

2009 Report of Independent Living Services for Florida's Foster Youth

INDEPENDENT LIVING SERVICES ADVISORY COUNCIL



Matthew | Photo by Meg Pryor



Matthew

Photo by Meg Pryor

How many teenagers have a 5-year plan, which includes going to culinary school to become a chef?

Matthew matches his future goals with a bright outlook and engaging personality. He's personable, does extremely well in school and exudes positive energy.

What Matthew is missing is a family. After several disappointments over the years, he could be skeptical of adoption. But he's continuing his plans to grow as a person as he patiently waits for a Mom and Dad. At the same time, he's honing his skills to live on his own when the time comes.

Courtesy of:



Introduction

During the last decade, there has been a heightened interest and focus on the challenges faced by youth who age out of the foster care system.

Nationwide and in Florida the number of children entering care has decreased and for those who must enter care, they are leaving care after shorter lengths of stay through family reunification efforts or adoption. An alarming statistic however is the growing number of youth who are aging out of care and for most of them leaving without permanent families.

The number of youth nationally aging out of foster care has grown steadily each year, as has the percentage of all exits from foster care that are to "emancipation." On average, youth who age out of foster care have spent nearly 5 years in foster care at the time they emancipate. In total, more than 190,000 youth aged out of foster care between 1998 and 2006.

Number of Youth Aging Out and Percentage of Exits that are to Emancipation

	Number of Youth Who Aged Out	Total Number in Foster Care	% of Exits from Foster Care that were to Emancipation
1998	17,310	559,000	3.1
1999	18,964	567,000	3.3
2000	20,172	552,000	3.7
2001	9,039	545,000	3.5
2002	20,358	533,000	3.8
2003	22,432	520,000	4.3
2004	23,121	517,000	4.5
2005	24,407	513,000	4.9
2006	26,517	510,000	5.2

Sources: *Kids Are Waiting*, 2007; *US Department of Health and Human Services*, 2008.

In Florida the number of youth aging out of out-of-home care is consistent with national trends.

Year	Youth Who Aged Out
2006	1,255
2007	1,294
2008	1,433
2009	1,475

Young adults in Florida who participate in the Road to Independence Program have likewise increased:

June 2006	1,347
June 2009	2,045

As of June 30, 2009, there were 4,055 youth aged 13 to 17 in out-of-home care and 2,045 young adults participating in the Road to Independence Program.

With the focus on this population, the data and research, while still sparse, validate the youth stories and document their numerous barriers to a successful transition to adulthood.

We know that if we want to improve outcomes for young people at risk of aging out of foster care, we must keep them out of foster care when we can, and connect them with families when they have no one. If, after a stay in foster care, they can safely return home, youth will need help rebuilding strained family connections. To thrive, young people need families—plus families with a strong relationship—plus effective preparation for adulthood, including life skills development, a strong education coupled with job readiness and career planning, and access to quality housing and health care.

We know that 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.”

We also have learned that the concept of “Connected by 25” (Cby25), representing the growing body of knowledge on adolescent brain development, the potential effects of trauma on brain maturation, positive youth development, the importance of permanency, the completion of post secondary education and connection to employment are emerging factors that shift the focus period for successful transitions to adulthood.

While Florida has designed an array of services to support older foster youth and former foster youth with the goal that these youth become independent, self-supporting young adults, we continue to struggle to demonstrate the effectiveness of these laws, practices, efforts and financial resources in terms of our youth doing better in a variety of outcomes areas including:

Education, Housing, Life Skills, Employment, Permanency, Housing, Physical and Mental Health.

The Independent Living Services Advisory Council (ILSAC) reviewed the status of youth in Florida in each of these domains over the past five years and many of the recommendations over the past five years remain issues. The ILSAC believes that the only way we can confidently state that we are doing our best for this population is through a critical eye on youth outcomes. Youth outcomes are the result of consistent and thoughtful implementation of the statutes and recommendations, as well as accountability throughout the systems of care, that affect the lives of our youth and young adults.

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:

- Supporting kinship caregivers
- Assisting foster youth up to the age of 21
- Improving 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

In 2002 the Florida legislature established a framework for Independent Living Services. A continuum of Independent Living Services to enable youth who are 13 to 17 years of age and in foster care was designed to develop the skills necessary for successful transition to adulthood. Service categories included:

- Pre-Independent Living Services for 13 and 14 year olds
- Life skills services for 15, 16 and 17 year olds
- Subsidized Independent Living for 16 and 17 year olds who demonstrate Independent Living skills
- Road to Independence Program for young adults 18-23 who are pursuing full-time educational or vocational training needed to achieve independence
- Transition and after care services for youth who have reached the age of 18 but need continued support in developing the skills and abilities necessary for Independent Living

The Florida laws relating to Independent Living programs have been revised in the last four legislative sessions and continue to be very good by national standards. We must however ensure that the good laws of Florida are consistently implemented and practiced throughout our state and that youth outcomes improve to a standard that we would all accept for our own children, for these are *our* children. We must base our efforts and our resources on data and on outcomes that hold us accountable for those efforts and resources. We must listen to the youth voice on what they need and deliver.

Aging out is preventable, permanency is achievable, lack of adequate preparation is avoidable and the ILSAC members believe that changing the outcomes for youth in care in Florida is morally and ethically the mandate for each of us.

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, (DCF) legislative budget request. The legislature should ensure at least the minimum match to maximize federal funding and not endanger the Federal Title IV E waiver status.

The ILSAC recommends active participation and consideration of legislation to support the recommendations of the Road to Independence Redesign Workgroup and the voluntary provisions of Fostering Connections.

Department Recommendations

The ILSAC recommends active participation and consideration of legislation to support the recommendations of the Road to Independence Redesign Workgroup and the voluntary provisions of Fostering Connections.

Education

Fostering Connections: DCF should ensure that all educational requirements of this Act within its own control are implemented both in policy and operationally. DCF should revise appropriate rules in the Florida Administrative Code to reflect these educational requirements. Further, DCF should ensure that all local educational agreements include actions by the schools and the other signatory agencies to comply with this Act.

Definitional Need: To promote school stability, it is recommended that DCF develop a definition of "children awaiting foster care placement" pursuant to the McKinney-Vento Act provisions for the education of homeless children and obtain approval of this definition from the Department of Education (DOE)

School District and DOE Collaboration: The following two recommendations are proposed to facilitate DOE/DCF collaboration and to enable school districts to meet the unique educational needs of children served by the Department of Children and Families.

(1) Each school district should review the best practices of those districts which provide guidance counselors or dependency court liaisons (or both) whose focus is specifically and solely on students known to DCF. Each school district should seek funding from all sources within the school system, and/or from nonprofit organizations, to hire designated guidance counselors or court liaisons to provide focused and detailed assistance to the individual DCF students thereby assisting them to navigate the educational system in light of their unique needs.

(2) A workgroup or committee comprised of DCF and DOE staff members responsible for addressing the various educational issues faced by youth in foster care should be convened on a monthly basis. This workgroup or committee would be charged with developing strategies for overcoming the barriers hindering the educational progress faced by children known to DCF and would facilitate their movement from institution to institution and from one level of education to the next. It is envisioned that such a workgroup or committee would serve in an advisory capacity to the statewide interagency implementation team and would, on an as-needed basis, work with Department of Juvenile Justice (DJJ), Agency for Persons with Disabilities (APD) and Agency for Workforce Innovation (AWI).

Educational Planning:

The requirements, tools and resources of DOE's ePersonal Education Planner (ePEP) and career planning must be integrated into the educational plans required for youth in foster care. By working with the local school districts, Community Based Care (CBC) lead agencies can, and must, facilitate the integration of coordinated educational plans for all youth in care.

Sharing of Educational Records:

School districts and the Department's contract agencies should implement policies to identify children in the care of the Department, and to notify school districts when a child is no longer in care.

At a minimum, all school districts should ensure that they will share school records with the Department through a court order or parental consent, and that any release or court order submitted by the Department's or Community Based Care caseworkers is noted in all the student's written and electronic files, so that such document will remain effective until further action by the parent or the court, or the student is no longer in care.

DCF should continue to work with DOE toward a more liberal interpretation of The Family Educational Rights and Privacy Act (FERPA) to meet the goals of the Interagency Agreement by acknowledging that a child's caseworker falls within the federal and state definition of "parent" as "any person exercising supervisory authority over a student in place of a parent," pursuant to sec. 1000.21(5), F.S.

Post-Secondary Education:

DOE should identify those existing programs that are designed to facilitate the success of students known to DCF as they make the transitions from middle to high school and from high school to college or technical school, and seek to promote replication of such programs and techniques throughout the state.

DOE and DCF should ensure that information concerning changes to the proof of Florida residency for post-secondary education, and to the online application for those students who are exempt from paying tuition and fees, is disseminated to all high school advisors, post-secondary educational institutions, DCF caseworkers and Independent Living coordinators.

Data Collection: It is also recommended that DOE and DCF collaborate in developing a more comprehensive system for measuring the educational progress and the education outcomes of youth in foster care.

Health Care

Require that DCF and Agency for Health Care Administration (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 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.

Establish a single medical health care plan for the entire state child welfare population similar to the behavioral health plan or in combination with the behavior health plan.

Require the Medicaid Reform counties that are not participating in the statewide behavioral health plan to join.

The recent Gabriel Myers report has identified the need for compliance with the framework and safeguards that exist in statute, administrative rule and operating procedures for psychotropic drugs. For the youth and young adults in foster care, the issue of consent, communication and information as part of a comprehensive treatment plan is essential.

Cross Over Youth

The ILSAC recommends that DCF and DJJ act aggressively on the recommendations resulting from Quality Assurance Reviews for youth served by more than one agency.

National Youth in Transition Database

The ILSAC recommends that Florida adopt the National Youth in Transition Database (NYTD) Plus model and collect data on 100% of the youth who are and have been served through the Florida foster care system.

Permanency

Recommend that the full range of permanency options be considered: reunification, adoption, guardianship, kinship care, and other non-traditional permanency options and a priority for every youth in care. No one should leave the system without a permanent family.

We would also repeat our 2008 suggestion concerning youth involvement in permanency planning and in building supportive adult relationships.

Siblings, **Morgan and Talih**, stay very active with a variety of interests that they enjoy.

younger brother. In her quiet time, she likes to read and does well in school.

Both are athletic—Morgan is the oldest with dreams of playing in the Women's National Basketball Association (WNBA). She is easy going, funny, and has a special caring for her

Talih is two years younger than Morgan with a love for football. He says he's "really good at it!" Talih is a natural leader with a focus on his future goals.

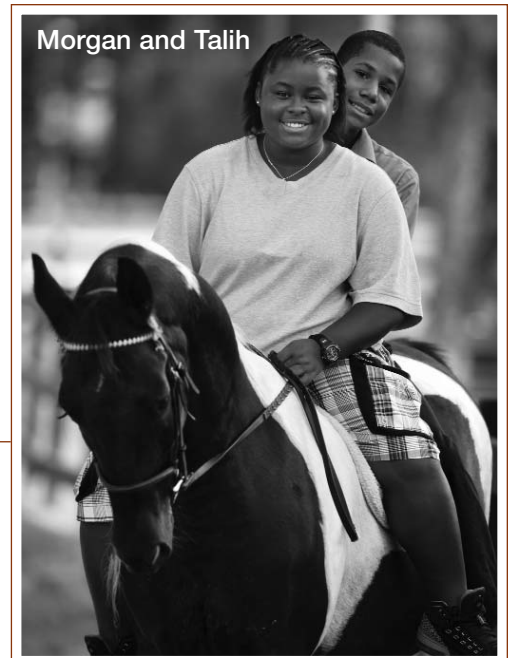


Photo by Bob Self

Previous Recommendations and their current status of implementation or achievement

Year	ILSAC Recommendation	Status – Department of Children & Families	ILSAC 2009
Accountability and Quality Assurance			
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).	<u>Partially Achieved</u>	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.	<u>Partially Achieved</u>	Recommend For Continued Work
2006	Include ILSAC members as well as youth representatives in the QA process directly relating to Independent Living Services.	<u>Underway</u>	Recommend for Continued Work
2007	Every Community Based Care Lead Agency should maintain a quality assurance report for every youth receiving Independent Living Services.	<u>Not Achieved</u>	Recommend
2007	Must establish provider accountability by implementing corrective actions as part of the ongoing quality assurance benchmarks—not of services provided or youth served—but of outcomes achieved by youth participating in Independent Living Services.	<u>Not Achieved</u>	Recommend for Continued Work
Permanency			
2006	Establish permanency planning as a priority for youth aging out of foster care that results in permanent “family” and supports.	<u>Not Achieved</u>	Recommend
Housing			
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 (GH) to ensure a smoother transition from foster home or group home living to Independent Living.	<u>In Progress:</u> DCF Priority issue for 2009-2010	Recommend for Continued Work
2007	Support the development of transitional housing programs and scattered site apartments with support services for youth ages 18-23.	<u>In Progress:</u> DCF Priority issue for 2009-2010	Recommend for Continued Work
National Youth In Transition Data Base and Critical Check List			
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.	<u>In Progress:</u>	Recommend for Continued Work

Year	ILSAC Recommendation	Status – Department of Children & Families	ILSAC 2009
Life Skills			
2007	Ensure that life skills trainings, education planning, career path development, financial literacy training and other services mandated by Florida statute are of the same quality and competency based regardless of the placement of the youth in Florida's foster care system or the location of the contracted provider.	<u>In Progress:</u> <u>DCF Priority issue for 2009-2010</u>	Recommend for Continued Work
2007	Ensure that every CBC or other contracted providers meet benchmarks—not of services provided or youth served—but of outcomes achieved by youth participating in Independent Living Services.	<u>Not Achieved</u>	Recommend

Accountability

While we recognize the great accomplishment of the Department in their efforts to collect baseline data on over 8,800 youth and young adults over two successive years—the baseline data continues to indicate significant areas of deficit in both youth achievement and Community Based Care service delivery practice.

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 that the legislature and the Department would find elements of the critical checklist 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. The National Youth in Transition Database, soon to be implemented nationally, will raise the youth outcomes being achieved to a national level.

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, 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. The urgency to accomplish standards, outcomes and accountability grows each year, especially in this trying economic environment.

We remain ever more cognizant of the continuous struggle in consistently translating good policy to 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 ensure

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.
- Ensuring 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. We commend DCF for instituting a special review of Independent Living, agree with their recommendations for Phase I and look forward to the next two phases of the review.

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 ensure we are meeting our intended purpose.

The Chafee Foster Care Independence Act

The Chafee Foster Care Independence Act required the Department of Health and Human Services (HHS) to promulgate regulations that would direct the state's data collection on youth exiting foster care. In early 2008, HHS finalized rules for the NYTD, requiring states to begin uniform data collection in 2010 with the first reporting in 2011.

Florida is in an enviable position. In 2007 and 2008, on the recommendation of the ILSAC and in collaboration with the Department of Children and Families (DCF) and the Florida Coalition for Children (FCC), the Independent Living Critical Checklist was created and collected data on the majority of 13 to 21 year olds in the Florida child welfare system.

Florida also participated in an American Public Human Services Association (APHSA) initiative to expand the data collected of youth in care so as to provide a more thorough and robust picture of youth characteristics, well being and outcomes. The national

advisory group of APHSA, chaired by Don Winstead, Deputy Secretary of DCF, has recommended a NYTD Plus model that is being promoted by the foremost public, private and research partners in the field.

Florida partners including the ILSAC, FCF and DCF, have continued to meet over the past year to determine the most appropriate methods of collection combining the Critical Checklist, the NYTD requirements and the NYTD Plus recommendations consistent with federal requirements.

Our collaborative efforts should be focused on obtaining the best and most complete data we can obtain from 100% of the youth currently in care and those that have left care. That effort should be driven by a desire to continually improve the services provided with a focus on how the youth in Florida are doing and not merely to satisfy federal requirements.

The ILSAC recommends that Florida adopt the NYTD Plus model and collect data on 100% of the youth who are and have been served through the Florida foster care system.

Road to Independence (RTI) Redesign and Fostering Connections Legislation

The Chafee Act, the primary federal funding supporting Independent Living Services, granted wide discretion to the states, allowing them to set their own criteria regarding which foster youth receive services. Within that discretion, states must use objective criteria for determining eligibility for benefits and services and for ensuring fair and equitable treatment of benefit recipients.

In 2002 Florida developed guidelines and statutory language for the Road to Independence Program to support youth in their post-secondary educational/vocational career path as well as transitional and after care funds.

The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 includes:

- Supporting kinship caregivers
- Assisting foster youth up to the age of 21
- Improving 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

A 2009 convening of key stakeholders to discuss the 2008 Federal Fostering Connections Legislation, the Independent Living Services

Advisory Council (ILSAC) and the IL Summit luncheon at the Florida Coalition for Children Conference have all identified the need to consider redesign of the RTI Program to better meet the needs of youth in the foster care system and to promote better and more successful outcomes for those young adults.

The current legislation does not address the needs of many of the young adults who are aging out of the foster care system and is not accomplishing the desired outcomes for these young adults.

A workgroup was convened in December 2009 through a joint invitation from DCF, the Florida Coalition for Children and the Independent Living Services Advisory Council.

Redesign of the RTI and consideration of expanding care to age 21 and other voluntary provisions under the Fostering Connections legislation will ultimately culminate in new or amended legislation for supporting the 18 to 23 year olds who are aging out of the foster care system.

Any redesign should include an objective and careful analysis of:

- Outcomes for youth as reported from the 2007 and 2008 Independent Living Critical Checklist.

- Issues and recommendations from the Quality Assurance Special Review of the Independent Living Program conducted by the Department of Children and Families—Phase One Report issued on December 21, 2009.
- Identification of barriers with the current RTI that discourage successful outcomes.
- Identification of the characteristics of youth that are not having successful outcomes under the current RTI.
- Current and projected financial analysis of RTI, transitional and after care support funding.
- Representation from all stakeholders, especially youth and young adults, on any redesign efforts or recommendations.
- Fiscal implications of any redesign that may be proposed for legislative action.

The ILSAC recommends active participation and consideration of legislation to support the recommendations of the RTI Redesign Workgroup.

Youth Voice and Engagement

Jim Casey Youth Opportunities Initiative has crafted the following statement on youth engagement:

“Youth engagement is central to effective practices aimed at supporting successful transitions to adulthood. Youth engagement helps young people develop the capacity to participate in decisions affecting them both individually and as a collective. More and more policy makers, service providers, and community organizations are recognizing that when young people are active participants in influential decision making settings, they can become significant resources for themselves and others. Accordingly, effective policy and program leaders are equipping young people with the skills, knowledge and opportunities to engage in those decision making processes.”

In 2007, only 55% and in 2008 only 77% of the youth ages 13 to 18 had a case plan filed with the court.

In 2007, only 29% of the youth ages 13 to 18 and in 2008 only 51% reported being involved in their case plan development.

In 2007 and 2008, only 64% of the youth ages 17 and older had signed their Independent Living transition plan.

A Florida statute requires youth to be involved in and to sign their transition plans. We are not doing well enough.

Florida’s statewide commitment to effective and meaningful change starts with youth voice and engagement. The awareness of the significance of the youth voice representation in policy and practice continues to increase though their meaningful inclusion in groups including:

1. ILSAC
2. Youth Voice in Court
3. Florida Youth Advisory groups and Youth SHINE
4. Connected by 25 “Policy to Practice” trainings and workshops
5. Florida Youth Leadership Academy
6. Representation and testimony by youth on Gabriel Myers Task Force, Task Force on Fostering Success, Fostering Connections Strategy Workgroup and the National Governors Association Policy Institute.
7. Presentations by youth at the Florida Dependency Summit and the Florida Coalition for Children Annual conference.

A Call to Action, An integrated Approach to Youth Permanency and Preparation for Adulthood, prepared by Casey Family Services states:

"Aging out" without a permanent family and/or adequate preparation for adulthood is a crisis. It is a personal injury to each and every youth in care and a public emergency for our national child welfare system.

Permanency

Permanency is often an elusive concept for older youth involved with the dependency system. Too many children "graduate" from foster care without adult support networks to guide them through the difficult years of early adulthood, 18-25. It's difficult enough to imagine any newly anointed adult, at age 18, being prepared to make life decisions without the support of stable, caring relationships, but unthinkable and unacceptable if this is a youth being prepared to make those decisions when they've spent large portions of their lives in the dependency care system. A service plan goal of Independent Living or another planned living arrangement does not mean that a youth no longer needs family permanency but that the system has not succeeded in achieving it for them.

There are major life decisions to be made: where to live, where to work, whether to continue education, whether to join the military, how to pay bills, how to put food on the table. Most youth will struggle to make ends meet, just like everyone else. But unlike everyone else, they may not have had the strong family connections to help them learn these skills and to be supported in their decision-making process.

We agree that these decisions aren't unique to ex-foster care youth, and even with training classes, these are not easy decisions to make. But the risks to former foster youth are significant. Poor decisions place them at a higher risk for unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, increased rates of incarceration and homelessness. These are bitter legacies for far too many youth exiting foster care.

Our goal should remain consistent with previous statements: no one leaves the foster care system without a "family" no matter their age. As Doug Nelson, president of the Annie E. Casey Foundation said, "enabling all children to become part of permanent, life-long families, has not yet become, as it should, a paramount goal of child welfare work in America."

Supportive adult connections can be developed from a number of sources. To build those connections, however, a concerted effort by those involved in the care of foster youth—including the youth themselves—in frankly seeking out and establishing those connections is a necessity. We still hear of far too many youth that report that they are not intimately involved in helping to plan out their lives. We candidly assert that if youth are not fully engaged and involved in transitional planning, the effort is largely wasted. Since 2006, the ILSAC has recommended that the Department establish permanency planning as a priority for all youth aging out of foster care. We have also urged that the Department investigate youth

directed team decision making to help develop permanent connections, particularly those involving family, extended family networks and siblings, as those family connections may already exist, but may need strengthening. We reiterate those recommendations.

We also recommend that the full range of permanency options be considered: reunification, adoption, guardianship, kinship care, and other non-traditional permanency options:

- Reunification with parents will often be a powerful link in the life of a child, whether authorized by the Department or not. Planned reunifications are typically well supported with services. Truly effective planning may also require the Department to recognize that some youth will reunify with their parents with or without the Department's support after the age of 18. Effective pre-transition planning, involving the youth, may aid the Department in recognizing those situations and in offering appropriate supports in those circumstances, when possible.
- Adoptions can still occur for youth nearing and after 18 years of age. We are aware of more than one teen who has been adopted by his forever family in the past year. Too often, we also hear that older children are "not adoptable," but we do not believe that is the case and urge the Department to continue supporting adoption as a legitimate option for older, transitioning youth.
- Guardianship is an important permanency option for youth, although that legal relationship ends when the child turns eighteen. Involving legal guardians, as well as the youth, at every level of transition planning is critical to keeping the family unit intact and supportive long after the legal relationship ends. This concept extends the familial relationship as, in reality, the family has been operating as a family for the child's minority.
- Kinship Care or Placement with a Willing Relative: these can be strong, family relationships. The family bond has already been established, although it may need supports to continue beyond majority. We are very pleased to see a concerted effort to place more children with families in the last few years. Again, we would recommend maximum involvement in the family group in transition planning to help ensure success.
- We would also urge maximum usage of Kinship Navigator Programs and Family Finders Programs to support the Kinship Care option.

We would also repeat our 2008 suggestion concerning youth involvement in permanency planning and in building supportive adult relationships. Nothing is more important to the success in building an effective transitional plan. Permanency must be individualized to meet the specific needs of the foster youth. Child welfare workers and the courts must partner with the youth to identify both relatives and non-relatives the youth identifies as significant in their group of contacts.

Finally, we would encourage the Guardian ad Litem (GAL) Program to consider its role in building permanent relationships for transitioning teens. As resources allow, we would encourage the GAL Program to develop specialists within their program, both staff and volunteers

(lay volunteers and pro bono attorneys) to work with transitioning youth. Traditionally, the GAL Program's responsibility ends with the majority of the youth, so we recognize this as a non-traditional approach, but we also believe there may be merit in considering such an option.

We must be striving to create relational permanence, a lifelong attachment, a relationship that is an emotional connection beyond a legal relationship. It is not group care, it is not identifying their case manager as the only adult connection in their life and it is not simply a mentor. It is a lifelong attachment that we seek for every youth in foster care.

“Learning” Life Skills

This section is titled “Learning” Life Skills. We feel it is important to place the emphasis on the learner and not on the teacher. What research has shown; and our own youth in care have validated—the methods of life-skills training being delivered to most youth in foster care are neither effective nor efficient.

The life-skills training delivery model found in most community based care agencies, is a subcontracted agency hired to provide “Independent Living Services (ILS)” in accordance with Florida statute 409.1451. Life-skills assessments and life-skills trainings are then provided by the ILS staff through group classes and some individual instruction.

Florida statute requires staffings be conducted at least once every six months for youth ages 15-17 to ensure appropriate Independent Living training and services are being received by the youth and to evaluate the progress of the youth.

As discussed in the Youth Shine letter to the Department of Children & Families

“Life skills training by CBCs is considered ‘a joke’; therefore, poor attendance and less learning.

Trainers are usually found to be IL Coordinators, who are not only overwhelmed by the program itself, but are not good teachers.”

However, to evaluate the progress of the youth, statewide minimum standards that measure the youth's demonstrable competency in each area must be established and each community based care agency must be held accountable for each youth's individual progress.

The learning stage must be set at the home where the

youth lives. Everything not practiced will be lost, and we must match the youth with the individualized and appropriate services that will assist them in separating from the foster care system and navigating the transition to adulthood.

Focus on Youth Outcomes

The current system of life skills training is based on the assumption that there needs to be a special unit of staff to deliver trainings to youth in foster care. In fact, we all know that most of our learning experiences occur in the home, in school, in the community and with our peers.

So, let's change our thinking...and stop measuring how many life-skills classes a youth attended, and start measuring how well we reinforce the learning activities that are a natural part of the life of the youth. We must have the expectation that learning occurs where the youth lives, whether it is a foster home, group home or even a juvenile justice facility.

Step One: Put the responsibility of “learning” in the hands of the youth. Any life-skills training will only be successful based on what the youth “makes of it.” Most youth, whether in foster care or not, will be motivated to learn what they need to know at this point in time. Learning is ongoing...be patient.

Step Two: When caseworkers make visits to the home, they check and make sure the home is safe...medicines are secured...there is adequate food in the refrigerator, etc. The home visits (yes, even visits to group homes) should be expanded to include:

1. Discussion on hygiene and self care. Youth can demonstrate and verify they keep their nails clean, their hair groomed and their clothes clean.
2. Youth can demonstrate they know how to separate and wash laundry.
3. Food shopping & nutrition can be demonstrated. Have the youth cook a dish. Have the youth demonstrate food safety in putting away leftovers and cleaning the kitchen.
4. Have the youth demonstrate what they do in an emergency in the home: illness of the caregiver, fire or intruder.

We are not suggesting that each home visit include all these activities; however, demonstrating “life skills activities” in the home should be scheduled on a regular basis.

Step Three: In the foster home or group home, focus on “what is there.” Does the home encourage the youth to achieve or does the home remind the youth “they are in foster care...and they are a foster child.”

1. Are there tools and information encouraging the youth in the areas of school achievement and career development?
2. Are there tools and information encouraging character building and good citizenry?
3. Are there tools and information that discuss risk behaviors such as smoking, drugs, gangs and sexual activity?

4. In the home, who helps with homework, who reads with the youth (no matter their age), what are meal times like—are they inclusive of the youth, is there discussion of the youth’s day, activities and school?

5. Are the youth engaged in social and educational activities in the community, in school and/or a faith-based organization? Can the youth identify at least three people involved in their life who are not paid to care for them?

Step Four: Life-skills training should align with the learning activities in the youth’s school-based education program. Each month should include a clear discussion of books the youth is reading, classes they are taking, science experiments, etc. The school-based activities can be built upon to enhance the life-skills learning.

Examples of Learning and Measurable Youth Outcomes

Life Skills Topic	Activities in the foster home, school and community that can be documented in the case file	Youth Outcome
Financial Literacy & Budgeting	Trip to bank with foster parents/group home (GH) staff. Youth develops and follows a budget based on allowance. Clipping Coupons for groceries/shopping with foster parents/GH staff.	Youth has a savings or bank account.
Employment Readiness Skills	Modeling behavior on meeting people/ foster parents/ GH staff. Career Interest Inventory/Building a Resume: required in school.	Youth is engaged in unpaid volunteer work or paid employment. Elective courses in school support the youth's career interests
Character Development & Relationship Building	Youth attends community and/or faith-based group activities. Youth identifies area of interests and is supported by foster parents/GH staff. Behavior in home and school. Learning from foster parents/GH staff and school personnel on how to mediate differences, sharing and being a good community citizen.	Youth is active in one or more “organized” school/ faith-based or community club. Youth is active in one or more “organized” school/ faith-based or community sports program. Youth is active in one or more “organized” school/ faith-based or community academic program.

Parenting

Children need parenting until they are fully mature. Parenting as distinct from caring for a child involves meeting the child's social, emotional and cognitive developmental as well as physical needs. Although an adolescent may be able to meet many of their physical needs, they still need guidance and support for healthy development. Although the brain develops most rapidly in the first few years of life, the areas of the brain associated with judgment and reasoning are not fully developed until the mid-twenties. In our complex society, where adults are expected to live autonomously and independently, youth need "parenting" until these capacities are developed.

"Parenting" is different from "Parenthood." Parenthood describes a relationship that has both legal and psychological components. Parenthood can be conferred by birth, adoption or convention. Adults may consider themselves a parent despite the fact that the child does not share the perception, or vice versa. Ensuring that a child in state custody is adequately parented is the business of child welfare. The responsibility of resolving the child's unrealistic expectations of an absent parent falls to mental health professionals. Child welfare agencies should instead concern themselves with whether the person who is currently parenting is emotionally connected to the child because that connection is essential to meeting the child's needs.

The parent's inability to "parent" does not lessen the child's need to be parented. Research on early childhood documents the danger of substituting "care giving" for parenting in infancy and toddlerhood. While the consequences may be less dramatic, older children also suffer if deprived of parenting. Neither a six year old or a sixteen year old can forgo or delay the emotional, cognitive and social developmental support that constitutes effective parenting when the "parent" is unavailable to provide it.

From the point of view of older youth, they are able think of an absent parent as "mother" or "father" and maintain an emotional connection to him or her. This relationship is important to both parent and child and should be respected. However, the person living with and caring for the child is still responsible for parenting. When the state gives an individual, family or institution the responsibility for caring for a child because that child has not been adequately parented, the state must ensure that the caregiver is providing parenting sufficient to meet the child's developmental needs.

This framework provides clear answers to some of issues in child welfare that often seem troubling. For example:

Effective parenting requires an emotional commitment. The family should fully incorporate the child into their lives and develop a strong emotional attachment. This is not supplanting the parent. At the same time, the foster parent should respect the child's view of the parent.

What about children who prefer to live in group homes because "I already have a mother"?

Having a mother doesn't eliminate the need for parenting. The child can't decide not to be parented any more than the child could decide not to be educated.

What are reasonable restrictions in group care?

A primary parenting task for adolescents is to assist them in making decisions and engaging in social interactions by providing safety in risk taking. Adolescents need practice in navigating the outside world and space to make mistakes without losing their independence. The normalcy guidelines and youth plans that the ILSAC recommended in previous reports underscores this need. Group homes that limit contact with outside friends, call law enforcement or expel the child when they engage in risky behavior, use a restrictive level system, or require all activities to be conducted in groups are not meeting these needs and so not effectively parenting these children.

The developmentally informed approach suggests that the child needs continued parenting until around age 25. Children may live apart from the adults who are parenting, but they need practical advice, emotional support, social guidance, and a safety net until they have the mental capacity to exercise "good judgment," Services such as financial training, locating an apartment and even providing a mentor are not sufficient substitutes for continued parenting.

The Youth Law Center, Eckerd Family Foundation Initiative, started in 2007, has identified the large need throughout the state in recruiting and supporting quality foster parents who are interested and willing to provide quality parenting to teens in the Florida child welfare system.

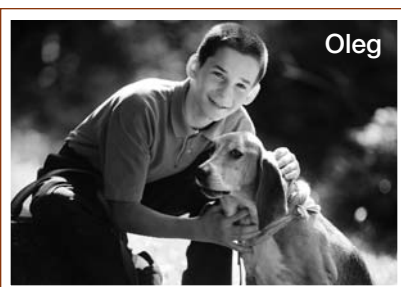


Photo by Zach Thomas Photography

Oleg's life story is truly unique. He was adopted from a Russian orphanage when he was five. For the next eight years, he was raised by his adoptive mother until recently when he came into care.

Oleg grew up in an educated home with an

active family that likes to travel. He is a very good student, achieving A's and B's, with particular talents in science and social studies. He loves animals and airplanes and one day hopes to become a pilot after attending the University of Florida.

For 14 year old youth in foster care
60% in 2007 and 61% in 2008 were at or above grade level

For 17 year olds
45% in 2007 and 56% in 2008 were at or above grade level

Education of Youth in Foster Care

Background

Research has shown that children who enter foster care are on average a full grade level behind their peers. Once in foster care, frequent changes in schools and absences as a result of placement changes, place foster children and youth at further disadvantage of achieving educational success. The Office of Program Policy Analysis and Government Accountability (OPPAGA) affirmed this in Florida when they collected statewide data on the educational performance of teenagers in out-of-home care in 2003-2004.

Education is a key to opportunity in the U.S. for a whole host of positive life outcomes. The case for investing in efforts to help foster youth while they are in school to complete their high school education and pursue post secondary educational and vocational opportunities is clear—education is essential to obtaining and maintaining employment.

Federal and State Mandates

Fostering Connections

The Fostering Connections to Success and Increasing Adoptions Act was signed by President Bush on October 7, 2008. The overall goals of the law, which makes significant changes to funding for child welfare, are to ensure greater permanence and improve the well-being of children in care and youth transitioning out of care. There are several provisions of the Fostering Connections to Success Act that focus specifically on education. To receive Title IV-E funds, states must include in their state plan assurances that every school-age child receiving federal foster care, adoption or guardianship assistance is enrolled full-time in elementary or secondary school or has completed secondary school.

Fostering Connections also includes a provision on school stability, requiring that every state make assurances that: (1) "placement in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and (2) the child welfare agency has coordinated with local school districts to ensure that "the child remains in the school in which the child was enrolled at the time of placement"; or if remaining in the same school is not in the child's best interests, assurances by the child welfare agency and local school district to "provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school." Child welfare agencies can use federal "foster care maintenance payments" to cover reasonable transportation costs for the child to remain in the school where the child was enrolled at the time of placement.

Fostering Connections includes several provisions addressing the educational needs of youth transitioning out of foster care. Child welfare agencies must create a transitional plan addressing education, among other things, within 90 days before a child turns 18. The Act allows states, at their option, to continue providing payments for youth in foster care until age 21 as long as the youth is in school or a vocational program, working 80 hours a month or cannot do either because of a medical condition. Finally, Education and Training Vouchers (ETV) are now available to children who, after turning 16, have achieved permanency through adoption or kinship guardianship.

The 2008 ILSAC Annual Report included the Florida's Children First white paper that identified some basic goals and specific actions that

Florida's education, and child welfare systems should implement to accomplish the legislative intent of the Fostering Connections Act. The ILSAC concurred with those recommendations and continues to urge that those recommendations be implemented.

Educational Interagency Agreements

In 2004, the Florida Legislature passed section 39.0016 to require interagency agreements addressing the educational needs of children in out-of-home care between the Department of Children and Families, the Department of Education as well as DCF regions and local school districts. The cornerstone of this legislation is collaboration between the child welfare and school system as well as other agencies involved with the child. In 2005, DCF entered into an agreement with the Department of Education and the Agency for Workforce Innovation; the majority of local school districts followed suit with local interagency agreements. However, while these agreements began necessary collaboration, more was needed.

On July 30, 2009, these same statewide agencies, along with the Agency for Persons with Disabilities and the Department of Juvenile Justice, entered into a new, more detailed interagency agreement. This new agreement requires the local agreements to be modified to address the goals enunciated in the "Guide to Improve Educational Opportunities for Florida's Foster Youth". Both documents may be viewed by going to: http://centerforchildwelfare.fmhi.usf.edu/kb/resource/DOE-DCFCBC-AWI_Interagency_Agreements.aspx?PageView=Shared

Through the Guide, the statewide agreement includes as goals the requirements of the Fostering Connections to Success Act and the 2009 Legislative modifications to sec. 39.0016 concerning the education of children known to DCF who have, or are suspected of having, a disability.

The local teams in each of Florida's 67 counties began meeting on or before October 31, 2009, and report progress towards adopting modified agreements. To ensure this progress continues, DCF appointed a representative to the state agency team tasked with ensuring the local agreements are completed and systemic issues are resolved. The DCF representative chairs the statewide group, and also convenes regular meetings with the DCF local liaisons and educational champions to provide technical assistance. (The DCF representative is a member of ILSAC.)

Only 60% in 2007 and 66% in 2008 were receiving remedial education.

Only 42% of the 17 year old youth have passed grade level FCAT

AT age 21 only 75% in 2007 and 77% in 2008 have completed grade 12, GED, apprenticeship, military or college

Barriers to Interagency Coordination

Complexity of DOE

Due to the large numbers of children attending public schools in Florida, DOE is a very large agency with multiple program offices and departments. While DOE has been a supportive partner with DCF throughout the Interagency Agreement process, the complexity of this agency makes it difficult to identify the person or persons who can link with DCF staff to address the wide range of educational issues of youth in foster care. This is especially true when considering that DCF is charged with the education of children from birth (Early Steps and pre-Kindergarten) through post-secondary college, university and/or technical programs

Needed Focus on DCF students at the Local Level Florida's child welfare system itself is also complex, and the problems and issues facing DCF's students are not always apparent to local school personnel. To bridge this gap between caseworkers and school personnel and to meet the unique needs of DCF's students, a few school districts have either dedicated guidance counselors or dependency court liaisons which have proven effective.

Educational Planning

The 2006 Legislature passed House Bill 7087 (A++), which, in part, Created Section 1003.4156, 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. 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.

The Independent Living Program for older children in foster care also requires an educational and career path to be included in each foster child's case plan. Sec. 409.1451(3)(b), F.S. To avoid duplication of efforts, Florida's Department of Education (DOE) allows each child's case worker to access the ePEP, and submit this plan to the court. For those children who were in high school in the 2008-2009 school year, the year in which the ePEP became mandatory for middle school students, the student and the caseworker (in the absence of a parent to assist) may use DOE's website to create an ePEP.

To promote the use of the ePEP as the educational and career path plan for purposes of the foster child's case plan, DOE trained caseworkers in an interactive training session that was also broadcast via webinar in September, 2009.

The caseworker's access, however, is permitted only if the caseworker has the requisite parental release or a court order, as discussed further herein. This is due to DOE's interpretation of the Family Educational Rights and Privacy Act (FERPA) discussed herein.

FERPA

It is essential that DCF and community based care providers have access to the school records of children in their care to ensure that the child makes progress and obtains appropriate educational services. While many school districts in Florida appropriately share records with DCF, Florida's Department of Education and some individual school districts believe federal law prevents such information sharing. The Family Educational Rights and Privacy Act ("FERPA") is a federal law that governs the sharing of school records. FERPA gives parents the right to get their child's school records and to consent for the school to share records with other parties. FERPA also allows schools to share records if there is a court order. In accordance with FERPA, Florida state law requires Dependency Courts to either request parental consent for school records or, if the parent is unavailable or unwilling to consent, to issue an order granting access to the Department or its contracting agencies and to any Guardian ad Litem or Attorney ad Litem for the child.

Requiring a court order or parental consent may still result in delays or barriers to information sharing. For example, a new school may not know about an existing court order. Or, rather than a school district being able to grant the Department electronic access to all foster children's records, the district may choose to track down physical copies of individual court orders or consents before granting such access. Several states have interpreted FERPA to include the child welfare agency as a "parent" for purposes of information sharing. There is language in FERPA to support that interpretation.

Post-Secondary Education

The Fostering Achievement Fellowship Program

Among other concerns cited in a recent Florida Senate Report (Interim Report 2010-105) comparing young adults with exposure to the child welfare system to those without such exposure, it was noted that "former foster youth are less likely to earn a high school diploma or GED and subsequently, have lower rates of college attendance." (Page 1). Completion of a higher education degree or diploma has been demonstrated to have a significant and measurable impact on employment opportunities, earning potential and an individual's sense

of self-worth, qualities essential to achieving independent adulthood. Historically, youth in foster care have not received the necessary support to pursue higher education opportunities or to complete degree programs at the same rates as their peers. In addition, research indicates youth aging out of foster care require additional social and academic supports to achieve degree completion in higher education.

One Florida community college program initiative intended to improve the postsecondary completion rate of foster youth in Leon County was introduced this year at Tallahassee Community College. The Fostering Achievement Fellowship Program was founded on the premise that a strong, comprehensive support structure made up of adult mentoring, life-skills training, financial support, and caring role models can assist these youth in overcoming the day-to-day obstacles to their success. The Fellowship program is providing financial, academic, and social support and resources to assist college-bound youth aging out of foster care to pursue a college education and ensure that Fellowship recipients are able to achieve their educational goals.

The goals of the Fostering Achievement Fellowship Program (FAF) are to:

1. Mentor and support foster care youth through completion of a diploma or degree at Tallahassee Community College;
2. Increase the transfer rate of foster youth into bachelor degree programs;
3. Develop life skills and financial independence among Fellowship recipients.

While the FAF Program itself is geared for college-ready youth, the FAF Collaborative has expressed an intention from the very outset to design and provide supports for youth in high school and middle school, as a way to preempt transitional bottlenecks and reduce the number of youth requiring assistance during their college years.

Residency Barriers to College Applications and Enrollment

Florida differentiates its post-secondary applicants and students by in-state and out-of-state residency. Youth who have aged out of Florida's foster care system are clearly Florida residents. However, because they have been wards of the court, they lack the necessary documentation to prove this residency. This issue was brought to Florida's Board of Governors attention by both DCF and the Department of Juvenile Justice. The Board of Governors responded by adopting revisions to their Residency Guides, found online at:

http://facts23.facts.org/florida/facts/Home_Page/Counselors_and_Educators/Advising_Manuals/Residency_Guidelines/!ut/p/c5/04_SB8K8xLLM9MSSzPy8xBz9CP0os3iDEEtPfx9TQwN3Sz8DA093C38_M19_A38DU_1wkA6gChzAOQAqDzPBlsDFEGiCu4eXgbezoaexmb6fR35uqn5Bdnaao60ilgCdE_m/. The revisions were effective in early 2009. Specifically, any youth who enrolls in a public Florida college or university using the tuition and fee exemption according to sec. 1009.25(2)(c), F.S., shall not be required to submit residency documentation for tuition purposes. This has resolved the issue for our youth.

However, the online application for Florida's universities remains problematic for former foster youth, as the Residency Affidavit does not make reference to this exemption from proving Florida residency; the Affidavit contains no check box that is relevant to former foster youth, who oftentimes complete the application as if they were non-residents. The Articulation Coordinating Committee of Department of Education has informally advised DCF that it will be amending this page of the online application.

Recommendations

Fostering Connections: DCF should ensure that all educational requirements of this Act within its own control are implemented both in policy and operationally. DCF should revise appropriate rules in the Florida Administrative Code to reflect these educational requirements. Further, DCF should ensure that all local educational agreements include actions by the schools and the other signatory agencies to comply with this Act.

Deal Need: To promote school stability, it is recommended that DCF develop a definition of "children awaiting foster care placement" pursuant to the McKinney-Vento Act provisions for the education of homeless children and obtain approval of this definition from the DOE.

School District and DOE Collaboration: The following two recommendations are proposed to facilitate DOE/DCF collaboration and to enable school districts to meet the unique educational needs of children served by the Department of Children and Families.

(1) Each school district should review the best practices of those districts which provide guidance counselors or dependency court liaisons (or both) whose focus is specifically and solely on students known to DCF. Each school district should seek funding from all sources within the school system, and/or from nonprofit organizations, to hire designated guidance counselors or court liaisons to provide focused and detailed assistance to the individual DCF students thereby assisting them to navigate the educational system in light of their unique needs.

(2) A workgroup or committee comprised of DCF and DOE staff members responsible for addressing the various educational issues faced by youth in foster should be convened on a monthly basis. This workgroup or committee would be charged with developing strategies for overcoming the barriers hindering the educational progress faced by children known to DCF, and would facilitate their movement from institution to institution and from one level of education to the next. It is envisioned that such a workgroup or committee would serve in an advisory capacity to the statewide interagency implementation team and would, on an as-needed basis, work with DJJ and APD.

Educational Planning:

The requirements, tools and resources of DOE's ePEP and career planning must be 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.

Sharing of Educational Records:

School districts and the Department's contract agencies should implement policies to identify children in the care of the Department, and to notify school districts when a child is no longer in care.

At a minimum, all school districts should ensure that they will share school records with the Department through a court order or parental consent, and that any release or court order submitted by the Department or community based care caseworkers is noted in all the student's written and electronic files, so that such document will remain effective until further action by the parent or the court, or the student is no longer in care.

DCF should continue to work with DOE toward a more liberal interpretation of FERPA to meet the goals of the Interagency Agreement by acknowledging that a child's caseworker falls

within the federal and state definition of "parent" as "any person exercising supervisory authority over a student in place of a parent," pursuant to sec. 1000.21(5), F.S.

Post-Secondary Education: DOE should identify those existing programs that are designed to facilitate the success of students known to DCF as they make the transitions from middle to high school and from high school to college or technical school, and seek to promote replication of such programs and techniques throughout the state.

DOE and DCF should ensure that information concerning changes to the proof of Florida residency for post-secondary education, and to the online application for those students who are exempt from paying tuition and fees, is disseminated to all high school advisors, post-secondary educational institutions, DCF caseworkers, and Independent Living coordinators.

Data Collection: It is also recommended that DOE and DCF collaborate in developing a more comprehensive system for measuring the educational progress and the education outcomes of youth in foster care.

Financial Assets

Economic success is often a potent and predictive measure of future success in managing a number of fundamental aspects of adult life, including housing, family stability, safety, health and social well being. Addressing issues related to economic success such as educational achievement, employment and financial well-being gives foster youth and young adults the means to address a variety of other issues that may threaten their ability to make a positive transition to adulthood. Encouraging savings and asset development is critical to escaping poverty and the young adults aging out the foster care system need opportunities to learn how and why it is important to build assets.

Jim Casey Youth Opportunities Initiative's (JCYOI) work over ten national sites has demonstrated through a matched saving account, their Opportunity Passport™ program, that young people aging out of foster can and will take advantage of an Individual Development Account (IDA) that is matched dollar for dollar. Over the past three

years, their data shows consistent trends in demonstrating that IDAs are an important resource utilized by young people transitioning from foster care.

Unlike other asset building programs, the Opportunity Passport™ is unique in that participants can use their match dollars to purchase a vehicle, pay a deposit on an apartment, cover medical expenses and procure investments.

This JCYOI program and the resulting data suggest that Florida investigate an IDA for this population as one important resource that can be utilized by young people transitioning from care. Provisions for purchasing vehicles and expanding the home ownership asset for apartment deposits coupled with financial literacy training that is developmentally appropriate could move some of these young adults toward economic success.

Jollil is an active teenager who loves learning about cars, playing football, reading and writing.

His talkative, determined and sweet demeanor is what got him where he is today.

His favorite foods are chicken and spaghetti and he

loves watching football and racing.

After his photo shoot at a mechanics shop, Jollil got to take a ride in a Mustang! He's still hoping to find a family that will help him realize his dreams and be there to support him forever.

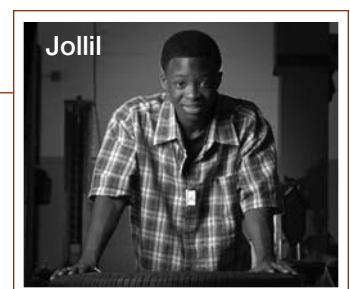


Photo by Bob Self

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 may consider major cuts that could include a roll back of the Medicaid coverage for these young adults. Without this coverage, former foster youth will lose the continuity of their health care 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 plan coverage as well as access to care and comprehensive network of providers are of grave concern. DCF has made statements that the eligibility determination and issuance of a valid Medicaid number has been improved through the automation of the ACCESS system. There have been fewer reports of delayed eligibility determination as a result. Additionally, with a single plan for behavioral health for all children in the Florida Safe Families Network (FSFN) system (except children in AHCA Area 1, the reform counties of Broward and Duval, and Manatee and Polk counties) has eliminated a significant amount of confusion in the eligibility and service initiation for children needing behavioral health services.

However, medical health care coverage is still distributed among dozens of HMOs and the plan coverage can and does change for children or disenrolls the child without notice depending on a number of factors including where the child is residing and with whom they are residing. These changes disrupts the care these children are receiving, causes delays in accessing care and eliminates the opportunity for the caregiver to choose the provider. Additionally, the current Medicaid system often requires the selection

of a Primary Care Physician (PCP); however, once selected, it becomes difficult for this to be changed. A foster parent or relative may have a preferred PCP but they cannot see the child if they are not the PCP listed in the Medicaid system. Most caregivers have no idea who might be the PCP for a child they are caring for.

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, needs to be enrolled in a single health care plan that covers the entire state, similar to the Magellan plan for behavioral health. Also, there are numerous documented incidents wherein a child moved and was disenrolled from both their health care plan and the Magellan behavioral health plan. A single plan for these children will eliminate these plans changing and creating delays in care a difficulty accessing care.

The Medicaid reform counties in Florida that are not in the Magellan behavioral health plan continue to pose some challenges for children, caregivers and providers. As an example, in Broward County the behavioral health providers must send paper documentation to Medicaid proving that the child they are serving is active in the FSFN system. The plans in Broward are not suppose to pay for these children; they are to be paid directly by Medicaid. However, Medicaid shows the child eligible under one of the health plans and refuses to pay. The provider must request documentation and resubmit the claim to Medicaid for payment. Many behavioral health providers are simply refusing to see these children.

- 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 a single medical health care plan for the entire state child welfare population similar to the behavioral health plan or in combination with the behavior health plan.**
- 3. Require the Medicaid Reform counties that are not participating in the statewide behavioral health plan to join.**

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. From fetal alcohol spectrum disorders and addiction or exposure at birth to gross neglect and domestic violence, Florida estimates that nearly 70% of all families with child abuse findings involve substance abuse. 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.

The National Survey on Drug Use and Health (NSDUH) asks youths aged 12 to 17 if they ever stayed in foster care and reports on them as a sub-group. 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.

Medicaid does not cover most forms of substance abuse treatment for children or adults. Florida needs to make adjustments in their state Medicaid plan and leveraging to increase the availability of funding for substance abuse services for both children and adults.

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.

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 issue, 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." 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.

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.

Education is also impacted for youth in foster care who experience a severe mental illness episode during transition into adulthood. They 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.

Psychotropic Medications

Lastly many current and former foster youth have testified about the frequent use and abuse of psychotropic medications for behavioral issues that are normal reactions to their experience with trauma, abuse and neglect and the transition to adulthood. The recent Gabriel Myers report has identified the need for compliance with the framework and safeguards that exist in statute, administrative rule and operating procedures. For the youth and young adults in foster care, the issue of consent, communication and information as part of a comprehensive treatment plan is essential.

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 deep concern of the ILSAC.

1. Connect for Kids. (1999). The impact of substance abuse on foster care. Accessed January 5, 2005, at www.connectforkids.org.
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.

Youth in Court

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

- The statewide Dependency Court Improvement Panel and the Office of Court Improvement (in the Office of the State Courts Administrator) assembled and mailed Involving Children in Court packets to all dependency judges and magistrates. The packets contain:
 - A memo from Judge Jeri B. Cohen, chair of the statewide panel, discussing the court quality improvement plan and the role of the statewide panel
 - Florida Benchcard: *Children and the Court*
 - ABA benchcard: *Engaging Young Children (ages 0 – 12 months)*
 - ABA benchcard: *Engaging Toddlers (ages 1-3) and Preschoolers (ages 3-5)*
 - ABA benchcard: *Engaging School Age Children (ages 5 – 11)*
 - ABA benchcard: *Engaging Adolescents (ages 12 – 15)*
 - ABA benchcard: *Engaging Older Adolescents (ages 16 +)*
 - *Legal Authority for Including Children in Court*
 - A literature review on involving children in court
 - A technical assistance brief, *Questions Every Judge and Lawyer Should ask about infants and toddlers in the child welfare system*, prepared by the National Council of Juvenile and Family Court Judges (NCJFCJ)
 - ABA: *Establishing Policies for Youth in Court – Overcoming Common Concerns*
 - Article discussing *Children and Procedural Justice*, Court Review- Volume 44
 - A listing of the Independent Living courts in Florida
 - ABA youth guide, *Hearing Your Voice: A Guide to Your Dependency Court Case*
 - *Tools for Engaging Children in Their Court Proceedings* by New York State Permanent Judicial Commission on Justice for Children
- A workshop at the 2009 Dependency Summit featuring Andrea Khoury from the American Bar Association that highlighted the provisions of the Fostering Connections Act related to older youth and youth participation discussed the advantages for youth and courts of involving youth, presented strategies for successfully encouraging youth participation, discussed ways to successfully prepare youth for their court hearings and shared systemic changes that can be easily made to make the court process more inviting and meaningful to youth.
- Five regional court retreats in late October and early November 2009, featuring youth panels and focusing on the practical issues surrounding bringing children to court. Speakers included: Kristin Kelley from the American Bar Association who addressed implementation of circuit plans for bringing children to court; local child psychologists who addressed best practices for including children in the dependency process; and an early intervention specialist who discussed inclusion of young children.
- The publication and distribution of *Hearing Your Voice: A Guide to Your Dependency Court Case*. Distributed thousands of copies throughout the state. The guide includes a section on frequently asked questions about dependency court, a description of what happens in court, important words to know, and brief descriptions of the different types of hearings.
- Creation and distribution of a video that serves as a companion to *Hearing Your Voice*, to further explain what youth can expect in court. The fourteen-minute video features an adult who was formerly in foster care. She guides the viewer through the court process and the different people who are parties and participants in dependency court hearings.
- Creation and distribution of a young child's guide to court for children ages 8-12. The booklet, attractively formatted and illustrated for young children, provides a simple explanation of what can be expected in dependency court.
- Development of notice letters for children, specialized by age group. Florida law provides that every child subject to dependency proceedings is entitled to notice of all hearings and also has the right to attend all hearings. These letters inform the children and youth of these rights.



Photo by Zach Thomas Photography

Christina

This well-read, kind teenager has her eye on the future, which includes a career in nursing and a happy family to call her own. But her sights were not always so clear.

Christina enjoys writing, reading and watching scary movies. She sings and likes to take walks. Whether it's at school or at church, she enjoys being with people and her friends. Christina also likes cats, dogs and hamsters.

Housing

Youth ages 18 and older reported 84% in 2007 and 87% had safe, stable and affordable housing.

Youth ages 18 and older reported 12% in 2007 and 14% in 2008 spent at least one night homeless.

Only 50% of the 16 or 17 year olds in 2007 and 62% in 2008 reported being formally evaluated for subsidized Independent Living.

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
- Nonprofit 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 2007, Florida Housing developed a supportive housing strategic plan to serve individuals and families with special needs. The plan reaches across all of Florida's housing 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.

Florida Housing has also developed and is 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 are the designated referral agencies for youth aging out of foster care households. 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 five-year period, this initiative will fund the development of nearly 1,000 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.

Older Foster Children Served by Multiple Agencies: Overcoming Institutional Barriers on the Road to Independence

In 2007 and 2008, 31% of youth age 17 in foster care had been arrested in the past 12 months.

In 2007, 19% of the youth ages 18 and older and in 2008, 20% had been arrested in the past 12 months.

In 2007, 25% of the youth age 17 and in 2008, 23% were currently on probation or under juvenile court supervision.

In 2007, 19% of the youth age 17 and in 2008, 17% of the youth age 17 were currently incarcerated or had been incarcerated within the past 12 months.

The barriers for youth aging out of foster care identified throughout this report are significant enough by themselves; however, 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 the youth from becoming unnecessarily involved in the Florida Juvenile Justice system.

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 in some cases, terminating parental rights to free them for adoption. With the population of jointly served youth, it is important that agencies utilize their resources to positively impact the future of these youth.

Five state agencies have acknowledged the extraordinary responsibility owed and the complexities presented by these children by signing an interagency agreement to coordinate services for children served by more than one agency. 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.

A summary of the Interagency Agreement, Practice Recommendations and Efforts to work together for jointly served youth were reported in detail in the 2009 Independent Living Services Advisory Council 2008 Report.

Practice Recommendations from 2008 ILSAC:

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. 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.
3. Consideration should be given to development of CBC case managers with specialized caseloads to serve these youth.

Progress in 2009 on Recommended Action Steps

While training documents and draft curriculum were developed, the training envisioned in recommendation #1 above never occurred. This does not mean there was no training in the field offices around the state on this subject. It means that the uniform principles and practice interventions identified were never packaged into a final, standardized training product and delivered to staff. The value of this training initiative remains, and both DCF and DJJ have voiced their plans to pursue the attainment of this recommendation.

The Department of Children and Families initiated a Quality Assurance review of the Independent Living Program in 2009. Because so many jointly served children are older adolescents DCF invited DJJ to become part of the Phase 1 work plan for this review. Three staff from DJJ joined the on site focus groups held from the panhandle to Miami. Four major issues were identified in the initial data collection phase of this review which utilized interviews with adult former foster children, focus groups (focus groups included DCF staff, provider staff, advocates, attorneys and youth) and document reviews to collect the data. These four issues were:

1. One of the purposes of the creation of the privatized delivery of child welfare services through the CBC structure was for communities to take ownership of child welfare services, including local fundraising to fill in gaps in service. This QA monitoring effort identified one of the unintended consequences of this model of service delivery: communities with high levels of poverty have an impact on resources for dependent children. Wealthier communities provide a more robust supplemental service array. Less wealthy communities rely predominantly on what comes down through state funding into CBC contracts and sub-contracts with provider agencies. The state of Florida should clarify as a public policy how much of an influence they want to allow geographical jurisdiction to play on service outcomes for its dependent children. Should there be a safety net guarantee below which no child could fall no matter where they reside in the state? Are we at that level already?
2. Like children in any family, some of the older youth in foster care shine like a comet as they move on to adulthood. They take full advantage of the opportunities, use their own personal resources to create a positive adult life and avoid the dangerous pitfalls that can short-circuit the track from childhood to adulthood. They go to school, get jobs, get married and start families. It is a struggle, but some youth flourish in this struggle. However, there are sizeable cohorts of young people who do not have such a smooth transition. The current system of service delivery is structured with little room for relapse. Those who take the bumpy road to independence can get ejected from the program, and find no way back in when they might be more likely to take advantage of the program. The department needs to work with the CBCs and other agencies to institute policy and practice that acknowledges the

reality of "developmental relapse." The statute may need a substantial re-design to cure some of the structural deficits in the current programming.

3. Training is an ongoing necessity. We continue to hear staff state that because a child is a client of DJJ, they are now ineligible for either Independent Living Services or placement. The extent of misunderstanding about Independent Living and jointly served youth would be improved by the training package described in the opening paragraph to this subsection of the annual report.
4. The review also illustrated the idiosyncratic nature of inter-agency cooperation when foster children are referred to the Department of Juvenile Justice. In some jurisdiction's case files, staff interviews and youth interviews document high levels of cooperation between child welfare staff and juvenile justice staff. In other jurisdictions the level of cooperation was diminished. Particularly problematic was the issue of distance when a youth from the urban South or Central part of the state was committed to a DJJ residential facility in the panhandle. The distance involved proved to be a barrier to communication between:
 - The facility and the assigned child welfare case manager;
 - The facility and any "courtesy supervision" provided by local child welfare staff;
 - The assigned child welfare case manager and the courtesy worker;
 - The DJJ aftercare staff responsible for planning the youth's return to the community and the CBC subcontractor responsible for placement upon return.

Other Important Developments

In addition to the Quality Assurance Review of the Independent Living Program being conducted by DCF and scheduled for completion in early 2010, the Department launched a second QA review during the last few months of 2009. While not focused directly on the issue of Independent Living, this second QA review has the potential for contributing to our understanding of the older foster child in DJJ residential commitment. The universe of children for whom the sample will be drawn for this review is all foster children in a DJJ residential commitment facility. Because this cohort is typically composed of older foster children, the review is expected to have findings directly related to Independent Living. This QA review is a joint project of DCF and DJJ with leadership provided by staff from both departments.

One important finding has already been documented. Neither agency has policy that identifies in detail what the expected practice standards are for jointly served children. Although, there is the signed interagency agreement that provides an overall goal at a very high level, there are very few details that would help a QA reviewer assess compliance or lack of compliance with standards of practice. As a result, the review has been modified away from the standard QA

model to a policy implementation model that looks at what is being done in local field offices in response to the inter-agency agreement. The result of this review of process will help identify best practices that can be the core for policy development, and can be shared as models of excellence for other agencies to pursue.

The ILSAC recommends that DCF and DJJ act aggressively on these recommendations.

Employment

The Department is collaborating with the Agency for Workforce Innovation, Florida's Center for the Advancement of Child Welfare Practice, Department of Juvenile Justice, community based care providers, and other stakeholders to provide technical assistance and support Operation Full Employment's (OFE) continued expansion. The Department is committed to continuing this effort and recognizes that difficult budget times across the state presents a special challenge.

Core Principles to Develop a System of Services for Transitioning Youth

A statewide workgroup convened in October 2008 to focus on improved outcomes for youth aged 13 and above involved in the child welfare system. The workgroup adopted a framework for action for the Department, community based care lead agencies and other state agencies and system partners. The principles are:

- Include comprehensive transition services beginning at age 13 and involve youth-driven input and perspective in content and design.
- Identify, access, and properly coordinate relevant services and resources already existent in Florida that would provide for the majority of existing service needs.
- Align outcomes with those of agencies such as the Department of Education, Department of Juvenile Justice, Department of Corrections, community based care lead agencies, the Agency for Workforce Innovation, etc., that already have a mandate to provide most of the services youth and young adults require in preparation for independence (e.g., employment interest/aptitude testing, work related behavior and skill training, etc.).
- Create an effective public/private partnership engaging private sector stakeholders using appropriate strategies.
- The Department also provided Technical Assistance Resource Packages to regions, circuits, and community based care providers. The Tool Kit was finalized in March 2009. It is located on the USF website <http://cbcta.fmhi.usf.edu/flcwp/ofe/ofe/default.html>, the Strengthening Youth Partnership resource page and the DCF website.

Challenges Ahead

OFE strengthened local employment initiatives by raising awareness, building partnerships and increasing training and employment opportunities. This statewide initiative has identified local challenges needing to be addressed to further improve employment outcomes:

- The current Independent Living Program structure does not provide needed incentives for youth or young adults to obtain employment;
- There is a lack of local infrastructure to support local employment initiatives;
- There are information sharing barriers among public and private partners;
- There is limited funding to enhance resources necessary to track career and employment outcomes, provide job training and employment opportunities;
- Youth ages 13 and 17 are not receiving the skills necessary to enter the workforce;
- Employers are often not prepared to mentor the young adults who arrive without pre-employment skills and require specific direction, guidance and essential training.

Summary of Recommendations

The Department should provide technical assistance to support the recommendations of the Operation Full Employment Work Group. Regions/Circuits must define their role in supporting, encouraging, and engaging their local communities to continue focusing on successful employment readiness, training, job opportunities, and best practices.

Members of the 2009 ILSAC

Amy Guinan	Florida Legal Services
Anna Baznik	Intervention Services
Bonnie Marmoor	Department of Education (retired)
Cecy Glenn	United Way of Charlotte County
Charles Nelson	Florida Guardian ad Litem
Chris Card	Providence Management Corp.
David Hall	Foster parent
Deborah Schroth	Department of Children and Families/Children's Legal Services
Denise Arnold	Agency for Persons with Disabilities
Diane Zambito	Connected by 25 Initiative
Gay Frizzell	Department of Children and Families
Gerry Glynn	Barry University School of Law
Glen Casel	Community Based Care of Seminole
Helen Lancashire	Department of Education
Holly Carson	Florida Agency for Workforce Innovation
Honorable Howard Freidman	Ninth Judicial Circuit
Honorable Jon Johnson	Thirteenth Judicial Circuit
Jack Ahearn	Department of Juvenile Justice
Jan Stratton	Universal Studios
Jane Soltis	Eckerd Family Foundation
JenayLurato	Shumaker, Loop & Kendrick, LLP, Junior League
Jim Adams	Family Support Services of North Florida
Judith Warren	Child and Family Connections
Julie Mayo	Department of Children and Families
Kele Williams	University of Miami School of Law
Laura Contrera	Sandy Pines
Lillian Lima	Department of Children and Families
Mary Cagle	Department of Children and Families/Children's Legal Services
Mike Dunlavy	Foster Care Alumni
Nichole Murray	Department of Children and Families
Onchantho Am	Foster Care Alumni
Sandra Neidert	Office of State Courts
Shannon Nazworth	Ability Housing
Tammy Workman	Department of Children and Families
Tracy Heller	Florida Coalition for Children
William Hardin	Agency for Health Care Administration

Stacia



Bright lights! Big city! **Stacia's** dream of becoming an actor or singer keeps her busy taking drama class now, and she anticipates doing more theater once she gets to college. Stacia has an upbeat personality and looks at life in a cheerful way. She likes talking to people and has a very charming, loveable manner.

The only dream she can't fulfill on her own is the love, support and understanding from a mom and dad.

2009

INDEPENDENT LIVING SERVICES ADVISORY COUNCIL

2009 INDEPENDENT LIVING SERVICES

ADVISORY COUNCIL REPORT

Department of Children and Families Response

December 31, 2009

George H. Sheldon

Secretary

Charlie Crist

Governor

2009 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. 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.

Actively participate and consider legislation to support the recommendations of the Road to Independence Redesign Workgroup and the voluntary provisions of Fostering Connections.

Department Response: The Department supports strengthening laws to ensure youth have access to services to help them transition to adulthood and to improve outcomes relating to education, employment, and support system.

Recommendations by the Council for the Department of Children and Families

The Department should:

Actively participate and consider legislation to support the recommendations of the Road to Independence Redesign Workgroup and the voluntary provisions of Fostering Connections.

Department Response: The Department supports strengthening laws to ensure youth have access to services to help them transition to adulthood and to improve outcomes relating to education, employment, and support system.

New Recommendations:

Education

Fostering Connections: Ensure that all educational requirements of this Act within its own control are implemented both in policy and operationally. DCF should revise appropriate rules in the Florida Administrative Code to reflect these educational requirements. Further, DCF should ensure that all local educational agreement include actions by the schools and other signatory agencies to comply with this Act.

Department Response: The Department concurs with this recommendation. The Department will consider and address these recommendations in the Department's rulemaking process.

In the interim, the Department is working at both the state and the local levels to ensure that the letter and spirit of the statewide Interagency Agreement on Education, signed by the parties on July 30, 2009, are fully implemented.

There is a statewide implementation team that meets twice monthly, as well as local teams who meet twice monthly. The State team, headed by the Department and Department of Education, will begin providing regular technical assistance calls to all local team members in early January.

Definitional Need: To promote school stability, it is recommended that DCF develop a definition of "children awaiting foster care placement" pursuant to the McKinney-Vento Act provisions for the education of homeless children and obtain approval of this definition from the DOE.

Department Response: The Department concurs with this recommendation. The Department will continue to work with the Department of Education in its efforts to develop this definition.

School District and DOE Collaboration: The following two recommendations are proposed to facilitate DOE/DCF collaboration and to enable school districts to meet the unique educational needs of children served by the Department of Children and Families.

(1) Each school district should review the best practices of those districts which provide guidance counselors or dependency court liaisons (or both) whose focus is specifically and solely on students known to DCF. Each school district should seek funding from all sources within the school system, and/or from non-profit organizations, to hire designated guidance counselors or court liaisons to provide focused and detailed assistance to the individual DCF students thereby assisting them to navigate the educational system in light of their unique needs.

(2) A workgroup or committee comprised of DCF and DOE staff members responsible for addressing the various educational issues faced by youth in foster should be convened on a monthly basis. This workgroup or committee would be charged with developing strategies for overcoming the barriers hindering the educational progress faced by children known to DCF, and would facilitate their movement from institution to institution and from one level of education to the next. It is envisioned that such a workgroup or committee would serve in an advisory capacity to the statewide interagency implementation team and would, on an as needed basis, work with DJJ, APD and AWI.

Department Response: The Department concurs with these recommendations. The Department encourages the Department of Education to support these recommendations as well.

Educational Planning: The requirements, tools and resources of DOE's ePEP and career planning must be 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.

School districts and the Department's contract agencies should implement policies to identify children in the care of the Department, and to notify school districts when a child is no longer in care.

At a minimum, all school districts should ensure that they will share school records with the Department through a court order or parental consent, and that any release or court order submitted by the Department's or Community-Based Care case workers is noted in all the student's written and electronic files, so that such document will remain

effective until further action by the parent or the court, or the student is no longer in care.

DCF should continue to work with DOE towards a more liberal interpretation of FERPA to meet the goals of the Interagency Agreement by acknowledging that a child's case worker falls within the federal and state definition of "parent" as "any person exercising supervisory authority over a student in place of a parent", pursuant to sec. 1000.21(5), F.S.

Department Response: The Department concurs with these recommendations and encourages educational partners to support these recommendations as well. The Department will continue to work with the Department of Education to establish statewide information sharing practices.

The Department also encourages community-based care partners to work with the local school districts to establish more formalized notification processes and information sharing practices. Efforts such as sharing the ePEP will not only reduce duplication of agency efforts but enable the integration of services to support positive youth educational and well-being outcomes.

Post-Secondary Education: DOE should identify those existing programs that are designed to facilitate the success of students known to DCF as they make the transitions from middle to high school and from high school to college or technical school, and seek to promote replication of such programs and techniques throughout the state.

Department Response: The Department concurs with this recommendation. The Department encourages the Department of Education to support this recommendation as well.

DOE and DCF should ensure that information concerning changes to the proof of Florida residency for post-secondary education, and to the on-line application for those students who are exempt from paying tuition and fees is disseminated to all high school advisors, post-secondary educational institutions, DCF caseworkers, and independent living coordinators.

Department Response: The Department concurs with this recommendation. The Department will work with community-based care partners to ensure proper dissemination of this information. The Department encourages the Department of Education to support this recommendation by providing the high school advisors and post-secondary educational institutions this information as well.

Data Collection: It is also recommended that DOE and DCF collaborate in developing a more comprehensive system for measuring the

educational progress and the education outcomes of youth in foster care.

Department Response: The Department concurs with this recommendation. New Florida Safe Families Network (FSFN) builds allow the Department to electronically capture educational information on children and youth served by the Department. Additionally, the Department will be implementing the federally required National Youth in Transition Database (NYTD) survey by October 2010. This survey will capture outcome information for youth and young adults served by the Department. The Department looks forward to collaborating with the Department of Education in the reciprocal sharing of information to ensure positive educational outcomes for Florida's youth.

Health Care Recommendations

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 development 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.

Department Response: Interagency and intra-agency coordination has been established as a top priority for the Department. The Department will continue to work 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) to improve strategies to enhance services for children served by multiple agencies. The Department continues to coordinate between the Family Safety and ACCESS Program Offices to ensure adherence to proper procedures and protocols that allows for the automatic continuation of Medicaid services for youth exiting foster care.

Establish a single medical health care plan for the entire state child welfare population similar to the behavioral health plan or in combination with the behavior health plan.

Department Response: As a result of the federal Fostering Connections Act, the Department established a cross-agency and multi-disciplinary workgroup to develop a state plan on health care for children in foster care. The workgroup has been meeting since February 2008 and an implementation committee has worked extensively on the development of a medical home for foster children. A medical home is defined as continual and comprehensive care that is managed and coordinated by a primary health care provider. Primary care is defined as comprehensive, first-contact, acute, chronic, and preventive care across the life span, delivered by a team of individuals lead by the patient's personal health care provider. The attributes of a medical home include:

- Accessible care (nearby and timely);
- Available 24 hours a day through a means that allows for the rendering of clinical decision – and where the emergency room is not routinely used for regular care
- Ability to maintain primary health care provider without disruptions due to administrative procedures such as changes in assignment or breaks in eligibility
- Coordinated, including referral and scheduling of appointments that consider constraints of the family and are based on a treatment plan; the maintenance of all health information on the child and ability to transfer such information without difficulty. The use of a single comprehensive medical record, including a treatment plan is critical to the overall management of the child's care and reduction of patient errors.
- Comprehensive – preventive care, including health education and management of chronic illnesses either by the primary health care provider or in coordination with specialists and other health providers.
- Family-centered and culturally competent – This is a partnership between the medical home and the family and recognizes the culture the family comes from and lives in. The care is tailored to meet the needs and preferences of the families within the context of quality care.

Three pilot sites have been chosen for this project. Each site has been working to develop a medical home for foster children and is well into the process. Children's Medical Services (CMS) has been working with these sites already and local CMS staff and DCF/CBC staff are working in coordination on the issue. The three sites are Ft. Myers, Northeast Region, and Sarasota.

Require the Medicaid Reform counties that are not participating in the statewide behavioral health plan to join.

Department Response: The Department recommends that this be referred to the Agency for Healthcare Administration for further study.

The recent Gabriel Myers report has identified the need for compliance with the framework and safeguards that exist in statute, administrative rule and operating procedures for psychotropic drugs. For the youth

Department of Children and Families – Office of Family Safety
Response to 2009 Independent Living Services Advisory Council Report

December 31, 2009

and young adults in foster care, the issue of consent, communication and information as part of a comprehensive treatment plan is essential.

Department Response: The Department is promulgating an administrative rule specific to psychotropic medications, proposed Chapter 65C-35, Florida Administrative Code. A public hearing has been held and the rule will be adopted by March 2010. Although children cannot consent to treatment, the rule includes a provision for children who are age and developmentally appropriate to be included in the decision process. If a child does not assent to treatment, the rule requires that Children's Legal Services request an attorney be appointed to represent the child.

Cross Over Youth Recommendations

The ILSAC recommends that DCF and DJJ act aggressively on the recommendations resulting from QA Reviews for youth served by more than one agency.

Department Response: The Department concurs with this recommendation. During the fourth quarter of FY 08/09, the Department initiated a Special Independent Living Quality Assurance Review. As part of that special review, the Office of Family Safety teamed with DJJ staff to facilitate focus group discussions with former foster care youth, some of whom were also being served by DJJ. Participants included Independent Living staff from CBC lead agencies, Contracted Case Management Organizations, Community Support Organizations, Educational Liaisons, youth advocates, DCF staff and DJJ staff. These discussions were held in each region during June 2009. Participants shared successful programs and practices and discussed barriers to implementation of Independent Living services for young adults formerly in foster care with the intent that local and statewide improvements be made. Feedback from the focus group discussions is documented and posted on the Quality Assurance Web Site on the Florida Center for the Advancement of Child Welfare. The Office of Family Safety will track practice issues through data analyses and ongoing monthly conference calls and meetings with field staff.

In January through March 2010, the Department and Community Based Care providers will complete a review of foster youth who have reached their 17th birthday to assess casework geared toward readying them for adulthood. Some DJJ crossover youth are in the sample. One of the items in the review tool asks if DJJ and the child welfare provider worked together to develop an independent living plan. Once the review is completed, the Department will have some actuarial data from which to identify areas in need of improvement and, again track practice issues through ongoing monthly conference calls and meetings. This review also requires youth interviews; therefore, additional information will be gathered through that process.

The Department is currently working with Community Based Care providers and DJJ to develop the protocol for an upcoming special review of crossover youth that involve youth in foster care who are committed to a DJJ residential facility. The objective is to assess processes related to transition planning, i.e., joint efforts between the service provider and DJJ to plan for the youth's release from the facility and back into an appropriate community/home setting. Once this special review is completed, both Departments will have a better understanding of effective (and not effective) processes so that improvements can be made. It is anticipated that this practice will also be tracked in a way to ensure both agencies plan more timely and effectively, thereby avoiding crisis mode placements.

National Youth in Transition Database

The ILSAC recommends that Florida adopt the NYTD Plus model and collect data on 100% of the youth who are and have been served through the Florida foster care system.

Department Response: The Department concurs with this recommendation. Currently, the Department conducts an annual survey for foster youth and young adults formerly in licensed foster care. This survey, known as the Independent Living Transitional Services Critical Checklist, was developed and implemented as a collaborative effort between the Department, ILSAC, Florida Coalition for Children and community-based care partners. This survey tool captures data elements specific to independent living services.

The Department is working with the Independent Living Services Advisory Council (ILSAC) and its National Youth in Transition Database (NYTD) Subgroup to ensure Florida's compliance with the federal services and outcome data requirements established in the 1999 John H. Chafee Foster Care Independence Act. This will require the Department's enhancement of the current survey process through the development or purchase of a web-based youth survey tool and modification of Florida Safe Families Network. Upon completion of this project, Florida will begin capturing the additional surveys and data on the federally required populations no later than October 1, 2010. The Department will work with the ILSAC and NYTD Subgroup to create and implement a transition plan that will also ensure surveys and data to be collected on all youth who are or have been served through the Florida foster care system.

Permanency

Recommend that the full range of permanency options be considered: reunification, adoption, guardianship, kinship care, and other non-traditional permanency options and a priority for every youth in care.-No one should leave the system without a permanent family.

We would also repeat our 2008 suggestion concerning youth involvement in permanency planning and in building supportive adult relationships.

Department Response: The Department concurs with this recommendation. As a result of the 2008 federal Child and Family Services Review (CFSR), the Department incorporated into its Quality Improvement Plan nine action steps for improving the appropriateness of permanency planning goals. Additionally, the Department is initiating a 12-month permanency project to ensure youth with Another Planned Permanent Living Arrangement (APPLA) goal are appropriately and continuously engaged in working towards the most appropriate permanency option. The project is scheduled to kick-off in January 2010.

LEGISLATIVELY MANDATED REPORT – STATUTORY REQUIREMENT

REPORT TITLE	STATUTORY REFERENCE	SPECIFICATIONS
1. Independent Living Advisory Council Report	1. s.409.1451(7)(b), F.S.	<ul style="list-style-type: none"> - Status of the implementation of the system of independent living transition services - Efforts to publicize the availability of aftercare support services - Specific barriers to financial aid created by the scholarship and possible solutions - The success of the services - Problems identified - Recommendations for DCF or Legislative action - DCF's Implementation of Recommendations
2. DCF Response to Independent Living Council Report Recommendations	2. s.409.1451(7)(b), F.S.	<ul style="list-style-type: none"> - Identifies the recommendations of the advisory council - Describes the Department's actions to implement the recommendations or - Provides the Department's rationale for not implementing the recommendations

NOTICE OF FILING

Reporting Agency:	Department of Children and Families
Recipient Agency:	Substantive Committees of the Senate and House of Representatives
Subject:	Independent Living Services Advisory Council
Report Due Date:	December 31, 2009
Statutory Requirement:	s.409.1451(7), F.S.
Abstract:	<p>As required by s.409.1451(7), F.S., the Independent Living Services Advisory Council was established to assess the implementation and operation of the system of independent living transition services.</p> <p>The Advisory Council Report provides information for calendar year 2009 on successes, problems, and recommendations for Department or legislative action.</p> <p>DCF's response to the Council's Report provides actions to implement the 2009 recommendations.</p> <p>Copies of this report may be obtained by contacting: Julie Mayo at (850) 922-0375.</p> <p>Lawful recipients will not be charged for copies. Charges for copies requested by others will conform to requirements of HRSR 15-9.</p>