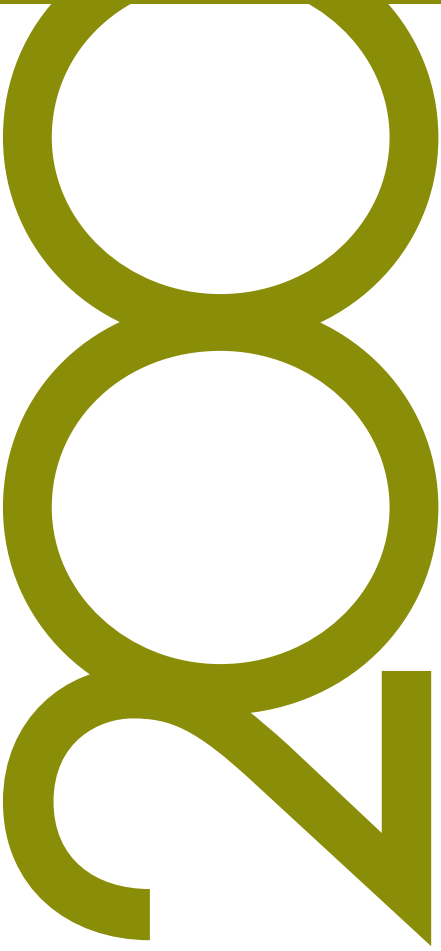




2008 Report of Independent Living Services for Florida's Foster Youth

INDEPENDENT LIVING SERVICES ADVISORY COUNCIL



James | by Alena's Photography

Pashon



Pashon is 18 years old and is a first year student at Hillsborough Community College. She lives in housing and is a cheerleader for the HCC basketball team. Using her matched savings from the Jim Casey Youth Opportunities Initiative Opportunity Passport™, Pashon was able to purchase her new car.

James



Cover photo by Alena's Photography

James enjoys anything sports-related. In fact, he wants to be a professional athlete and practices by playing football on an organized team.

His shy, reserved manner is surprising at first given his athletic build and big bright smile. Talk football with James and his energetic personality comes beaming through.

James also likes all outdoor activities, watching television and playing video games. In school, he enjoys his math class the best.

James says that he would like to live in a state that gets cold and has snow. His ideal family would be one that is active, and comes with a younger child that he can be a big brother too.

Courtesy of:



Family Support Services
OF NORTH FLORIDA, INC.
SERVING DUVAL AND NASSAU COUNTIES

and



Executive Summary

Each year the Independent Living Services Advisory Council has provided a report on the status of independent living services for those youth, who through no fault of their own, live outside of their birth families in foster families, group homes and institutions and are among those at greatest risk. Research and these youth's stories are clear that they face numerous barriers to a successful transition to adulthood.

Barriers exist for these young people in their educational attainment, health care services, lack of stability in foster care placements and school, an inability to participate in age appropriate normal activities, unavailable housing, lack of economic stability and the lack of connections with permanent supportive adults or "family".

As of July 1, 2007, there were 4515 youth age 13 through 17 in licensed foster care eligible for independent living services and 4630 young adults formerly in foster care age 18 through 22 potentially eligible to receive independent living services.

Florida has designed an array of services to support older foster youth and former foster youth with the goal that these youth becoming independent self-supporting young adults. These services are funded through a web of federal grants, general revenue dollars, and national, state and community private funds. The Florida laws relating to independent living programs have been revised in the last

Every youth who leaves the care of the state should be educated, housed, banked, employed and connected to a permanent supportive "family" by the time they reach 25.

three legislative sessions and continue to be very good by national standards and comparison.

Over the past year the Legislature, Department of Children and Families, the Florida Coalition for Children, the providers of services, the judiciary, advocates, the private philanthropic community and the citizens of Florida have continued to work together to identify and meets the needs and challenges of youth who age out of the foster care system.

However, given the realities of our national and state economy we must move from the voices of support and good intentions by actively engaging our best asset, our current and former youth from the foster care system and by insisting that practice be consistent and effective in changing the outcomes for these young people and that those who are responsible across the systems of care demand accountability to those standards and no less. We must do better.

The Legislature charged the ILSAC with the task of reviewing and making recommendations concerning the implementation and operation of the independent living transition services. The volunteer members of the Council have endeavored to meet these tasks and provide the Legislature with this report and recommendations.

NEW RECOMMENDATIONS FOR 2009

Legislative Recommendations

The legislature should:

Support the Department of Children and Families legislative budget request for \$6.9 million in funds and make these reoccurring funds. The legislature should insure at least the minimum match to maximize federal funding so as not to endanger the Federal Title IV E waiver status.

Strengthen existing laws to ensure youth and their attorneys can obtain their records. Youth call their lack of access to their own records "identity theft." Records from time in custody must be provided to the youth and when permanency is achieved to the family, biological or adoptive.

Establish presumptive Medicaid eligibility for any youth as long as they are in the dependency system regardless of placement type or geographic location.

DEPARTMENT RECOMMENDATIONS

The Department should:

Continue the work in progress and implement the recommendations not addressed as identified in the chart under Accountability section (on page 6)

Require that DCF and AHCA establish a system to check Medicaid eligibility of children on a daily or at least weekly basis to assure continuity of care and prevent inappropriate disenrollment or changes in physical or behavioral health plans.

Children and youth who have been abused, neglected or abandoned should be presumptively identified as being in crisis and should receive immediate services for physical, behavioral or developmental disability assessment and services.

DCF, APD, and the CBCs need to develop and implement specific procedures to transitioning youth who have developmental disabilities and are aging out of foster care in order to receive timely services

through APD or the Early Periodic Screening Diagnosis and Treatment provisions of the Medicaid program.

DCF needs to work collaboratively with DOE to implement the actions recommended by Florida's Children First in "FCF Recommendations for Inter-Agency Actions to Improve Educational Opportunities for Florida's Foster Youth".

Require CBC's to establish a statewide system of portability of any services and funds so that youth over the age of 18 may access the supports they need in the counties in which they live. At a minimum this should be required for transition and aftercare funds and services; which often require immediate attention to prevent homelessness

A. Introduction and Accomplishments of the Past Year

The John H. Chaffee Foster Care Independence Act provides federal funding to assist children in foster care that are likely to remain in foster care until 18 years of age and to help young adults who are former foster children.

In addition the Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 was recently enacted. This Act includes:

- Kinship Caregiver supports
- Assistance to Foster Youth Up to the age of 21
- Requirements for Educational Stability
- Improving Oversight of Health Care
- Requiring reasonable efforts at keeping Siblings together
- Extending and Improving Adoption Incentives
- Promoting Adoption Tax Credits

Florida law provides independent living services for these youth including pre-independent living services to prepare youth for transitioning out of foster care. For young adults who have left foster care, Florida law provides for aftercare services, transitional support services and the Road to Independence Program, (RTI) which assists students who are in high school and those who have enrolled in post secondary education.

While the state is the custodian of these young adults, the transition from foster care to successful adulthood requires intensive and coordinated efforts by many, to provide the support and encouragement that these young people need to become engaged, responsible and productive adults.

1. The Florida Youth Leadership Academy is a new program designed last year to build youth leaders by providing skills training and an opportunity to partner with an adult sponsor who is a graduate of the Child Welfare Leadership Academy. In August 2008 the Florida Youth Leadership Academy graduated its class through joint sponsorship by DCF, Connected by 25 Initiative, Jim Casey Youth Opportunities Initiative and the Child Welfare Leadership Program Alumni Association.
2. The number and scope of trainings and publications have increased dramatically in the past year. It has become routine for local, regional and state convening's to include youth as speakers and trainers. There is an ongoing and concerted effort to reach all of the disciplines, systems and individuals who have contact with youth in the system.
3. Independent Living Transitional Services Critical Checklist for all 13 + youth in care and those 18 to 23 year olds receiving services was created in and implemented in 2007. This important collaborative survey provides a baseline for the status of these young people and

the annual survey to be completed by Dec 31, 2008, will provide the first glimpse of the challenges and accomplishments of the service continuum for youth in Florida.

4. National Youth in Transition Data Base (NYTD)

The Federal Government has finally released the requirements for data collection on youth outcomes for federal Chaffee funding. Florida is playing a lead role in collaboration with the American Public Human Services Association NYTD workgroup. Deputy Secretary Don Winstead is chairing a nationwide advisory group to ensure that implementation of NYTD is accomplished most effectively. The Advisory group is focused on:

- Developing a national template for a survey instrument
- Determining additional data elements that should be collected in addition to federally required elements
- Recommending best practices for locating youth formerly in foster care and for collection of this information from youth formerly served by foster care systems.

5. Butterworth Endowment

Upon the resignation of Secretary Butterworth from his leadership role in the Department of Children and Families, an endowment fund was created to support youth aging out of foster care and their educational needs. This fund is being administered under the fiduciary authority of Florida Coalition for Children Foundation and applicants will be reviewed by a seven member team representing, DCF, FCC, former foster youth, private providers and funders and a CBC representative.

6. Public Private Partnerships- Former Secretary Butterworth and Secretary Sheldon have emphasized their commitment to the development of public private partnerships and have involved partners from the private and business sectors in many of the Department activities.

7. Successful legislation in 2008 included the identification of group homes and congregate care facilities responsibility in insuring that age appropriate normal activities are included in the transition and life skill planning for all teens in those facilities.

8. Continuation of the subcommittee focused on independent living under the Florida Supreme Court Steering Committee on Families and Children

9. Development of the Strengthening Youth Partnerships Web Site to be launched in January 2009.

10. CBC Regional Efforts

The community based care lead agencies and their contracted

providers across the state have created opportunities above and beyond the normal system of care to assist youth aging out of foster care.

- Many of the CBC's have identified business, or religious or community groups that will provide housewares or other items as youth move into an apartment for the first time. Clay Kids Net, Sarasota Safe Children's Coalition, United for Families, Family Services of Metro Orlando and Hillsborough Kids all have these programs.
- Peer-to-Peer Support Groups with older youth sharing and mentoring younger youth are in place at Hillsborough Kids, Families First Network, CBC of Brevard, Our Kids and Kids Central.
- Kids Central is working with their local Workforce for job seeking, employability, training and assigning job coaches. They also hosted a Community Connection Fair for foster teens and foster parents. A specialized training program resulted in two youth being hired at the local employment office.
- United for Families, Kids Central, CBC of Seminole, and Community Partnership for Children, Our Kids and Family Services of Metro Orlando all have developed cash incentive programs for youth completing training programs or for achievements in school or employment.
- CBC of Seminole and CBC of Brevard have planned educational trips for foster youth.
- Mentoring programs have been implemented in many of the CBC's around the state.
- Sarasota Safe Children's Coalition is developing a foster parent training program specifically devoted to life skill training for teens.
- Bus passes have been obtained for youth in many of the CBC's
- Hillsborough Kids has opened a Teen Center that offers daily life skill instruction, education and career exploration services as well as a safe place for youth who have run away.
- Opportunity Passport™ a matched individual development account is available in Hillsborough and Brevard Counties.
- Our Kids has been offering Family Finding Program since Dec. 2007. They have served over 180 youth with many success stories.
- Our Kids has implemented an Orthodontist Program as well as a Youth Service Review process to support youth voice in court.

These efforts have all contributed to enhancing the statutorily mandated services for youth in the foster care system and indicate these communities' willingness to support young people in their transition. We must however continue to insure that the partnerships that our communities offer results in effective and measurable changes for the youth in our care.

There remains much work to be done to significantly change the outcomes for Florida's youth who are aging out of foster care.

A. Accountability — Translating Policy to Practice

Call to Action: Getting from Here... to There!

In our 2006 report, the ILSAC developed a set of youth outcome measures that we encouraged the department to adopt and integrate. It was our expectation, the legislature and the Department would find elements of the baseline data so alarming that a sense of urgency and call to action would result in the immediate establishment of youth outcome measures and benchmarks in every community based care contract.

However, over 12 months have gone by since we learned that in the State of Florida:

- 41% of our teens in foster care are below grade level.
- Only 53% have passed the FCAT
- 69% of those 13-17 have had a standardized life skills assessment completed which is mandated by statute.
- 67% of those 13-17 have received services for the needs identified on the life skills assessment
- 11% of our youth over 18 have spent at least 1 night homeless in the past year
- And 36% of our youth who age out of foster care have not yet obtained a high school diploma or GED by age 20

In the last year, we still have not identified and established Florida's standard of acceptable youth outcome levels; and those acceptable youth outcomes have not been incorporated into the CBC contracts. We do believe that DCF is not satisfied or accepting of the progress made and we also recognize that the wheels are sometimes slow in turning.

We do however see these young people, year after year, aging out of the foster care system, raising their voices to challenge us with changing the system and demanding accountability for fixing the system for those who follow them.

We cannot wait another year or two to accomplish this end. We must determine how to get from here to there now.

We are ever more cognizant of the continuous struggle in consistently translating good policy to practice.

While we recognize the great accomplishment of the Department in their efforts to collect baseline data on over 7,000 youth and young adults in 2007—the baseline data indicates significant areas of deficit in both youth achievement and Community Based Care service delivery practice.

Florida has established laws requiring DCF to provide independent living services educational services, support services and providing judicial oversight to mitigate the impact of foster care and insure Florida's foster care youth are prepared to transition from state care to successful adulthood.

Our challenge is to implement the current laws and provide appropriate, consistent effective and measurable independent living services to our youth in foster care, regardless of what part of Florida they reside in or which Community Based Care Agency is responsible for carrying out those responsibilities.

We need to sharpen our focus and commitment through

- Establishing measurable outcomes for achievement
- Turning policy into practice
- Insuring accountability for that responsibility
- Implementing quality assurance, which provides timely and consistent feedback mechanisms in order continue the progress made.

Quality assurance is meant to **improve** practices, processes and service delivery in a way that is both measurable and accountable.

To improve quality we first must be willing to approach our work with “an open mind and a critical eye”. There is no place for posturing and self interest when our youth in foster care are dependent on Florida having a statewide cohesive and comprehensive plan that insures the services we are providing improve outcomes of youth who have spent time in foster care and those who are aging out of foster care.

Questioning how we are performing... Questioning the effectiveness of our work based on youth outcomes is not a criticism of the many hard working and well intentioned staff providers... Questioning the effectiveness of our practices and process is the only way to insure we are meeting our intended purpose.

It is with that “open mind and critical eye” that we review the recommendations made to DCF and their current status of implementation or achievement.

Year	ILSAC Recommendation	Status – Department of Children & Families	ILSAC 2008
2006	Develop a program planning and delivery reporting tool for determining appropriate information regarding the independent living services, outcomes, and fiscal implications on projected and actual delivery of independent living services for all community based care lead agencies (CBC).	Partially Achieved	Recommend For Continued Work
2006	Develop a centralized clearinghouse for approved technical assistance, training, resources and best practice for all stakeholders on all issues pertinent to independent living	Partially Achieved	Recommend For Continued Work
2006	Include ILSAC members as well as youth representatives in the QA process directly relating to independent living services	Not Achieved	Recommend
2006 & 2007	Support the continuation of the Strengthening Youth Partnerships (SYP) venue to increase cross agency collaboration among state and local organizations	Partially Achieved	Recommend For Continued Work
2006	Establish permanency planning as a priority for youth aging out of foster care that results in permanent “family” and supports.	Not Achieved	Recommend
2006 & 2007	Develop and implement electronic benefits transfer options for allowances, aftercare or RTI payments as required by statute 409.451(5) (d) Section 2.	Not Achieved	Continued to Explore
2006	Support the proposed pilot of a Guardian Scholars like Program and encourage expansion in other post secondary educational institutions.	In Progress: DCF Priority issue for 2009-2010	Recommend
2006 & 2007	Support the development and implementation of a transitional living or subsidized independent living housing experience for those youth aging out of foster care at age 17 who will not have the option of remaining in a foster care family home or in a group home to insure a smoother transition from foster home or group home living to independent living.	In Progress: DCF Priority issue for 2009-2010	Recommend for Continued Work
2006	Develop a data collection, analysis and reporting mechanism for the outcome measures required by federal law and funding source(Chafee) that have been issued by the Administration for Children and Families as well as the expanded outcomes recommended by the ILSAC in 2006	In Progress:	Recommend for Continued Work
2007	Every Community Based Care Lead agency should maintain a quality assurance report for every youth receiving Independent Living Services.	Not Achieved	Recommend
2007	Insure that technical assistance resources are available to Community Based Care (CBC) agencies and contracted providers.	Partially Achieved	Recommend For Continued Work

Year	ILSAC Recommendation	Status – Department of Children & Families	ILSAC 2008
2007	Must establish provider accountability by implementing corrective actions as part of the ongoing quality assurance process.	Not Achieved	Recommend
2007	Continue to work with stakeholders to refine the program planning and delivery reporting tool for determining appropriate information regarding the services, outcomes, and fiscal implications on projected and actual delivery of services for all CBC's.	Partially Achieved	Recommend For Continued Work
2007	Take the lead role and establish clear Independent Living Services policies, procedures and standards of service as a requirement of every Community Based Care Agency or other agency contracted to provide Independent Living and Transition Services.	Partially Achieved	Recommend For Continued Work
2007	Insure that life skills trainings, education planning, career path development, financial literacy training and other services mandated by Florida statute are of the same quality regardless of the placement of the youth in Florida's foster care system or the location of the contracted provider.	In Progress: DCF Priority issue for 2009-2010	Recommend for Continued Work
2007	Insure that every Community Based Care Agency or other contracted providers meet benchmarks—not of services provided or youth served—but of outcomes achieved by youth participating in Independent Living Services.	Not Achieved	Recommend
2007	Support the development of transitional housing programs and scattered site apartments with support services for youth ages 18-23.	In Progress: DCF Priority issue for 2009-2010	Recommend for Continued Work
2007	Consider the legal and fiscal implications of aligning the RTI with the education system and require individualized and comprehensive transitional support services, including a written transitional services plan for all youth who have reached the age of 18, however have not obtained their high school diploma or GED over the next year	In Progress:	Recommend for Continued Work

As a state, we must plan for *quality* and make the case for implementing a business model of social services that requires us to report on the “return of investment” for the precious state, county, federal and private dollars utilized to provide Independent Living Services

1. Outcomes

ILSAC has been actively advocating increased accountability, including data collection methods, baseline outcome measures and better strategies to improve performance, for the past four years. The challenges for accountability in independent living services have been well documented by many sources. In 2004 OPPAGA, Report Number 04-78 recommended minimum standards for independent living standards in life skills, housing, education, employment, health, aftercare and transition services, training, and data collection and evaluation.

ILSAC continues to partner with DCF and the Legislature to ensure accountability on the part of CBC and provider agencies by establishing measurable outcomes for youth aging out of foster care. The recommendations are consistent with the recently released Federal requirements in the national Youth in Transition Data Base (NYTD) and the OPPAGA reports. Established outcome measures and data collection methods will allow CBC and provider agencies to document progress they are making and assist in identifying where programs are working effectively and resources are being well spent. Outcome measurement must address the critical areas of education, employment, housing, financial stability, and permanency.

ILSAC is able to report some progress in this recommendation.

In the past year the collaboration with members of the ILSAC, the Florida Coalition for Children and DCF continues in implementing the Independent Living Transition Services Critical

Checklist. Approximately 7000 checklist were completed in 2007, the data was compiled and shared with stakeholders. It revealed some significant gaps in practice and the need for improvement. The results of the 2007 Independent Living Transitional Services Critical Checklist is available at <http://www.dcf.state.fl.us/indliving/>

The 2008 Independent Living Transitional Services checklist data has been collected and DCF expects to compile the information received by early 2009. The information will be available to stakeholders and will provide results specific to the performance of the twenty community based care lead agencies and their subcontractors.

Analysis of the 2008 data should indicate whether there has been any improvement in the collective status of youth in our system and must be directly tied to the quality assurance process and provider accountability.

The Department’s Oversight and Implementation Team, made up of community-based care lead agency and Department staff has reviewed the outcome measures proposed by the Office of Program Policy Analysis and Government Accountability (OPPAGA) in 2004, the measures recommended by the 2006 Independent Living Services Advisory Council, and the National Youth in Transition Data Base (NYTD) federal rule which is required to be implemented by October 2010. The Oversight and Implementation Team has identified 18 measures that were proposed by the groups above.

3. Reporting

Statute 409.1451, (5) Services for Young Adults Formerly in Foster Care, requires the department or a community based care lead agency to develop an annual plan to implement services for their region.

Statutory requirements for annual planning required of CBC's and OPPAGA data collection have, in the past, been the major source of reporting on services provided to independent living youth. These sources have been valuable, but have not collected consistent data across the State, necessary for a complete picture of the services and expenditure needs and the effectiveness of those services.

The need for timely and accurate service and investment projections and reviews including youth outcomes is necessary information that DCF, CBC lead agencies, ILSAC and the legislature require to continue to improve our system of care and insure accountability to the youth.

B. Youth Voice

Florida's statewide commitment to effective and meaningful change starts with the youth voice. The youth's voice is one that is not silenced, but brought to the table and valued. Through the efforts of those in support of this initiative we are proud to report there is now a substantial awareness of the significance of youth voice representation in policy making efforts.

1. ILSAC

The Independent Living Services Advisory Council has nominated three former foster care youth to take part in all aspects including but not limited to the quarterly meetings and recommendations in the annual report. As a members of the ILSAC these young adults have full voting rights as they provide an invaluable perspective to the foster care system. These young adults are expected to have continued communications with their local youth boards and help spread the significance of the impact of the youth voice.

2. Youth Voice in Court

The growing awareness of the youth voice in court is evident in many circuits which allow and promote the youth attendance and participation; nonetheless work still needs to be done to implement this statewide initiative. There have been numerous publications, trainings and conferences within this year on this topic. The main publication issued this year was *Hearing Your Voice*, a guide to the dependency court targeted at 13-18 year

olds. Youth helped shape the contents and contributed to the editing for "youth friendliness." The Guide was produced by the ABA Bar Youth Empowerment Project with Florida's Children First and is available on many websites. Therefore, it is highly recommended that there is a dedicated effort to not only inform the youth of future court hearings but also to include the youth voice in the court setting.

3. Florida Statewide Youth SHINE

<http://floridaschildrenfirst.org/index.htm>

Florida Youth SHINE (FYS) is a statewide youth driven organization that empowers former foster youth to become good advocates. Miami and Northeast Florida have existing chapters, with Palm Beach, Seminole and Tallahassee in the formative stages. Using a statewide governing board, the group has begun to expand its reach to local Youth SHINE boards which build leadership capacity, elect representatives to the statewide group and do advocacy in their home communities. Problems and proposed solutions with a system wide impact are reported back to the statewide board where these issues are prioritized. FYS is able to survey child welfare conditions statewide due to its members being geographically spread throughout the state. FYS has been instrumental in educating, training and making presentations to Legislators, the Governor's Office, DCF Leadership, Judges, attorneys, caseworkers and other advocates on their issues to improve the child welfare system. They have been particularly active in informing stakeholders about the need for youth to be heard in their court cases and wherever decisions are made about their futures. The Youth have been working with the Supreme Court's Families and Children in the Courts Steering Committee, the ABA Bar-Youth Empowerment Project and the Department of Children and Families on these efforts. Florida Youth SHINE is a project of Florida's Children First.

4. Local Youth Boards

DCF current foster youth and FYS united to bring the Youth Panel and the Dependency Summit in Orlando Florida this August. This raised awareness of foster care issues through their eyes, such as school enrollment, personal records, and the necessity of having connections to a supporting community (connectedness).

5. The Connected by 25 Initiative "Policy to Practice" Academy conducted by and for Youth

<http://www.cby25.org/about.htm>

The Cby25 Initiative " Policy to Practice" Academy is a partnership with Cby25 Initiative staff and certified Cby25 youth trainers ages 13 to 21 who have worked together to develop a series of training programs and workshops that target effective

strategies for improving the outcomes of youth in Florida's Foster Care System. Their mission is to ensure that youth in the foster care system are educated, housed, banked, employed and connected to a support system by age 25. The Cby25 Initiative "Policy to Practice" Academy offers outcome based "hands-on" trainings for child welfare and independent living services staff specific to the requirements of Florida's established policies and procedures. This Academy's approach provides an experience for youth to engage with policymakers, child welfare agencies and community members on the important issues surrounding laws and policies serving transitioning youth in Florida's foster care system.

6. Florida Youth Leadership Academy

The Florida Youth Leadership Academy is a new program designed last year to build youth leaders by providing skills

training and an opportunity to partner with an adult sponsor who is a graduate of the Child welfare Leadership Academy. In August 2008 the Florida Youth Leadership Academy graduated its class through joint sponsorship by DCF, Connected by 25 Initiative, Jim Casey Youth Opportunities Initiative and the Child Welfare Leadership Program Alumni Association.

7. Department of Children and Families Leadership:

The Leadership Team at DCF has been instrumental in ensuring youth have "a seat at the table." Two youth have been appointed to serve on the Task Force on Child Protection. Youth representatives have been sought for other committees and training opportunities. Significantly, the DCF hired a former foster youth who has held progressively responsible positions in the system to join the leadership team as a senior policy advisor on transition issues.

Published resources EVERY Youth needs to know about:

Hearing Your Voice "A Guide to Your Dependency Court Case" ABA Bar-Youth Empowerment project with Florida's Children First, INC.

Frequently Asked Questions for Foster Youth Transitioning to Adulthood

(FCF publication answers the most commonly asked questions asked by teens as they figure out their transition to adulthood) http://amajn.com/c_fcf/04_reports/ILFAQ-2cFinal10_2.pdf

Clinton

On any given day, you can find Thadys "Clinton" down by the pond, behind his foster home, fishing for bass. His favorite all-time past time, at 15, he's pretty much a pro in his own backyard. Besides fishing, Clinton also likes to play kickball and swim.

But Clinton is also hoping to catch a family's heart. Being in foster care most of his life, he needs a permanent home that can offer him the personal attention and stability that he deserves.

His vibrant and friendly personality really comes out when he gets to know you. But his shy, reserved nature is more evident when he's in unfamiliar surroundings.

Although he's not particular, Clinton's future forever family may want to have an interest in...fishing!



D. Consistency and Collaboration of Services

We must plan for quality. We are more likely to meet our objectives when we do our work effectively the first time. Independent Living Services are specifically designed and funded to better ensure that foster care youth are prepared to transition from state care and custody.

However, each year we have not been able to provide the foster care youth in our care the mandated services prescribed by Florida Law; even though many of the laws governing the services to teens in foster care and youth adults aging-out of foster care have been part of Florida statutes for over five years.

Consistency of services is dependent upon intended results

and/or outcomes. To ensure consistency of services throughout the state the ILSAC continues to recommend and is pleased that DCF concurs and has included these recommendations as part of the 2008-2009 priorities.

ILSAC also believes very strongly that all of the systems that touch youth in the foster care system must work together collaboratively. No one system of care can accomplish successful transitions for youth aging out of foster care alone. Collaboration requires that the strengths of one system not be duplicated poorly in another system but integrated into services that wrap around and are accountable to each of these young adults.

E. Florida Courts

Florida judges and legal advocates have been actively involved in addressing the education of its members and listening to youth voices to insure that the court experience encourages youth involvement, empowerment and accountability. In the past year:

The American Bar Association, in collaboration with the Casey Family Programs, the Eckerd Family Foundation, Florida Children's First, Inc., members of Florida Youth Shine, and the Office of Court Improvement (a unit within the Florida Office of the State Courts Administrator), developed a youth guide to court entitled, *Hearing Your Voice A Guide to Your Dependency Court Case*. The guide includes common questions and answers, a description of the various court hearings and what happens in court, and a glossary of court terms.

To accompany a youth guide to court, The Office of Court Improvement recently revised the caregiver's guide to court, previously published by the Department of Children and Families. The guide contains a section that provides basic information for caregivers about transition services, non age disability, and extended jurisdiction. The Office of Court

Improvement will use federal grant dollars to print and distribute the guide.

In addition to these guides for youth and caregivers, in 2008 the independent living subcommittee of the Florida Supreme Court's Steering Committee on Families and Children in Court created an *Independent Living Checklist* to assist judges and magistrates as they navigate the statutorily mandated services and required judicial reviews for youth "aging out" of foster care

The independent living subcommittee of the Florida Supreme Court's Steering Committee on Families and Children in Court also identified the nonattendance of youth at risk of "aging out" of the foster care system as an issue that impedes the success of youth. To address these issues, the subcommittee filed a proposed amendment to Florida Rule of Juvenile Procedure 8.255 that would mandate the presence of certain children in court, unless that child is excused based on a showing of good cause why the child should not attend. The committee's proposed rule amendment, along with comments filed by the Statewide Guardian ad Litem Office, the Juvenile Rules Committee, and a response by the Steering Committee, is currently pending before the Supreme Court.

Youth in Court

At least five circuits in Florida have created dockets to specifically address the needs of foster youth, who are aging out of foster care. These dockets, sometimes call independent living courts, are part of a broader national trend to provide children of all ages a voice in court. By setting these cases on a separate docket, the court is better able to more intensely address the needs of these youth in an effort to ensure they are being properly prepared to matriculate into adulthood successfully.

- **Second Circuit.** On October 30, 2008 Judge Nikki Ann Clark in the Second Circuit held her first Independent Living (IL) docket. Judge Clark's IL docket is geared toward reaching youth, who are 16 and 17, and those who are pregnant or have children. Eventually, the docket will expand to include 14 and 15 year olds.
- **Fifth Circuit.** In Marion County, Magistrate Brenda Coleman handles the independent living reviews. The court tries to coordinate independent living reviews later in the day so that the children miss as little school as possible. If the child has a request for a different time of day, the court tries to accommodate it. All of the children currently have a guardian ad litem present for the reviews. The court encourages the parents, foster parents, group home staff, Department of Juvenile Justice staff, and others to participate.
- **Ninth Circuit.** Magistrate Howard Friedman handles IL court in Orange County on the first and third Friday each month. The court primarily sees youth over 16, who have been in care for at least six months. The family court manager also adds youth 13 and older to the docket if it appears that services are not being adequately provided to the youth or when it appears that the mandated services, testing, or career planning are deficient or need adjustment.
- **Thirteenth Circuit.** In 2007 Judge Herbert Baumann in partnership with the Guardian Ad Litem Office and Connected by 25 project created an independent living court in the thirteenth circuit to focus on foster care youth/teens, as well as those "cross-system" youth who are involved in both the dependency and delinquency system. The court hearings are set for reviews, case planning, and any issues or problems the teen is having. Each youth 17

The *Justice Through the Eyes of a Child* workshop was presented during the winter statewide circuit and appellate judges' educational program. The workshop included a panel of youth in or formerly in foster care, who presented their perspective of the judicial system. Andrea Khoury, a national speaker from the American Bar Association, presented an overview of how the federal government and various states are moving to include children in dependency court hearings. Judges Frusciante and Gooding led a panel discussion of local initiatives that encourage children to participate in court.

years old and over is appointed a guardian ad litem attorney. Independent Living Court is also now identifying and referring cases to the general magistrate to address youth, who have mental health issues and who are transitioning out of foster care. The court also uses a licensed mental health court liaison to assist with transitioning these youth. The liaison is able to make appointments with the various mental health agencies in the community.

- **Fifteenth Circuit.** The Fifteenth Circuit recognized a need to establish an Independent Living Court for foster care youth to have individualized attention during a critical turning point as they transition out of the dependency system. A pilot project was established with Judge Peter D. Blanc in July 2007. In July 2008, Judge Karen L. Martin adopted this concept in her own division. The goal of the IL court in the fifteenth circuit is to create an environment that allows the youth to voice their concerns and become engaged in their own process by having a "voice" in all decision making.
- **Seventeenth Circuit.** The seventeenth circuit holds benchmark hearings in compliance with §39.701, Florida Statutes. In an effort to provide the children aging out of foster care with the opportunity to participate in these proceedings, "benchmark hearings" are held about four times per year. The hearings are a collaborative effort by those who are an integral part of the child's life, and afford each child the opportunity to articulate his or her future goals and wishes directly to the judge.

F. Funding

In 2006, the ILSAC Report indicates that it would cost \$40,768,934 to fully implement the statutorily mandated services throughout the state excluding Medicaid and postsecondary tuition and fee waivers. (For details on this figure, see the 2006 ILSAC Report.) In this fiscal year, 2008-2009, the State allocated \$31,758,455. A portion of these funds were non-reoccurring.

This leaves a shortfall of \$9,010,479 for this fiscal year based on the Council's analysis in 2006. Since the 2006 analysis occurred there have been changes to the statutory mandate and changes in minimum wage rate that would change the actual cost analysis. Thus, the Council supports the Departments request for \$6.9 million additional funds. This would allow the non-reoccurring funds to become reoccurring and cover new costs created by a new federal minimum wage. At a minimum the non-reoccurring funds allocated last year should become reoccurring. Considering a portion of the Independent Living expenditures are tied to minimum wage calculations, an additional \$2.3 million will be needed to maintain the present level of services. Although this falls short of what is needed, the Council recognizes the limits of the budget this year.

The calculation in the 2006 report would have fully fund the legislatively mandated services at that time. Fully funding the legislatively mandated services for foster youth 13-17 and former foster youth through age 23 will not insure a successful transition for all former foster youth. To meet all the needs of these youth, many of community based care providers have been going beyond the legislative mandates. The Community Based Care providers pulled funds from other sources and spent \$2,418,710 over the state allocation for independent living services in the 2007-2008 fiscal year.

The Council believes the community based care providers have

been wise to allocate resources to ensure success of these youth. However, the cuts in other funds to the community based care providers threaten these youth. (Due to budget restraints, community based care providers have had reductions in overall contract amounts in addition to cuts in protective services and investigation, health families and adoption benefits.) Even if the legislature funded independent living services at the amount requested by the Council and the Department, the youth would likely lose benefits because the community based care providers cannot afford to continue to subsidize the programs the youth need to succeed.

According to the spending plans, community based care providers plan to address shortfalls in independent living funding through transfers from other allocated funds, use of risk pool funds, fund raising, encouraging the youth to earn more in jobs, reducing and eliminating case management services, creating waiting lists of over 18 youth in need of care or reducing or eliminating aftercare or transitional funds. ILSAC supports the State's efforts to expand the public – private partnerships but the philanthropic community cannot make up for the State's shortfall. It is more appropriate for the philanthropic community to support the enhancements beyond the State's statutory obligations.

The ILSAC continues to be concerned about the inability of the Department to track how some of these funds are allocated especially for the services for the 13-17 year old foster youth. The funds are to be used as enhancements to foster care services and not to supplant funds already committed to case management. The Council has tested a survey to get this information from the community based organizations and will continue to explore how best to address this problem. However, the Department should implement controls to collect this information on a regular basis.

C. Education

The 2006 Legislature passed House Bill 7087 (A++), which, in part, created Section 1003.4156, General requirements for middle grades promotion. Florida Statutes (F.S).

Middle school students must enroll in a semester-long course in career and education planning to be completed in the seventh or eighth grade. As a result of this course, students are required to complete an ePersonal Education Planner (ePEP) through the use of the Florida Academic Counseling and Tracking for Students Internet website (www.FACTS.org).

In addition, middle and high school students and post secondary students have access to Florida CHOICES, a free career information delivery system on the Internet.

Children in "out of home" care have the right to a free, appropriate and high quality education guaranteed by the Florida Constitution as well as several state and federal laws, including the recently enacted Fostering Connections to Success and Increasing Adoptions Act of 2008.

In order to graduate, students entering their first year of high school in the 2007-2008 school year and thereafter are required to successfully complete at least 24 credits, an International Baccalaureate curriculum, or an Advanced International Certificate of Education curriculum.

These requirements, tools and resources **must** be used and integrated into the educational plans required for youth in foster care. By working with the local school districts, CBC lead agencies can and must facilitate the integration of coordinated educational plans for all youth in care.

DCF's 2007 Independent Living Services Survey indicated that 61% of youth in care between the ages of 13 and 17 did not have a written educational and career path plan.

Florida's Children First in a recently released white paper, available in its entirety at <http://floridaschildrenfirst.org/index.htm> has identified some basic goals and specific actions based on the current data available to accomplish the legislative intent and return Florida to leadership in education of children in out of home care. The research tells us that only when the leaders of both child welfare and education system lead by example, work together and direct their staffs to follow through will community partners implement the existing laws. FCF has proposed some activities designated to Schools, and Child Welfare regarding the following key areas and the ILSAC concurs with those recommendations.

1. Educational Stability

Children in state care frequently move to a new home and each move typically results in a change in school. Not only does a child have to adjust to the new curriculum and learning environment, but she may not receive credit for work already completed, resulting in lower grades, lower test scores, and grade retention and potentially dropping out of school. A child must also develop new relationships with teachers, administrators and peers, creating further instability in the child's life. Multiple school transfers can also prevent or interrupt the provision of special education services.

2. Seamless Transition Between Schools (Regardless of School District)

The diminished educational and emotional progress caused by changing schools is magnified when the transfer does not happen smoothly. Sometimes there are delays in enrollment, caused by not having or failure to transfer school or immunization records. Other issues include lack of required school uniforms or other supplies. Unfortunately, sometimes apathy among foster parents and caseworkers leads to delays in enrollment. Children are also impacted when schools have different schedules or graduation requirements which without special attention cause children to lose credits and fall behind. School records are sometimes lost or incomplete. Compounding those problems are jurisdictional fights over which school district is responsible for the education of the child when the child is removed from a home in one District and placed in a home in another District.

3. School Readiness (See also goal 9)

Children in state care have higher rates of physical, developmental and mental health problems. They often enter care with unmet needs. Many children are language delayed. Caregivers and early learning staff may not be aware of the needs of those children or how to obtain appropriate screenings and services. Too often, substitute caregivers are not knowledgeable about, nor involved in school readiness activities.

4. Full Participation in the School Experience

Children in state care are excluded from academic programs, extracurricular activities and school events. Even if the exclusion is not blatant, the conditions for participation make it difficult if not impossible for youth in care to join in. Likewise, many group homes have rules and practices that preclude youth from participating in activities and events. These opportunities are critical not only for the child's social and academic development, but are necessary for admission to certain post-secondary schools.

5. Support to Prevent Drop Out, Truancy & Disciplinary Actions (see also Goal 10)

Children in state care have higher rates of truancy, discipline problems and school dropout that negatively impact their learning experience and ability to make successful transitions, whether to permanency or to adulthood.

6. Youth are Involved, Engaged and Empowered

Youth in state care are often disconnected from the systems that serve them. Youth experience better outcomes when they are involved in the decisions that affect their lives. Yet, youth in state care change schools frequently and are not given the positive guidance and assistance to see that a good education can result in a better future. They need to have the vision of their future and assistance in the concrete steps that they can take to make it a reality. Moreover, many youth in state care with special educational needs will transition to adulthood without the on-going support of a permanent family – therefore their need to be empowered to advocate for themselves is even more critical.

7. Consistent Adult Support & Educational Decision Maker

Children in care may not have a consistent adult to advocate for educational services and support educational goals the way a parent typically would. For children with (or suspected of having) disabilities, the need for an education decision maker is even more acute because federal law specifies that only certain individuals can act as a "parent" to make special education decisions and provides for the appointment of a surrogate parent when necessary. Not having a legally authorized education decision maker can hold up evaluations and appropriate special education services. In addition, confusion results when the custodian or caseworker can sign consents for school activities, but may not hold parent status for purposes of IDEA.

8. Post-Secondary Education & Employment

Youth in state care want post-secondary education, but they are far less likely than their peers to achieve it. They need support and opportunities to overcome the numerous barriers that impede progress toward completion. This may be as simple as not having the requisite documents to enroll in school, or as complicated as not having a place to live when campus housing is closed for vacation. Moreover, youth who succeed in post-secondary education often attribute their success to adults who took the time to encourage them to keep going – they must have mentors, cheerleaders or coaches to help them envision their own potential. Youth are also ill-prepared for work and likewise need assistance with barriers to meaningful employment. Group home rules, and rapidly changing placements, make it difficult for youth to obtain employment and gain real-world work experience. Without good mentoring, they may find it difficult to adapt to workplace norms.

9. Children with Disabilities are Identified Early & Served Appropriately

A large number of children in the child welfare system have undiagnosed disabilities. Although more youth are receiving comprehensive assessments upon entry into licensed care than in past years, not all children who are removed from their families receive assessments. Nor do all assessed children receive the services recommended.

Moreover, many youth who have been in care for years have slipped through the cracks and have not been diagnosed or treated for disabilities.

DCF does not currently track data on disabilities at a level of specificity that facilitates identification of trends and problems. In the school setting, numerous factors contribute to the under-identification of children with educational disabilities. These children may not have educational advocates to take the place of parents in requesting evaluation. Children may change schools so rapidly that teachers don't have enough time to identify concerns, let alone obtain assessments. Trauma related behaviors might mask educational disabilities.

10. Trauma-Sensitive School Environments: Stem the School to Jail Pipeline

Most youth who enter state care have experienced some form of trauma that will have long lasting effects on their physical, developmental and mental health. School personnel who are not aware of the child's background may not understand reactive behaviors and refer youth to law enforcement for criminal prosecution. Such conduct has the consequence placing children who are the victims of abuse and neglect into school to jail pipeline.

11. All Children Attend & Complete School

The child welfare system has traditionally focused on the physical well-being of children. All too often, while children are in safe places during the school day, they are not in school. Emphasis must be placed on the importance of continuous education of children in care. Caregivers must be trained, and if necessary incentivized or penalized, to ensure that they understand and support efforts to ensure that children attend school. Extra efforts are needed to ensure that teens remain in school.

H. Employment

Florida's available labor pool must be educated, well trained and reflective of the state's diversity. Foster youth, as well as other at-risk youth, are an important segment of that pipeline of workers but need to have access to a variety of additional resources to help them transition to independence.

Workforce Florida initiated the **Strengthening Youth Partnerships (SYP)** statewide effort in 2003 to increase coordination, planning and resource alignment among state organizations and agencies with complementary youth goals and missions. This group includes representatives from the departments of Juvenile Justice, Education, Children and Families, and Health along with Workforce Florida, the Agency for Workforce Innovation, Regional Workforce Boards, Associated Industries of

Florida, Able Trust and others. It meets regularly to identify gaps in services, potential program duplication, and strategies to improve services to Florida's most at-risk youth. The partnership's work is in line with more recent federal directives and aimed at fostering more collaboration among those supporting youth services. Key to the visions of both the state and federal partners is increasing training opportunities for young people in high-growth industries that pay higher wages.

Florida's **Strengthening Youth Partnerships** (SYP) Building on work started in 2003, Florida's SYP initiative focuses attention on ensuring that every young person in Florida is ready and able to pursue a meaningful job path upon exiting secondary education. SYP has become the vehicle for Florida's response and participation in the federal initiative of the Workforce Investment Act.

Strengthening youth partnership (SYP) will:

- Educate state and local agency staff about business expectations, the critical importance of youth acquiring occupational skills in the current economy, and the available programs and resources to develop Florida's future workforce;
- Support a state organizational structure that will use collaborative interagency planning, resource alignment, implementation and outcome evaluation for the purpose of more effectively preparing youth for employment and transition to adulthood;
- Support a state policy framework for ensuring that the most at-risk youth become engaged in activities that will enhance personal and community economic development;
- Untangle agency policies that work at cross-purposes;

- Identify incentives for business investment, and
- Help schools see the possible linkages between the mission of Workforce Boards and the re-tooling of secondary schooling through the A++ Plan.

A comprehensive and user-friendly web site www.myfloridayouth.com is slated for release in early 2009 and should be made available to every youth in foster care as well as those adults who guide their transition.

In the past year DCF sought to increase the number of youth who obtain a job that provides a living wage by implementing "operation Full Employment" to employ 100 youth in foster care in the department: and challenging statewide employer/agency collaborations that help first-time workers enter and advance in the workplace.

A task group comprised of DCF, DJJ, AWI, DJJ, CBC, private industry and provider members has been meeting to identify the youth in transition service array, outcomes projected, data collection and organization and operation of regional community based efforts.

I. Older Foster Children Served by Multiple Agencies:

Most young adults learn the skills needed to live independently while they are growing up in their families, but foster youth are often raised in successive foster and group homes. The same level of investment in preparing these youth for adulthood may not be present when the parenting role is so tenuous. Foster youth tend to have poor academic outcomes due in part to their lack of school permanency, disabilities, disciplinary problems, and homelessness. In addition, former foster youth, compared to the same-age population, often struggle with self-sufficiency upon leaving the foster care system.

These barriers are significant enough by themselves. Nevertheless, there are a number of cohort populations that face even more daunting challenges. These are foster children who become involved in the juvenile justice system, or require services for developmental delay or who are diagnosed as needing mental health services. Research has shown that children who have a history of being abused or neglected are more likely than children in the general population to commit delinquent acts. Some studies have shown that up to 29% of dependent children engage in

delinquent behavior, and that the risk of delinquency is approximately 47% higher for victims of child abuse and neglect. Dependent youth are arrested more often and begin offending at an earlier age compared with non-dependent youth . In many of these cases, the child is reacting to a situation in a predictable manner, based on their history of trauma and abuse. A proactive intervention - which strives to understand the child or youth's behavior from a trauma informed and developmentally appropriate perspective - at the time of the first contact with juvenile justice can effectively divert them from becoming unnecessarily involved in the Florida Juvenile Justice system.

Five state agencies have acknowledged these complexities by the signing of an inter agency agreement to coordinate services for children served by more than one agency. (*Appendix X.*) This document effective September 29, 2008 was signed by representatives from the Department of Juvenile Justice, the Department of Children and Families, the Department of Health, the Agency for Persons with Disabilities and the Agency for Health Care Administration.

¹ Widom, 1989; Zingraff, Leiter, Myers, & Johnsen, 1993; Kelley, Thornberry, & Smith, 1977; Stewart, Dennison, & Waterson, 2002; Widom & Maxfield, 1996; Ryan & Testa, 2005.

Summary of the Interagency Agreement

Subsection III. 8. Of the Interagency Agreement lists examples of the types of cases to be reviewed by the multi agency team established by this document. Some examples germane to independent living listed in this sub-section include:

- Children who have committed sexual offenses against a sibling and who cannot return to their home after DJJ residential commitment.
- Children who are adjudicated dependent and are ready for release from DJJ custody (secure detention or residential commitment).
- Foster children who are within 6 months of aging out of care and who have developmental disorders, significant health issues, or who are in the custody of DJJ.

Record of Efforts to Work Together for Jointly Served Youth

In December 2007, Justice Barbara Pariente of the Florida State Supreme Court visited DJJ facilities in Marianna and Milton. Based on concerns about the process for aftercare planning for juveniles in commitment who are also foster children, she addressed her concerns in writing with the Secretaries of both DCF and DJJ. She described one aspect of this “systemic” problem as the DCF caseworker not being involved with the youth until the time of discharge. She wrote that this often has many disastrous consequences for the youth. Both Secretaries met and agreed to undertake activities that would underscore their commitment to addressing these issues. They also tasked their respective Assistant Secretaries with visiting juvenile justice programs to review case files of jointly served children and make recommendations for changes to improve placement decisions, transition planning, continuity of medical care, and educational opportunities for children.

On February 27, 2008, staff from DCF, Community Based Care (CBC) Lead Agencies, and DJJ met at the DeSoto Juvenile Correction Complex in Arcadia, Florida to staff five youth who were jointly served by DCF and DJJ. On July 31, 2008, the working group met at the Milton Girls Residential Facility to pilot test a case staffing form that had been developed for this special population.

These youth specific staffings were held to demonstrate best practice for the child welfare and juvenile corrections systems, so that staff can learn to better serve children and youth with disruptive behaviors, which may have resulted from traumatic life experiences. Also as a follow up to Justice Pariente’s concerns, both DCF and DJJ agreed that the interagency agreement among their departments and the Agency for Persons with Disabilities (APD) would be updated to require the development of state and local level teams to coordinate services for children who are mutual clients.

On September 30, 2008, Secretaries from DCF, DJJ, APD, DOH and ACHA signed an interagency agreement committing all of the agencies to work cooperatively to serve youth who are impacted by one or more of the agencies. It requires the development of state and local level teams to coordinate services for children who are mutual clients, and promote a “Champion” to assist any youth having difficulties with one or more of the agencies to navigate through the various systems and, if necessary, elevate the problems to the executive leadership of that department for resolution.

The state has assumed a remarkable role in the lives of these children, either by providing supervision in the community, depriving them of their liberty through incarceration, taking them from their birth family and placing them in foster care, or with some, terminating parental rights to free them for adoption. With the population of jointly served youth, it is important that both agencies utilize their resources to positively impact the future of these youth.

Megan



Megan is a beautiful and active young teenager who would be a welcome family member in anyone’s home. She’s an avid cook and likes to help out in a variety of ways. She has a sweet personality, but has also experienced a lot of pain in her young life.

She has an outgoing personality and likes clothes and fashion in general. Although she’s still figuring out what she wants to do when she gets older, Megan knows one thing is for sure—she wants to find a loving family.

Megan would enjoy having a two-person family with or without other children. She believes having a Mom and a Dad would give her the right balance as she enters young adulthood.

Findings of the DCF-DJJ Collaborative Effort in Conducting Joint Staffings

The case staffings referenced above produced findings about the jointly served youth placed in residential commitment facilities. These findings reflect the importance of timely and targeted intervention.

1. The youth in this group were victims of severe maltreatment, which they experienced as severe trauma. In turn, they exhibited predictable disruptive behaviors that were criminalized due to Zero tolerance policies in schools, residential mental health treatment services and DJJ programs.
2. The disruptive behaviors of these youth would have been better treated as reactions to their trauma through a community-based service delivery model that focuses on positive interventions.
3. The criminalization of their delinquent behavior resulted in the youth exhibiting more disruptive behaviors, which in turn resulted in more charges being filed against them.
4. The child welfare case manager must remain involved with the youth through the commitment period.
5. Discharge planning for the youth must be initiated at least 90 days before discharge. To alleviate anxiety of the youth, their plans for returning to their community or family should be determined at least 45 days in advance of their discharge date.
6. A multidisciplinary team approach in which the child welfare services worker, school based disciplinary personnel (including School Resource Officers), Substance Abuse and Mental Health personnel, caregivers and other interested parties work together to understand and address the child's disruptive behaviors is necessary to provide positive and developmentally appropriate interventions in a comprehensive manner.
7. There are evidence based prevention and intervention practices provided in the child's home and community that are more effective in addressing their disruptive behaviors than placement into a DJJ detention or a commitment facility.

Every one of these seven findings present practice implications for independent living. From the consequences of trauma on the youth's anxiety about either returning to the community and the real possibility of living on their own to the importance of a multi disciplinary approach which checks off in a systemic fashion the strengths and weaknesses that the youth brings to his or her ability to live on their own.

Development of an Action Plan to Improve Practice

As an outgrowth of the interagency staffings, an action plan to guide the implementation of effective practices for jointly served children and youth was developed. This action plan includes steps identified as critical to address the lessons learned and recommendations for improvement both in community and residential settings.

Since 75% of the children who are served by both DCF and DJJ are age 15 and above there are some practice standards that must address independent living from the perspective of their age and their co-occurring issues. These practice standards are:

1. There needs to be shared access to client information systems.
2. A local multi-disciplinary team should be formed to staff all local jointly served children, to integrate service delivery and assist in accessing services and supports, and to develop local initiatives that reduce the need for juvenile justice and mental health residential programs.

Staff needs to know about and work together on case goals, service plans, timeframes, assessments and evaluations, and family strengths and limitations. Without a coordinated case management resource the result can be poor communication patterns, confusion about the possibility of sharing resources across agencies and uncertainty about who has the responsibility for decision-making.

Practice Recommendations

Interagency agreement without the will to follow through at the local service delivery level can become a meaningless exercise. The workgroup developed a set of practice recommendations for serving dependent youth in DJJ commitment programs.

Recommendations on the next steps to ensure the implementation of the intent of the interagency agreement.

1. Regional trainings should be conducted in 2009 for staff on best practices and utilization of the case staffing form. This training should also include trauma informed practice and provide an understanding of terminology used in the dependency and delinquency systems.
2. Consideration should be given to development of CBC case managers with specialized caseloads to serve these youth.
3. DCF and CBCs should conduct a targeted Quality Assurance Review for jointly served youth, utilizing the knowledge of Regional staff to develop practice expectations and requirements.

Although obviously bound by any limitations in statute, staff should not be bound by conventional thinking or historical "silos" and encouraged to "reach" well beyond conventional solutions. (Conventional options should have all been exhausted prior to this elevation). The respective agency Secretary will be advised of all "rapid response team" initiations and the end result. The team will develop the best possible resolution to the crises for joint implementation and ensure follow-up on that plan of action.

At the time this 2008 report is being prepared the interagency agreement has been in effect for a little more than a month. Over the next 12 months the ILSAC will keep a close eye on the usefulness of the agreement for children in need of independent living services, many of whom are involved with more than one agency. We take the signers to this agreement at their word and intend to use this document as a resource whenever the need arises. For the 2009 annual report we hope to be able to document how valuable the agreement has become for these older foster children involved with multiple agencies.

J.Housing

After leaving the care of the state, many ex-foster youth experience ongoing instability in their living situations. The lack of stable and affordable housing decreases the youths' ability to obtain an education and maintain employment. Unfortunately, young adults exiting the foster care system continue to face many challenges in accessing housing. The supply of housing is limited due to the high cost of living, and many landlords are reluctant to rent to these young adults because they have no credit history or cosigner or a criminal history that haunts them. Additionally, many youth have not developed the skills needed to enable them to live on their own successfully.

A continuum of housing options must be available to serve the individual needs and choices of these young adults.

That Housing Continuum should include:

- With "Family"-Voluntary placement in care, continuation in foster home as emancipated adult family member. With bio parents, kin or fictive kin, subsidized independent living.

- Housing specifically for young people leaving foster care-Host homes, supervised independent living, transitional housing, or scattered site apartments.
- Housing associated with school, training or work -college housing, dorm, apartments, families, fraternities, sororities, Job Corps, AmeriCorps, military.
- Public housing including housing vouchers
- Non profit or privately managed housing-Emergency, transitional or permanent housing
- Housing and programs for those with special needs-mental and physical disabilities, substance abuse, with criminal records, pregnant women and young parents, victims of domestic violence or homeless.
- Private or Open market housing

Until we can assure youth have safe and stable housing, youth aging out of the foster care system will continue to be one of our most vulnerable populations.

Progress has been made in the partnership created with the Florida Housing Finance Corp in the past year.

In 2007, Florida Housing developed a supportive housing strategic plan to serve individuals and families with special needs. The plan reaches across all of Florida Housing's programs. The supportive housing strategic plan was developed in conjunction with affordable housing developers, supportive housing providers, special needs coalitions, supportive services organizations, advocates, consumers and relevant State agencies. In this process, youth aging or transitioning out of foster care were identified as priority special needs households.

Florida Housing began to implement the plan's strategies early in 2008, including those that target youth aging out of foster care (YAFC). The first related strategy was to develop or enhance effective collaborative relationships with YAFC stakeholders to assist Florida Housing staff understand these households, their housing and supportive services needs, available supportive services resources and networks, as well as to help develop and establish approaches to implement strategies. Over the past twelve months, Florida Housing has developed new collaborative relationships with many YAFC stakeholders, as well as strengthened existing partnerships. These include the Department of Children and Families (DCF), Cby25 of Hillsborough County, and Community Based Care agencies. Cby25 Initiative and DCF also provided opportunities for Florida Housing staff to meet foster care youth and young adults who are transitioning to independence and to hear, first hand, their housing and supportive services needs and preferences.

The independent living program youth that met with Florida Housing indicated they want more opportunities to live in housing that is affordable, in safe neighborhoods, accessible to public transportation, and integrated with the general populace. They also prefer housing options that enable them to live on their own or with roommates.

The second strategy addressing YAFC housing needs and preferences was to strongly advocate for a change in the Federal Internal Revenue Service's Rule that prohibited YAFC students to lease affordable rental units that were funded through Low Income Housing Tax Credits (LIHTC). This affected their access to a significant portion of publicly funded affordable rental housing units statewide. Florida Housing partnered with the National Council of State Housing Agencies and other national affordable housing stakeholders to advocate that Congress work to exempt YAFC from the LIHTC requirements. In July 2008, YAFC were exempted from the IRS LIHTC student housing requirements when the Federal Housing Stimulus Bill was signed into law. This

exemption now allows YAFC that are students to apply for affordable rental housing units funded by LIHTCs. Florida Housing is working with stakeholders to inform both service providers and affordable housing developers of these changes in the Federal law.

To address the need for additional specialized supportive housing units, Florida Housing issued a request for proposals (RFP), in April 2008, to fund the development or substantial rehabilitation of special needs or supportive housing. Through this RFP, Florida Housing awarded \$12.6 million in funding for seven projects for a total of 177 units that will support 279 individuals. Two of the funded projects are specialized YAFC supportive housing developments that will serve a total of 84 youth and young adults.

Florida Housing has also developed and now implementing another initiative that will increase the opportunities for YAFC and other special needs households, with extremely low-incomes, to access units in Florida Housing funded mixed-income, multifamily developments. Beginning with its 2009 affordable housing development funding cycle, Florida Housing will provide scoring incentives to applicants that agree to reserve fifty percent of their units for extremely low income (ELI) households that have special needs. Applying for this funding is very competitive and therefore most, if not all, of the applicants will elect to participate in the initiative if funded. The reserved units will be available to ELI special needs households, including YAFC, that are referred by designated "supportive services referral agencies". Community Based Care Agencies (CBCs) are the designated referral agencies for youth aging out of foster care households. DCF and all of the CBCs have agreed to partner with Florida Housing in implementing this initiative. It is projected that the initiative, in its first year, will produce between 150 and 200 reserved units statewide. Most units funded in 2009 will be ready for occupancy in late 2011. It is projected that over a 5 year period this initiative will fund the development of nearly 1000 reserved ELI rental units that are integrated into general multifamily developments.

In early 2009, Florida Housing will launch the second generation of its affordable rental housing locator, www.FloridaHousingSearch.org. The locator currently enables the public to search for available rental units that are funded by Florida Housing. The new version will allow the inclusion of any private or publicly funded rental unit that is affordable to households with incomes up to 120 percent of the average median income. FloridaHousingSearch.org will significantly increase the awareness of affordable rental units statewide. Florida Housing will collaborate with DCF and YAFC stakeholders to promote the site to the youth and young adults, as well as their supportive services providers.

K. Medical and Behavioral Health Issues

Youth who have been removed from their parents or languished for extended time periods in the care of the state deserve appropriate and timely health care from the system that has taken over as their parent.

Health care, whether for physical or behavioral issues including mental health, substance abuse, or services for youth with disabilities, should be available to every youth in care. We should assume an equal concern for health services as any caring parent would.

1. Medicaid

The ILSAC along with DCF, many child advocates, and former foster youth have successfully advocated for Medicaid coverage for young adults that have aged out of foster care. Current statute provides Medicaid coverage for every young adult that has aged out of foster care until their 21st birthday. Due to the current revenue crisis for the State of Florida the Governor and the Legislature are considering major cuts that could include a roll back of the Medicaid coverage for these young adults. As part of a required "exercise", the Florida Agency for Health Care Administration (AHCA) submitted budget reductions to achieve a 10% cut in revenue for the agency. Included in these cuts was the following:

In Fiscal Year 2009-10 the Agency for Health Care Administration proposes to eliminate optional eligibility for children aged 19 and 20 which would have an impact of \$8.4 million in General Revenue and \$10.4 million in Trust Funds for a total reduction of \$18.8 million. For Fiscal Year 09-10, there will be an estimated 7,764 individuals in this age group. This issue eliminates the optional eligibility and coverage for children aged 19 and 20.

Of the 7,764 young adults identified by AHCA at least 1,301 of them are former foster youth. Without this coverage former foster youth will lose the continuity of their healthcare and behavioral health services leading to increased difficulty and potential failure and homelessness for these young adults.

Additionally, the current Medicaid system for dependent youth and particularly for youth between the ages of 13 and 17 has fundamental flaws that cause chaos and service disruption for foster parents and youth.

This system creates some challenges that need to be addressed. Issues regarding eligibility and timelines for determining eligibility are of grave concern. This process can take 30 to 60 days for the eligibility to be determined and most children removed from their parents need physical and behavioral health interventions immediately. Waiting for the eligibility to be determined can cause the loss of critical opportunities to help a youth. In addition changes in placement may create potential disenrollment and reenrollment issues that place unnecessary and undue burdens on the foster parents and youth.

Every child coming into the child welfare system, no matter whether they are in home care or out of home care, and regardless of the placement locale, need assessment and services in a timely manner.

In addition there are identified issues with FSN data being entered by the CBC's and the cross reference with ACHA data that further interfere with eligibility and timely receipt of services.

- 1. Require that DCF and AHCA establish a system to check Medicaid eligibility of children on a daily or at least weekly basis to assure continuity of care and prevent inappropriate disenrollment or changes in plans.**
- 2. Establish presumptive eligibility for Medicaid for any youth, as long as they are in the dependency system regardless of placement type or geographic location.**

2. Substance Abuse

The abuse of alcohol and drugs has had a dramatic effect on foster care, particularly in the past 20 years. With increasing frequency, children are coming into care because their parents are addicted to alcohol or drugs. Perhaps the most disturbing trend, however, is the number of children in foster care whose families were torn apart by substance abuse and who subsequently abuse alcohol or drugs themselves.

Youth from substance-abusing families frequently have serious emotional and behavioral problems, including a tendency to choose risky behavior, such as alcohol or other drug use. Substance abuse is a factor in at least three quarters of all foster care placements, and recent studies indicate high rates of lifetime substance use and substance use disorders for youths in the foster care system.^{1,2} The National Survey on Drug Use and Health (NSDUH) asks youths aged 12 to 17 if they ever stayed in foster care.³ This report looks at the need for and receipt of substance abuse treatment among youths who have been in foster care.

Youth who have ever been in foster care had higher rates of past year use of any illicit drug than youths who have never been in foster care (33.6 vs. 21.7 percent). The rate of past year alcohol use was similar for these two groups.

Youths who have ever been in foster care had higher rates of need for substance abuse treatment than youths who have never been in foster care. More youths who have ever been in foster care were in need of treatment for alcohol or illicit drug use in the past year (17.4 percent) compared with youths who have never been in foster care (8.8 percent).

Increasing numbers of children and youths who enter foster care because of abuse and neglect by chemically involved parents bring with them their own substance abuse problems. In one study, 19% of adolescents surveyed reported drinking alcohol while in out-of-

home care – a rate comparable to a random sample of high school students. However, 56% reported using street drugs, a much higher percentage than the general population of high school students. These youths also tend to continue their drug use after leaving care. The drug habits of youths in foster care can seriously impede their chances of continuing their education or finding employment, often with dire consequences. Many youths involved in substance abuse do experience bouts of homelessness.

Child welfare professionals generally agree that these statistics understate the problem. Yet, a majority of state child welfare agencies are not equipped to deal with substance abuse among youths in care. They currently lack the resources and/or expertise to train staff and foster parents in how to identify and treat substance abuse problems among these youths and have great difficulty readily accessing services when properly identified.

3. Agency for Persons with Disabilities and Foster Youth

The Florida Agency for Persons with Disabilities (APD) administers the Medicaid waiver program for Floridians with eligible disabilities and conditions. This program is federally funded with state general revenue matching funds required to pull down the federal dollars.

Currently there are approximately 17,000 Floridians eligible to receive waiver-funded services through the Agency for Persons with Disabilities (APD) but are placed on a wait list for these services. Some of these clients are waiting up to 5 years. There are 2,200 children on the wait list and 300 of these children are in foster care.

The only developmentally disabled people in Florida currently allowed to begin receiving services are those with a disability who are found to be in crisis. From a child's perspective there is no bigger crisis than being abused, neglected, abandoned or removed from your family and home. When an eligible dependent child is not enrolled in the APD waiver services the CBCs are required to put together a service plan to the best of their ability by default. These services always fall short and may not even be the right services to address the specific condition of the child. This scenario leads to further deterioration and extended time in care.

Recommendations

- 1. Children and youth who have been abused neglected or abandoned should be presumptively identified as being in crisis and should receive immediate physical, behavioral or developmental disability assessment and services.**
- 2. DCF, APD, and the CBCs need to develop and implement specific procedures to transitioning youth who have developmental disabilities and are aging out of foster care in order to receive timely services through APD or the Early Periodic Screening Diagnosis and Treatment provisions of the Medicaid program.**

4. Youth with Mental Illness in Foster Care

The challenges of entering adulthood and living independently for those youth in foster care who have a mental illness, and for those who may have a co-occurring disorder of a developmental delay and/or substance abuse issues, along with a mental illness is of special concern.

The period of transition for foster youth with mental illness is especially difficult. Due to their challenging behaviors, many of these children have experienced long length of stays in the foster care system, numerous changes in placements, and placements in institutions that do very little to prepare them for a successful transition into adulthood. The United States Government Accountability Office (GAO) prepared a report in June, 2008 entitled "Young Adults with Serious Mental Illness." The report cited the following: "With respect to young adults in foster care, a national survey that included 464 individuals aged 12 to 17 who had been placed in foster care, found that they were about four times more likely to have attempted suicide in the preceding year when compared to those never placed in foster care. In addition, they were about three times more likely to have experienced significant anxiety and mood symptoms, such as depression or mania."⁴ The GAO also cited a study completed by the Northwest Foster Care Alumni, which assessed 659 adults aged 20 through 33 in Oregon and Washington who had been in foster care as children, and found that over half had experienced symptoms of one or more mental disorders in the previous year, and 20 percent had symptoms of three or more mental disorders.

In Florida, past advocacy efforts, via recommendations in the annual ILSAC Reports, were successful in facilitating expansion of Medicaid coverage to children aging out of the foster care system. However, previous recommendations made in the 2005 Independent Living Advisory Council Report, to support a revision to the legislative target population as defined in 394 F.S., with corresponding legislative appropriation for additional community based mental health services for these youth, was not successfully adopted, with a plea for making adult mental health services for this population, left unanswered. The fact that Florida has designed access to their mental health system of care based upon target populations that have a clear and distinct line separating children vs. adults, with the adult system legislatively mandated to provide services to the most severe and persistently mentally ill (SPMI), may result in ineligibility for receipt of adult mental health services to many of our former foster youth with mental illness. Even if found eligible, the majority of adult services offered are not tailored to the age-related needs of the young adult, which may lead the individual to forego services entirely. Failure to identify former foster youth with a mental illness, as a priority population for receipt of adult mental health services, may result in higher costs for the State of Florida.

Education is also impacted for youth in foster care who experience a severe mental illness episode during transition into adulthood are likely to be diverted from completing school and/or beginning a career. Lower rates of high school education (64% vs. 83%) and lower rates of continuation into post-secondary education (32% vs. 51%) for young adults with serious mental illness were reported.

According to data retrieved from FSFN on 6/13/08, there were 1300 youth identified as having an emotional disability in the Florida Foster Care system. Of the 1300, 280 or 21.5% are 16 or 17 and placed in a therapeutic setting. One must keep in mind, however, that these figures are not all inclusive, as they do not account for foster children with mental illness who may be placed in juvenile detention facilities, juvenile commitment programs, direct filed as an adult and placed in an adult prison, have a co-occurring disorder and were placed in a residential substance abuse program, were on runaway status, and/or placed with a relative/non-relative caregiver or in a non-therapeutic setting. Therefore using the figure of 280 or 21.5% of foster children with a mental illness scheduled to age out in the next year or two, is likely conservative.

Unfortunately, there are very few supports and/or programs targeted specifically to this population and the laws currently in place do not adequately address their special needs. While many of these youth may initially qualify for RTI assistance, most will lose their eligibility within a few months. Since there is a lack of services and supports for these youth, many find themselves in placements geared toward the older client, such as an adult Mental Health Group Home or an Assisted Living Facility which are primarily populated by older

adults ages 35 +. For obvious reasons, youth transitioning into adulthood do not fit into this type of environment and therefore do not stay in these types of placements for very long. Without the appropriate services and supports, these youth are more likely to experience placement in jail and/or in Civil or Criminal State Hospitals. Ultimately, this costs the state of Florida much more than if the appropriate community based services and supports were legislatively appropriated. If these youth manage to stay out of the jails and/or hospitals, many of them then likely face homelessness.

Many former foster youth have testified that the frequent use and abuse of psychotropic medications have been a priority issue for them. The necessity of appropriate and timely assessment, diagnosis and treatment for youth who are experiencing the traumas of abuse, neglect, abandonment and then coping with the transition to adulthood is also a concern of the ILSAC.

1. Connect for Kids. (1999). The impact of substance abuse on foster care. Accessed January 5, 2005, at www.connectfor-kids.org/resources3139/resources_show.htm?doc_id=8160.
2. Ollie, M. T., Vaughn, M. G., McMillen, J. C., Scott, L. A., & Munson, M. (in press). Patterns of substance use among older youth in foster care. *Drug and Alcohol Dependence*.
3. (1) Government Accountability Office report 08-678 (June 2008)
4. (2) D. Pilowsky and L.T. Wu, "Psychiatric Symptoms and Substance Use Disorders in a Nationally Representative Sample of American Adolescents Involved with Foster Care," *Journal of Adolescent Health* 38 (2006): 351-58.

Christopher

Christopher is a smart, friendly and good-humored teenager. He enjoys meeting new people and learning new things.

With a special interest in electronics, Christopher likes to take components apart and then reassemble them—to figure out how things work. In fact, when he grows up, he wants to go to college to become a computer technician. A teen with many interests, he also likes to run, play basketball and do puzzles.

Christopher says he is looking forward to being part of a family because he wants some stability in his life and he doesn't want to grow up in foster care.



A case plan goal that does not identify permanent family connections and supports is inadequate. Permanence is not a process, a plan or a placement. Permanence is having an enduring family relationship that:
Is safe and meant to last a lifetime; Offers the legal rights and social status; Provides for well being; Assures lifelong connections to birth/extended family siblings, culture, etc.

L. Permanency

For youth aging out of foster care, strong, stable relationships promote a sense of security and normalcy. The lifelong support networks of parents, siblings, extended families and family friends that exist for most young adults are not assured for youth who have spent time in foster care. Hard work is often required to develop and maintain permanent relationship for these youth. Case plan goals are established so that case workers, judges and other decision makers can work with the youth to develop a permanency plan and explore the viability of various options that might include connection to family members, legal guardianship or other permanent arrangements with a caring adult, reunification with biological parents or adoption. Our goal should be that no one leaves the foster care system without a "family" no matter their age.

1. Kinship Care

Kinship care is the full time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment. During the last few years the child welfare system has seen an increase in the number of children placed with relatives. According to the most recent estimate from the Adoption and Foster Care Analysis and Reporting System (AFCARS), there were 513,000 children in out-of-home placements as of September 2005 with 124,153 living with kin (HHS, 2006b). The primary reasons for this growth in placement has to do with the shortage of foster homes and a shift in federal policy toward treating kin as appropriate caregivers with all of the legal rights and responsibilities of foster parents. Studies have showed that children raised in kinship care experienced fewer placements changes and were more likely to achieve permanency through guardianship. In contrast, children in foster care were more likely to have a new allegation of institutional abuse or neglect, more likely to be involved with the juvenile justice system. An exploratory comparison of paid and unpaid kinship care providers also revealed that outcomes for children in these placements were comparable, suggesting that kinship placement may be a more cost-effective option.

Kinship navigator programs and Family Finders Programs are effective ways to support the kinship care option.

2. Youth Directed Permanency Planning

The ILSAC recommended in our 2006 Annual Report that the Department of Children and Families:

Establish permanency planning as a priority for youth aging out of foster care that results in permanent "family" and supports.

Investigate the youth directed team decision making model for development of a family support network that addresses permanency. This model may involve birth families, siblings, community members in all placement decisions and is directed by the teen. Permanency decisions should continue to include reunification, adoption, guardianship, kinship care and other non-traditional permanency options.

Permanency must be individualized to meet the specific needs of the foster youth. Child Welfare workers and courts must partner with the youth to identify both relatives and non-relatives the youth as identifies as significant in their group of contacts. Only 29% of the youth in the Independent Living Services Survey identified that they were involved in their case plan development for aftercare or transition services.

Promising Practices and policies to promote youth permanence include:

1. Active engagement of youth as partners in permanence
2. Active engagement of families in permanency planning
3. Organizational changes to promote youth permanency such as using data to determine priorities, new teaming practices and integration of permanency and preparation for adulthood.
4. Targeted Foster Parent Recruitment and Adoption Efforts focused on teens.
5. Family Finders Programs

No foster youth should leave foster care without a place to call home.

M. Normalcy

Florida's current and former foster youth have continuously rated the ability to engage in age appropriate activities as crucial to the development of their independent living skills, fostering connections with others, the sense of normalcy and have ranked this issue as their number one priority. Administrative Rule language was developed to address the normalcy issue.

Legislation Section 409.1451, F.S. was enacted to remove responsibility under administrative rules and law and prohibit the sanctioning of a foster parent's license as a result of actions a child engaged in activities specified in his or her written plan. It also reinforced existing law that required a written plan for each

youth in foster care that provides the opportunity to participate in age appropriate activities and the authority to make decision granted to the parent or caregiver. The plans must include specific goals and objectives and be signed by all the participants.

While progress has been in the practice of normalcy plans for young people in foster care many of them continue to report challenges and barriers especially those who reside in group home settings. The group home and congregate care issue for requiring normalcy or age appropriate transition planning was addressed in legislative action in 2008. The 2007 Independent Living survey noted that only 47% of the youth in care had a written plan for age appropriate activities.

N. Increasing the effectiveness of Florida's Independent Living Services by requiring Accountability on the part of participants in the Road to Independence Program and comprehensive transitional support services.

While we acknowledge Foster Care Youth attain legal status as an adult at age 18; child welfare is the only system that presumes that youth in high school are afforded the status of an adult at age 18 and in fact, foster care is the only system that has the ability to terminate their obligation to the youth on their 18th birthday.

The Road to Independence is not an entitlement program. There must be accountability on the part of the participant. While 18 year olds may have achieved the legal status of "adult", our culture and social mores recognize that 18 year olds are not adequately prepared for self-sufficiency, financial security, and employment and housing stability without ongoing "parental" supports.

We can be assured that the "parental supports" that naturally occur in families are not without requirements on the part of the 18 year old. If we acknowledge that 18 year olds require ongoing supports; we also have to ask ourselves if giving 18 year olds who are still in high or in a GED program prepared for the responsibility of managing the RTI stipends without oversight and accountability.

Florida currently provides payments in the amount up to \$1,014.00 directly to the youth without any requirements the youth provide documentation the funds provided through the Road to

Independence Program ensuring targeted for education, housing, and other support services are appropriately utilized.

Without accountability on the part of the Independent Living Services providers and the youth can we realistically expect positive outcomes from the dollars invested in the Road to Independence Program?

In the 2007 ILSAC Report the recommendation was made that over the next year the Department of Children and Families consider the legal and fiscal implications of aligning the RTI with the education system and require individualized and comprehensive transitional support services, including a written transitional services plan for all youth who have reached the age of 18, however have not obtained their high school diploma or GED.

DCF concurred with this recommendation and while attempts have been made to obtain the required historical data, the data systems do not currently support this effort. The ILSAC recommends that this recommendation continue to be explored in the coming year. This recommendation should be explored vigorously given the federal Fostering Connections to Success and Increasing Adoptions Act of 2008.

Membership List

Jane V. Soltis, Chair	Eckerd Family Foundation
Charles Nelson, Co Chair	Guardian Ad Litem Association
Ashley Kyle	Youth Representative
Carolyn Salisbury	Lawyer
Diane Zambito	Connected by 25 Initiative
Catherine Heath	DCF
Elizabeth Brown	Turtles Nest Village
Gay Frizzell	DCF
Gerard Glynn	Barry University School of Law
Hope Kleinfeld	Personal Enrichment through Mental Health Services
Helen Lancashire	Department of Education
Linda Marie Grund	Youth Representative
Glen Casel	CBC of Seminole
Freida Sheffield	Workforce Florida
Jan Stratton	Universal Orlando Foundation
Onchantho Am	Youth Representative
Jim Adams	Florida Support Services of North Florida
Sonya Duran	Battle Foundation
David Hall	Foster Parent Representative
Lillian Lima	DCF
Tammy Workman	DCF
Holly Carson	Agency for Workforce Innovation
Sandra L. Neidert	Office of the State Court
Laura Contrera	Sandy Pines
Tracy Heller	Florida Coalition for Children
Jack Ahearn	Department of Juvenile Justice

2008

INDEPENDENT LIVING SERVICES ADVISORY COUNCIL

2008 INDEPENDENT LIVING SERVICES

ADVISORY COUNCIL REPORT

Department of Children and Families Response

December 31, 2008

George H. Sheldon

Secretary

Charlie Crist

Governor

2008 Independent Living Advisory Council Report

Department of Children and Families Response

Statutory Authority:

409.1451

(7) INDEPENDENT LIVING SERVICES ADVISORY COUNCIL.--The Secretary of Children and Family Services shall establish the Independent Living Services Advisory Council for the purpose of reviewing and making recommendations concerning the implementation and operation of the independent living transition services. This advisory council shall continue to function as specified in this subsection until the Legislature determines that the advisory council can no longer provide a valuable contribution to the department's efforts to achieve the goals of the independent living transition services.

(a) Specifically, the advisory council shall assess the implementation and operation of the system of independent living transition services and advise the department on actions that would improve the ability of the independent living transition services to meet the established goals. The advisory council shall keep the department informed of problems being experienced with the services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of independent living transition services has achieved. The department shall consider, but is not required to implement, the recommendations of the advisory council.

(b) The advisory council shall report to the appropriate substantive committees of the Senate and the House of Representatives on the status of the implementation of the system of independent living transition services; efforts to publicize the availability of aftercare support services, the Road-to-Independence Program, and transitional support services; the success of the services; problems identified; recommendations for department or legislative action; and the department's implementation of the recommendations contained in the Independent Living Services Integration Workgroup Report submitted to the Senate and the House substantive committees December 31, 2002. This **advisory council report shall be submitted by December 31 of each year that the council is in existence and shall be accompanied by a report from the department which identifies the recommendations of the advisory council and either describes the department's actions to implement these recommendations or provides the department's rationale for not implementing the recommendations.**

(c) Members of the advisory council shall be appointed by the secretary of the department. The membership of the advisory council must include, at a

minimum, representatives from the headquarters and district offices of the Department of Children and Family Services, Community-Based Care lead agencies, the Agency for Workforce Innovation, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, Workforce Florida, Inc., the Statewide Guardian Ad Litem Office, foster parents, recipients of Road-to-Independence Program funding, and advocates for foster children. The secretary shall determine the length of the term to be served by each member appointed to the advisory council, which may not exceed 4 years.

(d) The Department of Children and Family Services shall provide administrative support to the Independent Living Services Advisory Council to accomplish its assigned tasks. The advisory council shall be afforded access to all appropriate data from the department, each Community-Based Care lead agency, and other relevant agencies in order to accomplish the tasks set forth in this section. The data collected may not include any information that would identify a specific child or young adult.

(e) The advisory council report required under paragraph (b) to be submitted to the substantive committees of the Senate and the House of Representatives by December 31, 2008, shall include an analysis of the system of independent living transition services for young adults who attain 18 years of age while in foster care prior to completing high school or its equivalent and recommendations for department or legislative action. The council shall assess and report on the most effective method of assisting these young adults to complete high school or its equivalent by examining the practices of other states.

Recommendations by the Council for the Florida Legislature

The Legislature should:

Support the Department of Children and Families legislative budget request for \$6.9 million in funds and make these reoccurring funds. The legislature should insure at least the minimum match to maximize federal funding and not to endanger the Federal Title IV E waiver status.

Department Response: The Department appreciates the support of the Independent Living Services Advisory Council.

Strengthen existing laws to ensure youth and their attorneys can obtain their records. Youth call their lack of access to their own records “identity theft.” Records from time in custody must be provided to the youth and when permanency is achieved to the family, biological or adoptive family.

Department Response: The Department supports strengthening laws to ensure youth have access to their records.

Establish presumptive Medicaid eligibility for any youth as long as they are in the dependency system regardless of placement type or geographic location.

Department Response: The Department supports efforts to provide Medicaid services to youth formerly in foster care.

The Department plans to convene a group of state agencies and stakeholders to address health care planning for youth in foster care as required by the new federal law, Fostering Connections to Success and Increasing Adoptions Act of 2008. The 2008 Report by the Independent Living Services Advisory Council and the recommendations related to Medicaid will be considered by this planning group. The federal law specifically requires the Department to, "Develop a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which ensures a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs."

Recommendations by the Council for the Department of Children and Families

The Department should:

Review the recommendations of the 2006 and 2007 Reports by the Independent Living Services Advisory Council and continue work as identified to implement these recommendations made in previous years. A status report is provided under the Accountability Section on pages 6-7 of this year's 2008 Independent Living Services Council Report.

Department Response: The Department of Children and Families will review the recommendations from the 2006 and 2007 Independent Living Services Advisory Council reports and the status of each of these eighteen recommendations contained on pages 6-7 of this year's (2008) report of the Council. In order to continue making progress on these recommendations, the Department of Children and Families will work with the Chair of the Council to determine priorities and schedule appropriate Department staff to be present at the first meeting of the Council scheduled in 2009. The first meeting date is February 13, 2009 in Tampa, Florida. During and after this Council meeting, the Department will

establish a plan for implementing previous year's recommendations in coordination with the Council Chair.

In addition, the Department will collaborate with YouthSHINE (a group of youth formerly in foster care advocating for child welfare system improvements) and the Council to develop quality assurance tools and/or protocols. YouthSHINE has recently identified quality and accountability issues consistent with Council recommendations for improvement. The Department will work with the Council Chair to coordinate this collaboration to ensure a cohesive statewide approach. A status report will be provided at the first Council meeting on February 13, 2009.

New Recommendations:

Require that Department of Children and Families (DCF) and Agency for Health Care Administration (ACHA) establish a system to check eligibility of children on a daily or at least weekly basis to assure continuity of care and prevent inappropriate disenrollment or changes in physical or behavioral health plans.

Children and youth who have been abused, neglected or abandoned should be presumptively identified as being in crisis and should receive immediate physical, behavioral or development disability assessment and services.

Department of Children and Families, Agency for Persons with Disabilities (APD), and the Community-Based Care lead Agencies (CBCs) need to develop and implement specific procedures to transitioning youth who have developmental disabilities and are aging out of foster care in order to receive timely services through APD or the Early Periodic Screening Diagnosis and Treatment provisions of the Medicaid program.

Department Response: The Department will convene the executive agencies specified in the above recommendations to develop an implementation plan. Interagency coordination has been established as a top priority for the Department. On September 29, 2008, the Department of Children and Families entered into an Interagency Agreement with the Department of Juvenile Justice (DJJ), the Agency for Persons with Disabilities (APD), the Agency for Health Care Administration (AHCA), and the Department of Health (DOH). Section V. of the Interagency Agreement requires the participating agencies to meet on a regular basis to develop strategies to enhance services for children served by multiple agencies. Additionally, two other initiatives underway will provide a means for addressing these three recommendations including the

reconstituted Child Protection Task Force and the federally required Child and Family Services Review Quality Improvement Plan.

Department of Children and Families needs to work collaboratively with Department of Education (DOE) to implement the actions recommended by Florida's Children First in "FCF Recommendations for Inter-Agency Actions to Improve Educational Opportunities for Florida's Foster Youth."

Department Response: The Department plans to address this recommendation through the already established Child Welfare Educational Technical Assistance Workgroup. It was convened on November 20, 2008 to address educational issues for children in the child welfare system. Participating members with the Department include: Florida's Children First, Community-Based Care lead agencies, provider agencies, and other stakeholders, to review and implement the recommendations of the Florida's Children First (FCF) white paper entitled, "FCF Recommendations for Inter-Agency Actions to Improve Educational Opportunities for Florida's Foster Youth." This initiative is one of the Department's Major Issues identified in the Strategic Direction 2009-2011 available at:

<http://www.dcf.state.fl.us/opengov/docs/strategicIntent.pdf>. Mary Cagle, the Department's Director for Children's Legal Services is the champion for this workgroup established to implement practices to improve educational outcomes for children and youth.

Require Community-Based Care lead agencies (CBCs) to establish a statewide system of *portability* of any services and funds so that youth over the age of 18 may access the supports they need in the counties in which they live. At a minimum this should be required for transition and aftercare funds and services; which often require immediate attention to prevent homelessness.

Department Response: The Department's Offices of the Assistant Secretary for Programs and the Assistant Secretary for Administration will convene a meeting of key members of the Florida Coalition for Children (FCC), Community-Based Care lead Agencies, and members of the Council to review this recommendation to determine the feasibility and determine next steps. The Department will work with the Council Chair to determine the most appropriate time to agenda this item for the full Council's review.