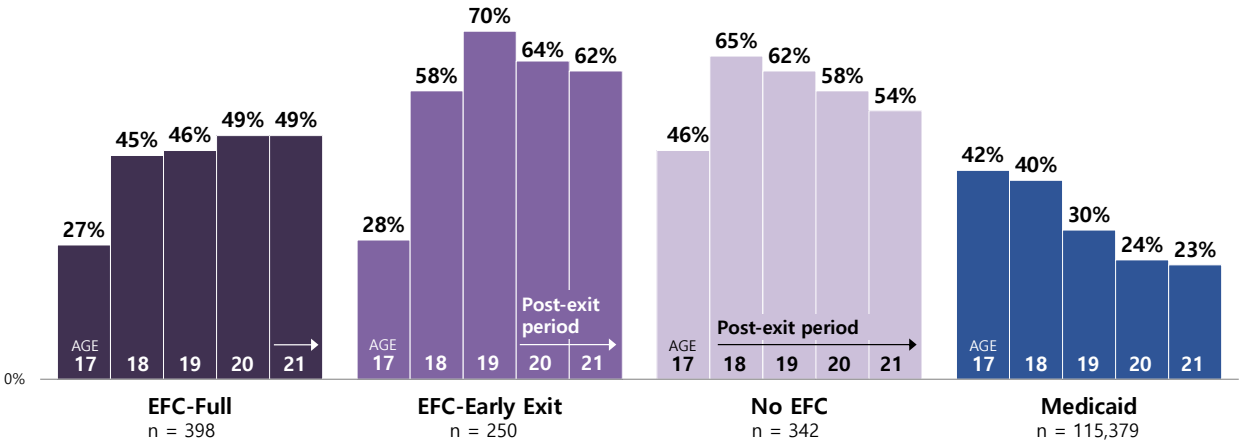
Basic Food is the name for Washington State's Supplemental Nutrition Assistance Program (SNAP) and Food Assistance Program for legal immigrants (FAP). For all foster care groups, the percentage of young adults receiving Basic Food benefits was lowest at age 17 and increased sharply at age 18 (Figure 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
Numbers in italics represent clients with homelessness or housing instability at each age (denominator for percent calculation)								
EFC-Full (TOTAL = 398)	*90*		*91*		*117*		*105*	
Housing services	14	16%	20	22%	34	29%	39	37%
Emergency shelter	---	---	12	13%	16	14%	12	11%
EFC-Early Exit (TOTAL = 250)	*93*		*126*		*128*		*108*	
Housing services	12	13%	24	19%	27	21%	21	19%
Emergency shelter	17	18%	26	21%	27	21%	17	16%
No EFC (TOTAL = 342)	*139*		*141*		*142*		*146*	
Housing services	16	12%	16	11%	17	12%	16	11%
Emergency shelter	21	15%	18	13%	13	9%	20	14%
Medicaid (TOTAL = 115,379)	*11,135*		*10,654*		*10,255*		*9,684*	
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.

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, 2021[2] (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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