



# Specialized Case Management for Young Adults in Extended Federal Foster Care

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For many decades, child welfare agencies—with few exceptions—only served children. State responsibility for the safety and well-being of children in foster care ended at age 18 (or 19, at the state’s discretion, for youth completing high school). In 2008, the Fostering Connections to Success and Increasing Adoptions Act<sup>1</sup> amended Title IV-E of the Social Security Act by giving states the option to extend eligibility for federally funded foster care to age 21. In creating extended federal foster care (EFFC), the federal government gave states a financial incentive to let young adults remain in foster care until their 21st birthday. In 2018, congress amended Title IV-E of the Social Security Act further to allow states with EFFC the option—through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee program)—to provide supportive services through age 23.<sup>2</sup>

For states to receive Title IV-E reimbursement, young adults in EFFC must also meet at least one of the following five eligibility requirements:

- completing high school or earning an equivalent credential;
- enrolling in postsecondary or vocational education;
- participating in a program or activity designed to promote or remove barriers to employment;
- working at least 80 hours per month; or
- incapable of any of the above because of a medical condition.

<sup>1</sup> “Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008,” US Department of Health and Human Services, Administration on Children, Youth and Families, Children’s Bureau, July 9, 2010, <https://www.acf.hhs.gov/sites/default/files/cb/pi1011.pdf>.

<sup>2</sup> As of February 2019, 27 states, 9 tribal nations, and the District of Columbia offer EFFC to young adults up to age 21. Sixteen states have been approved to provide services up to age 23.

States have considerable leeway to define each criterion and verify if young adults are meeting at least one. Because some states that have chosen to serve young adults have large foster care populations, most youth in foster care nationally, in theory, can now remain in care until at least their 21<sup>st</sup> birthday, if the youth elect to stay.

State child welfare systems provide case management for all people in care. A case manager helps coordinate and oversee services and meets regularly with the child or young adult. For young adults in extended federal foster care, Title IV-E established that they must

- meet with their case worker in-person at least once a month;
- develop a personalized transition plan.

Beyond the requirements above, the child welfare field does not have an accepted model or approach to providing case management for young adults, nor has the field formally defined what structure and services are best for this population.

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#### BOX 1

##### Key Terms

*Case management* is a function that professional staff perform to assess child and family needs, set goals, and coordinate services that help children and families achieve those goals.

*Specialized case management* is not a child welfare term in standard use, but this brief defines it as a case management structure that combines a dedicated workforce with special training or qualifications for working with transition-age youth and young adults, additional supports or supervisory structures, and/or practice strategies that recognize the specific needs of transition-age youth.

*Minors*: people under age 18

*Youth*: people ages 14 to 18

*Young adults*: people ages 18 to 21 and older

*Transition-age youth*: people currently or formerly in foster care ages 16 to 21 and older

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Child welfare case management is deeply rooted in the experience and approach of caring for minors, but caring for young adults requires a shift in approach. Young adults' developmental needs differ from children's needs (Courtney et al. 2018); young adults need access to public systems that serve adults rather than minors; and foster care itself becomes voluntary in most jurisdictions—meaning young adults may choose whether to remain in care—at age 21 (or 23 in some states). The field is grappling with these shifts and how the child welfare system should respond.

This brief describes how some states currently provide specialized case management for young adults, meaning case managers work with transition-age youth over age 18 in EFFC to meet their specific needs. As more states come to serve young adults, we expect child welfare agencies will have common questions about approaches and may benefit from learning what other jurisdictions are doing.

We were interested in specialized case management, specifically, because we wanted to bring together states that at a minimum had arranged distinct teams or procedures and in that process would have experiences to share. Our aim is to present service goals and challenges, highlight current and emerging program and policy practices, and consider potential questions for future research.

## Methodology

Researchers from the Urban Institute and Chapin Hall at the University of Chicago identified 17 states, counties, and communities with EFFC that use some form of case management specifically targeted to young adults. This specialized case management must be provided by a team or individual case managers with an older-youth-only caseload.<sup>3</sup> We identified states by scanning the websites of the 24 states, plus Washington, DC, with EFFC in fall 2017. We invited child welfare administrators from these states who were knowledgeable about their specialized case management models to participate in a convening in Washington, DC, in October 2017. Officials from the following 12 jurisdictions attended the convening and/or spoke to us by telephone about their specialized case management model: California, Connecticut, Hawaii, Illinois, Indiana, Maine, Massachusetts, Minnesota, Oregon, Texas, Washington, DC, and West Virginia. Table 1 lists the four major themes and questions discussed at the convening.

TABLE 1

### Themes and Questions Surrounding Specialized Case Management

| Themes  | Questions   |
|---|---|
| Functions and reasons for specialized case management | <ul style="list-style-type: none"> <li>■ For young adults in extended care, what is the core problem that case management aims to solve?</li> <li>■ Why have specialized case management for young adults?</li> <li>■ Does “specialized” case management matter? Should all youth have access to specialized case management?</li> </ul>  |
| Core services and service coordination                | <ul style="list-style-type: none"> <li>■ What services are included as part of specialized case management? What determines who gets which services?</li> <li>■ Does or should specialized case management involve a set of core services that all or most young adults receive? Why or why not?</li> <li>■ What are major challenges of providing services?</li> <li>■ What are the different agencies, institutions, and types of providers involved in serving young adults in extended care?</li> <li>■ How does coordination across these different agencies and institutions work in your state or jurisdiction? What are the challenges?</li> <li>■ For states and jurisdictions that contract out case management functions, how are services coordinated and divided?</li> </ul> |
| How context matters for specialized case management   | <ul style="list-style-type: none"> <li>■ What settings and conditions seem the most appropriate for specialized case management approaches? How do geographic location, population size, and child welfare structure matter?</li> <li>■ Should all young adults in extended care be offered these services? What population(s) in what settings benefit most from these programs?</li> </ul>  |
| Defining specialized case management                  | <ul style="list-style-type: none"> <li>■ What core needs of young adults does specialized case management aim to address?</li> <li>■ Is specialized case management an appropriate model for every jurisdiction?</li> </ul>   |

<sup>3</sup> We are focusing here on EFFC young adults only, though we recognize that some states and tribes specialize under age 18.

Federal agency staff from the US Department of Health and Human Services—including the Children’s Bureau and Office of Planning, Research, and Evaluation—state and local child welfare agency officials (primarily from the jurisdictions that participated in the initial round of interviews), and two young adult consultants who had formerly been in foster care attended the convening with the research team from the Urban Institute and Chapin Hall at the University of Chicago. The convening generated a rich discussion about the topics above and raised additional questions. What follows is a synthesis of what we learned from the state officials and the major themes that emerged during the convening.

Below, we organize the discussion from the convening in four parts.

- We first describe a **child welfare system for young adults** and how the larger system and subsequent case management services change in response to serving young adults in care. We note that these observations apply whether a system uses specialized case management or a general approach to case management.
- Second, we discuss **specialized case management** and the types of services it entails for young adults. We also discuss those jurisdictions’ decisions to specialize, although we note that even the core set of services they offer may not be unique to states and counties using specialized case management.
- Third, we address **creating a responsive child welfare system for young adults** and three examples of challenges states may face: handling regional differences in local child welfare philosophies, policies, and resources; coordinating services among multiple providers; and supporting case managers and other staff who frequently experience high levels of stress as they help young adults make critical life decisions.
- Fourth, we consider **areas for future research and better data**, presenting questions convening participants raised about building knowledge about specialized case management and what young adults in extended foster care need.

## A Child Welfare System for Young Adults

The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) provided states with funding that could be used to support youth beyond age 18. At the time, fewer than 25 states were offering foster care services to young adults. It is challenging to provide an exact number for how many states offered state-funded extended care before EFFC because services provided and eligibility criteria varied greatly. In order to receive federal funding under Title IV-E for foster care services provided to young adults, states were required to adopt federal eligibility criteria and provide ongoing monitoring and reporting on service expenditures. As of 2017, 46 states provided some form of services or supports to youth beyond age 18; however, only 27 states, 9 tribal nations, and the District of Columbia offer EFFC to young adults up to at least age 21.

Whether a child welfare system has served young adults for many years or only a short time, all states and counties with EFFC are likely to consider how their system and its case management practices should respond to best serve young adults. Administrators and providers using specialized case management approaches highlighted key contrasts between their child-serving and young adult-serving systems. These differences likely apply to any system with extended foster care, even if that system does not use specialized case management.

## How Systems Respond to the EFFC Option

Child welfare administrators may recognize competing priorities, tensions, or shifts in responsibilities as they serve young adults.

### COMPETING PRIORITIES: RETURN HOME OR “AGE OUT” OF THE SYSTEM

States, counties, advocates, young adults, foster parents, relatives, and others may have different philosophies about extended foster care’s goals, and those differences can affect what the child welfare system emphasizes. Is the goal to achieve permanency for as many young adults as possible so they exit the system before they would otherwise age out? Or is the goal to keep young adults in care until age 21 so they can receive additional supports to help them achieve success in adulthood?

These competing philosophies trickle down to case managers’ day-to-day practice decisions. During the convening, participants discussed tensions between pushing toward permanency (i.e., adoption, legal guardianship, or reunification) and advising young adults to remain in care until emancipation to receive more services. A convening participant who had formerly been in foster care described having to “work hard to stay away from my family” when the system pushed for reunification. That participant “knew the system could support me better [than my family].”

Since in some states young adults may be adopted after age 18, some providers wondered whether extended foster care discourages these later adoptions or reunifications. Other providers reported that their states tended not to pursue adoption or reunification after age 18. Using a hybrid approach, one state arranges youth and family team meetings as early as possible and provides financial support to allow young adults to go home to their parents three to six months before the young adult would age out or “emancipate.”

### A RIGHT VERSUS A PRIVILEGE

Another philosophical difference between jurisdictions is whether they consider extended care a “basic right” or a “privilege.” Those holding a rights-based view try to encourage even reluctant young adults to stay in care and/or offer second chances to young adults who leave care and want to return. By contrast, jurisdictions that view extended care as a privilege may emphasize that extended care is best suited for young adults who are interested and prepared to engage in services and maintain their eligibility.

This philosophy of right versus privilege can vary within states or counties and among different offices and case managers. Sometimes the variation within a jurisdiction may relate to differences in

basic living costs and the likelihood that young adults who leave care will be able to find a job that pays enough to support themselves and maintain stable housing.

### **SHIFT IN AGENCIES' RESPONSIBILITIES**

States may largely contract out services for young adults for numerous reasons. Services provided to young adults tend to address needs related to independence or the transition to adulthood. As a result, these services are quite different from those for young people under 18, and it may be more efficient for states to contract them out rather than develop entirely new programs for a comparatively small percentage of their foster care population. When states or counties do this, however, they may assume less responsibility for the outcomes of young adults in care. Jurisdictions may grapple with whether the system can or should relinquish responsibility for young adults' outcomes to the service contractors.

### **How Case Management Changes**

Case management for young adults focuses on tools for living independently of the child welfare system by age 21 and is generally provided by the child welfare agency or a mix of child welfare agency case managers and providers under contract with the agency. Life skills training, education and employment support, mental health services, and budgeting and financial education are common services. The services young adults receive are often influenced by what providers in the area can supply, caseload size, and the capacity of the child-welfare workforce. Because young adults in foster care have diverse needs, case managers may be responsible for serving and supporting the young adults in many ways. For example, youth in college, youth with full-time employment, young parents, young adults who have disabilities or are medically fragile, those who need immigration assistance, or those who identify as LGBTQ may need different resources. Young adults with more complex needs may require additional assistance and advocacy to effectively navigate the child welfare system and transition to community-based supports and adult-serving systems (e.g., the adult mental health system).

Whether the young adults have complex needs or not, child welfare case managers approach their work differently when serving young adults compared with serving children. We highlight some examples below.

### **GREAT RESPONSIBILITY IN LIVING SITUATIONS**

Youth under age 18 should live in settings where adults are responsible for their well-being and supervision on a full-time basis. Providers at the convening noted that in some settings, young adults may no longer have supervision 24 hours and 7 days a week or another adult (whether a foster parent, family care giver, or group home case manager) responsible for keeping eyes and ears on them. Young adults in care are less likely to have an adult who is supervising them or providing information to the case manager, who may only see the young adult once a month.

## LISTENING TO YOUNG ADULTS

Case management for young adults requires careful listening and recognizing and respecting their autonomy as adults to make many decisions that children would not be considered old enough to make on their own (e.g., where to live). Therefore, case management needs to be highly individualized.

## HELPING CONNECT TO ADULT-SERVING SYSTEMS

Case managers work with foster care providers to ensure the needs of minors in care are addressed by relevant child-serving systems (e.g., elementary and secondary education and health systems). In contrast, case management for young adults in care involves helping young adults become increasingly adept at accessing help from adult-serving systems (e.g., postsecondary education, workforce development disability services, health and mental health, and criminal justice) on their own. In other words, case managers working with young adults need to become familiar with systems that case managers for minors seldom encounter, and they need to more actively involve the young adults on their caseloads in engaging with other systems.

## GRADUALLY “STEPPING DOWN” SERVICES

In addition to respecting young adults’ preferences, case management in some states and counties involves deliberately and gradually withdrawing support over time to facilitate the transition to independence. Some providers described “stepping down” services as young adults aged. One state described paying the full costs of rent, cell phone service, and transportation initially and then gradually reducing the amount of assistance until young adults were paying the entire amount before turning 21. Another state’s approach was to fully fund the cost of living for young adults for the first 10 months and then at month 11 begin reducing the amount of funding they received by 25 percent each quarter.

## SOMETIMES STEPPING BACK IN

Some case management services are organized around the belief that young adults need to test their independence during the extended foster care time period. Some states allow young adults to leave and come back into care before age 21 if they change their minds. The providers described making sure youth have information about how to return to care and know about a 24-hour hotline number where they can get help.

# Specialized Case Management

## Decision to Use Specialized Case Management

Some child welfare systems try to address young adults’ distinct needs by providing specialized case management services. Specialization can take many forms but typically involves combining a dedicated workforce with additional training or qualifications for working with transition-age youth and young adults, different supports or supervisory structures, and/or distinct approaches designed around the young adults’ specific needs.

Administrators and providers whose agencies adopted a specialized case management approach typically cited two reasons for specialization. The first is to better manage and respond to inconsistencies in practices across localities. The second is to better support the housing, workforce, and transition needs of young adults that set them apart from children in foster care. Importantly, these same administrators and providers recognize that specialized case management is not well suited to every jurisdiction—especially jurisdictions with small numbers of young adults in extended care. Moreover, some administrators asserted that nonspecialized case management may be equally responsive to the circumstances and challenges of those young adults.

States cite a variety of reasons for intentional adoption of specialized models, including research on young adults' developmental needs and the trajectories and outcomes of young adults who received additional targeted supports. However, research on how to provide these services is extremely limited, as are evaluations of these models. As such, it is difficult to say conclusively whether a specialized approach yields better outcomes for young adults or what should drive the decision to develop a specialized approach.

## **Benefits and Challenges for Case Managers and Young Adults**

States adopting a specialized model emphasized the benefits of specialists—people the young adults can trust to support them as they navigate the transition to adulthood—in meeting young adults' needs and challenges. Specialized case managers can focus on building expertise in key areas such as available services, adolescent brain development, and authentic youth engagement. They can also further specialize to best serve young adults needing more complex support, including young adults who are pregnant and parenting or young adults with developmental disabilities or mental health needs.

While administrators and providers whose states or counties have specialized young-adult case management emphasized the benefits for both case managers and young adults, they also identified some challenges. Though providing young adults with someone who helps them navigate the transition to adulthood may be a benefit, the arrangement often also means having a new case manager at age 18. The young adult may lose an established relationship and need to form a new connection during a transition. Additionally, some administrators and providers felt that all case managers—not just those specialized for young adults—should have a strong, broad base of knowledge and be able to connect and refer young adults, particularly those with complex needs, to the right supports. One participant compared ideal case managers to primary care physicians who are adept with children and young adults of all ages.

## **Benefits and Challenges for Child Welfare Systems**

Specialization also comes with benefits and challenges at a systems level. One of the benefits convening participants mentioned was the ability to set standardized expectations for case managers related to serving young adults and provide case managers with dedicated resources to address young adults' needs. Specialized case managers' tasks are different from those of nonspecialized case managers who

may require different training. More targeted supports for case managers who work with young adults may lead to better performance and workforce retention.

Specialization also comes with system-level challenges. Some jurisdictions do not have enough young adults in care at the same time to support a specialized case management approach. Several convening participants noted that specialized case management may only be feasible for young adults in larger urban areas, leading to inconsistent service delivery within the same state or county for young adults living outside more populous areas.

## Examples of Specialized Case Management

Three jurisdictions provided examples of their specialized case management approaches. We chose these jurisdictions to highlight different structures states use to implement specialized case management. In Illinois, which has a history of serving young adults that predates EFFC, most case management services are contracted out to private agencies. Indiana takes a different approach in which services are contracted out but all case management for young adults in EFFC is provided directly by state employees. Finally, Oregon provides an example of an emergent system that encapsulates a range of service provision models based on local need and context.

### ILLINOIS

Illinois has had EFFC care since October 2010 and has served young adults in foster care through age 21 using a combination of state and federal funds since 1987.<sup>4</sup> While case management services are delivered by private contractors, the state sets goals and standards and implements training for these providers.

### INDIANA

Indiana has had EFFC since July 2012. Indiana provides all case management services through state workers but all other services through private providers. This model allows for both consistency and flexibility when it comes to meeting the needs of a diverse group of young adults.

### OREGON

Oregon has had EFFC care since April 2011. Oregon's specialized case management system emerged from existing practices around serving teenagers under 18. 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.

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<sup>4</sup> The Juvenile Court Act of 1987 added a provision about extending care to age 21 if "good cause" for doing so could be shown.

TABLE 2

## Three Examples of Specialized Case Management Approaches

|   | Illinois  | Indiana  | Oregon   |
|---|---|--|--|
| <b>Ages</b>   | <ul style="list-style-type: none"> <li>17.5–21 for Transitional Living Program (TLP)<sup>a</sup></li> <li>19–21 for Independent Living Option Program (ILO)<sup>b</sup></li> </ul>  | <ul style="list-style-type: none"> <li>16–21, though must opt into continued collaborative care at 18</li> </ul>   | <ul style="list-style-type: none"> <li>13–21</li> </ul>  |
| <b>Eligibility</b>  | <p>TLP<sup>c</sup></p> <ul style="list-style-type: none"> <li>Working on high school diploma, GED, vocational training, or working</li> <li>Permanency goal of Independence</li> </ul> <p>ILO<sup>d</sup></p> <ul style="list-style-type: none"> <li>High school diploma or GED</li> <li>Currently working</li> <li>Stable placement for six months before referral</li> <li>Permanency goal of Independence</li> </ul> | <ul style="list-style-type: none"> <li>Must sign voluntary agreement if child welfare case is closed<sup>e</sup> or CHINS or JD/JS case is closed</li> </ul>           | <ul style="list-style-type: none"> <li>All teens in jurisdictions with teen units (special units that serve teenagers) are eligible for a teen worker</li> <li>Smaller areas may have a specific worker designated as the teen worker</li> </ul> |
| <b>Who provides case management</b>                       | <ul style="list-style-type: none"> <li>The private agency programs and provides full case management; they follow guidelines overseen by state workers</li> </ul>   | <ul style="list-style-type: none"> <li>Public agency collaborative care case managers (3CM)</li> </ul>   | <ul style="list-style-type: none"> <li>Public child welfare agency workers</li> <li>Larger jurisdictions have teen workers</li> <li>Some contracted independent living service providers assist with service coordination</li> </ul>             |
| <b>Frequency of contact with older youth/young adults</b> | <ul style="list-style-type: none"> <li>TLP youth are seen weekly by case managers and have 24-hour supervision</li> <li>ILO youth are seen twice a month</li> </ul>   | <ul style="list-style-type: none"> <li>Monthly, though most meet or communicate more frequently</li> </ul>   | <ul style="list-style-type: none"> <li>Child welfare agency workers are required to see youth at least once a month, face-to-face</li> <li>IL providers see youth at least once a month, face-to-face (only serve 16–20 year olds)</li> </ul>    |
| <b>Caseload includes older youth/young adults only</b>    | <ul style="list-style-type: none"> <li>The case manager has a caseload of 10 and only serves those in the ILO/TLP program</li> </ul>  | <ul style="list-style-type: none"> <li>Yes</li> <li>Manages cases by placement (location), and not by court—unlike for the younger child welfare population</li> </ul> | <ul style="list-style-type: none"> <li>Teen unit may serve as young as 13</li> <li>Not all jurisdictions have teen units or teen workers</li> </ul>  |

**Notes:** <sup>a</sup>The Transitional Living Program (TLP) provides supervision and case management services to prepare young adults ages 17 to 21 to live independently after transitioning from the child welfare system. <sup>b</sup>The Independent Living Option Program (ILO) provides case management and support services to assist youth ages 19 to 21 to live independently while preparing for their transition to adulthood. <sup>c</sup>Additional TLP eligibility criteria: treatment needs are manageable with adult support and the support of community-based treatment resources; foster care is not a viable option for meeting the youth's needs. <sup>d</sup>Additional ILO eligibility criteria: foster care is not appropriate; treatment needs are manageable with adult support and the support of community-based

treatment resources; basic skills necessary for self-sufficiency are present; currently working for at least 45 days of verifiable employment before referral, at least 15 hours or more a week, or enrolled in and attending an accredited college or vocational school program full time for at least one semester; demonstrated capacity to save money, some savings preferred; ready, willing, and able to engage in discharge planning; demonstrates the ability to provide safe and appropriate care for their child(ren).

<sup>e</sup>Includes CHINS (Child in Need of Services) and JD/JS cases.

## Creating a Responsive Child Welfare System for Young Adults

Given differences in structures and approaches to case management, specialized or otherwise, a responsive child welfare service system will look different depending on the context. We discuss several contextual factors that can affect child welfare service systems' responsiveness to young adults in extended care.

### Handling Regional Diversity

Differences in philosophies, policies, and resources within a state can make implementing a statewide standard for young-adult case management in EFFC very challenging. Participants believed that ensuring all young adults can receive the same services is important, regardless of where the young adult lives and what case management models are used in their area. Similarly, as young adults become more mobile, states must also consider how services and resources (e.g., mental health services or life skills training) can be made available wherever young adults move. Administrators and providers reflected that making services available more equitably sometimes requires giving providers incentives to locate in a particular geographic area. Young adults in extended care can also lose access to certain funding sources when they move from one county or state to another. States may need to rethink how they allocate funding across counties and service providers to ensure that young adults in extended care continue to receive support regardless of where they live.

Within-state variation in case manager training can also be a challenge. Providers in one state standardized training by designating one state office to train case managers in different counties and by bringing case managers together every month or two to ensure that training is standardized.

### Coordinating Services

Young adults in extended care who are working with multiple service providers from both public and private agencies may have a difficult time knowing where to go for various needs. Providers also face the challenge of effectively complementing each other's work and knowing who carries the responsibility for addressing certain needs. Several convening participants stressed the importance of providers and case managers physically meeting to plan, coordinate, and implement services for young adults in extended foster care. One state has designated transition centers where case managers and contracted service providers can meet.



- Are youth with specialized case managers receiving different services than their peers?
- Are the service uptake rates of youth with specialized case managers higher than their peers'?
- Are youth with specialized case managers likely to stay in care longer than their peers?
- Are youth with specialized case managers receiving services from community-based or other providers with whom they can maintain a relationship after they transition out of care?
- Are youth with specialized case managers more likely to have an independent living needs assessment than their peers?

Answering these and other questions requires appropriate data. The National Youth in Transition Database (NYTD) is one source of data on service receipt and outcomes (e.g., employment, educational attainment, connection to an adult, parenthood), but it does not provide information about whether young adults received specialized case management. Some convening participants described outdated child welfare data systems unable to accurately track young adults coming into and out of extended care. Reliable data are essential for understanding how young adults in extended foster care are faring. Many suggested needing improved data sources and better ways to track young adults across systems.

Convening participants also suggested focusing more on how data sharing across systems can improve case management practice. In one jurisdiction, a young adult readiness assessment is being used agency-wide and by all residential placement providers. The standardized assessment means that everyone involved in a young adult's care has access to the same information and can keep track of who is involved and doing what in partnership with the young adult. Currently, such a platform does not exist across states, but many jurisdictions would find the information sharing useful.

## Conclusions

States participating in EFFC will continue to grapple with how to serve young adults in traditionally minor-serving child welfare systems. Some states are using a case management approach specialized to meet the unique developmental needs of young adults. The benefits of this approach include more standardized expectations and an increased ability to support case managers with special training and resources to serve young adults. Some challenges associated with this approach include having too few young adults in some jurisdictions to make specialized case management feasible and the potential loss of established relationships when young adults transition to a specialized worker at age 18. Specialization may also remove the responsibility of child welfare agencies to prepare all case managers with basic tools and broad knowledge about all age groups the system serves.

Whether or not they choose to provide specialized case management, states and counties with EFFC can take steps to create child welfare systems that are responsive to young adults and that ensure more consistency, quality, and equity. They may do this by developing strategies to handle regional differences in service provision; taking deliberate measures to coordinate the services offered; providing case managers and other staff with tools, training, and support through supervision and

manageable caseload sizes; and engaging in research and evaluation to understand what practices work best.

Currently, the child welfare field has limited capacity to assess how young adults in extended foster care are faring or to track the services the young adults need and receive. While data sources like NYTD are a starting point, child welfare agencies must improve their data systems and data-sharing capacity to better know what services young adults are receiving, learn what works and what doesn't, and identify the best options for young adults in extended foster care.

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**SUBMITTED TO**

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