

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS
Senator Garcia, Chair
Senator Thompson, Vice Chair

MEETING DATE: Tuesday, January 24, 2023
TIME: 9:30—11:30 a.m.
PLACE: Mallory Horne Committee Room, 37 Senate Building

MEMBERS: Senator Garcia, Chair; Senator Thompson, Vice Chair; Senators Baxley, Book, Bradley, Brodeur, Ingoglia, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Presentation by the Department of Children and Families on Postsecondary Education Services and Support (PESS), Extended Foster Care (EFC), and Aftercare		Presented
2	Presentation by Embrace Families on the Keys to Independence program		Presented
3	Presentation by the Florida Institute for Child Welfare on its report "Assisting Youth in Foster Care in Developing Life Skills to Become Self-Sufficient Adults: Evaluating Florida's Efforts"		Presented
4	Presentation by the Office of Program Policy Analysis and Government Accountability on its research memorandum "Review of Independent Living Programs in Florida"		Presented
5	Panel discussion with child welfare professionals and stakeholders on various programs and services that serve older foster youth		Discussed
Other Related Meeting Documents			



SENATE CHILDREN, FAMILIES, AND ELDER AFFAIRS COMMITTEE

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JANUARY 24, 2023

Presented by Jess Tharpe, Assistant Secretary for Child and
Family Well-being

The Office of Child and Family Well-being



Presentation Topics

Youth and Young Adult Services Overview

Extended Foster Care

Post Secondary Education Services & Support

Aftercare

Office of Continuing Care



The Office of Child and Family Well-being

Youth and Young Adult Services Overview

Independent Living services are programs designed for young adults ages 18 to 23 who are transitioning out of the traditional child welfare system.

The programs included under the Independent Living umbrella are Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), and Aftercare Services.

These programs offer services to assist youth and young adults in the successful transition to adulthood and include academic support, career preparation, employment, and financial management.



Youth and Young Adult Services

Extended Foster Care (EFC)

EFC is a program designed for young adults to receive supports and services after they reach 18 in the foster care system. While this is a voluntary program, the supports mirror a true extension of foster care.

The program provides full wraparound support, including continued and regular meetings with the case worker or independent living specialist, court reviews, and help with identifying and approving a suitable living arrangement.

Young adults participating in the program are expected to pursue educational or career goals through a qualifying activity like working towards a GED, post secondary degree, certification or entering the workforce.



Youth and Young Adult Services

EFC – Eligibility

Young adults between 18-21 who aged out in the legal custody of the Department, and are:

- Participating in a qualifying activity like;
- Attending high school or working on GED;
- Enrolled in college or vocational education program;
- Employed at least 80 hours per month;
- Participating in a program designed to promote or eliminate barriers to employment; or
- Have a diagnosed and documented disability that would prevent them from participating in any of the activities listed above.

In order to remain enrolled in the program, young adults must:

- Meet with a caseworker every 30 days in their current home;
- Participate in transition plan staffing;
- Continue to participate in at least one of the qualifying activities;
- Attend court judicial reviews every six months; and
- Reside in a CBC approved supervised living arrangement.



Youth and Young Adult Services

EFC – Eligibility Continued

Eligibility Ends:

- Young adult has turned 21 years of age (or 22 with a documented disability)
- Young adult has not participated in a qualified activity (10 business days)
- Young adult is not living in an approved Supervised Living Arrangement (30 business days)
- Young adult opts out of Extended Foster Care (not eligible to appeal)

Cross Over Program Options: If eligible, may enroll in PESS concurrently.



Youth and Young Adult Services

Post Secondary Education Services & Support (PESS)

PESS is a state program for eligible former foster youth to receive the necessary skills, education, and support to be successful while they pursue post secondary education.

Eligible youth may receive a monthly financial payment of \$1,720, an increase of nearly \$500 dollars from the 2022 Legislative Session. The additional funding is paired with financial planning requirements to ensure young adults have the tools they need to be successful.

The financial award is to secure housing, utilities, and assist with cost of living while attending a Florida Bright Futures-eligible postsecondary educational institution.



Youth and Young Adult Services

PESS - Eligibility

A young adult who is 18, but not yet 23 years of age, and:

- Was living in the legal custody of the Department on 18th birthday AND spent a total of 6 months in licensed care prior to aging out; or
- Was at least 16 and was adopted or placed with court-approved dependency guardian after spending 6 months in licensed care within the 12 months immediately preceding such placement (i.e., EGAP) or adoption (i.e., EMAS) and meets the following requirements:
 - Has earned a high school diploma or its equivalent;
 - Has been admitted for enrollment full-time (9 credit hours) in Florida Bright Futures eligible postsecondary educational institution;
 - Has submitted/applied for any other grants and scholarships;
 - Has submitted FAFSA;
 - Has signed an agreement to allow access to school records; and
 - Has completed a PESS application with the necessary documentation.



Youth and Young Adult Services

PESS – Eligibility

Eligibility Ends:

- Not meeting academic progress at renewal, with certain exceptions.
- Aged out, turned 23 years of age.
- No longer enrolled in school or PESS.
- Obtained a postsecondary degree or certificate.
- No longer a resident of the state of Florida.

Cross Over Program Options: If eligible, may enroll in EFC concurrently and access Aftercare funds.



Youth and Young Adult Services

Aftercare

Aftercare provides a vital safety net for young adults who need assistance to continue or reenter the path to self-sufficiency.

Typically, this program is used as a bridge into or between EFC and PESS.

Services can include; mentoring, tutoring, mental health, substance abuse counseling, housing, temporary financial assistance, and financial literacy skills training. The young adults' barriers in addition to services needed are all outlined in the Aftercare Services Plan—a plan completed in partnership with the case worker or independent living specialist.

Thanks to legislative changes, young adults enrolled in PESS facing an unforeseen emergency can also access Aftercare funds.



Youth and Young Adult Services

Aftercare – Eligibility

Young adult aged 18-23:

- Was in the legal custody of the Department on 18th birthday;
- Applied for services before their 23rd birthday;
- Completed an Application for Aftercare Services; and
- Completed an Aftercare Services Plan which is reassessed every 90 days.

Eligibility Ends:

- Upon turning 23 years of age; or
- Not meeting requirements in your Aftercare Services Plan.

Cross Over Program Options: PESS, if eligible.



Youth and Young Adult Services

Office of Continuing Care

Over 500 youth and young adults served

Areas of Need Identified

- Understanding and connecting with Independent Living specific services
- Housing
- Basic needs: clothing, food, employment, education, financial assistance/budgeting

Resolution of Cases

- 63% handled immediately over the phone
- 37% required continued follow up through care navigation

Additional Services Provided

- Assistance applying for scholarships
- Family finding pilot launched to connect young adults with positive connections
- Pre and post storm outreach to young adults in the hurricane path for preparation and response
- Peer support and encouragement



Youth and Young Adult Services

Office of Continuing Care

Opportunity for Quality Assessment and Improvement:

- Direct client interaction and feedback loop with CBC lead agency partners opened the door for many quality improvement exercises:
 - Statewide site visits
 - Independent living specific quality measures

Outcomes of Quality Measures:

- Prioritizing independent living requirements through restructuring and contract changes
- Hiring staff with lived experience as a priority

Insight from External Stakeholders:

- Standing cadence of meetings with youth advocacy groups
- Continued research efforts and reports



The Office of Child and Family Well-being

Young Adult Program Overview

Enrollment	SFY 19-20	SFY 20-21	SFY 21-22	SFY 22-23*
Aftercare	411	366	433	110
EFC	1280	1498	1418	760
PESS	809	832	864	717
OCC	N/A	N/A	127 (Oct-Jun)	439

*Incomplete reporting period

Budget	SFY 19-20	SFY 20-21	SFY 21-22	SFY 22-23
Aftercare	\$1,078,887	\$1,078,887	\$2,762,825	\$3,308,938
EFC*	\$13,322,440	\$13,322,440	\$13,378,938	\$15,019,045
PESS	\$13,088,875	\$13,088,875	\$13,032,377	\$19,184,880

*This number includes the budget for EFC Case Management, EFC Maintenance Payments, and EFC Other Expenses.

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1.24.2023

Meeting Date

S. CFE

Committee

n/a

Bill Number or Topic

Amendment Barcode (if applicable)

Name Jess Tharpe, Assistant Secretary of Child and Family Well-being Phone 850-488-9410

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Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Department of Children and Families

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

NSI

Keys to Independence



What is Keys to Independence (K2I)?

- 3-year statewide pilot project created by 2014 legislature
 - Fully funded by DCF Revenue Funds
- DCF selected Embrace Families to operate and manage the program
- After a successful pilot, it was made permanent in 2019
- The program reimburses youth and caregivers for costs associated with driver's education, driver's license and other costs related to getting a driver's license including insurance

In Short...

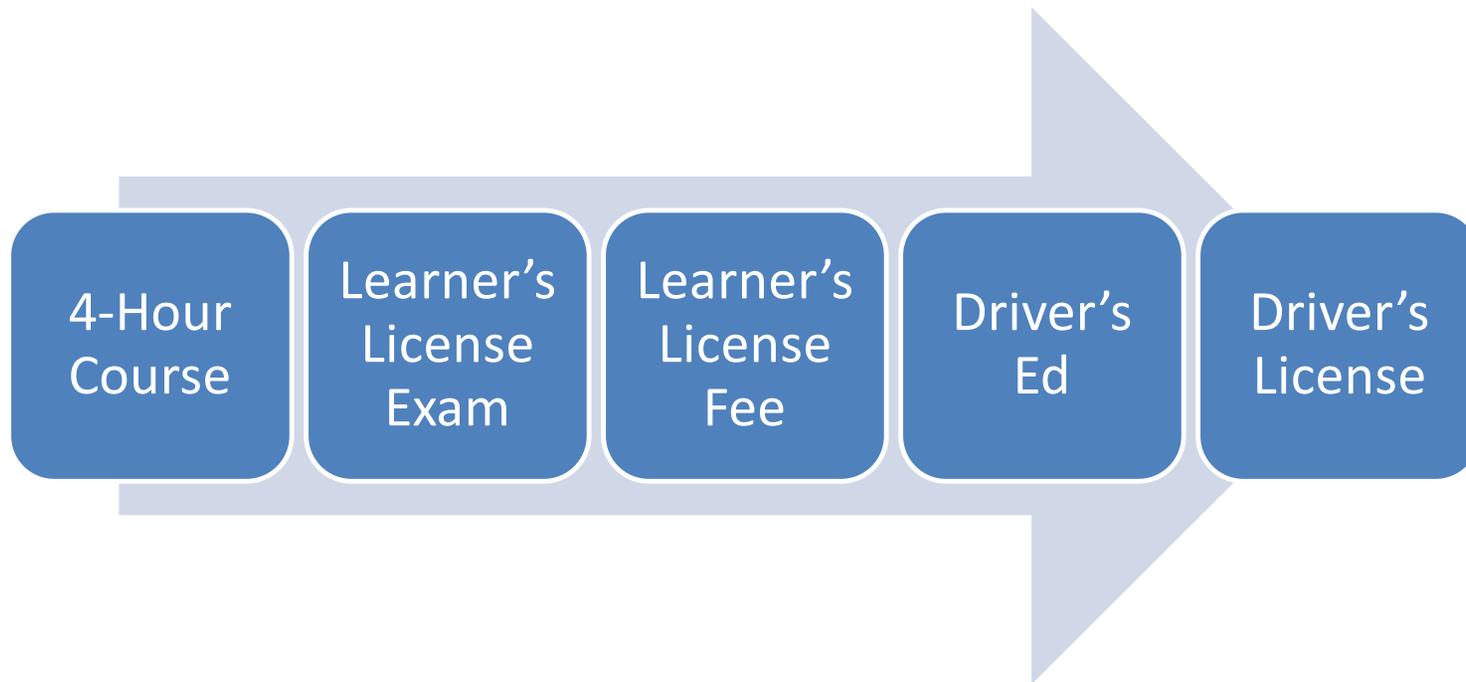
K2I removes the barriers for youth served to obtain a drivers license



Why Keys to Independence?

- Before K2I, only 20 of the nearly 2,000 eligible foster youth in the State of Florida left care with a driver's license
- Learning to drive is a normal part of being a teen
- Not having a driver's license is a barrier to:
 - Employment
 - Continuing Education
 - Normal extracurricular activities

How does K2I Help?



Access to:

- Payment codes to online tests
- Pick up/drop off service for lessons and road test
- Reimbursement of DMV Fees
- Assistance with auto insurance

Expansion in Population Served Over the Years

- Youth 15 up to 21 years old in foster care
- In a relative/non-relative placement
- In Extended Foster Care (EFC)
- Recently Achieved Permanency
- In PESS (Post Secondary Services and Supports)
- Homeless Youth

Who is Missing?

- Previous legislation expanded to our PESS young adults:
 - 409.1454(4)(b) Was in licensed care when the child reached 18 years of age and is currently receiving postsecondary education services and support under s. [409.1451\(2\)](#)
- Upon implementation – realization that over 300 young adults do not qualify
- We support SB 168 to expand this population

Sharing the Knowledge

- Nationwide Meetings for other states that have created similar programs since 2020
- Awarded a Technical Assistance Grant in 2022 by Children's Bureau and ICF
 - Assisted 10 states in creating their own programs:
 - Delaware, Iowa, Kansas, Kentucky, Maine, Nebraska, New Mexico, Oregon, Tennessee, Virginia
- More states are contacting us to help!

We have come a long way in Florida...

Actively enrolled today: **over 3,300**

Youth served during life of the program: **8,600 and climbing**

Learner's permits earned for the life of program: **over 2,200**

Driver's licenses earned for the life of program: **over 1,200**

The background is a dark teal color filled with a repeating pattern of speech bubbles. Each bubble is a different color (red, yellow, purple, grey) and contains a large, dark blue question mark. The bubbles are scattered across the frame, some overlapping. In the center, the word "Questions?" is written in a white, sans-serif font.

Questions?

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB168
Bill Number or Topic

1/24/22
Meeting Date

Children & Families
Committee

Amendment Barcode (if applicable)

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Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

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**FLORIDA
INSTITUTE
FOR CHILD
WELFARE**

Assisting Youth in Foster Care in Developing Life Skills to Become Self- Sufficient Adults: Evaluating Florida's Efforts

Presentation to the Children, Families, and Elder Affairs
Subcommittee of the Florida Senate

January 24, 2023

Lisa Magruder, Ph.D., MSW

Associate Director of Research

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Brandie McCabe
Life Skills Reimagined
VP of Social Services

Access the Full Report



RESEARCH REPORT

Assisting Youth in Foster Care in Developing Life Skills to Become Self-Sufficient Adults: Evaluating Florida's Efforts

NOVEMBER 1, 2022

Co-Principal Investigators:
Michael Henson, Ph.D.
Hyunji Lee, Ph.D.

Co-Investigators:
Lisa Magruder, Ph.D.
Lisa Schelbe, Ph.D.

ficw.fsu.edu



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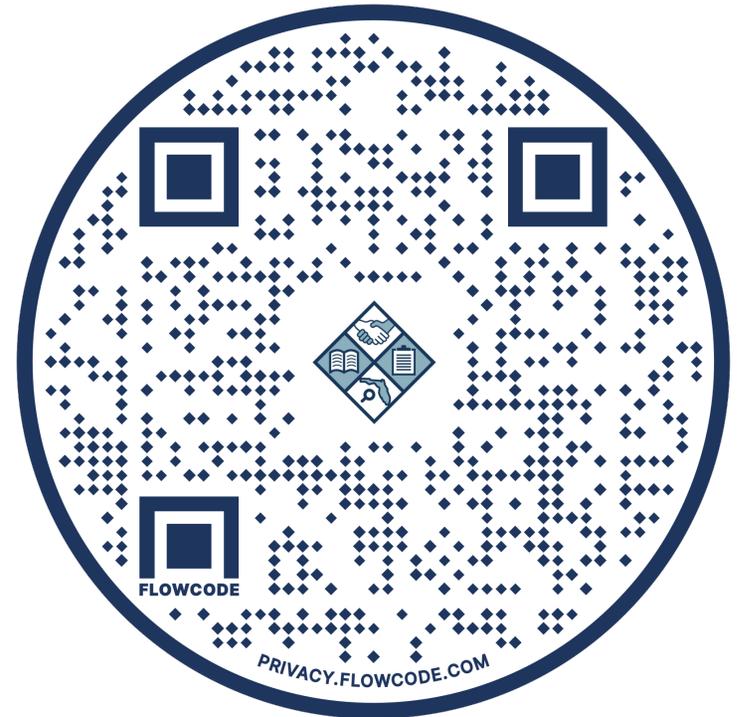
AT FLORIDA STATE UNIVERSITY



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SB80 (2021) Section 21(1)

- Mandated the Institute to **assess Florida’s current approach to developing independent life skills** among youth transitioning out of the state’s foster care system
- Focused on “the effectiveness of the state’s efforts to assist youth in foster care in **developing life skills to become self-sufficient adults**”
- Emphasized the **caregiver-centric approach** to skill development

Interviewee: There’s been a lot of difficulties, as with any other foster care kid.

Interviewer: Yeah, I can imagine.

Interviewee: No, you can’t, because, obviously, if you could imagine and everybody else could imagine, then the system would be changed. But, it’s not because nobody can imagine.

-Exchange between Former Foster Youth and Interviewer

Background

- In 2017, 931 youth aged out of the Florida foster care system and another 751 youth were at risk of aging out.
- Areas of concern in the literature:
 - Maintaining employment
 - Housing stability
 - Lack of social support
 - Secondary education access and completion
- “Self-sufficiency” is not universally defined, limited research on intervention effectiveness

(Child Trends, n.d.; Courtney, 2009; Courtney et al., 2011; Day et al., 2011; Greeno et al., 2019; Gypen et al., 2017; Pecora et al., 2006 Reiley, 2003)

Evaluation Questions

What are the current requirements for caregivers to assist youth in acquiring life skills? (Section 21, 1b.1)

- What information and supports are available to caregivers for doing so?
- What are caregivers' actual levels of comfort and engagement in these efforts?

What methods and measures are used to determine if youth have acquired or developed adequate life skills? (Section 21, 1b.2)

- How is this information used to support life skills development for individual youth?

What are the outcomes of youth who receive assistance developing life skills? (Section 21, 1b.3)

- How is this information used to improve performance?

What are best practices for helping youth in foster care develop life skills? (Section 21, 1b.4)

- How does Florida's approach compare to best practices?

What barriers exist that may prevent youth from becoming self-sufficient? (Section 21, 1b.5)

What are the experiences and perspectives of current and former foster youth regarding Florida's approach to preparation for adulthood? (Section 21, 1b.7)

Methodology

Informational interviews with CBC representatives ($n = 11$)

Surveys

- Child welfare professionals ($n = 24$)
- Caregivers ($n = 23$)

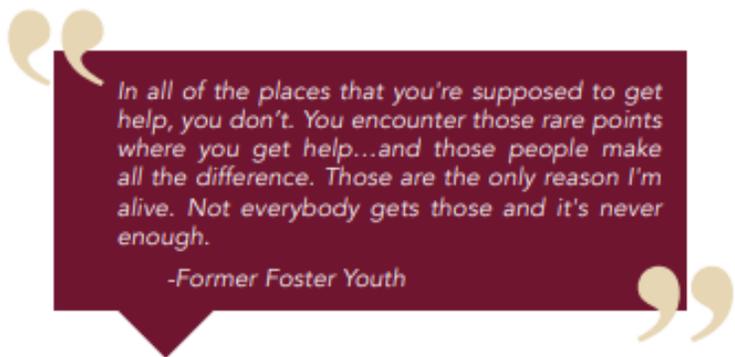
Interviews

- Child welfare professionals ($n = 3$)
- Caregivers ($n = 7$)
- Former foster youth ($n = 6$)

NYTD Data ($n = 215$)

Summary of Findings

- Although most foster caregivers acknowledged their primary responsibility for helping youth develop life skills, they reported a **lack of knowledge** and varying familiarity with specific requirements.
- CBC lead agencies provide varying supports/resources, but there is **no formal or organized system for caregivers to receive support** for this role.
- **Workforce challenges** was cited as a contributing factor of caregivers' lack of preparation from workers
- Having **reliable relationships with adults** was noted as a significant support for youth transitioning from care.



In all of the places that you're supposed to get help, you don't. You encounter those rare points where you get help...and those people make all the difference. Those are the only reason I'm alive. Not everybody gets those and it's never enough.

-Former Foster Youth

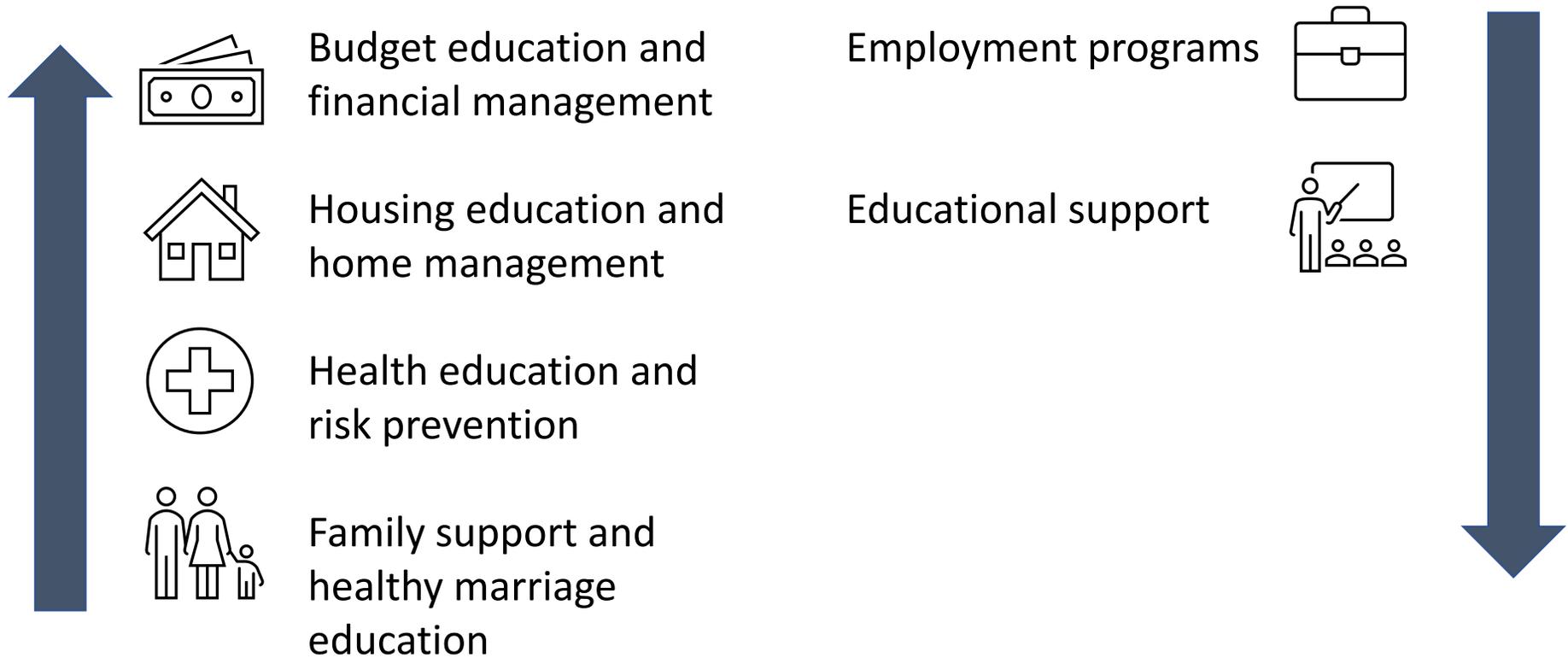
Effectiveness of Florida's Current Approach to Life Skills Development

CFOP 170-17 outlines that caregivers are to take the main responsibility in developing life skills.

Available information and supports to help caregivers develop youths' life skills is lacking.

Although child welfare professionals reported confidence in their ability to support, train, and assist caregivers with independent living skill development, caregivers reported a lack of

Caregivers' Comfort with and Engagement in Life Skills Provision



Methods and Measures Used for Determining and Ensuring Life Skills Development

- Informal needs assessments are to be conducted monthly with youth ages 13 and older using the DCF Life Skills Log.
- Independent living needs assessments for youth ages 16 and older
 - Only about half of the professionals reported conducting independent living needs assessments
 - Nearly 60% of caregivers said their youth did not receive an assessment
 - Professionals reported high levels of participation from youth, caregivers, guardians, and other supportive adults.
 - DCF indicated inconsistent entry of assessment into FSFN
- Assessments can inform independent living plans, though youth cooperation can be challenging.

Outcomes of Foster Youth Who Received Assistance and Exited Care

- NYTD data indicate most foster youth did not receive independent living needs assessments and certain types of life skills services
- Connection to adults decreases from 90.2% at age 17, to 79.2% at age 19 for youth who did not stay in extended foster care.
- After transitioning out of care, some youth experience:
 - Substance abuse referral
 - Incarceration
 - Episodes of homelessness

Comparing Florida's Approach to Best Practices

- Research evidence on life skills development is limited and inconclusive, resulting in a lack of best practices.
- Assessments offer opportunities for individualization/tailoring of plans.
- Meaningful engagement of youth is important but challenging. Despite efforts, former foster youth largely reported feeling ignored.
- Data from the present evaluation suggest **Florida's approach is not operating optimally**. This may not reflect the intended approach, but rather the implementation of the approach.

Barriers to Youth Self-Sufficiency and Challenges of Florida's Approach

Known workforce challenges (i.e., turnover, understaffing)

Lack of available resources and programming

Youth engagement

Vague policies limit implementation

Lack of consistent data-related processes

Limitations

- Lack of comprehensive representation from CBCs
- Small sample sizes
- Self-selection bias
- NYTD data limitations

	Youth	Caregivers	Professionals	NYTD data
Career Preparation	None of the former foster youth interviewed discussed receiving career preparation while in care. Kevin discussed struggling trying to navigate the workforce when he left care.	Only two interviewees discussed trying to engage in career preparation by making them do work around the house, volunteering in the community, and teaching them how to fill out a job application. They also reported low levels of confidence in providing this support – 42.9% said they were slightly or not at all confident.	The majority of professionals report that they take the lead in career preparation supports.	Only 49.8% of youth received career preparation services.
Employment Programs or Vocational Training	None of the six former foster youth interviewed discussed being involved in employment programs or vocational training associated with the foster care system.	Caregiver confidence was lowest in this domain, with 53% reporting they were slightly or not at all confident.	At least 25% of professionals perceive caregivers are never or rarely able to arrange support regarding employment programs or vocational training.	This domain had the second lowest prevalence of receipt of services (38.6%). By age 19, 52% of youth who were not in extended foster care had full- or part-time jobs.
Budget and Financial Management	Kevin reported lack of financial knowledge contributed to poor decision-making and debt.	Several caregivers reported teaching youth how to file taxes, open and manage a bank account, budget for monthly expenses, and save money.	Most professionals report that they take the lead in budget and financial management skill development.	Slightly over half (56.7%) of youth received this support.

Recommendations | Systemic Changes

DCF and CBCS should...



Develop resource lists of “age appropriate” activities



Collaborate toward improved data collection and management



Develop supports for professionals with life skills development responsibilities

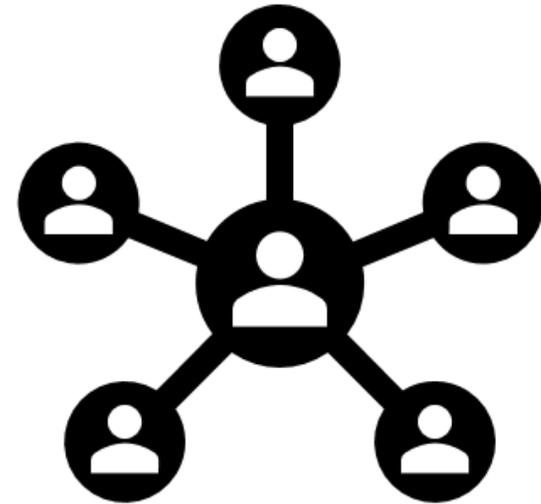
Recommendations | Supports for Caregivers

The DCF should develop a single, comprehensive, and required caregiver training.

CBC lead agencies and other DCF partners should develop complementary trainings that provide tailored support to caregivers.

Recommendations | Supports for Youth

- With support from the DCF and its partner agencies, caregivers and professionals should prioritize acute areas of need:
 - Postsecondary education
 - Career preparation
 - Employment supports
 - Budget and financial management aspects of housing
- The DCF, and its child welfare partners throughout Florida, should prioritize the promotion of transition-aged youths' connections with supportive adults.
- The DCF and its partners must continue to prioritize youth safety and well-being alongside life skills development.



Current Institute Initiatives

Florida Youth Experiences Study (FL YES)

Five-year longitudinal study of youth aging out of care

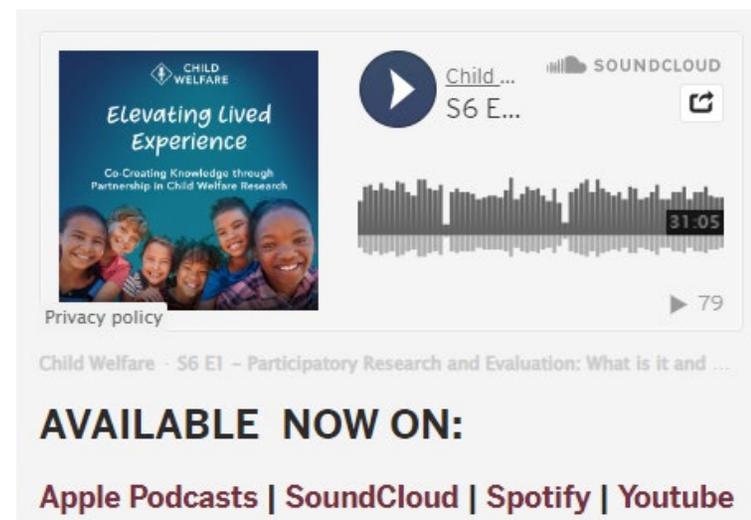
Led by Dr. Martie Gillen, University of Florida

Team includes individuals with lived experience

Consulting with experts from the Midwest Evaluation of the Adult Functioning of Former Foster Youth

Staggered recruitment will begin July 2023

Elevating Lived Experience: Co-Creating Knowledge through Partnership in Child Welfare Research



The image shows a SoundCloud player interface. On the left is a blue album cover for 'Elevating Lived Experience' by Child Welfare, featuring a group of diverse people. The text on the cover includes 'CHILD WELFARE', 'Elevating Lived Experience', and 'Co-Creating Knowledge through Partnership in Child Welfare Research'. To the right of the cover is a play button, the title 'Child... S6 E...', the SoundCloud logo, and a share icon. Below the cover is a waveform and a progress bar showing 31:05. At the bottom, it says 'Child Welfare · S6 E1 - Participatory Research and Evaluation: What is it and ...' and 'AVAILABLE NOW ON: Apple Podcasts | SoundCloud | Spotify | Youtube'.

Additional Recent and Current Projects

Maternity Group Homes for Young Mothers in Florida: A Mixed Methods Examination

Melissa Radey, Ph.D., MSSW, MA;
Shamra Boel-Studt, Ph.D., MSW;
Florida State University

A Platform for Social Action: Engaging and Supporting the Voice of Youth in Foster Care Receiving Independent Living Services

Marianna Colvin, Ph.D.; Morgan
Cooley, Ph.D., LCSW; Florida Atlantic
University

Follow the Love Pilot Project - Strengthening Relational Permanency for Foster Youth in Florida Child Welfare Systems

Annette Semanchin-Jones, Ph.D.,
University at Buffalo; Lisa Schelbe,
Ph.D., Florida State University

HOPE Court: An Explanatory Case Study of Restorative Practices in Child Welfare

Melissa Green, Esq, FLITE Center

Evaluation of Fort Lauderdale Independence Training & Education (FLITE) Center in Broward County, Florida

Fabio Naranjo, Ph.D., Barry
University

It Takes a Village: An Examination of Educational Enrollment Among Transition-Age Youth in Foster Care

Khalilah L. Caines, LCSW, University
of Central Florida

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**FLORIDA
INSTITUTE
FOR CHILD
WELFARE**

AT FLORIDA STATE UNIVERSITY

Assisting Youth in Foster Care in Developing Life Skills to Become Self-Sufficient Adults: Evaluating Florida's Efforts

November 1, 2022

AUTHORS:

Michael Henson, Ph.D., Co-Principal Investigator

Hyunji Lee, Ph.D., Co-Principal Investigator

Lisa Magruder, Ph.D., Co-Investigator

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Introduction

In 2021, the Florida Legislature passed Senate Bill 80 (SB 80, 2021), outlining a series of initiatives that aim to improve the state's child welfare system. Section 21(1) mandates the Florida Institute for Child Welfare (Institute) to assess Florida's current approach to developing independent life skills among youth transitioning out of the state's foster care system. Specifically, this evaluation focused on "*the effectiveness of the state's efforts to assist youth in foster care in developing life skills to become self-sufficient adults*" (lines 2531-2533). Bill language dictates a strong focus on caregiver provision of life skills development, a priority further emphasized during conversations with House staff (Taylor Woodruff, personal communication, September 14, 2021). In Children and Families Operating Procedure (CFOP) 170-17, these skills are described as those that are necessary to ensure self-sufficiency and well-being as foster care youth transition to adulthood. These skills relate to a range of areas such as daily living activities, academic success, employment, financial management, housing, health, family, and mentorship.

As outlined in SB 80 (2021), the evaluation is to focus on "*the effectiveness of the state's efforts to assist youth in foster care in developing life skills to become self-sufficient adults*" (lines 2531-2533). Bill language dictates a strong focus on caregiver provision of life skills development, a priority further emphasized during conversations with House staff (Taylor Woodruff, personal communication, September 14, 2021), as opposed to independent living programs and services for transition-age youth (i.e., extended foster care, postsecondary education services and supports, aftercare services).

Following meetings with the Department of Children and Families (DCF) leadership, independent living and methodology experts, and House staff, the Institute developed and executed the present evaluation. Using a mixed-methods approach, the evaluation team analyzed state statutes and policy documents, collected information about CBC approaches to life skills development through informational interviews and questionnaires, conducted surveys and individual interviews with stakeholders directly involved in life skills development, and collected secondary data on life skills services and outcomes from the National Youth in Transition Database. The evaluation team regularly consulted independent living experts as well as former youth with lived expertise in foster care to guide the evaluation through completion. This evaluation provides an assessment of the state's current approach to helping youth in foster care develop life skills for self-sufficiency and presents recommendations for enhancement, with particular attention to the caregiver role. The evaluators embedded quotes from former foster youth participants in the present evaluation throughout this report to elevate their perspectives.

Throughout the remainder of this report, youth transitioning out of the state's foster care system will be referred to as "youths" as the subject of this evaluation; when youth without foster care experience are referenced, they will be specifically identified.

EVALUATION TEAM

Michael Henson, Ph.D, MSW, Co-Principal Investigator, Postdoctoral Scholar at the Florida Institute for Child Welfare. Dr. Henson's responsibilities on the life skills evaluation include conceptualizing and developing the evaluation plan; communicating with stakeholders; co-leading document reviews; co-developing evaluation measures; collecting, analyzing, and interpreting qualitative data; co-leading data triangulation; and co-leading report writing.

Hyunji Lee, Ph.D, MSW, Co-Principal Investigator, Postdoctoral Scholar at the Florida Institute for Child Welfare. Dr. Lee's responsibilities on the life skills evaluation include conceptualizing and developing the evaluation plan; communicating with stakeholders; co-leading document reviews; co-developing evaluation measures; collecting, analyzing, and interpreting survey and secondary data; co-leading data triangulation; and co-leading report writing.

Colleen McBride, M.A., Professional Research Assistant at the Florida Institute for Child Welfare. Ms. McBride's responsibilities included communicating with stakeholders, including serving as a point of contact for consultants; conducting literature reviews; assisting in the development of evaluation measures; coordinating interview scheduling; and data collection.

Kristine Posada, MSW, Professional Research Assistant at the Florida Institute for Child Welfare. Ms. Posada conducted qualitative interviews and coded qualitative data.

Katie Ropes-Berry, Ph.D., MSW, Professional Research Assistant at the Florida Institute for Child Welfare. Dr. Ropes-Berry conducted qualitative interviews and coded qualitative data.

Lisa Magruder, Ph.D, MSW, Co-Investigator, Program Director of Science and Research at the Florida Institute for Child Welfare. Dr. Magruder's role included conceptualizing and developing the evaluation plan; supervising co-principal investigators; providing feedback to the evaluation team as needed; and liaising with the legislature regarding evaluation updates.

Lisa Schelbe, Ph.D., MSW, Co-Investigator, Associate Professor at the Florida State University College of Social Work and faculty affiliate with the Florida Institute for Child Welfare. Dr. Schelbe's role included serving as an expert consultant regarding independent living issues and data collection with wards of the state, assisting in ensuring IRB compliance to protect youth enrolled in the study, training qualitative interviewers, and availing herself to the evaluation team on issues specific to data collection and analysis with vulnerable youth. Dr. Schelbe and her doctoral student, Esaa Mohammad Sabti Samarah, also helped identify and describe best practices for life skills development.

Lenore McWey, Ph.D., Youth Advocate, Professor at Florida State University College of Health and Human Sciences. As the evaluation youth advocate, Dr. McWey served as a point of contact for youth with any questions about their rights in the study and any concerns they had.

Background

Every year, approximately 20,000 youth transition out of the child welfare system when they reach adulthood (states vary in terms of what age youth are no longer considered eligible for care; [Annie E. Casey Foundation](#)). Between 2015 and 2019, the number of youths in Florida's foster care system ranged from a low of 19,166 on October 1, FFY 2015 to a high of 24,563 on September 30, FFY 2019 (Children's Bureau, n.d.). In 2017, 931 youth aged out of the Florida foster care system and another 751 youth were at risk of aging out (Child Trends, n.d.).

Former foster care youth face many barriers and often struggle to transition into independence. Research consistently shows many youth struggle with maintaining employment, obtaining stable housing, and that they lack important forms of social support for independent living (Courtney et al. 2011; Gypen et al., 2017; Reiley, 2003). Youths are also less likely to access and complete secondary education in comparison to their peers without foster care backgrounds (Courtney, 2009; Cohen, 2014; Pecora et al., 2006; Day et al., 2011). Further, in comparison to adults without foster care backgrounds, adults with foster care backgrounds are more likely to receive Social Security Disability Insurance, have illnesses that inhibit daily activity, and report poor or fair general health versus good to excellent (Zlotnick et al., 2012; Courtney et al., 2011; Ahrens et al., 2014).

All 50 states currently offer independent living services and programs to current and former foster youth with the aid of federal funding from the John H. Chafee Foster Care Independence Program (CFCIP) (Okpych, 2015). Yet, limited research suggests that current and former foster care youth continue to struggle with developing independent life skills. One study assessed the rates of 10 independent life skills among current foster care youth found that 26 percent of these youth reported having no independent living skills and only 54 percent reported having five or more skills (Thompson et al., 2018).

One issue that impacts life skills development is the level of youth engagement in independent living services and programs. On a national level, only an estimated two-thirds of youth in care engage with independent living services (Kim et al., 2019). Further disparities exist based on youths' race, gender, age, and geographic location (Okpych, 2015; Chor et al., 2018; Kim et al., 2019). Youth have also reported low rates of engagement of caseworkers and caregivers in preparing them for life after care. One study found that among a nationally representative group of current foster youth ($n = 4143$), only 53 percent talked about life after care with their caregiver, and only 40 percent with their caseworker (Thompson et al., 2018).

Finally, it is difficult to identify and recommend effective approaches to developing life skills due to variations of independent living services across states and a lack of rigorous research studies assessing them (Yelick, 2017). While much of this research has limitations, the recurrent findings that show inadequacies in how foster care youth are prepared for independence highlight the need for more rigorous research and evaluation of this issue.

FLORIDA'S CURRENT APPROACH

Florida's current approach to independent life skills development is funded and structured by the John H. Chaffee Foster Care Program for Successful Transition to Adulthood (CFOP 170-17). The state requires that caregivers and child welfare professionals begin to engage youth in life skills development activities at age 13 and can continue such activities up to age 21. Caregivers are expected to take the main responsibility for developing life skills and child welfare professionals support them in their efforts. Florida independent living services are designed to address 10 life skill areas developed from the National Youth Transition Database (NYTD). General insights into the effectiveness of these services can be gained from publicly available evaluation reports published by the NYTD. For example, 3,515 foster care youth in Florida received at least one independent living service in 2018 (NYTD, 2018). However, there is little consensus about best practices that produce desirable outcomes for youth (Harder et al., 2020). Thus, more in-depth knowledge is needed to meet the Florida legislature's calls to better serve youth in care.

The following literature review provides an overview of the variable definitions of "self-sufficiency" and best practice approaches to providing life skills development toward achieving self-sufficiency among transitioning foster youth. Research on foster youth and foster caregiver experiences are also reviewed.

Literature Review

SELF-SUFFICIENCY

Interviewee: When I was younger in foster care and I would speak to my – my foster brothers obviously were close. We would constantly joke. We thought we'd all die before we're 20. Very dark humor.

Interviewer: Where was that coming from?

Interviewee: We saw it. We would have friends that would OD or kill themselves. To this day, I have friends that OD or kill themselves. We were just aware that people like us did not make it out."

-Exchange between Former Foster Youth and Interviewer

The child welfare system is responsible for preparing youth transitioning out of care by teaching them the life skills necessary to achieve "self-sufficiency". However, considering the importance and universality of self-sufficiency as a target goal for foster youth care, there is minimal agreement on how to specifically operationalize this goal. In a qualitative study of foster youth and caregivers, self-sufficiency was defined as having financial security, obtaining education, securing housing, and having "practical knowledge," such as maintaining a household and having adept social skills (Lalayants et al., 2015). In addition to financial security, other qualitative studies defined self-sufficiency as inclusive of finding and maintaining stable employment and independence from the welfare system (Piccolo, 2022). In quantitative research, validated measures are used to explore self-sufficiency that include the aforementioned domains (Scannapieco, 2015) as well as social support, life events, community costs (Jones, 2010), and mental and substance abuse (Jones, 2011). In a study of independent living programs, housekeeping and nutrition were also cited as targets for helping youth obtain self-sufficiency ($n = 215$; Lemon et al., 2015; Thompson et al., 2018).

BEST PRACTICES

Similar to challenges of defining the outcome of self-sufficiency, research evidence in support of various independent life skills interventions is limited and inconclusive. Greeson et al. (2020) conducted a scoping review of research and grey literature to determine what evidence-based programs and interventions exist for young adults that aged out of foster care. The review identified 79 programs; however, only ten programs had supporting evidence of effectiveness. For the 10 programs that did have research evidence, only four were determined to be supported by evidence, five having promising research evidence, and one with evidence that failed to demonstrate effect.

In a systematic review of interventions targeted toward transitioning youth (ages 13 – 25), Gunawardena and Stich (2021) found that independent living readiness programs were the most often evaluated, evincing positive efficacy on outcomes related to employment, housing stability, lower justice system involvement, and mental health, but not educational outcomes. Policy changes that extend the support of the foster care system to transitioning youth beyond 18 showed mixed results on outcomes. In a nationally representative sample of transitioning youth, Huang and Campbell (2022) found that continuous educational and financial support provided to youth at ages 17 to 19 predicted better housing outcomes and lower justice system involvement. However, receipt of other life skills education (i.e., home management training, health education) increased the odds of experiencing homelessness. The authors note that limitations necessitate cautious interpretation of results (i.e., exclusion of cases with missing data, potentially unreliable measures).

In a systematic review of research involving transitioning youth, targeted life skills programs (i.e., employment training and education supports) led to better outcomes within that target (i.e., securing and maintaining employment), and similarly, targeted assistance (i.e., housing assistance) led to better outcomes within the relevant domain (i.e., stable housing; Woodgate et al., 2017). Further, researchers found that mentoring was associated with better outcomes in several life functioning domains, particularly in terms of education and relationship-building skills (Woodgate et al., 2017). Thus, there is evidence that providing training and assistance to foster youth improves their chances of obtaining self-sufficiency and other positive collateral outcomes. However, the results also suggest potential variability in quality, and thus, impact of various independent life skills training programs.

Meaningful Engagement of Youth in Transition

Interviewee: "Don't treat us different from how you would treat another – a regular kid... treat me the way you would treat your daughter or your son, you know?"

Researchers outlined the common factors of meaningfully engaging youth in the teaching process as an approach to identify best practices for teaching life skills. Harder and colleagues (2020) propose a set of principles necessary to engage youth in life skills training that includes:

- “Listen to young people and safeguard their rights to participation”
- “Support the autonomy of young people during and after care”
- “Ensure access of care leavers (transitioning youth) to education”
- “Honor diversity including cultural identity”
- “Support care leavers to connect and maintain contact with their biological families”
- “Ensure relationship continuity by providing long-term supports and safety nets”
- “Provide intervention for working through trauma”
- “Ensure adequate preparation for leaving care”
- “Create legal frameworks to ensure the rights and needs of care leavers”
- “Ensure access to services” (pp. 6-18).

Echoing these principles, an international group of child welfare experts published a paper in 2019 outlining best practices for ensuring the best outcomes for transitioning youth (Stein, 2019). Their consensus was that foster youths' transition to adulthood is "more accelerated, compressed, and linear" than non-foster youth (p. 400). To ensure youth buy-in and engagement in transition from care, Richmond and Borden (2021) propose the use of engagement interventions. Specifically, the authors suggest the use of motivational interviewing, which targets youth motivation to achieve self-sufficiency and, in turn, is thought to shape their behaviors in congruence with achieving these goals. Thus, in addition to ensuring equitable receipt of social and financial support, researchers suggest that ensuring meaningful engagement and co-creation of transitioning plans is equally important.

There are no clear standard best practices regarding ensuring equitable access to transitioning supports and resources. In one mixed methods study, researchers evaluated the utility of a 12-item Emancipation Checklist intended to ensure sufficient preparation and resource provision in all life domains of transitioning youth. The authors found that the standardization of life domains accounted for in the checklist had relevance to all stakeholders, including caseworkers, judges, and youth (Shdaimah et al., 2021); however, the researchers found the checklist was inconsistently used. Further, there was no clearly documented course of action when an item on the checklist was flagged as "inadequate," making the actionable use of the checklist difficult to assess. However, this case example evinces one potential pathway towards ensuring equitable preparation of transition across the foster youth system.

PERSPECTIVES OF FOSTER CAREGIVERS AND YOUTH

Central to perspectives on life skills training, assistance and self-sufficiency are the people directly involved: foster caregivers and youth. In Florida, foster caregivers are "*required to take the lead in a number of activities demonstrating quality parenting such as assisting youth in mastering age-appropriate life skills*". Child welfare professionals offer assistance, although, the quality and consistency of this support is unknown (p. 4; CFOP 170-17). Youth may also differ on their perspectives about what life skills are salient and necessary to their achievement of personal goals.

Caregiver Perspectives

Caregivers are a critical resource to youth in the foster care system. However, there is a dearth of research on caregivers' satisfaction and perspectives on foster parenting training (Cooley et al., 2019). In a comprehensive review of research including primary and secondary outcomes related to caregiver satisfaction and perceptions of training, the emergent themes were that foster parents need additional training and support centered on caring for youth with special needs, and more practical and real-life examples of implementing training (Kaasbøll et al., 2019). In one county-wide study, researchers found that foster parents' ratings of service effectiveness were positively related to their assigned social workers' availability and task support (Landeros & Watson-Nunez, 2022). However, there is a significant gap in research that specifically includes foster parents' experiences in providing life skills training to youth.

Foster Youth Perspectives

Considerably more research exists regarding perspectives of foster youth transitioning out of care. In a mixed methods study of transitioning foster youth, most youth interviewed reported satisfaction with their transition process (Courtney et al., 2017). Those involved in extended foster care reported that the extra support helped them meet their goals for independence, education, and employment. Youth most commonly reported receipt of support from probation officers, social workers, and independent living program support staff. Youth also reported receiving support from caregivers and/or mentors and receiving housing assistance. However, several other recent studies identified variable unmet needs among foster youth transitioning out of care (e.g., Katz & Courtney, 2015; Thompson et al., 2018).

Receipt and Use of Services

Katz and Courtney (2015) surveyed a large sample ($n = 603$) of transition-age youth in the midwest over the course of over the course of four years. The survey focused on youths' receipt of and use of transition services in order to examine patterns of unmet needs among these youth. Youth were asked about their receipt of independent living services in the following areas: education, employment, financial literacy, housing, and health. Youth most frequently expressed unmet needs across "all" domains (17% at age 17,

10% at age 19, and 11% at age 21); youth also frequently expressed unmet needs in terms of finance (10% at age 17, 8% at age 19, and 14% at age 21) and housing (8% at age 17, 7% at age 19, and 8% at age 21). The percentage of youth who expressed unmet needs fluctuated over time; researchers noted that “nearly 35% expressed any unmet need [at age 17 or 18], 28% expressed any unmet need at [age 19] and nearly 36% expressed any unmet need at [age 21]” (p. 15). Youth who received more independent living services in the areas of finance, housing, employment, health and education were less likely, compared to their peers who had received fewer independent living skills in these areas, to say that they had unmet need at ages 17 and 21. The study found that having poor mental health is associated with more unmet needs at ages 17 and 21, while having strong social support and receiving more independent living services is associated with fewer unmet needs.

Thompson and colleagues (2018) interviewed a national sample of 233 former and current foster youth to examine what independent-living resources they use. The majority of former youth had a social security card, a birth certificate, and/or a state ID; though most reported they did not have a driver's license. Many youth had some assistance with job applications and resume writing, but the majority did not have assistance in identifying potential employers, interviewing skills, job referral placement, or vocational career counseling. One-third of this group reported receiving no employment resources. Most former youth reported receiving no assistance related to education (college applications or test preparation), finance (money management, budgeting, or opening a bank account), housing (finding and applying for an apartment), or personal care (meal planning and nutrition, personal records, or personal hygiene). The majority of youth reported having at least some networking assistance (mentoring, attending a youth conference, or being involved in youth-led activities). Just over half of youth currently in care reported having at least half of the ten independent-living skills measured (knowing how to interview, apply for college, opening a checking account, renting an apartment, shopping for meals, using public transportation, getting income assistance, getting help from the community, family planning services, and obtaining medical care); one-quarter of youth had none of these skills. Half of youth spoke to a caretaker, and 40 percent spoke to a case manager about life after foster care; one-third said that caretakers and caseworkers suggested an independent living class. These findings demonstrate there is considerable variability in youth-reported receipt of transition services deemed necessary for successful independent living post-care. Discrepancies among research studies complicate opportunities to assess the reach and impact of various independent living programs on outcomes among transitioning and transition foster care youth.

Youth Satisfaction with Services

Jones (2014) explored youths' satisfaction with independent living services six months after leaving foster care. Researchers interviewed former foster youth who had been placed at a residential educational facility; participants were also given the Ansell-Casey Life Skills Assessment-Short Version (ACLSA). Most youth said that they were “somewhat prepared” for independent living. Results of the ACLSA indicated that youth were strongest in the areas of daily living skills and social development and weakest in the areas of financial management and educational competence. Most youth expressed satisfaction or neutral feelings about their independent living services. Youth were particularly satisfied with the social and educational support, help with basic needs, and information about and referral for services. Those youth who expressed dissatisfaction with independent living services indicated feeling unprepared, receiving inadequate services, and problems with staff. Responses about the implementation of the independent living services program yielded the following themes: general improvements to the program, the need for financial assistance, the need for housing and transportation services, and the need for follow-up services.

Role of Mentors and Social Support

Mentorship is associated with positive outcomes among transitioning youth (e.g., Woodgate et al., 2017). In the extant research, mentors (and other social support) are variably defined as foster caregivers and others that serve as role models and instrumental support to youth transitioning out of care (Courtney et al., 2017). In a qualitative investigation of former foster youths' experiences transitioning to the workforce in Ireland and Catalonia, Gilligan and colleagues (2017) found that caregivers played a principal role in the transition by serving as role models, helping youth establish connections, and giving youth opportunities to exercise agency. However, other studies found that youth variably receive mentorship from caregivers or others despite policy mandates that require it (Petr, 2008). In addition to providing social support, mentors

can also serve as system guides by helping youth navigate the complexities associated with accessing services and establishing independence after care.

Petr (2008) interviewed 27 current and former foster youth in Kansas to record their perspectives on independent living services. Youth understood the importance of life skills, particularly education and employment-related skills as well as basic adult responsibilities. Almost all anticipated their transition would be difficult and require hard work. Most had concrete goals and knew what they needed to undertake in order to achieve them. Youth were generally satisfied with the independent living services they received, though the study noted that many youth did not receive the services to which they were entitled. Most youth in custody were aware of the post-custody benefits offered; of the youth already out of custody, the majority were not using those benefits and were unsure of how to receive them (those who were using the benefits were doing well). The authors note that only half of the youth identified someone they considered a mentor (in contrast to state policy, which requires that all youth be given a mentor); others mentioned family members or staff as important connections. In this study, a “mentor” is a qualified adult (other than family members, other community members, or foster care staff and caregivers) assigned to the youth that can provide support through the transition process. Some youth noted that they lacked any support. The role of mentors were identified as principal to youth transitioning to adulthood in that mentors could provide guidance and instrumental support to accessing services and achieving positive outcomes in several life domains.

Racial/Ethnic Disparities

In an evaluation of racial disparities in the National Youth in Transition Database (NYTD), Watt and Kim (2019) found that African American youth were less likely to be employed and more likely to report criminal justice system involvement relative to white youth. Conversely, African American youth were 36 percent more likely to enroll in higher education relative to white youth. Compared to all racial and ethnic groups, American Indian/Alaskan Native youth had the worst outcomes. The evaluators concluded the evaluation of outcomes disparities in the child welfare system is needed to improve equitable outcomes.

In summary, youth report variable receipt of education, assistance, and other supports necessary to achieving self-sufficiency. One determinant of receipt of essential services and support after care is having a mentor; however, not all youth identify adequate social support to aid in their transition out of care. Further, there is limited research on what assistance their foster caregivers receive to aid in their successful preparation and support of youth transitioning out of care. In the state of Florida, more research is needed to identify and attend to gaps in the system of care for both transitioning foster youth and the adults responsible for aiding this transition.

Current Study

Given Florida’s privatized structure and the directive of SB 80, Section 21b.3 (2021), the evaluation team used a mixed-methods design and collected data at the community-based care (CBC) lead agency-level and present disaggregated findings in this report where possible.

The evaluation addressed the following research and sub-research questions, as dictated in SB 80 (2021):

1. What are the current requirements for caregivers to assist youth in acquiring life skills? (Section 21, 1b.1)
 - a. What information and supports are available to caregivers for doing so?
 - b. What are caregivers’ actual levels of comfort and engagement in these efforts?
2. What methods and measures are used to determine if youth have acquired or developed adequate life skills? (Section 21, 1b.2)
 - a. How is this information used to support life skills development for individual youth?
3. What are the outcomes of youth who receive assistance developing life skills? (Section 21, 1b.3)
 - a. How is this information used to improve performance?
4. What are best practices for helping youth in foster care develop life skills? (Section 21, 1b.4)
 - a. How does Florida’s approach compare to best practices?

5. What barriers exist that may prevent youth from becoming self-sufficient? (Section 21, 1b.5)
6. What are the experiences and perspectives of current and former foster youth regarding Florida's approach to preparation for adulthood? (Section 21, 1b.7)

These research questions were developed to support the two overarching aims of the evaluation (Section 21, 1b.6):

1. Evaluate whether the state's current approach to helping youth in foster care develop life skills is adequate
2. Develop recommendations for changes to enhance the effectiveness of the state's approach to prepare youth for self-sufficiency

METHODOLOGY

The evaluation team conducted a mixed-methods research design in which policy analysis, informational interviews and questionnaires, surveys, individual interviews, and secondary data analysis were utilized to explore the policy-, agency-, and individual-level dimensions of Florida's approach to life skill development and effectively answer the six guiding research questions. Through engaging in diverse stakeholders and cross-comparing data sets, the evaluators aimed to triangulate findings as well as better understand how policies, organizational structures, and practices intersect with each other and shape the life skills development outcomes and experiences of individuals. The following sections describe the purpose, sampling, data collection, and analysis for each method used in the evaluation. The evaluation design, methods, and data collection activities were approved by the Institutional Review Board at Florida State University.

Policy Analysis

State and DCF policies were identified and analyzed to understand the guidelines that are used to shape and inform life skills development across the state, including 1) current requirements for caregivers to assist youth in acquiring life skills; 2) information and supports available to caregivers to help with life skills development; and 3) the methods and measures used to determine if youth have acquired or developed adequate life skills.

Sampling and Data Collection

Sampling focused on state laws and DCF policies that established key definitions, requirements, and guidelines that inform and shape life skills development across the state. Laws and policies were identified through DCF contacts, evaluation consultants, and informational interviews and questionnaires with community-based care lead agencies (CBC lead agencies). DCF contacts and evaluation consultants were asked to identify all relevant laws and policies used to govern life skills development across the state. Informational interview and questionnaire participants were asked to identify which laws and policies are used to guide their approach to life skills development. Through these conversations, interviews, and questionnaires, one state statute and one DCF policy were identified: Florida Statute § 409.145 (2022) and the DCF's Children and Families Operating Procedure (CFOP) 170-17: *Services for Transitioning Youth and Young Adults*. Florida Statute § 409.145 (2022) establishes the statutory definitions, requirements, and guidelines for life skills development in the state of Florida, whereas the CFOP 170-17 outlines requirements and best practices for assisting and serving youth and young adults to develop life skills and transition to adulthood. The CFOP's target audience includes DCF staff, case management organizations, CBC lead agencies, and sheriff's offices responsible for child protection investigations.

Data Analysis

Analysis of Fla. Stat. § 409.145 (2022) and the CFOP 170-17 were conducted in several phases. First, the evaluators read and became familiar with the statute and operating procedure. Next, the evaluators extracted relevant content (including definitions, responsibilities, and requirements) on the following topics: 1) caregiver expectations, responsibilities and requirements for developing youths' life skills; 2) child welfare professional, CBC lead agency, and DCF expectations, responsibilities, and requirements for supporting caregivers in developing life skills; and 3) methods and measures for ensuring youth acquired or developed

adequate life skills. Once extracted, the evaluators reviewed and identified any content that was unclear or confusing and reached out to DCF contacts and evaluation consultants for clarification. After all content was extracted and clarified, the evaluators created written summaries of the key information related to each topic.

Informational Interviews and Questionnaires

The evaluators contacted representatives at Florida's 17 CBC lead agencies in order to gain an agency-level understanding of 1) current requirements for caregivers to assist youth in acquiring life skills; 2) relevant information and available supports provided to caregivers, 3) how agencies determine if youth are developing life skills and how that information is used to inform continued work with the youth; and 4) how youth outcome data is used to improve Lead Agency performance.

Sampling

Florida has 17 CBC lead agencies that are responsible for outsourcing child welfare services (including foster care) in local contexts. The evaluation team utilized the Statewide Independent Living Contacts information sheet, a publicly available (Center for Child Welfare, 2021) document that is managed by the DCF's Youth and Young Adult Transition Services Specialist, to establish a sampling frame of 23 CBC lead agency points of contact whose responsibilities are situated in one or more circuits. The evaluation team reached out to each point of contact on the information sheet to see if they would be willing to participate in an informational interview. The evaluation team sent emails to each contact stating the purpose of the evaluation, the purpose of the interview, the voluntary nature of participation, and a link to a Qualtrics-powered enrollment survey. For contacts who were no longer employed with an agency, had switched positions, or felt they were the wrong person, the evaluation team asked for contact information for and followed up with the person who would best be able to answer questions. Interviews were conducted with representatives from nine CBC lead agencies between December 2021 to February 2022.

The evaluation team also emailed CBC lead agency contacts who had not responded to initial interview requests offering them an option to provide written answers to a questionnaire via email. Emails reiterated the purpose of the evaluation, the purpose of the questionnaires, and if the individual would be willing to provide answers through email. This resulted in collecting data from an additional 2 CBC lead agencies between April and May 2022.

Participants in interviews and questionnaires mainly included individuals who held positions held at CBC lead agencies, but also included some individuals who held positions at contracting agencies. Positions held by participants included quality management director, independent living manager, youth transition program supervisor, youth services director, young adult services team manager, and independent living manager.

The evaluation team reached out to CBC lead agencies in the final stages of report writing to allow points of contact confirm accuracy of the information used in the report and add any additional information they felt was relevant. Six CBC lead agencies were able to review information. It is important to note that this process was complicated due to hurricane Ian. The following table provides a summary of this information.

Table 1: Summary of CBC Participation

CBC lead agency	Provided Information (Y/N)	Participated in Interview	Participated in Emailed Questionnaire	Provided Feedback on Final Content
Brevard Family Partnership	Y	Y	N	N
Child Net, Inc.	Y	Y	N	Y
Children’s Network of Southwest Florida	Y	Y	N	Y
Citrus Family Care Network	Y	Y	N	Y
Communities Connected for Kids	Y	Y	N	N
Community Partnership for Children	N	N	N	N
Eckerd Connects	N	N	N	N
Embrace Families	Y	Y	N	Y
Families First Network	Y	Y	N	N
The Family Integrity Program	Y	N	Y	Y
Family Support Services of North Florida	N	N	N	N
Heartland for Children	N	N	N	N
Kids Central Inc.	N	N	N	N
Kids First of Florida	N	N	N	N
Northwest Florida Health Network	Y	Y	N	N
Partnership for Strong Families	Y	Y	N	N
Safe Children Coalition	Y	N	Y	Y

Data Collection

Interviews conducted with CBC points of contact explored basic operations regarding life skills development and assessed availability of CBC lead agency-level data for inclusion in the present evaluation, including policies and procedures as well as de-identified youth measures for secondary data analyses. Interviews were guided by an interview script that was informed by DCF policy concerning life skills development as well as the aims of the evaluation. The number of participants per interview ranged from one to three. Interviews were conducted by a trained interviewer via Zoom and were video recorded. Participants were given the option to turn off their video cameras and only the audio files were sent for professional transcription. Interviewers wrote a field memo following each interview to document new ideas, observations about the interview, or personal reactions to the interaction. No incentives were provided to participants. After reviewing interview transcripts, evaluators followed-up with participants by email on any answers that needed clarification.

Questionnaires were developed from and covered the same topics in the interview scripts. The questionnaire was pasted directly into an email and sent to individuals who agreed to participate.

Participants provided written answers to each question and emailed them back to the evaluators. The evaluators followed-up with participants on any answers that needed clarification. Answers to questionnaires were copied and pasted into separate word documents to be uploaded into NVivo for analysis.

Data Analysis

Interview audio recordings were professionally transcribed. Transcripts and answers to email questionnaires were uploaded into NVivo and were analyzed by a trained coder and the Co-PI overseeing interviews and questionnaires using thematic analysis. Thematic analysis was conducted in two phases. In the first phase, transcripts and questionnaire answers were deductively coded using a codebook that consisted of general themes derived from the interview script and questionnaire. Coders reviewed interview transcripts and questionnaire answers and assigned excerpts to all relevant themes in the codebook. Deductive coding was reviewed by the Co-PI overseeing interview and questionnaire analysis to ensure accuracy and consistency. In the second phase, inductive coding was conducted in which the excerpts in each general theme were reviewed and organized into subthemes. Inductive coding was guided by Braun and Clarke's (2006) thematic analysis in which coders 1) familiarized themselves with the excerpts under each theme, 2) coded excerpts under each theme, 3) organized codes into subthemes, 4) reviewed subthemes for accuracy and usefulness, and 5) named and defined the final set of subthemes for each broader theme. Throughout inductive coding, coders and the Co-PI worked collaboratively to ensure consistency and accuracy of coding.

Surveys

The purposes of surveys were to identify: 1) current requirements for caregivers to assist youth in developing life skills; 2) supports provided to caregivers for providing youth with life skills development; 3) engagement of caregivers in providing life skills development; and 4) methods and measures that child welfare professionals used to assess youths' life skills development.

Sampling

The sampling frame for professional surveys included child welfare professionals with responsibilities related to life skills development for youth in care ages 13 years or older on their caseload, including residential group care facility staff. The evaluation team sent out recruitment emails to eight CBC lead agency independent living points of contact who participated in informational interviews and requested that these contacts share the recruitment email with local foster care management organizations. The local foster care management organizations distributed the online survey links embedded in the email to child welfare professionals.

The evaluators took a similar approach to recruiting caregivers for the caregiver survey (i.e., invitations were sent via local foster care management organizations). Caregivers with foster youth aged 13 and older were eligible for the online caregiver survey.

Finally, current foster youth were recruited through professionals and caregivers. At the end of their respective surveys, professionals and caregivers could indicate their willingness to share the youth survey with foster youth in their care. The evaluators emailed the youth survey link to those caregivers who were willing to participate to provide to the youth. The recruitment materials explained the aims of the evaluation and survey and reiterated the voluntary nature of youth's participation.

Due to low response rates, in April 2022 the evaluation team collaborated with partners to expand recruitment efforts. Following consultant-recommended strategies and IRB amendment approval, the evaluation team contacted Chief Executive Officers of CBC lead agencies to request that their contract managers send the recruitment emails for child welfare professionals and caregivers to local foster home management agencies for distribution. In addition, the evaluation team attended the Florida Coalition for Children (FCC) council meeting to present the SB 80 (2021) evaluation to CBC lead agency representatives and requested attendees to distribute the survey links to local foster care organizations with whom they contract. Further, the evaluation team requested that the Chair of local Foster & Adoptive Parent Associations (FAPA) in Florida distribute the survey materials to caregivers via email. The evaluation team

checked the survey responses daily and shared the youth survey links with child welfare professionals and caregivers if requested. All online surveys were closed on May 6, 2022.

Data Collection

Professional surveys were initially distributed between February and May 2022, with each CBC lead agency having a unique survey link to track responses by lead agency. Interested child welfare professionals and caregivers clicked a link embedded in the email directing them to a Qualtrics-powered survey, which included a place to indicate consent for participation. The professional survey focused on assessment of independent life skills development (i.e., informal life skills needs assessment, independent living needs assessment), the professionals' perception on caregivers' engagement in the assessment and abilities to provide independent life skills development, and professionals' support for caregivers in providing independent life skills development to youth. The professional survey took approximately 45 minutes to complete, and participants received a \$25 Amazon.com gift card.

Qualtrics caregiver and youth surveys were distributed between February and May 2022, following the iterative sampling strategy noted above. The caregiver survey focused on caregivers' familiarity with their requirements for assisting youth in developing independent life skills, caregivers' confidence about providing youth with independent life skills services, and caregivers' perceptions of child welfare professionals' support for independent life skills development. The survey took approximately 45 minutes to complete. The current foster youth survey focused on youths' needs for independent life skills development, youths' perception of support from caregivers and professionals in developing independent life skills, and receipt of independent living needs assessment. Caregivers and youth provided consent and assent, respectively, to participate and were provided a \$25 Amazon.com gift card upon survey completion.

Data Analysis

In total, 94 professionals and 93 caregivers completed their respective surveys; though due to a high volume of missing data, only complete cases were included in analyses: 24 professionals and 23 caregivers. There were only two responses to the current foster youth survey, one of which the evaluation team believes was inadvertently completed by a caregiver. Therefore, youth survey data was unable to be used in this evaluation. Rather, the evaluators relied on the current and former foster youth interviews for the youth perspective (described further below). Data were analyzed using SPSS and STATA software, and primarily included univariate analyses due to the small sample sizes by role. Descriptive data on key areas of inquiry (e.g., provision of life skills development, engagement in developing life skills assessments and independent living skills plans) are provided.

Individual Interviews

Interviews with caregivers, child welfare professionals, and former foster care youth were conducted to gather rich descriptions of each group's experiences in life skills development, which were triangulated with other data to improve analysis. Caregiver and child welfare professional interviews were used to better understand 1) the current requirements for caregivers in assisting youth in acquiring life skills, 2) information and supports available to caregivers, and 3) the level of engagement of caregivers in developing youths' life skills. Former foster youth interviews were used to better understand 1) their experiences with the state's approach to preparing them for adulthood and 2) the barriers that current and former foster youth face when trying to become self-sufficient.

Sampling

Purposive sampling was used to recruit child welfare professionals, caregivers, and current foster care youth. The sample consisted of the participants who completed their respective surveys and indicated a willingness to potentially participate in a follow-up interview. A total of 13 child welfare professionals, 17 caregivers, and two current foster care youth indicated interest in participating in an interview. Interested participants were emailed a Qualtrics-powered enrollment survey which included a consent script and a place to provide electronic consent. Four child welfare professionals and seven caregivers consented to an interview. Of those who consented, three child welfare professionals and seven caregivers completed interviews. Notably, no current youth in foster care consent to or participated in an interview.

The sampling frame for former foster care youth interviews were young adults age 18 years or older who spent any time in the foster care system when they were 13 years or older. Former foster care youth were recruited in two ways. First, the evaluation team provided an email containing a link to an online eligibility survey to the Selfless Love Foundation and the Florida Coalition for Children that they distributed by email to their former foster youth contacts across disparate geographic locations. The email shared the purpose of the overall evaluation, briefly described the former foster care youth interview, and made clear the voluntary nature of participation. Interested recipients clicked a link embedded in the email directing them to a Qualtrics-powered enrollment survey, which included a consent script and a place to provide electronic consent. A total of 45 consent surveys were completed. However, only 23 surveys provided contact information necessary for scheduling. Of the individuals who did provide contact information, seven individuals completed interviews. However, one interview was excluded from the dataset after the Co-PI responsible for overseeing interviews reviewed the audio recording and found that the participant said they were not in foster care at age 13 or older. This resulted in a final sample size of six interviews.

Participants who did not agree to participate were not shown the enrollment survey. Those who agreed to participate were asked to provide current preferred contact information and several dates and times (at least 48 hours in advance) they were available for an approximately one-hour interview. A member of the evaluation team regularly reviewed the responses and scheduled interviews.

Data Collection

Interviews were conducted using semi-structured interview scripts developed for each participant type. Interview scripts were developed collaboratively with project consultants who had relevant experience, including a youth with lived expertise. Interviews with child welfare professionals focused on their experiences in assessing for, documenting progression of, and—for some—providing life skills development. Interviews also focused on professionals' perceptions of if and how caregivers and youth are engaged in independent life skills development. Interviews with caregivers focused on their experiences in the provision of life skills development among youth in foster care. Interviews with former foster care youth explored successes and struggles they had in transitioning to independent living after care and the extent to which Florida's approach to preparing foster care youth for independent living contributed to such successes/struggles.

Interviews were conducted at an agreed upon time by trained interviewers via video conferencing (Zoom, Teams Meetings). Interviews were recorded, creating both video and audio recordings. Only audio recordings were sent out for professional transcription. Interviewers wrote a field memo following each interview to document new ideas, observations about the interview, or personal reactions to the interaction. Participants received a \$25 Amazon.com gift card incentive within one week of completing their interview. The Co-PI overseeing interviews reviewed audio recordings to provide feedback to each interviewer on how to improve their interviewing approach and technique.

Data Analysis

Interview audio recordings were professionally transcribed. Once transcribed, trained coders and the Co-PI overseeing interviews used NVivo software to conduct thematic analysis in two general phases. In the first phase, interviews were deductively coded using a codebook that consisted of general themes derived from interview scripts, with each set of interviews having its own codebook. Coders reviewed interview transcripts and assigned excerpts to all relevant themes in the codebook. Deductive coding was reviewed by the Co-PI to ensure accuracy and consistency. In the second phase, inductive coding was conducted in which the excerpts in each general theme were reviewed and organized into subthemes. Inductive coding was guided by Braun and Clarke's (2006) thematic analysis in which coders 1) familiarized themselves with the excerpts under each theme, 2) coded excerpts under each theme, 3) organized codes into subthemes, 4) reviewed subthemes for accuracy and usefulness, and 5) named and defined the final set of subthemes for each broader theme. Throughout inductive coding, coders and the Co-PI worked collaboratively to ensure consistency and accuracy of coding.

In addition to thematic analysis, case studies were also developed using former foster youth interviews. Case studies were created to demonstrate the richness and complexity of former foster youth interviews that would not have been captured by summarizing thematic analysis results. For each interview, key

information was identified and organized into narratives that explored a youth's time in care before turning 18, experiences after turning 18, how life skills development during care shaped their time leaving after care, and advice they would provide to caregivers, child welfare professionals, and CBC lead agency and DCF leadership to help youth develop life skills. Key quotes were selected and used in narratives to integrate youth voices. To protect confidentiality, certain details that could be used to identify participants but did not affect the key parts of the narrative were changed. Once case studies were developed, three were selected for inclusion in the findings section. These case studies were selected because they represented the diversity of experiences former foster youth have, while also demonstrating differences and similarities former foster youth interviews that were identified in thematic analysis. Case studies were also used as points of reference for discussing key differences and similarities within the interviews that emerged in thematic analysis.

Secondary Data Analysis of Youth Outcomes from the National Youth in Transition Database

To assess youth outcomes in Florida, the evaluators initially requested that CBC lead agency points of contact provide de-identified life skills assessments and outcome data. Many reported there was data availability within the Florida Safe Families Network (FSFN), administered by the DCF. However, the DCF reported that this data does not yet exist in a standardized way, though they are currently building such a system. With that, the evaluation determined that Florida data from the National Youth in Transition Database (NYTD) could serve as an alternative way to assess youth service receipt and outcomes. Data is publicly available by request through the National Data Archive on Child Abuse and Neglect (NDACAN).

Sampling

Under the CFCIP, youth in foster care should acquire independent living skills that have been paid for or provided by the Department and its contracted service providers. In 2011, the NYTD started to collect data on receipt of independent living skills services and cohort-based youth outcomes when the youth turn 17. The NYTD outcome data are collected every two years from youth ages 17 to 21. Thus, each cohort has three waves of outcome data. For this evaluation, evaluators used the 2017 cohort data to examine youths' receipt of independent living skills services and outcomes at age 17 in 2017 and age 19 in 2021. Although the 2017 cohort has only two waves of outcome data currently available, this cohort was chosen because it reflects the guidelines in the most current version of CFOP 170-17.

Data Collection

All states are required to report on all youth who receive at least one independent living skills services paid for or provided by a Chafee Program funded county or agency to the Children's Bureau every six months. There are two types of data files in NYTD: 1) NYTD Services File and 2) NYTD Outcomes File.

The Services File provides data on whether eligible youth received independent living skills services. The following services are included in the Services File: 1) independent living skills needs assessment; 2) academic support; 3) postsecondary academic support; 4) career-preparation; 5) employment programs or vocational training; 6) housing education and home management training; 7) budget and financial management assistance; 8) health education and risk management; 9) family support and healthy marriage education; 10) mentoring; 11) supervised independent living; 12) room and board financial assistance; 13) education financial assistance; and 14) other financial assistance.

The Outcomes File contains cohort-based data on youth's independent living skills outcomes when foster youth turn 17, with two follow-up surveys at ages 19 and 21. For this evaluation, evaluators examined the following outcomes for youth at ages 17 and 19: 1) employment status; 2) employment related skills; 3) social security; 4) educational aid; 5) public financial assistance; 6) public food assistance; 7) public housing assistance; 8) other financial support; 9) the highest education certification; 10) current enrollment and attendance; 11) connection to adults; 12) homelessness; 13) substance use referral; 14) incarceration; 15) childbirth; 16) marriage at child's birth; 17) Medicaid; 18) other health insurance coverage; and 19) health insurance types (medical/mental health/prescription drugs).

Data Analysis

The evaluation team received NYTD data in May 2022. The Services and Outcomes Files were merged based on child ID for analyses. The final sample of the 2017 cohort includes 215 Florida youth who completed the Wave 1 outcomes survey. At Wave 2, only 158 youths completed the survey—18 youth declined, two were incarcerated, two were incapacitated, and 35 were not able to be located. In the Services File, “Yes” to each life skill service indicated that the foster care youth received the life skills service that was paid for or provided by the State agency. Florida reports this data to the federal government every six months. For the outcomes of interest, the evaluators coded receipt of services if the youth had received it at any point in time by the time of the survey.

Univariate analyses were conducted to examine youth demographics and prevalence of receipt of independent life skills and outcomes for youth at age 17 and at age 19 years. First, receipt of independent life skills services was examined by the youth’s age at the time of the first receipt of services. To better identify receipt of independent life skills services by age, a new nominal variable was created. This new age group variable has three age categories based on the youth’s age at the time of the first receipt of the services: 1) ages under 16; 2) ages between 16-17; and 3) ages at 18 and older. Using the age group variable, the prevalence of receipt of services was indicated by age groups and by CBC lead agencies. Next, youth outcomes measured at ages 17 and 19 years were examined by CBCs. Lastly, logistic regression analyses were conducted to identify a factor that is significantly associated with experiences of homelessness at age 19.

Findings

To present a holistic account of the findings, the evaluation team organized this section by specific foci. First, the evaluators present the perspectives of youth by including several case studies developed from three former foster youth interviews, as well as a summary of emerging themes across all six former foster youth interviews.

In the next section, evaluators review current requirements of caregivers, infusing the perspectives of multiple stakeholders by using data from the informational interviews, caregiver and professional surveys, caregiver interviews, and NYTD data.

BARRIERS TO YOUTH BECOMING SELF-SUFFICIENT | ACCOUNTS OF FORMER FOSTER YOUTH

Interviewee: There’s been a lot of difficulties, as with any other foster care kid.

Interviewer: Yeah, I can imagine.

Interviewee: No, you can’t, because, obviously, if you could imagine and everybody else could imagine, then the system would be changed. But, it’s not because nobody can imagine.

-Exchange between Former Foster Youth and Interviewer

The evaluation team interviewed six young adults who were in foster care during or after age 13 to understand the barriers foster youth face to becoming self-sufficient. All these youth aged out of legal custody of the DCF (i.e., they were still in care on their 18th birthday). In these interviews, youth spoke about their time in care before and after leaving the DCF’s legal custody, the barriers they faced making the transition out of DCF legal custody, how their time in care impacted their transition, and what advice they would give to caregivers, child welfare professionals, and DCF and CBC lead agency representatives to better help youth transition. While there were several themes that emerged across the interviews, it is

critical to examine the lived experiences of these youth to get a deeper understanding of how being in the foster care system impacts an individual's ability to live self-sufficiently. To do so, this section presents case studies developed from three interviews. Case studies were chosen to demonstrate youth with three very different experiences in care to better demonstrate how differences in experiences shapes life after 18 years. After presenting the case studies, a discussion of emergent key themes is provided that references both the case studies and the other three interviews conducted to identify shared experiences, barriers, and trajectories. The statements made throughout this section reflect the youths' experiences and perspectives. Names are changed and some details are intentionally omitted or vague to protect youths' confidentiality.

Case Study 1: Rachel

Time in Care Before 18

Rachel was 22 years old, living out of state with her husband and three children, and getting ready to enter the military. Rachel had a long, complicated history of involvement in the Florida foster care system. She first entered the system around the age of 10 when her and her two younger siblings were removed from their mother. One sibling was adopted by family members, but Rachel and her other sibling were left in foster care. The two were originally placed in a foster home but were moved because they would physically fight each other. According to Rachel, they were raised in an environment that allowed physical altercations; however, in the foster system context, it was interpreted as a sign that they had other behavioral issues.

Although initially moved into a group home, Rachel's biological father surfaced and took her and her sibling out of foster care. However, this put Rachel and her brother in unsafe and challenging living environments. Rachel's father was homeless and using drugs at the time they were placed with him. He eventually ended up moving Rachel away from other family members because they criticized his lifestyle. Rachel and her sibling would go on to live with their father and his different girlfriends. Ultimately, Rachel's father was incarcerated, and the children remained with one of his girlfriends, who neglected and physically abused Rachel and her sibling. Following a physical assault by the girlfriend, Rachel and her sibling decided to run away to a family member's house. However, they were picked up by police and brought back to the girlfriend's house, then immediately removed due to the physical signs of abuse and neglect.

Once removed, Rachel remained in foster care until she was 18. Upon reentering the system, she was separated from her sibling as they were placed in different group homes. Rachel stayed at the first group home for about three years. She developed strong relationships with the other youth and began dating a boy at the house. However, at around age 16, Rachel was moved to a different group home along with her sibling. While her sibling was eventually placed in a foster home, Rachel ended up being placed in numerous different behavioral group homes until she turned 18.

Transitioning out of Legal Custody at 18

When Rachel turned 18, she immediately had to leave the group home. According to Rachel, "Yeah, your 18th birthday, that morning, you might as well go ahead and start packing the day before. That morning, you out of here." Rachel ended up at an independent living arrangement in extended foster care. However, Rachel said this was the first time she lived alone. Whereas previous group homes and living arrangements had staff who did not care about youth, they still had obligations to look after them. In extended foster care group homes, staff take no responsibility in ensuring that youth are getting what they need. In her words:

When I turned 18, I got to [living arrangement] and I'm like, "Okay, you're not gonna make sure I wake up to go to school in the morning. You're not gonna make sure that I eat today. You're not even gonna come and teach me how to do this, so I gotta learn how to do everything on my own."

Transitioning out also was difficult because she lost the support network she developed through care. Rachel said while she was in care, she developed a type of family with the other youth at her placement. However, she said the family she had developed in care "wasn't a real family" and did not continue after care.

When you age out, you – a lot of people have a lot of options because some – most of the time, they do know their family, or they do have their family, or they have an aunt that comes to get them or something. I didn't have nothing but a GAL. Once I turned 18, me and her pretty much lost contact.

Rachel's time at her first independent living arrangement was short lived. She was kicked out after becoming pregnant shortly after her 18th birthday, as this was a violation of the rules for the home. Rachel also lost what remaining support network she had—her boyfriend and his family. When she told her boyfriend she was pregnant, he had no interest in being part of the child's life and left her.

Rachel's pregnancy caused a mix of barriers and supports regarding self-sufficiency. One of the biggest barriers was that she lost housing stability. While Rachel saved up enough money to get an apartment when she had to leave the group home, she did not have enough money to cover living expenses. This led Rachel to move in with her birth mother, who reconnected with her when she found out she was pregnant. However, this was short lived as she did not get along well with her birth mother. Rachel ultimately decided to move out of the state because she felt there were very few services or programs available for pregnant women in Florida.

Rachel moved to another state to access a mommy and me program. However, when she arrived, she quickly found that the program was not what she expected. Rather, it was more of a homeless shelter for women who were pregnant, with many residents struggling with drugs and other problems. Despite this, Rachel said that many of the residents turned into a support system for her, providing guidance on how to avoid the mistakes they made:

I had a couple of them as friends to be like, "I'm older than you. I've been here before. You don't wanna end up like me. I promise you. Save, save, save, save, save. Do what you can for your baby. Go back to school."

While the shelter provided some support, it did not provide long-term stability. The shelter was only available to women who were pregnant, not women who had given birth. After several months, Rachel ended up moving back to Florida, as she was able to find a mommy and me program where she could stay, save money for an apartment, and take parenting classes. This placement allowed women to stay for six weeks after they give birth to help heal and adjust during post-partum. Rachel worked throughout her time at this placement and by the time she gave birth, she had saved enough money to leave and get her own apartment.

Two of the staff at the placement were able to help her find an apartment and transport her to the apartment. They also provided supplies such as diapers and a pack-and-play that she was able to take with her. Once she moved out independently, Rachel enrolled in college and took advantage of the PESS program to help pay bills and other expenses. However, she had to drop out of college when she became pregnant again. The father was interested in staying involved but had to relocate for his job.

As a result, Rachel moved back in with her birth mother despite their past issues. While this was a difficult living situation, Rachel did not necessarily see it as a bad thing. For her, living with her mother helped her understand why she ended up in foster care, which helped resolve resentment toward her mom. According to her, *"You build a lot of resentment when you know that you got left there. They took your kids, and you didn't even fight for us."* She was able to see the mental health and behavioral problems that led to her getting taken away from her mother. Rachel eventually married the father of her second child, and subsequent third child, and moved in with him out of state.

Impacts of Foster Care on Transitioning to Adulthood

Living in group homes directly impacted Rachel's preparedness for turning 18 and transitioning into independent living. According to her, she had minimal life skills development. This stemmed from a lack of care and investment from group home staff. While she did learn some basic skills at group homes she lived in while she was younger, such as how to shop for clothes and basic hygiene, she learned very little in the group homes she lived in closer to when she turned 18. She contrasted this with her sibling's experience, in which they learned how to cook, clean, and manage other life tasks:

I can honestly say they taught me nothing. They taught absolutely nothing. They did their job and [name redacted] made sure you knew it every chance she got. This is my job. My job is to make sure that you're breathing when I walk out this house and change shifts. Did you eat? Yes, I cooked. Or if I didn't cook, it's some ravioli in there. It wasn't a whole lot of thought and effort put into it. They didn't care if our homework got done right. If it didn't, oh well.

She was also never taught sexual health. This was problematic because many foster youths are sexually active.

Rachel also had difficulty establishing strong relationships with staff and caseworkers due to her having frequent placement changes, as well as systemic issues, such as high staff turnover. This made it difficult for her to engage in productive interactions. Rachel did say that she developed some long-term relationships with a select few staff with whom she still is in contact with.

These deficiencies and issues in foster care led to Rachel feeling completely unprepared to leave care when she turned 18. She wished she had been taught as many life skills as possible:

I didn't know how to make my bed. I didn't know how to wash my clothes. I need to know how to fold my clothes. I need to know how to put them away. I need to know how to get lint off my clothes. I need to know how to look for an interview. We learned absolutely nothing. They literally prepared you to turn 18 for nothing.

Advice to Caregivers, Child Welfare Professionals, and DCF and CBCs

When asked what advice she would give to caregivers to help foster youth develop life skills, she said they just need to teach them any and all life skills:

Anything. Teach them how to iron they clothes. Teach them how to – what do you wear to an interview? What do you wear to church? What do you wear when you going to somebody's house? How do you fix your hair? If you know that you all are not gonna pay to get our hair done – they don't pay to get your hair done. They do not take care of you at all. They care about your natural hair. They'll pay to get it shampooed and washed and stuff if you need a trim and stuff, but as an African American female, it's not that easy for us.

Rachel expressed that caregivers should develop schedules to ensure youth are getting life skills experiences. She said caregivers should determine what youth are interested in and encourage them to engage in experiences based on those interests.

Rachel also emphasized the importance of listening to youth and the youth having someone “in their corner” who they work well with. She emphasized ensuring that caseworkers and GALs are compatible with youth and that they should work to get to know the youth.

Overall, Rachel ended with the following advice: “They gotta put a little bit more effort into helping them turn 18, not just letting them turn 18.”

Case Study 2: Chelsea

Time In Care before 18

Chelsea was a 19-year-old in extended foster care when interviewed. Like Rachel, Chelsea had a long history of foster care involvement. She first entered foster care at a very young age and had numerous different placements until she was adopted at five years old. However, Chelsea ended up back in foster care when she turned 13, where she remained until she turned 18. In the five years she was in care between ages 13 and 18, Chelsea had over 60 different placements across multiple states, including being placed in psychiatric facilities and some placements stemming from Baker Acts.

Throughout her time in foster care, including both her first and second times in care, Chelsea received psychiatric treatment which almost always included medication. Some of these placements were in

psychiatric facilities, which had long-term consequences. According to Chelsea, because of being in psychiatric facilities starting when she was a child, she underwent extreme forms of medication treatment starting around age three. She received an early PTSD diagnosis that had long term consequences, leading her to be heavily medicated throughout her time in care. According to Chelsea, *“I was treated for years, doped up for years, over PTSD over that incident. Why? Why? Because it’s easier to control me when I don’t know my left hand from my right, instead of just talking to me.”* As she spent more time in care, Chelsea continued to receive new psychiatric diagnoses, including oppositional defiance disorder, which further contributed to her being heavily medicated.

Chelsea’s time in foster care was traumatic. She described seeing disturbing events, such as other youth being forcefully restrained, being given medication combinations that were unsafe, and being over-medicated to the point they were unable to function. In her words:

Why are we mixing sleeping pills, liquifying them and injecting them in kids?... That is not safe. And then you be surprised when the kids go into semi-comas, don’t wake up for three, four days. These are the type of stuff that we see with our own eyes. You come back to the unit, and you see your roommate just passed out. They’re just monitoring some vital signs to make sure she’s still alive. Why? Because you didn’t wanna talk to her?

Chelsea also said she witnessed sexual abuse within these facilities between staff and youth, with some youth having sex with staff at a very young age. Chelsea said she tried to speak out about this once, but nothing happened. As a result, she did not try to speak out again because she felt she would not be listened to.

In addition, Chelsea discussed frequent placement changes, which made it difficult for her to form relationships and build bonds:

I’m in the state care; wherever they move me is where they move me. You’ll come home from school; your clothes will be in trash bags. They still move with trash bags, and I don’t understand that. I never understood that, why we move – move kids with trash bags... You see large garbage bags; you already know you’re gonna move. You already know whoever you saw at school that day, you’re never gonna see that kid again. I don’t – they don’t care if you made friends or not.

Transitioning after Turning 18

After turning 18, Chelsea entered extended foster care, where she faced many struggles and hardships. Chelsea’s first romantic relationship out of care was with a man she met online. However, she knew very little about online dating and romantic relationships, and she was trafficked. Though she ultimately escaped the situation, she was stigmatized by staff in the extended foster care program. According to Chelsea, *“I had a – I had my case worker, he – he told me that I was a prostitute for going through human trafficking.”*

Chelsea also struggled to live independently. She had social anxiety that made it difficult to engage in social interactions and resulted in her limiting the time she spent outside her apartment. Chelsea would often use online services to order groceries, get takeout, and shop. Further compounding this issue was Chelsea’s lack of transportation options. Chelsea did not know how to drive or even ride a bike, leaving her only two options: walking and public transportation.

Despite struggling with mental health conditions, Chelsea was unable to locate a therapist. She said she was only able to find male therapists, but due to her past, she is not comfortable working with them.

Extended foster care provided Chelsea a mix of supports and barriers. One of the most challenging barriers was that Chelsea continued to experience unstable living environments. During her time in extended foster care, Chelsea moved to seven different placements. This was emotionally stressful, and Chelsea felt she could be moved at any time. The frequent moves also made it difficult for her to maintain a single job. Chelsea recounted a time where she worked a job for about three weeks:

“I had been working that job for a couple weeks, and then [my case manager] text me one day and was like you got three hours to move. So, not only did I have to leave work to come home and pack, I also had to tell them I was probably – I was never gonna come back.”

Due to frequent moves, Chelsea was forced to quit several jobs, often without the ability to provide proper two weeks’ notice. Eventually, she gave up seeking employment until she established a stable living environment. Unstable placements also made it difficult for Chelsea to receive services to learn to drive. Chelsea was initially enrolled in Keys to Independence when she entered extended foster care; however, she was unable to begin the program immediately due to a long waiting list. Before she started the program, Chelsea moved to a different area, which resulted in her having to unenroll and then reenroll in the program. This caused her to have to wait to start the program again. It took Chelsea a full year to have her first Keys to Independence Session.

While extended foster care did provide Chelsea with some financial supports, she is often frustrated by the requirements to receive such support. Chelsea must either attend college year-round or work 40 hours a week. Attending college is a major stress for Chelsea; she must enroll in a minimum of 12 credit hours per semester and maintain a certain GPA to remain enrolled in a program providing payment for rent. She must also attend college during the summer despite the limited availability of courses. All these requirements caused stress, with Chelsea feeling like they were *“hanging over my head”*. While the other option for staying in extended foster care is working 40 hours a week, she was unable to do so because she received Social Security benefits.

Impacts of Time in Care

Chelsea’s time in care had significant negative impacts on her ability to transition into independent living. Specifically, many of the impacts stemmed from her residing in highly restrictive psychiatric placements. She experienced damage to her nervous system due to the many injections of Benadryl and Trazadone she received during her time in foster care. Chelsea felt her voice was largely ignored during her time in foster care, as well as currently. Often, caseworkers, staff, and adults would use her mental health diagnoses against her, saying that she did not have the mental capacity to make decisions about her life or treatment.

Given Chelsea’s extensive time in restrictive psychiatric placements, Chelsea was taught about mental health disorders and coping methods (which she said were unhelpful), but the quality of academic education she received in these placements was poor. According to her, the poor quality of academic education was due to these facilities being more focused on mental health. Chelsea also was not taught basic life skills; for example, she never learned how to ride a bike because it was never an option at her placements. She described not having a basic understanding of intimate relationships as a result of residing in placements that were separated by sex. Chelsea never learned anything about sexual health or safe dating practices. This directly contributed to her experience of being trafficked:

I was taught about deep breathing for years but wasn’t taught about online dating safety because it wasn’t important because I didn’t have a social media so it didn’t matter, right...These are things that could have been avoided, but I didn’t know nothing about online dating.

The only life skills Chelsea identified learning while in care were writing in cursive and planting plants. She ended up learning most lessons after 18 through the internet and reconnecting with her grandmother.

Chelsea struggled with social relationships stemming from her extensive placement instabilities. According to Chelsea, *“You’re conditioned to believe that everybody in your life has an expiration date, and nobody shows you different, because when you leave, that – that is the day their – their time in your life expires”*. She shared she was unable to form basic social relationships—such as friendships—once she turned 18, and struggled to establish a support network.

She noted the primary benefit of her time in care was the relationships she formed with other youth. She felt that professionals—staff, therapists, etc.—were unhelpful because they were unable to fully understand

the realities of being a foster youth because they did not have personal experience and were emotionally distant. Chelsea did not blame the staff for this, however, because this was how staff are trained and it was also part of the institutions' rules. While there were some staff who broke the rules and developed emotional bonds with the youth, almost all these staff quit or were fired. Chelsea mentioned she had experiences with very few select staff who were positive, but only continues to talk to one. She considered good staff as those "who treat to you like a human being rather than somebody they just get paid to talk to". However, Chelsea explained that different laws, policies, and regulations made it difficult to maintain relationships with staff:

They have rules about that. Like, once you leave a program, like, even if the staff, like, sometimes the staff, they're not supposed to. It's against the programs law – rules, but – but, they will give you, like, their phone number or something, especially if they like you, because they'll – they'll risk their job doing that, by giving you their personal information. So, they'll give you their phone number, but you won't be able to call them until you're 18... So, you may meet that staff, you may form a very good bond with them at 15, and then I had to wait until I was an adult, because they can't say nothing between two adults talking.

These rules and regulations directly impacted Chelsea as she had a good relationship with one staff member at her placement when she was at between ages 14 to 16. However, she lost contact with this staff person when she moved to a different program at 16 and was unable to contact them until she turned 18. Chelsea reconnected with this staff member and described them as one of the most important social support systems she has.

When asked about what life skills she would have liked to have learned in foster care, Chelsea said that she needed more than just traditional concept of hard life skills, such as filing taxes and grocery shopping:

I don't think foster care really understands that social lessons are life skills, too, you know? How to interact with people on a daily basis, how to effectively communicate, you know? Because, a lot of times, when you think effective communication, they – I think they tried to teach us that, but they weren't really understanding that in this day and age, you gotta know how to effectively communicate online.

Advice to Caregivers, Child Welfare Professionals, and DCF and CBCs

When asked about advice she would give to caregivers, Chelsea said they should treat youth like normal kids and as "human beings". In her own words:

Treat us like human beings. Don't – don't treat us based off, like, our mental health or our current situation. Treat us how you would treat us regardless, as if you were talking to a kid on the street, you know?

When asked what advice she would give to caseworkers, she said they need to be more understanding of youths' situations. She also said that youth need to be more understanding of caseworkers' situations, because many of them are overworked, have high caseloads, and are underpaid. For advice to CBC lead agencies and the DCF, Chelsea said that they need to listen to youth:

My advice to them would be to try to listen, you know? Drop the – the mental health front. Try to listen, because sometime, we be having some valid points... Try to find a balance between therapy, education, and, like, formal education, and extracurricular activities.

Case Study 3: Kevin

Time in Care Before 18

At the time of his interview, Kevin was 22 years old, working on his master's degree while employed full-time, and recently bought a house. Kevin described his time in foster care as being "on the better end" of

experiences youth have in the system. Whereas other youth interviewed spent most of their teenage years in the system, Kevin was continuously entering and exiting the system from the time he was about 10 years old. Every year, he would reunite with his mother for two or three months only to be removed again. Kevin attributed this to having good communication skills that allowed him to advocate for himself effectively in court hearings. The judge would often base their decisions on what Kevin wanted. Reflecting back, Kevin felt this was ultimately detrimental. He said he simply did not have the knowledge and insight during his teen years to know what was best for him. As a result, the constant reuniting and removal amplified the trauma of being involved with the foster care system for both him and his mother. Kevin believed both he and his mother would have been better off if he had just stayed in care throughout his teens, as being removed over and over again amplified the trauma of being involved with the foster care system.

Every time Kevin reentered the foster care system he would end up in a different foster home. He described his times in most of these homes as negative:

What hurt and what made me struggle in foster care was due to – frankly, I guess you could sum it all up as life skills. That's what we're talking about. It doesn't play out like that when you're a kid 'cause you don't understand what any of these things are. Your guardian gives you a toxic relationship with chores. Your guardian gives you a toxic relationship with money. They're constantly punishing you by giving you more chores, so you hate doing chores. You wanna live in a clean, healthy environment, but you don't know how to achieve that because your relationship with chores is punishment. Your money is something that's given – it's everything. You're conditioned to have a horrible relationship with your life by people who, for better or worse, don't have a good relationship with their life. They're navigating generational cycles of generational trauma themselves.

While Kevin said most of his experiences in foster homes were negative, he did have a positive experience in the last home:

That final foster parent was a big one that changed and gave me so much – she would just – she would let us help pick what we were gonna have for dinner. And she'd be like, "Look, I'm not gonna give you a ton of chores, but here's everything that needs to get done. [Kevin], do you like to do some things?" I like to do dishes. I would just do the dishes and then [another child] would do this and the other guy would do this. Suddenly I didn't hate cleaning. That's something that was very important for me. Things like navigating social relationships. She was a lot more conducive to me having friends and staying in touch with my mom. Other guardians would villainize my mom. It's things like that, that improved my mental health so much that by the time I was 18, I was in way better standing to be able to achieve my goals.

As Kevin neared the end of his time in foster care, he realized that he was not on track to graduate before turning 18, which meant he would have to enter extended foster care. To avoid this, Kevin enrolled in extra classes during his junior year. While his guidance counselor enrolled him in the classes, she did not believe he would be successful and did not provide any support. According to Kevin:

There's a lot of money out there to help people. I was not getting any of that assistance 'cause she didn't take me seriously. I graduated and she hadn't even registered me for graduation. When I went in there, I told her I passed all those classes. She was like, "Wow, I have to go register you for graduation." In her eyes, she maybe was conditioned to think of people in foster care as troubled kids and so on. It just wasn't a support.

Kevin completed all his required coursework and was able to graduate on time.

Transitioning after 18

After turning 18, Kevin enrolled in college using the PESS program and foster care tuition waiver. Enrolling in college was a key support for Kevin as he transitioned into independent living:

I feel like I got very lucky in that I immediately had mentors in college who would – who taught me a lot of the things that made me make good personal finance decisions. I got a credit card at age 18 to start building credit. I immediately opened up – I had one friend that talked to me for ages about what an IRA was. I'm opening an IRA and actually saving money. I got very lucky.

The PESS program and tuition waiver also had broader benefits. The PESS program provided financial stability to Kevin, supplementing his income from working. This allowed him to help his birth mother when she was experiencing homelessness. He was also able to help his sibling when they were released from an institution. The tuition waiver also relieved the stress of costs related to college education.

While Kevin had supports and made positive steps towards becoming independent, he also faced challenges and made bad decisions. The biggest hurdle for Kevin was transportation. Kevin did not obtain his driver's license before leaving care, and as a result, transportation was a major problem. According to Kevin, this caused him to rely heavily on services such as Door Dash for food delivery and using Uber for transportation. Kevin said he probably wasted thousands of dollars on these services because he lacked reliable transportation. This further impacted Kevin's ability to get better paying jobs when he was younger and impeded his social life by limiting his ability to travel and meet other people. While Kevin was aware of the Keys to Independence program, he was ineligible for it by the time he learned to drive and bought a car.

Kevin did not have a good support system coming out of foster care and this continued until he was 21 years old. When he turned 18, his entire support system was through his girlfriend. They eventually broke up and he lost that support system.

Yeah. I had gone from my life was peachy to no support system at all. In the aftermath of that was when I rebuilt my support system. Now I have a group of very close friends, 10, 20 of us. We hang out very regularly. Life happens and we're there for each other.

Kevin also had several jobs with toxic work environments that were unsupportive of his needs. For example, he had jobs where his supervisors created work schedules that conflicted with his class schedule.

Since aging out at 18, Kevin established many key things for independent living. He has a strong support system at his workplace and a positive relationship with his birth mother, who helps him with things such as cleaning his apartment when he is at work. Kevin has most recently bought a house. He is also actively engaged in several clubs and community organizations.

Impact of Time in Care

Kevin does not remember participating in any formal life skills programs during his time in care. However, he did learn a lot of life skills informally. Kevin had the same caseworker throughout his time in care before 18 and she was an important person in the foster care system who helped him with life skills and prepared him for life after care. His caseworker talked him out of trying to become emancipated before turning 18, explaining to him that if he did so, he would be ineligible for PESS and tuition waivers for college. He also said that his caseworker was always willing to provide support and be there for him. However, the extent of her support was limited due to her high caseload. She often had to give more support to other youth who were facing more challenges than Kevin. For example, she was unable to help him with college applications, but he does not blame her for that. His caseworker changed when he turned 18, and his relationship with his long-term worker ended.

For Kevin, school played a major role in filling in the gaps of support and life skill development stemming from a lack of a formal program in foster care. For example, Kevin was struggling in school to get good grades and was about to be placed in a remedial education program. However, one of his teachers noticed

that he was much smarter than his grades suggested and was able to enroll him in an advanced education program, which was a key support for him. Kevin also described coaches as being key support systems. Kevin took some classes in high school that taught him life skills. He described having a class on “*how to adult*” that taught things such as sexual health and personal finances. However, he said they no longer teach about filing taxes in school because too many people complained about it.

For Kevin, life skills development mainly occurred after he turned 18:

When I turned 18, things – it did change and I did actually get some – I wouldn’t say there was a specialized training, but I got life – with my caseworker, we talked a lot about life skills when I turned 18. Obviously, I was going to get an apartment and so a lot of advice on that front. Then we went and got an apartment, and I did the down payment, move in date. He’s helping me think about you have to set up Internet, you have to do this, and so on. He helped me through that process.

Kevin identified skills he wishes he was taught during his time in care, such as using credit responsibly as he maxed out his credit cards often. However, he was able to pay off these credit cards through Pell grant funds he received for being in foster care. He also said he wished he had more opportunities to explore his identity during care:

In college was where I actually got to sit down and think about my identity and make decisions about who I am in terms of sexuality and gender identity and things of that nature. Maybe it’s a stretch to call that a life skill. I would say that I’m definitely a hundred times happier knowing what I know about my identity. I would say it’s a life skill.

Advice to Caregivers, Child Welfare Professionals, and DCF and CBCs

When asked to provide advice for caregivers, Kevin said they need to help youth find, set, and support their goals. Kevin said that youth might not always know what goals they have or that they set their goals lower than what they can achieve. He explained that caregivers should help youth overcome this. For caseworkers and child welfare professionals, Kevin said that they need to meet youth “*where they’re at*” and “*be okay with youth making mistakes*”. He said youth need someone who will be “*in their corner no matter what. Who’s gonna roll with the punches and help them navigate life.*”

When asked what advice he would give to the DCF and CBC lead agencies, Kevin said they need to build programs that are accessible and standardized across the state. According to Kevin, “*There should be a high level of life skills programs and it should be that people are getting – you’re meeting that standard across the state.*” He also said youth need to be informed of all programs that exist to benefit them. Kevin said he often engages with individuals who were involved in foster care, but they were never made aware of programs like PESS. Finally, Kevin explained that the age eligibility criteria for programs like PESS need to be extended out, possibly up to age 26, to increase accessibility for more individuals.

Key Emerging Themes

As the case studies demonstrate, no two youth have the same experiences while in care. Still, when analyzing these case studies—as well as the addition three interviews with former foster youth—the researchers identified several emerging themes.

Maltreatment in Care and Unsafe Placements

Along with Chelsea, two other participants described experiences of maltreatment while they were in care. Like Chelsea, the other two participants said they tried to report maltreatment but felt ignored or brushed off by their caseworkers. One participant described trying to tell a caseworker that she wanted a different placement because she did not feel safe due to abuse. However, the caseworker pushed off addressing the situation. When they did, it was in a meeting with the caregiver, and the caseworker said that the youth was “*just being dramatic*” and did not know what they wanted.

The other participant described living in a foster home where he was physically and emotionally demeaned and left in an environment that was unsafe and violated DCF requirements. He described being dismissed and being threatened with being put in a group home. Here is how he described these interactions:

Just telling [caseworkers] certain punishments that my foster parents gave me or certain things that were unreasonable that they've done to me, and they wouldn't believe it. And they'd be like, "Well, you know, your only other option if you don't wanna be here is a group home because of your age." And I feel like those threats are awful. That makes kids hide [misconduct of] the foster parents.

Eventually, these foster parents lost their license due to creating unsafe conditions for another foster child. In his advice to caseworkers, this participant poignantly said that they need to take youths' reports of maltreatment seriously, work harder to ensure caregivers are following rules, and screen potential foster parents better:

Listen to the kids more, especially when it comes to their foster parents. Because there's truly no reason to lie. You know, if a kid is in a foster home and they know they can't go back to their parents, what's the alternative? So, take their concerns more seriously as well as vet foster parents better. I know that may not be in the hands of caseworkers themselves, but within the agency, foster parents 100 percent need to be vetted better. And there are ways to lie for a home check. So, maybe make things more anonymous and more of a surprise when they drop in.

Inadequate Social Support Networks after Care

Five interviewees described having unstable and inadequate support networks upon turning 18 and transitioning out of care. Several discussed the important roles of romantic partners in providing social support to former foster youth. However, as Rachel and Kevin demonstrated, relying on romantic partners as key support systems can be unreliable due to break ups. Interviews also show that support networks coming out of care can be affected by placement types. For example, Rachel and Chelsea spent most of their time in group homes and residential treatment facilities; both developed relationships with other youth in these facilities. However, these relationships can be difficult to sustain both during care, due to frequent placement moves and when youth transition out of care. Further, youth can struggle with developing healthy and safe relationships after care. For Chelsea, this led to her becoming human trafficked because she had not learned about safe online dating and intimate relationships.

Several interviewees also discussed how child welfare professionals can be important supports but developing and sustaining relationships with them is challenging due to a number of barriers. As Chelsea described, certain placement types, such as residential treatment centers, have policies prohibiting staff from forming strong relationships with youth and continuing contact after the youth moves from the placement. High workforce turnover can also cause youth to have caseworkers that are constantly changing. For those youth who maintain a single caseworker, those relationships might end when a youth ages out of DCF custody at 18, as was the case with Kevin.

Housing Insecurity after 18

Many of the former foster youth interviewed described experiencing some form of homelessness or housing insecurity after turning 18. This occurred even when youth entered extended foster care. Many interviewees describe the experience of turning 18 in care as being very abrupt. As Rachel described, many youths must leave their placements on the day they turn 18. Sometimes youth can go to another placement quickly, such as Rachel, but others find themselves without housing. Another interviewee said they had to live in their car the first week they left care.

Regardless of whether a youth has a place to go within the first weeks and months of leaving care, housing instability often continues much longer. This can be seen in Rachel's case study, as she was kicked out of her initial placement when she became pregnant, which led to her bouncing around to different living situations throughout and after her pregnancy. For Chelsea, she had to change placements seven times in

the year and a half she was in EFC. Another interviewee who is in EFC has yet to find a placement since leaving DCF custody, having to couch surf.

Financial and Budgeting Difficulties

Many interviewees described having financial and budgeting difficulties when they transitioned out of care. Several noted challenges with developing and maintaining a long-term budget, leading them to max out credit cards and have minimal savings. For example, one youth shared she spends all her discretionary income on shopping and does not have any savings. Notably, some lacked the finances to maintain housing after they turned 18 and had to leave their placements. For some, they had access to funds to secure housing, but struggled when needing to purchase furnishings or cover ongoing living expenses. One noted the high cost of living in their area made rent difficult to afford. Other interviewees discussed poor financial decision-making resulting in large amounts of debt. In addition to Kevin's story of reliance on delivery services with high fees, another youth noted that they bought a car at 18 but struggled to keep up with the monthly payments and could not afford insurance. After totaling their car an accident, the youth is now making debt payments on a car they no longer have.

It is important to note that there are a few post-secondary education programs, such as PESS and Pell grants, that provide funds to help former foster youth cover living expenses. However, many of the interviewees who utilized these programs said that the funds are not enough to cover all expenses and that they needed to seek additional employment. Some interviewees said that it is often difficult to maintain employment while also meeting the eligibility requirements for these programs. For example, one interviewee said their employer often scheduled them to work shifts that conflict with their class schedule, causing high levels of stress.

Child Welfare Workforce Impact Youth Outcomes

Many of the interviews highlighted how the child welfare workforce can contribute to both positive and negative outcomes as youth transition out of care. Several interviewees described having difficulties building relationships with placement staff and caseworkers that were necessary for learning life skills and receiving needed support. Interviewees often described placement staff and caseworkers as uninvested in and unempathetic to youth, which hindered building relationships that were necessary for learning life skills. For example, one interviewee said that caseworkers did not take her reports of mistreatment by caregivers seriously. She felt that when she would bring up these issues, she would be threatened with going to a group home. Another youth said that he experienced abuse in foster homes, but when he reported it to caseworkers, they never followed-up or that they took the side of the caregivers.

Some youth linked negative experiences with caseworkers and placement staff to broader workforce issues, but notably, showed empathy for the workers. Rachel discussed how high staff turnover made it difficult to establish relationships with staff and caseworkers, which hindered meaningful interactions. Chelsea described having placement staff who lacked empathy and were emotionally distant but attributed this to the training staff receive. As a result, she said she did not necessarily blame the staff themselves for being unempathetic and emotionally distant. Kevin said that his caseworker was limited in their ability to help him with certain things, such as college applications, because they had a large caseload and had to prioritize other youth who had more pressing issues and concerns.

Even though interviewees had negative experiences with the child welfare workforce, they also described having positive experiences. Many interviewees said that specific caseworkers and staff ended up becoming some of their most important social supports after care. As discussed in their case studies, Rachel, Chelsea, and Kevin all explained that they had caseworkers and placement staff that were critical in getting them to where they currently are in life. Another interviewee said that the caseworker assigned to him when he entered extended foster care ended up being one of the most important supports in helping him transition out of care. Specifically, the caseworker demonstrated empathy as a former foster youth herself, was always available to provide support and advice, and made the youth feel like he was one of her own children. Frequently, the most impactful caseworkers and staff were those who had been in interviewees' lives for extended periods of time, including during and after care.

Informal and Inconsistent Life Skills Development

Many interviewees said they do not recall having any formal, comprehensive life skills programs provided through the foster care system but did identify some programs that targeted specific life skills that were designed for foster care youth. The most common program discussed was the Keys to Independence program, which assists foster youth in getting their driver's license and buying a car. However, some interviewees said that access to this program can be limited due to the program being overburdened.

Due to the lack of formal life skills development, many interviewees described receiving life skills training from caregivers. However, this training was informal in nature and was often inconsistent in quality. Life skills training received from caregivers also lacked comprehensiveness, with many interviewees saying that the training they received was often only in a small set of life skills. For example, one interviewee stated that her foster mother did teach her some budgeting skills, but it was limited to creating shopping lists and buying groceries. Finally, many youths described life skills training as inconsistent across placements. Specifically, some placements included life skills training, while others did not.

THE CAREGIVER APPROACH TO FOSTER YOUTH LIFE SKILLS DEVELOPMENT

The evaluators examined relevant statutes and DCF policies to explore current formal requirements of, supports for, information available to, and engagement of caregivers in developing life skills. Following, they explored the extent to which these requirements are being implemented as written. The evaluators triangulated multiple sources of data to inform findings. Specifically, the evaluators consulted state policies and statutes, along with survey and interview data from CBC lead agency representatives, professionals, and caregivers to assess current requirements and caregivers as well as supports and information available to caregivers. In addition, professionals and caregivers were asked about caregiver engagement in youths' life skills development.

Samples

Informational Interviews

Informational interviews were conducted with nine CBC lead agency representatives or their delegates. Specifically, representatives from the following Lead Agencies participated:

- Brevard Family Partnership
- Child Net Inc.
- Children's Network of Southwest Florida
- Citrus Family Care Network
- Communities Connected for Kids
- Embrace Families
- Families First Network
- Northwest Florida Health Network
- Partnership for Strong Families

In addition, two CBC lead agencies provided written responses to the evaluation team: Family Integrity Program and Safe Children Coalition.

After multiple attempts, the evaluators did not receive a response from six CBC lead agencies:

- Community Partnership for Children
- Eckerd Connects
- Family Support Services of North Florida
- Heartland For Children
- Kids Central Inc.
- Kids First of Florida

Caregiver Surveys and Interviews

Ninety-three caregivers initiated the Qualtrics survey, though fourteen did not consent to participate and fifty were ineligible because they did not have caregiving responsibility for a foster child aged 13 or older at the time of the survey. An additional six were removed due to a large volume of missing data, resulting in a final sample of 23 caregivers. As Table 2 shows, caregivers represented nine different CBC Lead Agencies across five regions: Central (30.4%, $n = 7$); Northeast (13.0%, $n = 3$); Northwest (4.4%, $n = 1$); Southeast (13.0%, $n = 3$); and Suncoast (39.1%, $n = 9$). There was no caregiver representation from the Southern region. Most caregivers identified as White, non-Hispanic, and female and serve as non-child-specific foster parents. Table 3 provides demographic information.

Among those who completed a survey, seven consented to and participated in a follow-up interview. Of the caregivers who participated in an interview, one identified as a non-relative kinship caregiver and six identified as foster parents (non-child specific). The six foster parents interviewed represented various CBC lead agencies—one represented Kids First of Florida, one represented Children’s Network of Southwest Florida, two represented Safe Children Coalition, one represented Partnership for Strong Families, and one represented Eckerd Community Alternatives.

Table 1. Caregivers’ survey data by CBCs ($N = 23$)

CBC	Freq	Percent
Communities Connected for Kids	3	13.0
Children’s Network of Southwest Florida	1	4.3
Eckerd Connects	2	8.7
Embrace Families	1	4.3
Kids Central Inc.	6	26.1
Kids First of Florida	2	8.7
Northwest Florida Health Network	1	4.3
Partnership for Strong Families	1	4.3
Safe Children Coalition	6	26.1

Table 2. Caregiver demographic characteristics (N = 23)

Caregiver Demographic Characteristic	N	Freq (%)
Gender		
Female	22	96
Male	1	4
Race		
White	20	87.0
African American	2	8.7
American Indian or Alaska Native	0	0.0
Asian	0	0.0
Native Hawaiian	0	0.0
Biracial	1	4.3
Ethnicity		
Hispanic	3	13.0
Non-Hispanic	20	87.0
Type of Caregiver		
Foster parent (non-child specific)	18	78.3
Relative kinship caregiver	2	8.7
Non-relative kinship caregiver	1	4.3
Other (i.e., child welfare professional, adoptive foster parent)	2	8.6
	M (SD)	Range
Age (in years)	42.7 (SD = 9.19)	29-61

Professional Surveys and Interviews

Ninety-four child welfare professionals initiated the Qualtrics survey. However, five participants did not consent to participate in the survey and twenty-four participants were not eligible because they did not have foster youth aged 13 and older on their caseload at the time of the survey. In addition, forty-one participants were excluded due to a large amount of missing data, resulting in a final sample of twenty-four child welfare professionals. Child welfare professionals represented nine CBC lead agencies (see Table 4) across five regions: Southeast (37.5%, $n = 9$); Northeast (20.8%, $n = 5$); Suncoast (16.7%, $n = 4$); Central (12.5%, $n = 3$); and Northeast (12.5%, $n = 3$). Most child welfare professionals identified as female (83.3%). Workers identified as White (52.2%, $n = 12$) or African American (47.8%, $n = 11$), and only 8.3% ($n = 2$) reported Hispanic ethnicity. The average age was 40.8 years ($SD = 9.71$) with a range of 24 to 57. Fifty percent ($n = 12$) held a graduate degree, while the remainder held an undergraduate (41.7%, $n = 10$) or other (8.3%, $n = 2$) degree. The highest degree field included social work (16.7%, $n = 4$), psychology (20.8%, $n = 5$), criminal justice/criminology (29.2%, $n = 7$), and other (33.3%, $n = 8$). See Table 5 for job titles and duration in position.

Table 3. Child welfare professional survey data by CBCs (N = 24)

CBC	Freq	Percent
Communities Connected for Kids	3	12.5
Child Net Inc.	4	16.7
Citrus Family Care Network	2	8.3
Embrace Families	3	12.5
Family Integrity Program	1	4.2
Kids First of Florida	1	4.2
Northwest Florida Health Network	3	12.5
Partnership for Strong Families	3	12.5
Safe Children Coalition	4	16.7

Table 4. Job titles and duration (N = 24)

Job titles	Freq	Percent
Administrator (President, Directors)	3	12.5
Case Manager (Case worker)	5	20.8
Independent Living Specialist (Extended foster care specialists)	4	16.7
Adoption Specialist	3	12.5
Therapist (Families care counselor or clinicians)	1	4.2
Support staff (Life coach, Success coach, Advocate, Clinical Staffing Coordinator, Licensing specialist)	8	33.3
Job duration	M	SD
Job duration in child welfare (in years)	8.8	6.55
Job duration in the position (in years)	4.2	3.34

Among those who completed a survey, three consented to and participated in a follow-up interview. One identified as an independent living specialist, one identified as a licensing specialist, and one identified as an adoptions case manager. One participant worked at Northwest Florida Health Network, one worked at Family Integrity Program, and one worked at Partnership for Strong Families.

Caregiver Requirements

State Policies and Statutes

On a state-level, caregiver requirements for developing life skills are established and outlined in several key policy documents. CFOP 170-17 includes a non-exhaustive list of examples of supports by life skill domain (see Table 6).

Table 5. Independent life skills and supports listed in CFOP 170-17

Life Skill Domain	Examples of Supports
Academic Support	Academic counseling
	GED preparation, including assistance for or studying for the GED exam
	Tutoring
	Help with homework
	Study skills training
	Literacy training
	Access to educational resources
Postsecondary Education	Classes for test preparation, such as the scholastic aptitude test (SAT)
	Counseling about college
	Information about financial aid and scholarships
	Help completing college or loan applications
	Tutoring while in college
Career Preparation	Vocational and career assessment (e.g., career exploration and planning)
	Job seeking and job placement support (e.g., Identifying potential employers, writing resumes)
	Retention support (e.g., Job coaching)
	Learning how to work with employers and other employees
	Understanding workplace values (e.g., Timeliness and appearance)
	Understanding authority and customer relationships
Employment Programs or Vocational Training	Employment programs (e.g., participation in apprenticeships, internships, or summer employment programs)
	Vocational training (e.g., programs for cosmetology, auto mechanics, building trades, nursing, computer science)
Budget and Financial Management	Living within a budget
	Opening and using a checking and savings account
	Balancing a checkbook
	Developing consumer awareness and smart shopping skills
	Accessing information about credit, loans, and taxes
	Filling out tax forms
	Accessing the department of financial services' literacy curriculum
Housing Education and Home Training	Locating and maintaining housing, including filling out a rental application and acquiring a lease
	Handling security deposits and utilities

Life Skill Domain	Examples of Supports
	<p>Understanding practices for keeping a healthy and safe home</p> <p>Understanding tenant's rights and responsibilities</p> <p>Handling landlord complaints</p> <p>Instruction in food preparation</p> <p>Laundry</p> <p>Housekeeping</p> <p>Living cooperatively</p> <p>Meal planning</p> <p>Grocery shopping</p> <p>Basic maintenance and repairs</p>
Health Education and Risk Prevention	<p>Hygiene, nutrition, fitness and exercise, and first aid</p> <p>Medical and dental care benefits</p> <p>Health care resources and insurance</p> <p>Prenatal care</p> <p>Maintaining personal medical records</p> <p>Sexual development and sexuality</p> <p>Pregnancy prevention and family planning</p> <p>Sexually transmitted diseases and HIV/AIDS</p> <p>The effects and consequences of substance use (alcohol, drugs, tobacco)</p> <p>Substance avoidance and intervention</p>
Family Support and Healthy Marriage Education	<p>Safe and stable families</p> <p>Healthy marriages</p> <p>Spousal communication</p> <p>Parenting</p> <p>Responsible fatherhood</p> <p>Childcare skills</p> <p>Teen parenting</p> <p>Domestic and family violence prevention</p>
Mentoring	<p>Being matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis</p>

CFOP 170-17: Services for Transitioning Youth and Young Adults is a DCF-specific operating procedure last updated in July 2019. CFOP 170-17 outlines “*guidance and minimum procedure requirements for assisting transitioning youth and young adults to successful adulthood,*” including best practices for independent living service delivery and documentation. It is applicable to child welfare organizations, including the DCF, CBC lead agencies, subcontracted case management organizations, and sheriff’s offices that carry out child protective investigations.

The CFOP 170-17 addresses the role and requirements of caregivers in developing life skills several times. Under subsection 1-3: Roles and Responsibilities, this policy establishes that caregivers are required to take the lead role in providing life skills and reporting on life skills development progress. Specifically, the policy states:

“Caregivers are required to take the lead role in ensuring children and young adults in their home are provided the skills necessary to transition to adulthood and report on the progress of skills development. These skills include daily living activities and other essential independent living skills for enhanced wellbeing and self-sufficiency.”

CFOP 170-17 establishes that if a youth does not have a caregiver or their caregiver lacks the ability to provide life skills, child welfare professionals become responsible for ensuring youth receive needed life skills development. According to the policy:

Child welfare professionals shall support, train, and assist caregivers with their responsibilities. When no caregiver exists, or the caregiver lacks the ability and resources, the child welfare professional must ensure children and young adults receive the necessary skills.

Notably, group home caregivers are similarly required to support youth in this way. According to the Florida Center for Child Welfare (2021), both foster parents and group home caregivers are considered “*licensed out of home caregivers*” and, as such, are both responsible for life skill development.

Later, CFOP 170-17, Subsection 1-3 “Roles and Responsibilities” states:

Caregivers are required to take the lead in a number of activities demonstrating quality parenting such as assisting youth in mastering age-appropriate life skills. It is the responsibility of child welfare professionals to work collaboratively, supporting the caregiver and Transitioning Youth as he or she makes the transition to adulthood.

As part of their responsibilities, caregivers are required to 1) complete monthly life skills progress documentation logs for any youth in their care that is age 13 or older, and 2) discuss independent living needs assessments conducted with youth ages 16 or older collaboratively with the youth and other supportive adults the youth identified as being helpful to their transition into adulthood.

Florida Statute 409.145

Another policy document relevant to understanding caregiver requirements for life skill development in 2022 Florida is Statute 409.145, which establishes the “*reasonable and prudent parent*” standard. According to this statute:

The child welfare system of the department shall operate as a coordinated community-based system of care which empowers all caregivers for children in foster care to provide quality parenting, including approving or disapproving a child’s participation in activities based on the caregiver’s assessment using the “reasonable and prudent parent” standard.

In this statute, “*reasonable and prudent parent*” standard is defined as:

“Reasonable and prudent parent” standard means the standard of care used by a caregiver in determining whether to allow a child in his or her care to participate in extracurricular, enrichment, and social activities. This standard is characterized by careful and thoughtful parental decision making that is intended to maintain a child’s health, safety, and best interest while encouraging the child’s emotional and developmental growth.

While these policy documents establish requirements for caregivers in relation to life skills development, CBC lead agencies are responsible for translating these policies and statutes into practice. However, as each CBC lead agency operates differently, the evaluation team sought to understand practices at this level. Note, not all CBC lead agencies in Florida provided responses.

CBC Lead Agency Representatives

When asked what policies and statutes their caregivers followed, all CBC lead agency representatives said they followed the relevant DCF and state policies statutes, with some providing specific policies. Eight CBC lead agencies provided further elaboration on what those requirements were. Among these agencies, two general themes emerged: 1) caregivers are responsible for providing life skills development ($n = 5$) and 2) caregivers are required to submit monthly life skills logs ($n = 6$). Table 7 presents which CBC lead agencies provided additional information about requirements for caregivers, and which themes their information fell into.

Table 6. CBC representatives who provided additional information and associated themes

CBC	Caregivers have responsibility in life skills development	Caregivers are Required to Submit Monthly Life Skills Logs
Brevard Family Partnership	X	X
Child Net Inc.	X	
Children’s Network of Southwest Florida	X	X
Citrus Family Care Network	X	
Communities Connected for Kids		X
Embrace Families	X	X
Partnership for Strong Families		X
Safe Children Coalition		X

In addition, two CBCs provided information about caregiver requirements that was notable but did not fit within the two themes identified above. Safe Children Coalition identified two policies, FS 409.145, and FS 409.14515, as being the basis from which they developed their guidelines for caregiver requirements. They also said that they approach life skills development as a team effort between case managers, caregivers, and the Independent Living team. The Family Integrity Program representative said that while they do not have set guidelines for caregivers, they *“advise their caregivers on the importance of practicing and instilling life skills with youth in the home environment.”*

Caregiver Perspective

Surveys and interviews were used to examine what caregivers knew about their required responsibilities. Survey responses indicate high variability with respect to caregiver familiarity with life skills requirements, though nearly 61 percent ($n = 14$) reported being at least somewhat familiar, see Figure 1. Despite this, the majority of caregivers (60.9%, $n = 14$) strongly agreed that they are primarily responsible for developing their foster youth’s life skills. Notably, 17.4 percent ($n = 4$) strongly disagreed, see Figure 2.

Figure 1. Caregiver’s familiarity with life skills requirements (N = 23)

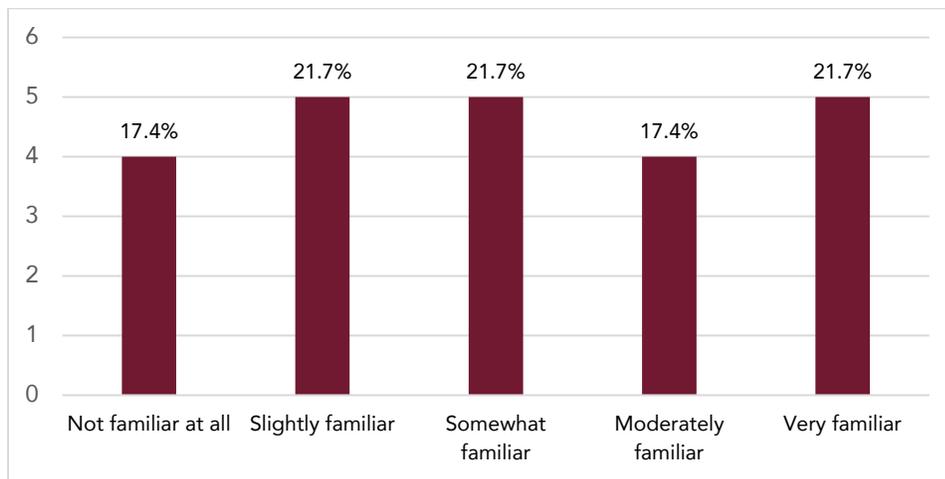
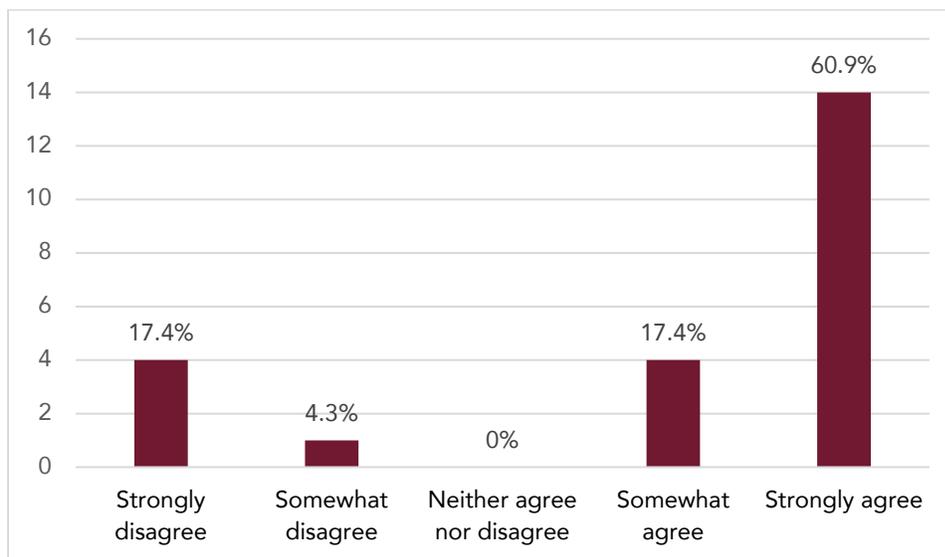


Figure 2. Caregiver agreement regarding their primary responsibility for life skills development (N = 23)



To gain more in-depth understanding of how caregivers understand and perceive their responsibility and role in developing life skills, the evaluators asked caregiver interview participants how they saw their responsibilities. Some participants answered this question by providing lists of different skills they think a youth should know, such as filling out a job application, budgeting, using public transportation, and basic hygiene. Other participants provided more general answers that corroborated the survey findings—that they see themselves as responsible for life skill development. For example, one participant shared, *“It would be the main role. We are the number one person that needs to teach these kids how to be members of this society when their parents can’t be here, their grandparents can’t be here.”* Another participant shared this view:

So, for myself, I feel as if—like, my personal mission is to help give youth that are willing to put in the work the opportunity to be successful. I feel as if a lot of children that are in foster care have lost that drive because they haven’t been able to appropriately rely on adults. And so, establishing that trust relationship and

establishing the open forms of communication so that they can ask and then form their own opinion is the most critical part of the process to me.

No participants discussed responsibilities in relation to key policy requirements, such as completing different forms or applying the “reasonable and prudent parent standard.”

Caregiver Supports

State Policies and Statutes

First, Florida Statute 409.14515 outlines a series of supports the DCF is required to provide caregivers to ensure youth are participating in age-appropriate life skill activities. First, Florida Statute 409.14515 states that the DCF:

Develop a list of age-appropriate activities and responsibilities useful for the development of specific life skills for use by children and their caregivers. The age-appropriate activities must address specific topics tailored to the needs of each child’s developmental stage. For older youth, the list of age-appropriate activities must include, but is not limited to, informing the youth of available independent living services and community resources and how to apply for such services.

Currently, the DCF partially met this requirement and has an independent living website that includes pages for youth and young adults as well as caregivers. There are a range of tabs for youth, including:

- Youth in Foster Care: Expectations
- Youth in Foster Care: Rights & Expectations
- Extended Foster Care
- Post-Secondary Educations(sic) Services and Support (PESS)
- After Care Services
- Youth and Young Adult Testimonials

While several tabs provide information about programs for youth who are turning 18, a list of activities and responsibilities for younger youth is largely missing.

There are also tabs for caregivers, but the information contained is limited and mainly provide descriptions of laws (i.e., “Let Kids be Kids” Law). A specific tab for foster parents only provides information on extended foster care, “Normalcy Legislation,” a general statement about after care services, and a FAQ about the Quality Parenting Initiative.

This website also provides a link Florida’s I.L. Resource Center (2022), hosted by Daniel Kids. In addition to contact information (i.e., phone number, email address), this resource provides 1) an independent living FAQ list, 2) a series of links that direct to the DCF webpages described above, 3) a list of resources and useful links that mirror those provided on the DCF webpage, and 4) a series of links for trainings that lead to inactive webpages at the Florida’s Center for Child Welfare website.

Second, Florida Statute 409.14515 states that DCF is required to:

Design and disseminate training for caregivers related to building needed life skills. The training must include components that address the challenges of children in foster care in transitioning to adulthood and information on programs for children who are aging out of care under ss. 414.56 and 409.1451, high school completion, applications for financial assistance for higher education, vocational school opportunities, supporting education, and employment opportunities.

The evaluation team was unable to locate or obtain any singular, required training for caregivers that focused on building life skills. However, Florida’s Center for Child Welfare created the “Quality Parenting Initiative Florida: Just in Time Training”, a web-based service program with the intent to connect caregivers with resources and peer experts (Florida’s Center for Child Welfare; 2020). Rather than being one comprehensive, single training, the website for “Quality Parenting Initiative Florida: Just in Time Training”

consists of a collection of training videos and resource pages about a range of different childcare topics (including some relevant to independent living). The training videos available on the website date back as far as 2011 and differ in format (i.e., video recordings of round table discussions, narrated power point presentations). Based on the website, caregiver participation in the “Just in Time Training” is not required. Rather, caregiver participation could be used to get in-service training hours. Moreover, given that the contract between the DCF and the Center of Child Welfare is set to expire November 1, 2022, foster parents and child welfare professionals will no longer be able to receive in-services training hours from watching the videos.

Third, Florida Statute 409.14515 states the DCF, beginning after the child’s 13th birthday, is required to:

regularly assess the degree of life skills acquisition by each child. The department shall share the results of the assessments with the caregiver and support the caregiver in creating, implementing, monitoring, and revising plans as necessary to address the child's life skills deficits, if any.

This section of the statute is expounded on below from the CBC lead agency representatives, child welfare professional, and caregiver perspectives.

CBC Lead Agency Representatives

Among the 11 CBC lead agencies that provided information on their approach to life skills development, six identified having supports that are specifically designed for caregivers. Table 8 presents which CBC lead agencies identified supports specifically designed for caregivers and the general types of supports provided.

Table 7. Supports provided to caregivers

CBC	Provide Guidance on Providing Life Skills in the Home	Provide information about life skills supports, services, and opportunities available to youth
Children’s Network of Southwest Florida	X	X
Citrus Family Care Network		X
Embrace Families	X	X
Family Integrity Program		X
Northwest Florida Health Network	X	
Safe Children Coalition	X	X

Among the four CBC lead agencies that give caregivers guidance on providing life skills in the home, the structure and nature of this guidance differed. Children’s Network of Southwest Florida provides caregivers with a “Life Skills Guidebook” that provides guidance on all life skill domains as well as monthly caregiver support meetings. Embrace Families reported they provide caregivers guidance in the form of a one-page handout if a caregiver requests it. Northwest Florida Health Network said they provide foster parents a life skills tip as part of a weekly newsletter. Safe Children Coalition responded that if caregivers need help in implementing youths’ life skills plans, they can consult their youth’s case managers and the independent living team for advice on overcoming life skill training barriers, including recommendations and ideas for developing life skills. Finally, it is important to note that Brevard Family Partnership said case managers and foster parents used to talk about life skills (including age-appropriate life skills) at monthly meetings. However, such discussions have been suspended stemming from the COVID-19 pandemic.

Among the five CBC lead agencies that indicated they provide information about life skills supports, services, and opportunities for youth, there was variation in the methods of delivery. Children’s Network of Southwest Florida said that their “Life Skills Guidebook” provides links to additional training, information, or

handouts for caregivers to use to help with life skills development. They also have brochures with information about supports and services available to youth that can be given to caregivers. Citrus Family Care Network said they provide a series of virtual meetings for caregivers that provide information on various life skill opportunities for youth. Embrace Families has a youth engagement manager that communicates life skills events and opportunities for youth and young adults to all youth services case managers, out of home caregivers, and residential providers. The Family Integrity Program provides caregivers with information about available community resources in their county and will help transport youth to life skills programs and opportunities. Safe Children Coalition said their agency actively searches for all available life skills resources for youth and caregivers.

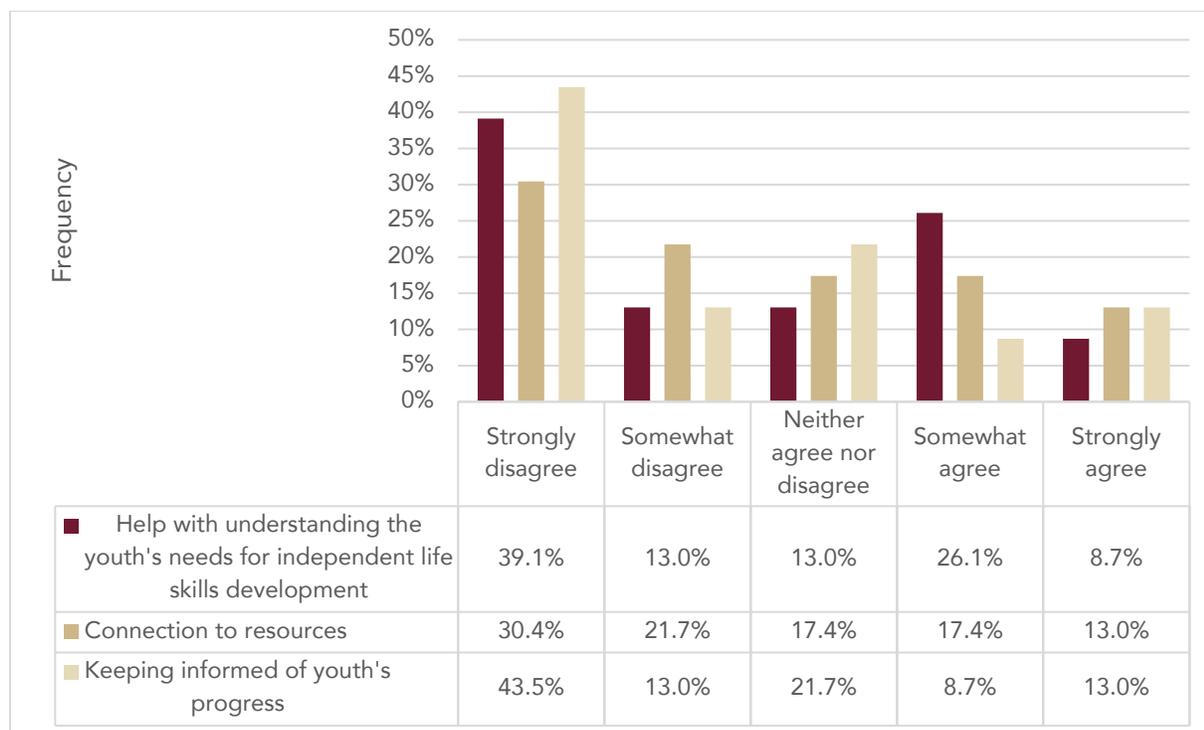
Finally, representatives from Brevard Family Partnership and Child Net Inc. said that while their departments did not provide caregiver-focused support, the foster care licensing agencies their CBC lead agencies are contracted with provide training and guidance to the caregivers they oversee.

While only six of the CBC lead agencies identified caregiver-focused supports, all 11 identified youth-focused resources for life skills development. Child Net Inc. and Partnership for Strong Families said they connect youth with services when caregivers do not or are unable to provide life skills development in the home. Safe Children Coalition recently created an Independent Living Life Skills Coordinator position that is focused on overseeing life skills development, including providing life skills development opportunities such as life skills groups twice a month for youth in group homes and shelters. Other CBC lead agencies mentioned having mentoring programs in which current foster youth are connected to former foster youth.

Caregiver Perspectives

Caregivers' survey responses indicated a lack of support from child welfare professionals in the development of life skills among foster youth in their care. This included a lack of support in helping the caregiver understand their youth's independent life skills needs, connecting caregivers to relevant resources, and keeping caregivers informed of the youth's progress. As shown in Figure 3 below, many caregivers strongly disagree or somewhat disagree that they receive these supports.

Figure 3. Caregiver perceptions of child welfare professional support with developing IL skills (N = 23)



Open-ended survey items were used to further explore the supports received and needed by caregivers. When asked what supports were available to help provide life skills development for their foster child, 19 caregivers provided a response. Notably, more than a third of responses indicated there were minimal or limited supports ($n = 2$) or that they were unsure of available supports ($n = 5$). Of those who did identify supports, these included:

- CBC lead agency-specific supports (i.e., the case manager; the agency and its partners, such as therapeutic providers)
- Programs (e.g., Project Thrive, Keys to Independence)
- Personal support networks (e.g., church, spouses, family, friends, community connections)
- Personal experience (e.g., experience as a teen mother, expertise in finance)

Importantly, these supports were not universal across participants. In addition, two caregivers reported that despite having supports available, their foster child would not engage with them.

Thirteen caregivers shared their perspective on what they feel would better assist them in providing life skills development for their youth. The majority indicated that youth-focused supports—such as youth mentors and life coaches—as well as opportunities to learn and practice skills, would be beneficial. Specific suggestions for the latter included driver's education, life skill classes, and group activities with other foster youth. Only a few respondents identified caregiver-focused supports (e.g., increased financial assistance, better communication of requirements and benefits, in-person meetings). Though need is clearly indicated (e.g., *"Anything to wake him up to what's coming"*), some unique frustrations arose. For example, one respondent indicated the problem was a youth's unwillingness to engage as opposed to what resources were available. Another expressed frustration that life skill development was prioritized among older youth (i.e., 16- and 17-year-olds), but not among younger teens.

Similar to caregiver survey results, caregiver interviews indicated a mix of experiences in regard to the support caregivers receive from case managers. Most caregivers reported minimal support from their caseworkers:

"They will ask me, oh, what do you need? And I'm like, well, I need this and this and this and this and this. I go, oh, okay. That's the last I hear because there is no organized support for the parents trying to teach them."

Caregivers shared several reason reasons for this lack of support, including workforce issues, such as a worker's prioritization of other things such as child safety, medical treatment, and school performance; motivation to meet deadlines; and turnover among workers. One caregiver noted new workers do not seem to have a chance to familiarize themselves with a youth's case plan and history given their workload. One caregiver said that support varies based on the worker assigned to a case and described the contrast between good and bad case workers. On a good worker:

When I have questions – like the child I have right now, she's 16. She should have been – should have had an independent worker. So I'm – also her case worker is out of county. So we're dealing with a lot of courtesy workers because her case worker doesn't wanna come several counties over, but despite all that she's been really receptive to – if I'm like, "Hey, I need a clothing allowance or I need – why doesn't she have an independent worker?" And she's been getting it assigned."

In contrast, bad workers are those that are not receptive. For example, the participant said that they wanted to have a specialized independent living caseworker assigned to their youth. As such, they asked their youth's general case manager if they could get an independent living caseworker, but the general case manager never followed through. As a result, their youth was never assigned an independent living caseworker, which was problematic because it is not possible to receive certain benefits without one.

In addition, assumed caregiver competence can result in minimal support. One caregiver said that while her caseworker is good and responsive, she feels that life skills for her is *"kinda do it on your own."* They perceived that their case manager paid less attention to them due to their own competence as a foster parent and the worker's overwhelmed state. Another caregiver spoke to their own perceived competence,

explaining they do not reach out to the case manager for guidance because it is not needed. Still, they noted their case manager is not proactive in communicating about life skills. Finally, some caregivers felt the focus was strictly on direct support of the youth. A caregiver noted case managers are focused on trying to help the youth, but do not think about what parents need to help the youth they are responsible for. Another corroborated this, noting that case managers are solely focused on working with the youth one-on-one, without pulling in the caregiver. This participant did say that they contact their case managers for guidance when they are having difficulties.

Notably, only one participant stated they have very supportive case workers who will help step in and take responsibility for accomplishing things they do not have the capabilities to provide. These include things like opening bank accounts, getting documents (e.g., social security cards), and filling out college and scholarship applications. Very few interview participants described instances or examples in which case workers tried to support or train caregivers on how they themselves can work with youth to develop life skills. Rather, most discussed caseworkers mainly connecting youth to different resources.

Child Welfare Professional Perspectives

In contrast to caregivers' reports of minimal support, approximately half of child welfare professionals in the sample indicated they are moderately or very confident about their ability to support, train, and assist caregivers in providing life skills development. However, it is important to note that some child welfare professionals reported they are not confident at all or slightly confident about their abilities, as seen in Figure 4.

Open-ended questions were posed to the child welfare professionals to understand their perspectives on supports provided to caregivers, though not all responded, or responded substantively, to these prompts.

Professionals shared three primary ways in which they support caregivers in their responsibilities related to life skill development: discussion of life skill development with caregivers, regularly checking in with caregivers, and directly engaging in life skills development activities with youth. See Table 9.

Figure 4. Child welfare professionals' confidence in supporting, training, and assisting caregivers (N = 24)

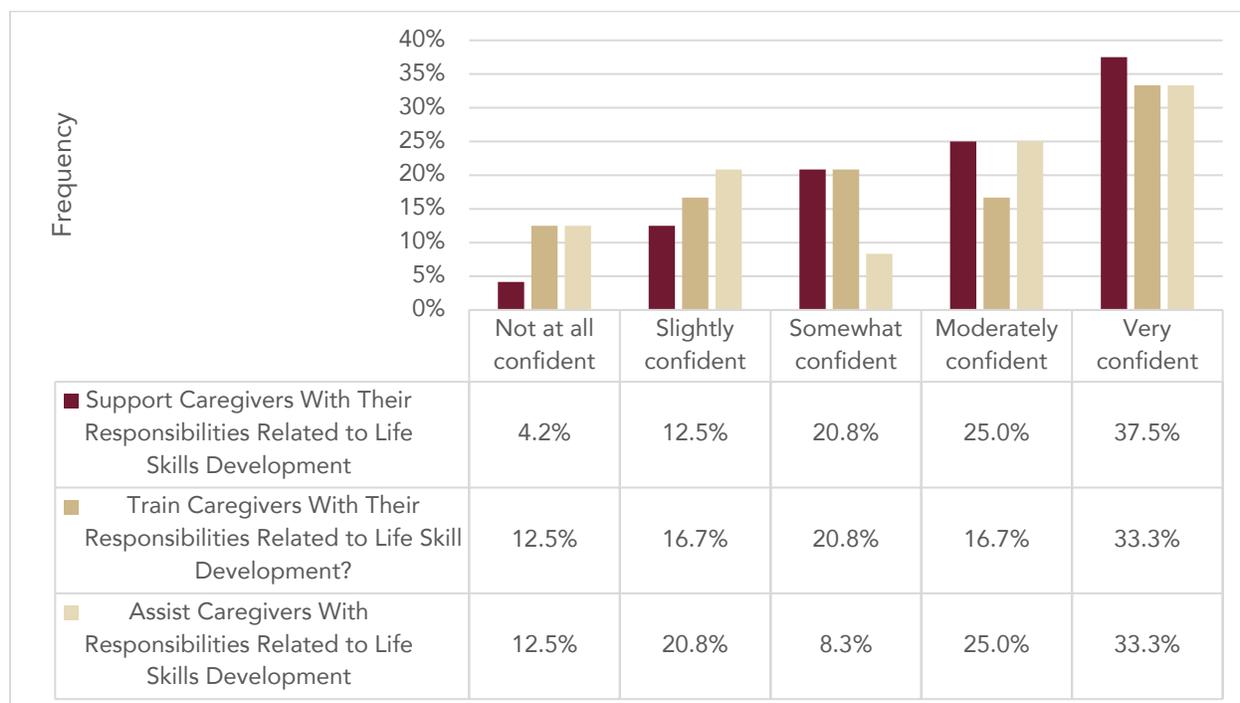


Table 8. Professionals' supports for caregivers

Emerging Theme	Examples
Discussing life skill development	Discussing various aspects of life skill development with caregivers and included things such as providing life skills information to caregivers and youth (i.e., life skills handouts, websites, resources available), discussing youth needs and strengths with caregivers, providing tips and activities for life skill development
Checking in with caregivers	Communicating with caregivers daily, frequent face to case interactions, following up with caregivers and youth about any areas they want to discuss further
Directly engaging in life skills development activities	Teach and perform life skills directly with youth, show youth how to search for jobs, assist youth with finances, show youth how to schedule medical appointments

Professionals reported two primary strategies to train caregivers: 1) providing caregivers with different types of guidance in developing life skills (e.g., offering examples, suggestions, and ideas; listening and providing feedback to caregivers; discussing at home visits with caregivers; modeling client engagement); and 2) maintaining and conveying knowledge of life skills resources, including reminding caregivers about available resources and providing resources, supports, and services.

In instances where a child does not have a caregiver, it is the responsibility of the case manager to provide life skill development to youth in care. Further, as evidenced by both caregiver and professional perspectives included in this report, there are instances in which child welfare professionals work directly with youth on life skill development even when there is a caregiver. Professionals shared several supports available to them to carry out this work, most notably agency-related supports and agency personnel (e.g., coworkers, life coaches, supervisors, IL case managers, training coaches). Several noted receiving support from life skills programs (e.g., career and college preparatory programs) and relationships with other child welfare professionals and community service providers; though one professional noted that there is a resource constraint around the number of available service providers (e.g., *“...It’s only if they have the capacity to accept new cases”*). Finally, several professionals identified their own knowledge of services and resources as a support, including having a knowledge of the independent living services available for youth, having updated resources within the community, and personally looking for and providing resources available to youth.

Professionals shared additional supports that would better assist them in providing or arranging life skills development among youth, which primarily included 1) youth-related supports (e.g., increased incentivization for youth to participate in life skills development, more life skills classes and learning opportunities); and 2) organizational supports for the worker (e.g., increased guidance and support from independent living case managers, provision of courses that youth are responsible for participating in to take pressure off the worker, additional information and tips, faster access to documentation, combining the independent living worker and primary case manager into one position, funding to hire more staff, and needing a stronger independent living program). In addition, one participant noted more community partnerships would be beneficial.

Interviewees were asked what supports they would like to have to help them carry out their responsibilities. One said they need more time. Another said there needs to be more programs for teenagers to engage in during the summer. The third identified two potential supports: 1) to provide additional opportunities for youth to have hands-on life skills training, especially for finances, budgeting, and career planning, and 2) to have former foster youth who are successful adults come and talk to current youth.

Interviewees were also asked what additional supports and resources would be helpful for caregivers carrying out life skills development not currently provided. Two interviewees said that more trainings for

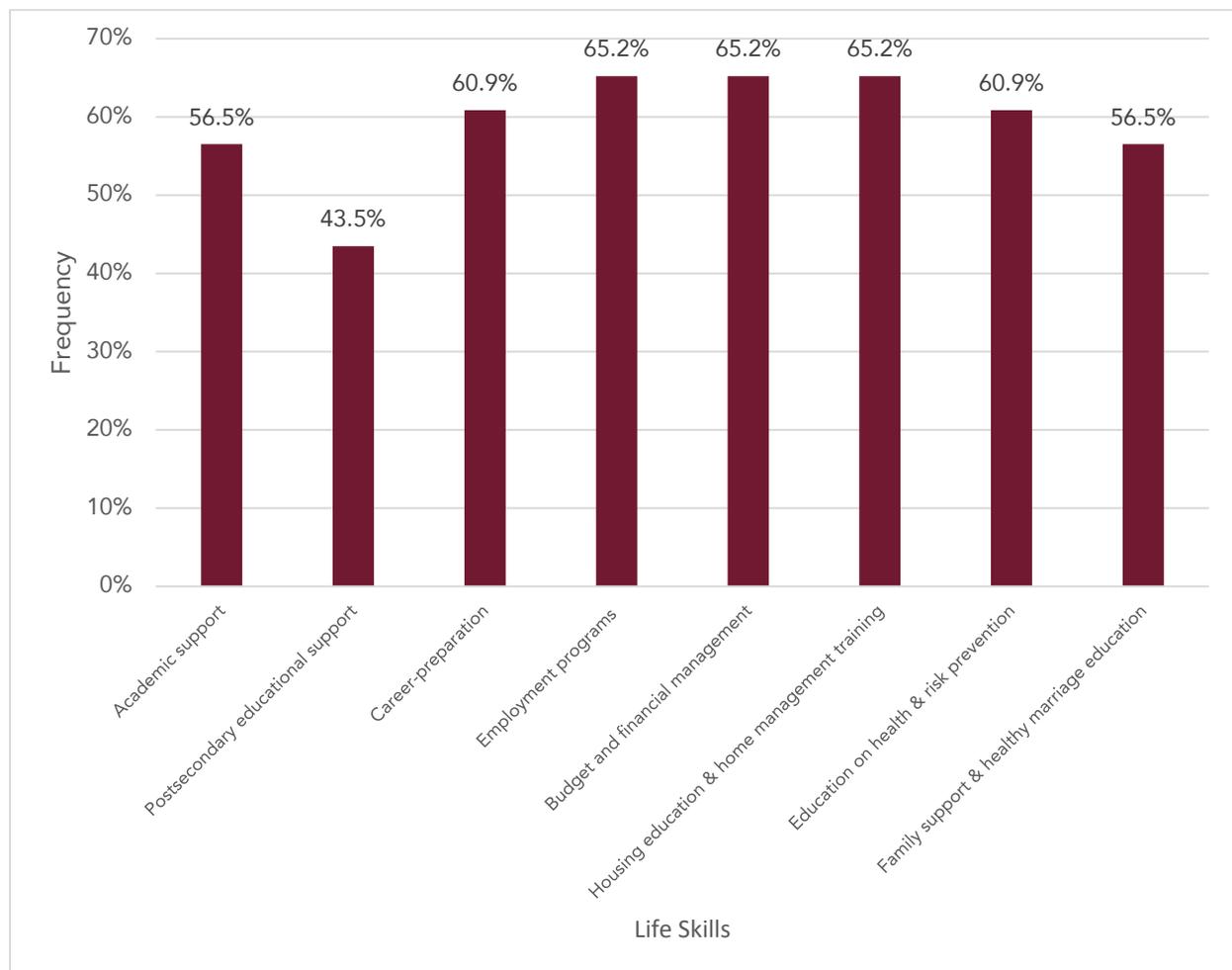
caregivers would be helpful. One said that caregivers could benefit from receiving proper training to help them understand what requirements they have in life skills development and why they must carry out those requirements, such as documentation guidance and detailing why caregivers are required to carry out life skills development with youth. The other said having more trainings about trauma-informed care would be beneficial. Another interviewee said it would be beneficial to open the independent living services available to licensed foster caregivers to relative and non-relative foster care. Other potential supports identified included possible support groups for foster parents and more in-home services for caregivers and youth related to life skills development.

Caregiver Engagement

Caregiver Perspectives

Survey data indicate that caregivers perceive their foster youths' have unmet needs related to life skills development across almost all domains defined by CFOP 170-17; see Figure 5. Notably, however, less than half of caregivers reported their foster youths need postsecondary educational support.

Figure 5. Caregivers' perceptions of youths' needs for life skills development (N = 23)



To create a more in-depth understanding of what life skills caregivers teach, caregiver interviewees provided examples of the life skills they try to teach the youth in their care; see Table 10. Notably, interviewees did not discuss strategies for postsecondary educational support or employment programs.

Table 9. Examples of caregiver-provided life skills development by domain

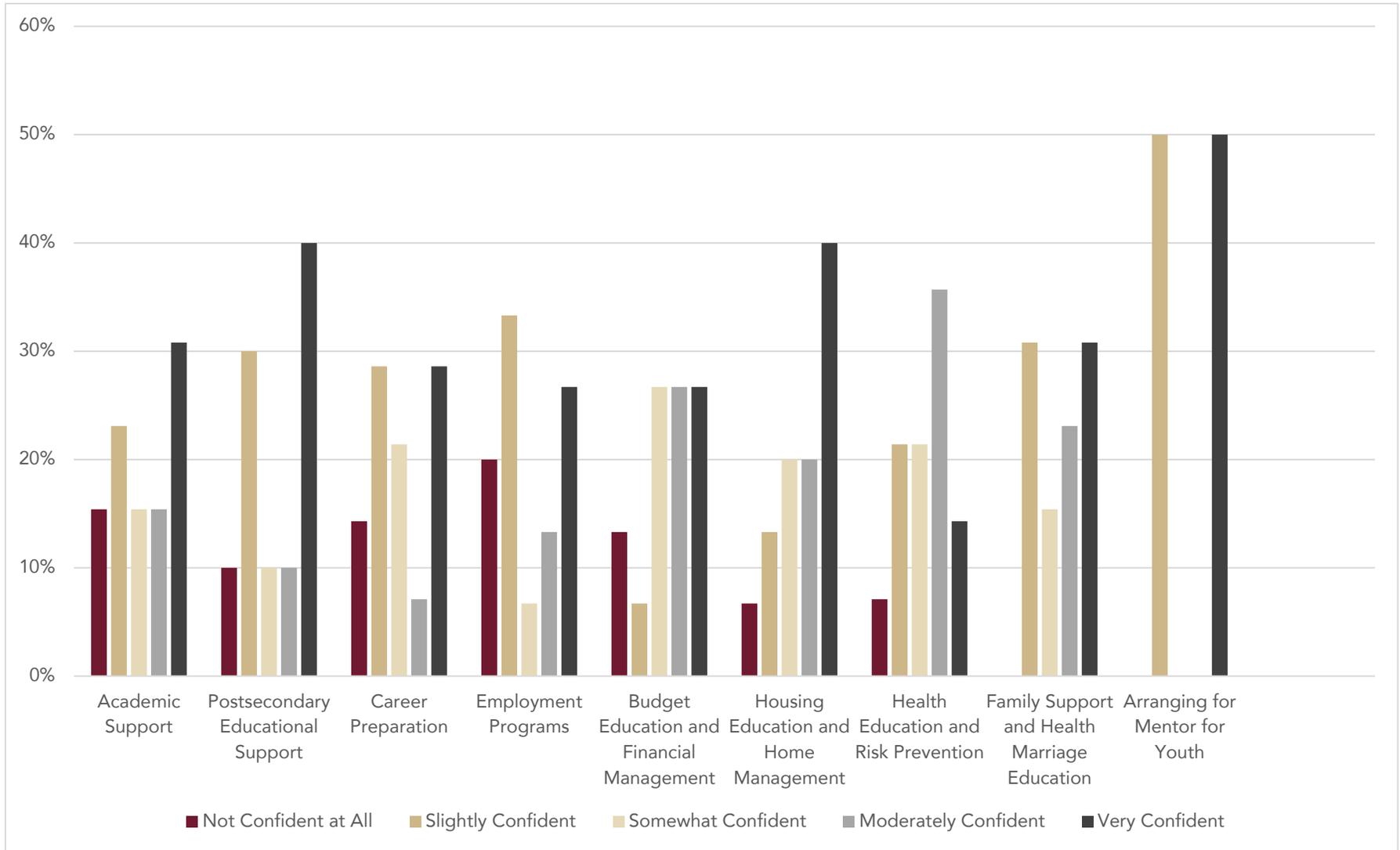
Life Skill Domain	Examples
Academic support (<i>n</i> = 1)	Emphasizing good grades, getting youth involved in tutoring
Career preparation (<i>n</i> = 2)	Filling out job applications, career planning
Budget and financial management (<i>n</i> = 5)	Filing taxes, opening and managing a bank account, budgeting for monthly expenses, budgeting for groceries, and saving money as opposed to spending it on impulse buys
Housing education and home management training (<i>n</i> = 4)	Cleaning, ordering food through takeout, cooking, grocery shopping
Education on health and risk prevention (<i>n</i> = 5)	Making and going to doctor's appointments, filling out doctors' forms, healthcare budgeting, family planning, food and nutrition, personal hygiene, communicating with healthcare providers
Family support and healthy marriage education (<i>n</i> = 1)	Teach youth how to date safely

Caregiver interviewees also identified other skills they teach that do not fit well within the life skills categories used in the survey, such as:

- Time management skills
- Interpersonal skills (e.g., building social support networks, respecting others, advocating for oneself, communicating by phone and email)
- Emotional regulation skills, (e.g., communicating their feelings, deescalating situations in which they become angry, using coping skills to manage their trauma)
- Transportation skills (e.g., using public transportation, pumping gas, driving, obtaining a driver's license)
- Other skills (e.g., filling out forms in general, critical thinking)

Survey respondents rated their confidence in providing youth with adequate life skills development by domain, which was variable within and across most skills. For example, many caregivers reported being at least somewhat confident in providing education on budget and financial management, home management, health and risk prevention, and family support and healthy marriage. However, fewer caregivers reported the same levels of confidence in providing youth with employment programs or vocational trainings, support for career-preparation, and educational support; see Figure 6.

Figure 6. Caregiver confidence in provision of life skills by domain (N = 23)



Child Welfare Professional Perspectives

Most child welfare respondents in the survey sample perceived caregivers as at least somewhat engaged in providing youth with life skills development; see Table 11. Notably, no professional perceived caregivers were entirely disengaged.

Table 10. Caregiver's Engagement in Providing Life Skill Development (N = 24)

Engagement	Freq (n)
Not engaged at all	0.0% (0)
Slightly engaged	16.7% (4)
Somewhat engaged	33.3% (8)
Moderately engaged	41.7% (10)
Very engaged	8.3% (2)

In addition, child welfare professionals were asked to indicate their perceptions of caregivers' abilities to provide or arrange services for life skills development. Perspectives varied within life skills domains, and at least 25 percent of professionals perceived caregivers are never or rarely able to arrange support for most domains, including postsecondary education, career preparation, employment programs or vocational training, housing education and home management, health education and risk prevention, family support and healthy marriage education, and mentoring. Notably, the only life skill domain in which at least 50 percent of professionals agreed caregivers are often or always able to arrange services for was housing education and home management training, which further exemplifies variation in professional perspectives.

Professionals similarly reported variable youth receipt of services, with the majority agreeing that youth often or always receive academic support, postsecondary educational support, and housing education and home management. For all other skill domains, most professionals reported that, at best, youth sometimes receive these services. Many professionals reported having to take responsibility to ensure youth receive life skills; specifically, more than half of professionals reported they often or always take responsibility for ensuring youth receive academic support, postsecondary educational support, career preparation, budget and financial management, housing education and home management training, health education and risk prevention, and mentoring. See Appendix B for comprehensive data tables by life skill domain.

Though the three interviewees agreed there is variability in caregiver engagement, they had distinct perspectives of why this is the case. For example, one professional expressed that non-relative caregivers are more engaged (e.g., because they have gone through foster parent trainings, communicate more with other foster parents, have more experience with older foster youth, are less likely to give up when they receive pushback from youth, are more trauma-informed). Another shared that in-home caregivers have better engagement than those in group home settings, due to the latter having high turnover, staff responsibility for many youths, and lack of training on group-based life skills provision. The third interviewee noted engagement is less dependent on caregiver type and more dependent on the structure of the placement; for example, some placements have clear expectations regarding life skills and others lack such structure. This participant also noted that caregivers can disengage when they view the foster youth as not being their child.

Thoughts on the characteristics of particularly engaged caregivers was similarly mixed. One professional noted that caregivers who consistently and frequently communicate with child welfare professionals regarding life skills resources are more engaged than those who only speak with them once a month. Another shared that the bond between caregiver and youth can impact engagement. They elaborated by noting youth with frequent placement moves tend to have less engaged caregivers due to disrupted bonds. The final interviewee noted caregivers who are "*successful in life*" tend to be more engaged, especially among relative caregivers who may empathize with youths' experiences due to similar histories and backgrounds. This person noted that caregivers who require "*a lot of hand holding*" tend to be less engaged.

The professionals reported several strategies to boost caregiver engagement, including supporting both caregivers (e.g., providing encouragement and resources, explaining why youth might push back, emphasizing the importance of the caregiver-youth bond to non-relative caregivers) and youth (e.g., encouraging them to develop goals, emphasizing needed skills). One interviewee noted they develop their own forms of documentation and reports not required by the Department to collaboratively track life skills with caregivers. Another noted they typically take on more of the responsibility for life skills development, compared to the caregiver.

ASSESSING AND DEVELOPING LIFE SKILLS: METHODS AND MEASURES FOR DETERMINING AND ENSURING LIFE SKILLS DEVELOPMENT

DCF policy outlines a series of requirements and guidelines that are intended to be used to govern the methods and measures through which life skills development is assessed and assured. To better understand how life skills development is determined and ensured, the evaluators collected data from numerous different stakeholders, including CBC lead agency representatives, child welfare professionals, and caregivers.

Informal Needs Assessment

Policy and Statutes

According to CFOP 170-17, all youth and young adults ages 13 years or older are required to have a monthly informal needs assessment conducted. At a minimum, a Life Skills Progress Documentation Log (form CF-FSP 5444) is required to be completed by both caregivers and child welfare professionals. These logs are intended to attest to or assist youth in acquiring life skills.

Life Skills Progress Documentation Logs are required to be documented in the Florida Safe Families Network (FSFN), to be completed in two specific steps. First, a child welfare professional should *“complete an Independent Living Case Note and check all relevant NYTD categories as referenced in the Life Skills Progress Documentation Log.”* Second, child welfare professionals are required to *“upload completed Life Skills Progress Log in the Independent Living Filing Cabinet under the Image Category called Assessments.”*

CBC Lead Agency Representatives

CBC lead agency representatives shared how they implement the requirements and guidelines outlined in DCF CFOP 170-17, including how they informally and formally assess life skills, and how these assessments are used to ensure life skills are developed. Appendix A includes summaries of responses by CBC lead agency. Some common themes emerged. First, life skills logs are used to document life skills progression monthly, as well as to sometimes ensure that foster parents/caregivers are engaging in life skills development activities. Independent living needs assessments are mainly used to identify a youth’s life skills strengths and weaknesses. The way these are used to ensure life skills are being developed can vary from agency to agency, though most agencies use these assessments to inform the development of the life skills plan. Some agencies also share the results of the assessments with caregivers to help them better understand a youth’s strengths and weaknesses and guide their approach to teaching these life skills to youth. Life skills plans are often described as being used to identify a set of life skills needs to be focused on. These are often developed collaboratively and involve caregivers, caseworkers, and youth.

Information provided by CBC lead agencies regarding informal life skills assessment largely aligns with policy and statutes discussed above. The majority of CBC lead agencies said that life skills are discussed and informally assessed when caseworkers meet with youth, including monthly home visits and transition planning meetings. Among the 11 CBC lead agencies that provided information, eight identified using a structured form or document for informal needs assessments. All eight said they used Life Skills Progress Documentation Logs in the ways described in CFOP 170-17. Only two identified additional methods for informally assessing life skills. Brevard Family Partnership conducts an agency specific annual assessment with youth ages 13-15 that is documented in the FSFN and is shared with caregivers so they understand a youth’s strengths and needs for life skills development. Children’s Network of Southwest Florida has a series of life skills questions in their caseworker phone app that are asked during the monthly face-to-face

home visits. A more detailed summary of each CBC lead agencies' structured approach to informal life skills assessment can be found in Appendix A and includes what type of assessment is used, the age range of youth who receive informal assessments, the frequency of assessments, how assessments are documented, and the purpose of informal assessments in ensuring life skills development.

Child Welfare Professional Perspectives

Though more than half of child welfare professionals reported they conduct informal needs assessments (54.2%, $n = 13$), nearly half (45.8%, $n = 11$) do not. Among those who conduct informal needs assessment, most do so every month (53.9%, $n = 7$), with others reporting greater (7.7%, $n = 1$) or less frequency (30.8%, $n = 4$), or as needed (7.7%, $n = 1$).

Among those child welfare professionals who conduct informal needs assessments, 61.5 percent ($n = 8$) used the Life Skills Documentation Log, sharing that caregivers complete this Log either independently (50%, $n = 4$) or in collaboration with the professional (37.5%, $n = 3$). One professional indicated that caregivers do not complete it (12.5%, $n = 1$). The child welfare professionals (38.5%, $n = 5$) who do not use the Log reported using their own staffing form, case notes, or word document files. According to the CFOP 170-17, the professionals are expected to enter the informal needs assessment data into the FSFN; more than two-thirds (69.2%, $n = 9$) of child welfare professionals reported doing so. Those who do not enter data (30.8%, $n = 4$), said they save data in the Client Information System (CIS), client case files, or staffing forms. During the interviews with child welfare professionals, one shared that they did not use the Log for home visits for the first year they worked with older youth because they did not know it existed.

Caregiver Perspectives

Twenty-two caregivers provided information on informal skills assessments. Over half of caregivers (59.1%, $n = 13$) reported that their child did not receive an informal needs assessment, and another 18.2 percent ($n = 4$) did not know if an assessment was completed. Among the five caregivers who shared their youth received informal assessments, frequency varied from monthly (20%, $n = 1$) or more (40%, $n = 2$) to "other" (e.g., when available; 40%, $n = 2$).

Independent Living Needs Assessment

Policy and Statutes

According to CFOP 170-17, all youth ages 16 years or older "*shall be encouraged to participate in an Independent Living Needs Assessment.*" These assessments are intended to assess a youth's knowledge and abilities related to life skills. Policy does not require a specific type of assessment to be used. The policy provides some examples of recommended tools for life skills assessment (specifically the Casey Life Skills Assessment and the Daniel Memorial Independent Living Skills Assessment), but also allows for the option of having a child welfare professional review a youth's case records to determine their life skills needs and strengths. Policy states that assessments "*shall be discussed collaboratively with the youth, caregiver, guardian, and anyone else that the youth select to be a supportive adult on their transition to adulthood.*" Policy also states:

...If the youth or young adult has an impairment due to a physical, intellectual, emotional, or psychiatric condition that substantially limits his or her ability to participate, the child welfare professional shall work with the young person's caregiver, supportive adults, service providers, and school district personnel as applicable to complete the assessment....The assessment shall also yield information that assists in outlining specific, measurable goals that will help guide in the development of an Independent Living Skills Plan.

Life skills needs assessments are required to be documented in the FSFN, first via completing an Independent Living Case Note with the IL assessment category noted, then by inputting "*strengths and needs in the relevant Life Skills fields of the Life Skill Assessment Pop-up page under the Academic and Life Skills Progress Tab of the Independent Living Module.*"

CBC Lead Agency Representatives

A summary of each participating CBC lead agencies' approach to the independent living needs assessment can be found in Appendix A and includes the type of assessment used, the age range of youth who receive assessments, the frequency of assessments, how assessments are documented, and the utilization of the assessments in ensuring life skills development.

Among the 11 CBC lead agencies that provided information, all described their approach to independent living needs assessment in ways that were largely consistent with policy and statutes, particularly in the specific assessment used. Most reported using one assessment, with the Ansell-Casey (27.3%, $n = 3$) and the Daniel Memorial Assessments (45.5%, $n = 5$) being the most prevalent. Citrus Family Care Network reported they mainly use the Ansell-Casey assessment, but other life skills assessments can be used as alternatives.

Age ranges for youth receiving formal assessments differed between agencies, with some stating formal assessments started as early as 13 years old, and most ending as youth approach age 18. Frequency of assessments also differed between CBC lead agencies, with one completing assessments every 6 months (Northwest Florida Health Network), but most completing assessments annually. Some specified further that assessments are supposed to occur within a certain amount of time. For example, some representatives stated assessments must be conducted within 30, 60, and 90 days of a youth's birthday. For those who discussed documentation, most said assessments were documented into the FSFN. Others acknowledged that assessments are also documented in the assessment systems (i.e., the Daniel Memorial Assessment System).

Child Welfare Professional Perspectives

Only 58.3 percent ($n = 14$) of professionals reported conducting independent living needs assessment, but importantly, not all professionals who completed the survey work directly with youth based on their reported roles (e.g., three participants identified as administrators). Among the professionals who completed assessments, assessments were primarily completed with 16- and 17-year-olds (71.4%, $n = 10$), although some professionals cover a greater (16-21; 21.4%, $n = 3$) or older age range (18-21; 7.1%, $n = 1$). Corroborating the CBC lead agency representative data, most professionals use the Casey Life Skills Assessment tool (50%, $n = 6$) or the Daniel Memorial Independent Living Needs Assessment tool (35.7%, $n = 6$). Other professionals reported using case records (28.6%, $n = 4$) and the Washington State Life Skills Assessment (7.1%, $n = 1$).

To identify stakeholder engagement in the independent living needs assessment, professionals were asked to indicate who participated in discussing the independent living needs assessment. All professionals reported youth participate in these discussions and most reported participation from the caregiver (78.6%, $n = 11$), guardian (64.3%, $n = 9$), or another supportive adult (71.4%, $n = 10$).

Most professionals indicated that the child welfare professionals are very engaged in discussing the independent living needs assessments. As seen in Figure 7, youth, caregivers, guardians, and supportive adults ranged from slightly to very engaged in the discussion, though notably, no role was seen as entirely disengaged. When there was a youth with an impairment on their caseload, most professionals reported working with caregivers to complete the assessment; only half worked with supportive adults and service providers, and a minority worked with school district personnel; see Table 12. Most professionals reported they entered the independent living needs assessment data into the FSFN (71.4%, $n = 10$). Those who did not enter data into the FSFN (28.6%, $n = 4$) reported they used youth case files, their agency system, and documentation notes to enter the data.

Figure 7. Child welfare professionals' perceptions of engagement (n = 14)

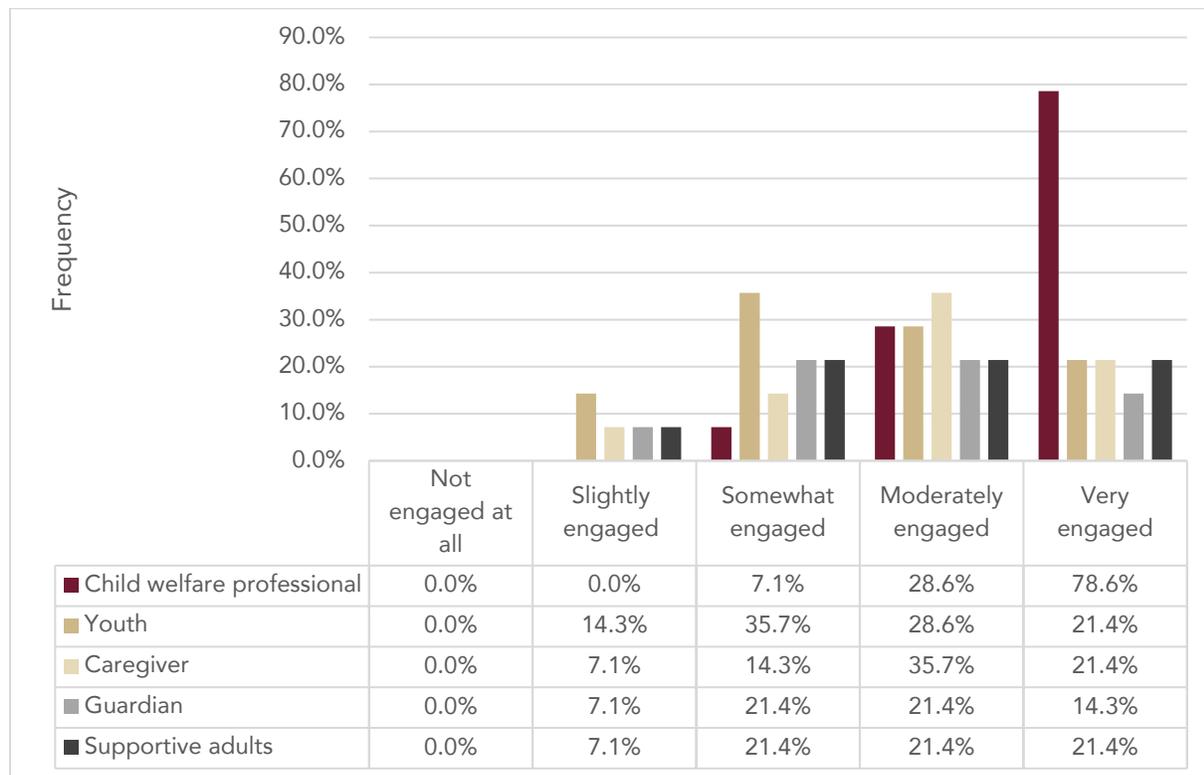


Table 11. Participants completing the independent living needs assessment if a youth has an impairment (n = 14)

	Freq (n)
Caregivers	64.3% (9)
Supportive adults	50.0% (7)
Service providers	50.0% (7)
School District Personnel	28.6% (4)

Caregiver Perspectives

Caregivers responsible for foster youth aged 16 or older were asked if their foster youth receive an independent living needs assessment. Only 28.6% (n = 4) of caregivers reported their youth received an independent living needs assessment. The remainder reported they did not (57.1%, n = 8) or were unsure (14.3%, n = 2). Among the four caregivers who reported their youth received the assessment, three reported youth participation, while only one respondent reported participation from each other type of stakeholder (i.e., caregiver/parent, guardian, supportive adult, other). Among the three who indicated youth participated in these assessments, engagement was variable, with one participant each reporting youth were not engaged at all, somewhat engaged, or very engaged.

Independent Living Skills Plans

Policy and Statutes

According CFOP 170-17, all youth and young adults ages 16 years and older must have an Independent Living Skills Plan. These plans are required to have three elements: 1) goals for acquiring life skills identified

as deficient through the independent living needs assessment; 2) activities, steps, or demonstrated behaviors for achieving goals; and 3) resources to assist in completing the identified activities. Child welfare professionals are required to work collaboratively with youth to create and complete the plan, as well as with any supportive adults a youth wants to participate in the creation of the plan. For youth enrolled in Exceptional Student Education programs, plans “shall be coordinated with the educational institution or relevant school district.” Policy is unclear as to where a life skills plan is supposed to be documented.

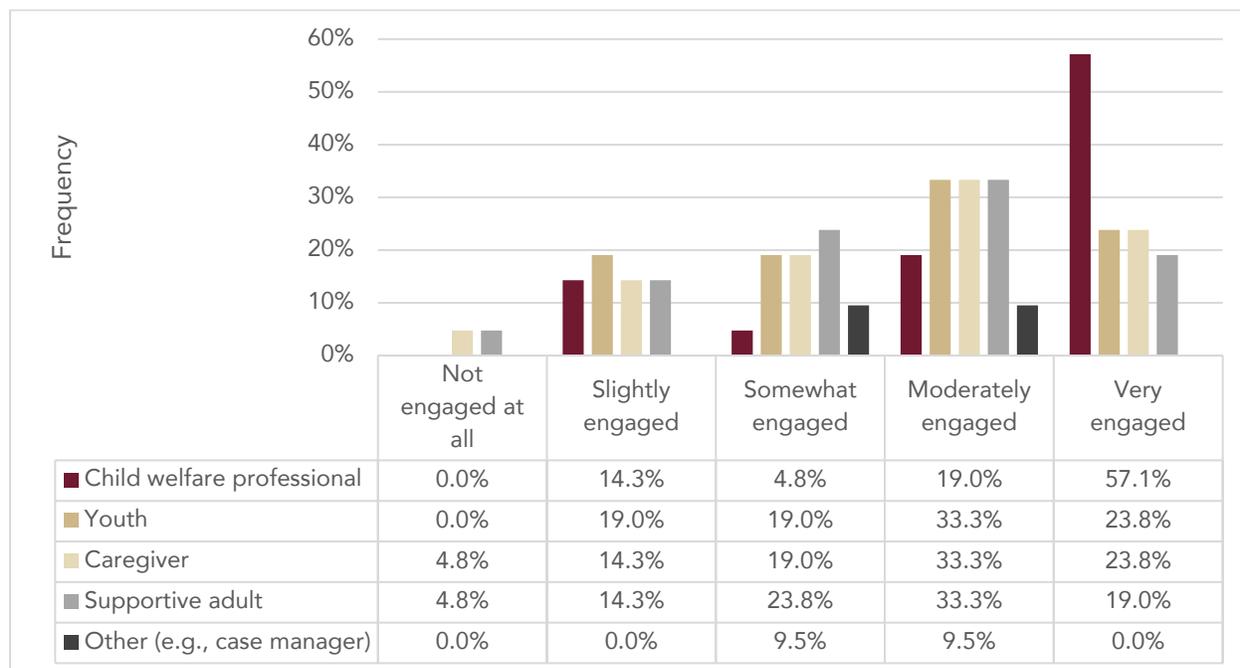
CBC Lead Agency Representatives

Five CBCs reported using the DCF-developed My Pathways to Success Plan for life skills planning. Safe Children Coalition said they use a life skills plan generated from the Daniel Memorial Assessment system. Partnership for Strong Families said they complete life skills plans but do not have a standardized format for the plan. Citrus Family Care Network said they have a Life Skills Annual Plan that they developed on their own. Children’s Network of Southwest Florida discussed having different life skills plan processes for youth who are in unlicensed care versus licensed care. For youth in unlicensed care, a life skills plan is created and reviewed after the primary case manager completes informal and formal life skills assessments. Youth in licensed care receive additional overlay services and a formal life skills plan is completed to address additional support provided. Communities Connected for Kids said they use Life Skills Logs. Families First Network was unsure because the interviewee only worked with young adults ages 18 and older who do not complete independent living skills plans, and had limited knowledge on practices with younger youth.

Child Welfare Professional Perspectives

Among survey participants, the majority of child welfare professionals (87.5%, $n = 21$) had youth ages 16 or older on their caseload at the time of the survey. These professionals were asked to rate engagement levels of each participant in developing the independent living skills plan. As Figure 8 shows, most child welfare professionals, caregivers, and youths were moderately or very engaged in developing the independent living skills plan. The child welfare professionals also reported supportive adults and others (e.g., case managers) were somewhat or moderately engaged.

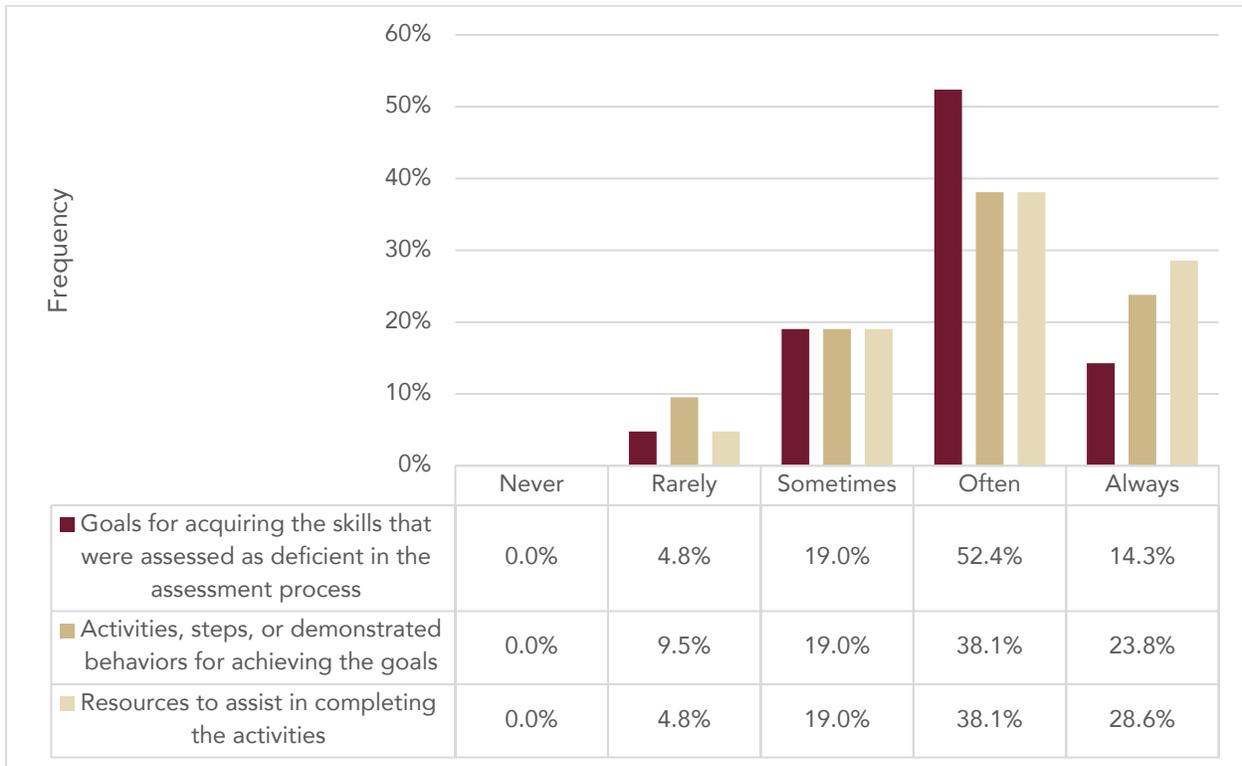
Figure 8. Professionals’ perceptions of engagement in developing an independent living skills plan ($n = 21$)



In addition, most professionals reported that the three previously mentioned CFOP 170-17 requirements are often or always included in the independent living skills plan; see Figure 9. Most professionals (78.6%,

$n = 11$) agreed that the independent living needs assessment helps them develop goals for the independent living skills plan. In contrast, 21.4 percent ($n = 3$) of professionals said the independent living needs assessment is not helpful because the assessment questionnaire is too long and discourages the youth from completing it.

Figure 9. Components of an independent living skills plan ($n = 21$)



Caregiver Perspectives

In the caregiver survey, caregivers were asked if their youth have an independent living skills plan. Among caregivers who had youths aged 16 or older, only 14.3 percent ($n = 2$) reported their youth have a plan, while 50 percent ($n = 7$) do not. The rest of the caregivers (35.7%, $n = 5$) said they did not know.

BARRIERS AND FACILITATORS TO PROVIDING LIFE SKILLS DEVELOPMENT

To further understand the barriers that make it difficult to ensure foster youth are developing the life skills they need to successfully transition to adulthood, the evaluation team asked CBC lead agency representatives, child welfare professionals, and caregivers about the barriers they face in providing life skills development. In doing so, the evaluation team aimed to create a comprehensive understanding of barriers to life skills development provision at systemic-, organizational-, and interpersonal-levels. The evaluation team also sought to understand what facilitates life skills development by asking CBC lead agency representatives what they perceive to work well about their approach.

CBC Lead Agency Representatives

CBC lead agency representatives shared a range of difficulties they experience when trying to ensure that life skills development is provided, primarily workforce-issues. Turnover and retention create inadequate staffing levels and also impede the stability of the caseworker-youth relationship. For example, one CBC lead agency representative said retention and turnover is a problem because it makes it hard for children to have a stable caseworker upon whom they can rely:

And a lot of the times, you know, we don't have people that stay with the organization. So that plays a major part. Because it's like, okay, I used to have this person that I can call at whatever time, whenever I need them, and now I don't have them anymore.

Regarding understaffing, one CBC lead agency representative shared that the issue is at the recruitment level, with not enough case management applicants in general. As a result, independent living case staff are often asked to take over regular case management because child safety is more important than life skills. This also reduces staffs' capacity to train caregivers around life skills development. Some participants noted current (e.g., increased recruitment efforts) and hoped for solutions (e.g., creation of a specific IL department).

In addition, some participants noted overworked staff as a barrier to successful life skills development. For example, one representative shared that, because the "system" is not streamlined, staff are overwhelmed with regulations and documentation. As a result, workers are not able to engage in quality casework with clients, instead, they spend most of their time at their desk. This same participant emphasized the importance of taking things off workers' plates if another responsibility is added. Several CBC lead agency representatives shared that the focus on life skills becomes deprioritized given the high importance of other case needs such as healthcare, medication management, and completing case plan tasks. As one participant stated, "No one's gonna ask you or tell you in court that they're gonna hold you in contempt 'cause you didn't have a life skills class this month." Another representative pointed out that there is a lack of standardization of appropriate caseload size for independent living case managers, which might contribute to the sense of overwork.

Related to workload issues, two representatives shared that salaries for workers are insufficient and emphasized that caseworkers are not looking to "make it rich," but rather "survive":

We're asking to be able to make our ends meet. We're asking to not live paycheck to paycheck or one paycheck from homelessness like 50 percent of our county is living right now...[They're] one emergency away from being on the streets themselves. And so workforce is going to continue to be an issue as long as we're paying people crap. If you pay people and you value them and offer them a livable wage, people will be incentivized to work. But in a climate like this, you have people who are either—their work ethic is saying, "Okay, keep working because you don't want to be that person," or they're like, "I can make the same amount sitting at home...We're also taking time from our families to do this work."

In addition to workforce issues, several CBC lead agencies identified that resource constraints contribute barriers to life skills development. This included challenges such as teaching life skills in real life settings and scenarios, not having enough agencies and providers in their county, lack of incentives for youth to participate in life skills programs, and lack of standardization in life skills programs and curricula. Two representatives stated assessing life skills development is a challenge, including ensuring life skills training is being provided to youth, difficulty proving if youth have life skills, and difficulty assessing and documenting all life skills. One representative emphasized that the current forms of evaluation are ineffective in assessing and determining if life skills are being provided and developed and suggested one needs to observe the youth in their environment, which is not always possible.

Finally, a few representatives spoke to youth-related barriers. These barriers included: youth difficulties in developing workforce skills, ineffective life skills assessments because youth already know the answers to questions, difficulties of working with teens, having difficulty finding workers to work with teens, and getting youth to participate. Other issues infrequently noted were placement instability and disengaged caregivers.

CBC lead agency representatives were also asked to describe what works well at their organizations in regard to providing life skills development. Several shared that their relationships with community organizations have been helpful in ensuring youth have access to services that meet their needs. Nearly half said they felt their methods to engage youth is a strength in the way they approach life skills development. These CBC lead agencies said that they work to engage youth individually to build relationships, listen to their voices, and address the unique needs of each individual youth. Others said that their abilities to provide and connect youth to resources and opportunities is a strength, with several saying that they actively seek to connect current and former foster youth to help develop life skills. Several CBC

lead agencies also said that their organizations are well integrated when it comes to life skills development, emphasizing strong lines of communication between different units and case management agencies. Several also said they are effective in ensuring that required assessments and documentation are completed and hold staff accountable for completing such assessments and documentation.

Child Welfare Professional Perspectives

Some survey respondents shared barriers and challenges they face working with caregivers and youth to ensure youth receive and develop life skills via short-response questions. In terms of work with caregivers, among those who provided a response ($n = 12$), the majority cited issues with the caregiver themselves, including lack of provision of skill development, lack of collaboration with the workers, and resource or capacity issues; see Table 13. Other unique barriers included lack of available programming, lack of training programs in transitional foster homes, and a youth's short time in care reducing time to spend on skill development.

Table 12. Professionals' perceived challenges with caregivers

Emerging Theme	Examples
Caregivers do not provide (enough) life skills development	Only provide basic necessities, do not treat foster youth as if they were their own child, do not understand the concept of prudent parenting
Caregivers do not collaborate toward youth's development	Unwilling to work with the worker, lack of follow-through, not completing life skills logs
Caregivers' resources or capacity concerns	Lack of caregiver time, caregiver fear of damaged property while practicing life skills (e.g., kitchen fires during cooking lessons), caregivers lack enough experience to provide development for certain skills

Given that some professionals end up responsible for life skills development, the evaluators asked them to share barriers they face when engaging youth directly. Those who provided a response ($n = 17$) noted barriers such as youth being disengaged, not meeting requirements for needed services, thinking they do not need life skills services, being overwhelmed by the number of people involved in case management, and either working or being in school. Several respondents identified life skills resources being a barrier, including access to available resources, lack of community resources, lack of learning opportunities, and independent living resources being ineffective. Other identified barriers include lack of both help from caregivers and time.

Interview participants were also asked to describe some of the challenges they face carrying out their roles and responsibilities regarding life skills development. Two of the interviewees identified the lack of time to spend working with youth as the biggest challenge they face. Both interviewees said they struggled spending equal amounts of time with all youth in their caseloads because some youth had more needs than others. As a result, interviewees said they spend more time with these high-need youth than youth who had fewer needs. One interviewee also said that a lack of time also stemmed from high caseloads. At one point, this interviewee had over 30 youth in their caseload, and it was simply not possible to spend the needed time with each youth. In contrast, the third interviewee said that youth permanency was one of the biggest challenges they faced. According to this interviewee, many teenagers change placements frequently. As a result, it is difficult to establish a routine with these youth because they do not spend enough time in one placement. Further, frequent placement changes also make it difficult to provide the same services to youth because available services vary in different geographical areas.

Interviewees were also asked what supports help them carry out their responsibilities and roles in developing life skills. Two said that their colleagues are key in helping them, emphasizing that they engage in collaborative teamwork to help each other accomplish tasks. One of these interviewees also said that they grew up in the service area they work in, and because of that personal experience, they are

knowledgeable about what resources and programs exist. The other interviewee emphasized the helpfulness of different programs and wrap around services available to youth.

Caregiver Perspectives

Survey participants were asked to share the barriers and challenges they faced in providing life skills development via short response questions. Most caregivers who provided responses ($n = 18$) identified facing challenges related to youth, systemic challenges, and resource challenges; see Table 14. Only one caregiver reported no challenges.

Table 13. Caregivers’ perceived challenges providing life skills

Emerging Theme	Examples
Youth Challenges	Youth unengaged in life skills development, youth having no life skills from previous placements, youth’s trauma history
System Challenges	Lack of departmental support, caseworkers’ unfamiliarity with resources, uncertainty about how much time they would have with a child, other needs being prioritized by the Department
Resource Challenges	Difficulty accessing resources, lack of classes for youth, disorganized resources, uncertainty of youth’s benefits, obtaining identification/driver’s licenses, need for another supportive adult

Interviewees were also asked to describe what challenges and difficulties they face in teaching life skills to youth. All interviewees said they faced difficulties related to the youth themselves, similar to those difficulties identified in short response survey questions. Many interviewees discussed having difficulties trying to get youth engaged in life skills. Some interviewees said that youth seem to lack the motivation or interest to learn life skills, while others discussed that there seemed to be differences in what caregivers consider important versus what youth consider important. Interviewees discussed how a youth’s past can create challenges in teaching life skills; due to frequent placement changes, youth have many school absences and do not learn important lessons and skills. Frequent placement changes also make it difficult to determine what life skills training, if any, a youth had. Many interviewees identified developmental factors that make it challenging to teach life skills. One discussed how youths’ lack of safety awareness made it difficult to provide life skills training that may result in property damage, such as cooking. Another discussed that teaching life skills is difficult simply because youth are teenagers. According to one participant:

It’s hard for any teen to want to engage because they’re at a weird place in their life. So, just, some will attach in a group setting, some prefer to do it on their own and you just have to meet them where they are.

Some interviewees said that difficulties in teaching life skills stemmed from child welfare workforce issues, such as worker turnover, unresponsive workers, and workers being unaware of resources and services. One interviewee described how these different issues negatively impacted them and their ability to prepare their youth to transition out of care, including lack of assignment of an independent living specialist to their youth prior to the youth’s 18th birthday and multiple specialists over the course of six months due to turnover. Further, the interviewee said that they only met the first two specialists once before they quit and had yet to meet the third. This high turnover had many negative consequences—including workers’ lack of familiarity with available resources—leading the caregiver to seek out resources independently (e.g., through webinars), and lack of follow-up from workers, such as when paperwork in the worker transition. This turnover also caused the youth to not even know the name of their independent living specialist. In addition to workforce issues, caregivers noted lack of resources as being a challenge to providing life skills. These challenges included life skills programs not responding to requests, having difficulty accessing trainings for caregivers, life skills classes being ineffective, and struggling to find adequate mental health services for their youth.

Despite these challenges, most caregivers shared the way they approach and engage youth to facilitate their teaching of life skills. Specifically, they noted facilitators such as building rapport, approaching youth with patience, understanding youth’s capabilities, giving youth “a clean slate”, and integrating life skills discussions in everyday activities. One caregiver noted their personal experience as a former foster youth was helpful in teaching life skills. They share their story with youth, do not “sugar coat [their] trauma”, and work to get youth engaged in therapy. This caregiver also tells youth their trauma and experience do not have to define them. According to this interviewee:

"You can get past it. You're in charge of your destiny. You can wallow in it and make it generational, or you can rise above it and do something different."

YOUTH RECEIPT OF LIFE SKILLS AND ASSOCIATED OUTCOMES STATEWIDE AND CBC-LEVEL OUTCOMES

In the following section, the results of NYTD data analyses are presented to describe statewide and CBC-level youth outcomes. Note, sample sizes by CBC lead agency are small and preclude nuanced analyses at that level. These findings should be interpreted with caution; see Table 15 for participation by CBC lead agency at wave 1.

First, evaluators examined the prevalence of receipt of independent living services at any time point as well as the receipt of independent living services by age when youth first received the services. Next, outcome data of youth measured at age 17 (wave 1) and age 19 (wave 2) was presented by CBC lead agencies. At wave 1, all youth completed the survey and provided outcomes across multiple life skill domains (i.e., financial sufficiency; educational attainment; reliable relationships; homelessness; risk behavior; childbirth; enrollment in health insurance programs). Particularly, lifetime experiences of homelessness, incarceration, substance abuse referral, and childbirth were measured at wave 1. At wave 2, experiences of homelessness, incarceration, substance abuse referral, and childbirth that occurred in the past two years were measured. Lastly, a significant factor that accounts for homelessness was examined in the logistic regression models. Given the volume of life skills data, select tables are included below, while Appendix C includes additional tables, including information organized by CBC lead agency when possible.

Table 14. Participation by CBC at wave 1 (N = 215)

CBC	Freq (n)
Brevard Family Partnership	0.9% (2)
Child Net Inc.	2.8% (6)
Family Support Services of North Florida	7.0% (15)
Families First Network	1.4% (3)
Eckerd Connects	5.1% (11)
Children's Network of Southwest Florida	1.4% (3)
Safe Children Coalition	1.9% (4)
Kids Central, Inc.	0.9% (2)
Citrus Family Care Network	3.3% (7)
Embrace Families	3.7% (8)
Heartland for Children	2.3% (5)
Community Partnership for Children	1.9% (4)
N/A	67.4% (145)

Youths' Receipt of Independent Living Services

First, the frequency of receipt of services for life skills development was examined; see Table 16. Like our findings from surveys and interviews, only 41 percent of youth received an independent living needs assessment, while the remainder did not. Of the 88 youth who received an independent living needs assessment, more than half of youth were found to receive their first assessment between ages 16 and 17 years (50.0%, $n = 44$), before age 16 (44.3%, $n = 39$), or after age 18 (5.7%, $n = 5$). In addition, more than half of youth reported they received independent life skills services for academic support, budget/financial management, housing education/home management training, and education on health and risk prevention. Conversely, more than half of youth reported they did not receive postsecondary educational support, career-preparation services, employment programs, family support/healthy marriage education, and mentoring.

Most youth first received services for life skills development at ages 16 and older. Specifically, youth were likely to receive their first services for academic support (45.5%, $n = 60$); career-preparation (51.4%, $n = 55$); budget/financial management (49.1%, $n = 60$); housing education (48.4%, $n = 63$); education on health and risk prevention (56.1%, $n = 64$); family support/health marriage education (47.1%, $n = 41$), and mentoring (52.3%, $n = 33$) at ages between 16 and 17 years. In contrast, more youth first received postsecondary educational support services (52.6%, $n = 50$) and employment programs (51.8%, $n = 43$) at later ages (18 or older). See Appendix C for detailed tables on receipt of services organized by CBC lead agency. It should be noted that CBC lead agencies in counties with fewer than 1,000 records are de-identified by NYTD administrators for confidentiality.

Table 15. Receipt of independent living services ($N = 215$)

	Yes	No
Independent living needs assessment	40.9% (88)	59.1% (127)
Academic support	61.4% (132)	38.6% (83)
Postsecondary educational support	44.2% (95)	55.8% (120)
Career-preparation services	49.8% (107)	50.2% (108)
Employment programs	38.6% (83)	61.4% (132)
Budget/financial management	56.7% (122)	43.3% (93)
Housing education/home management training	60.5% (130)	39.5% (85)
Education on health and risk prevention	53.0% (114)	47% (101)
Family support/healthy marriage education	40.5% (87)	59.5% (128)
Mentoring	29.3% (63)	70.7% (152)

Youth Outcomes

Youth outcomes at age 17 and at age 19 were examined. All youth participated in the first wave of survey (2017) and were in foster care at that time. Table 17 provides participation by CBC lead agency. Notably, approximately two-thirds of participants are from CBC lead agencies which were de-identified.

Youth Outcomes at Age 17

In the wave 1 survey (2017), 215 youth completed the survey and were in foster care. Table 18 shows youth outcomes across multiple domains (i.e., financial self-sufficiency, educational attainment, reliable relationships, homelessness, risk behavior, childbirth, and enrollment in health insurance programs).

Financial Self-Sufficiency

Most youth did not have full-time (95.8%, $n = 206$) or part-time jobs (79.5%, $n = 171$) at age 17. Nearly three quarters of youth reported they did not acquire employment-related skills, and only 23.3 percent ($n = 50$) said they acquired employment-related skills. Almost all foster youth (90.2%, $n = 194$) did not

receive educational aid, such as grants, stipends, or student loans, and only 7.9 percent of youth ($n = 17$) received educational aid. Since all youth were in foster care at age 17, these youth were not eligible to receive public financial assistance, public food assistance, and public housing assistance (NYTD Outcomes Codebook, 2022). Of the total sample, 15.8 percent ($n = 34$) received Social Security (e.g., SSI or SSDI payments) at age 17. With regards to other financial support from a spouse of family member or child support, about 18.1 percent of youth received other financial support ($n = 39$).

Educational Attainment

Most youth (88.8%, $n = 191$) were enrolled in or attended high school, GED classes, postsecondary vocational training, or college. During this first wave of data collection, 8.8 percent of youth ($n = 19$) had a high school diploma or GED, while 87.9 percent ($n = 189$) did not receive any educational certificates. Only one (0.5%) had a vocational certificate, and six (2.8%) declined to answer.

Reliable Relationships, Homelessness, and Risk Behavior

Most youth reported they were connected to adults (90.2%, $n = 194$). Still, more than a quarter of youth were homeless (27.4%, $n = 59$) and nearly 20 percent of youth ($n = 41$) had a substance abuse referral. In addition, more than a third of youth had experiences of incarceration (34.4%, $n = 74$).

Childbirth

While a majority of youth (87.9%, $n = 189$) had no experience of childbirth by age 17, 7 percent reported they gave birth or fathered a child ($n = 15$). Eleven youth (5.1%) declined to answer. Of those fifteen youth who gave birth, fourteen indicated they were not married at the time of the child's birth, and one youth declined to respond.

Enrollment in Medicaid and Access to Health Insurance

Most of the youth (62.3%, $n = 134$) were enrolled in Medicaid programs, and 20 percent of youth ($n = 43$) had other insurance coverage. Among youth who had other health insurance, 14.4 percent ($n = 31$) had health insurance that paid for all or part of medical health care services. Of the youth who had medical health insurance coverage, 11.2 percent ($n = 25$) had insurance paid for all or part of the costs for mental health care services. Similarly, among youth who had medical health insurance, 11.2 percent ($n = 24$) had insurance coverage that paid for all or part of the costs of some prescription drugs.

Youth Outcomes at Age 19

In the follow-up survey (2019), 158 youth participated, most of whom (79.1%, $n = 125$) were no longer in foster care, while 20.9 percent ($n = 33$) remained in care. Former foster youth data was analyzed by CBC lead agency, though given the small sub-sample size, evaluators did not conduct CBC-specific analyses among current foster youth; see Table 17. Given that extended foster care is associated with improvements in certain outcomes (Courtney & Okpych, 2017) and that the present evaluation included experiences of former foster youth specifically, the evaluators conducted chi-square tests to examine outcomes at age 19 by group (i.e., former and current foster youth). The chi-square tests were not run if data was not available. The results indicate that while most outcomes were not significantly associated with foster care status, certain outcomes (i.e., other financial support, current enrollment in education or vocational programs, enrollment in other health insurance coverage) were; see Table 18.

Table 16. Participation in the follow-up survey at age 19 (N = 158)

CBC	Current Foster youth (n = 33)	Former Foster Youth (n = 125)	Total
Child Net Inc.	0	5	5
Family Support Services of North Florida	1	12	13
Families First Network	0	1	1
Eckerd Connects	1	9	10
Children's Network of Southwest Florida	0	3	3
Safe Children Coalition	0	3	3
Kids Central Inc.	0	2	2
Citrus Family Care Network	0	3	3
Embrace Families	0	6	6
Heartland for Children	0	2	2
Community Partnership for Children	0	1	1
N/A	31	78	109
Total	33 (20.9%)	125 (79.1%)	158 (100%)

Note. Due to the reduced number of participants at Wave 2, data from one CBC (Brevard Family Partnership) was not available.

Table 17. Outcomes at age 17 and age 19

Outcomes	Age 17 (N = 215)		Age 19 (Former Foster Youth, n = 125)		Age 19 (Current Foster Youth, n = 33)		Test Statistics
	Yes (n)	%	Yes (n)	%	Yes (n)	%	
Financial Sufficiency							
Full-time employment	3	1.4	28	22.4	6	18.2	$\chi^2=0.24, p=.63$
Part-time employment	43	20.0	37	29.6	9	27.3	$\chi^2=0.07, p=.79$
Employment skills	50	23.3	31	24.8	9	27.3	$\chi^2=0.13, p=.72$
Educational aid	17	7.9	39	31.2	8	24.2	$\chi^2=0.48, p=.49$
Other financial support	39	18.1	22	17.6	12	36.4	$\chi^2=6.12, p=.01^{**}$
Public financial assistance (N/A if child is in FC)	N/A	N/A	9	7.2	N/A	N/A	N/A
Public food assistance (N/A if child is in FC)	N/A	N/A	36	28.8	N/A	N/A	N/A

Outcomes	Age 17 (N = 215)		Age 19 (Former Foster Youth, n = 125)		Age 19 (Current Foster Youth, n = 33)		Test Statistics
	Yes (n)	%	Yes (n)	%	Yes (n)	%	
Public housing assistance (N/A if child is in FC)	N/A	N/A	19	15.2	N/A	N/A	N/A
Educational Attainment							
Current enrollment and attendance	191	88.8	76	60.8	27	81.8	$\chi^2=5.81, p=.02^{**}$
Highest educational certification received							$\chi^2=1.38, p=.50$
High school or GED	19	8.8	78	62.4	17	51.5	
Vocational certificate	1	0.5	1	0.8	1	3.0	
None of the above	189	87.9	43	34.4	11	33.3	
Connection to adult	194	90.2	99	79.2	30	90.9	$\chi^2=2.39, p=.12$
Homelessness	59	27.4	24	19.2	10	30.3	$\chi^2=1.91, p=.17$
Substance abuse referral	41	19.1	12	9.6	3	9.1	$p=1.00$
Incarceration	74	34.4	26	20.8	4	12.1	$p=.45$
Childbirth	15	7.0	16	12.8	2	6.1	$p=.37$
Marriage at the time of child's birth	0	0.0	0	0.0	0	0.0	N/A
Medicaid and Other Health Insurance Programs							
Medicaid	134	62.3	83	66.4	23	69.7	$p=1.00$
Other health insurance coverage	43	20.0	24	19.2	11	33.3	$\chi^2=4.92, p=.03^{**}$
Health insurance-medical	31	14.4	17	13.6	9	27.3	$p=1.00$
Health insurance-mental health	24	11.2	15	12.0	7	21.2	$p=.35$
Health insurance-prescription drugs	24	11.2	15	12.0	8	24.2	N/A

Note. P-value was only presented if Fisher's exact test was run. * $p<.10$, ** $p<.05$, *** $p<.001$

Former Foster Youth Outcomes at Age 19 | Wave 2

In the wave 2 survey (2019), 125 former foster youth completed the follow-up survey. Youth outcomes across multiple domains (i.e., financial self-sufficiency, educational attainment, reliable relationships, homelessness, risk behavior, childbirth, and enrollment in health insurance programs) were measured. It

should be noted that in the follow-up survey, experiences of homelessness, substance abuse referral, incarceration, and childbirth that occurred in the previous two years were measured.

Financial Self-Sufficiency

There was an increase in the number of employed youths from ages 17 to 19. For example, while more than half of youth had either full-time (22.4%, $n = 28$) or part-time jobs (29.6%, $n = 37$) at age 19, only 22.7 percent ($n = 49$) had either full-time or part-time jobs at age 17. In contrast, there was not a huge difference in the rates of acquiring employment-related skills. For example, nearly a quarter of youth also reported they acquired employment-related skills (24.8%, $n = 31$) at age 19.

With regards to financial assistance, thirty-nine youth (31.2%) reported they received educational aid, such as a scholarship, voucher, grant, stipend, student loan, etc. at age 19, which is four times higher than the rate of youth at age 17 (7.9%, $n = 17$). In addition, a minority of youth were found to receive public assistance, including food assistance (28.8%, $n = 36$), financial assistance (7.2%, $n = 9$), and housing assistance (15.2%, $n = 19$). Twenty-two youth (17.6%) said they received financial support from other sources, such as a spouse, family, or child support.

Educational Attainment

There was an increase in the number of youths who received a high school diploma or GED from age 17 to age 19. Specifically, most of the youth earned their high school diploma or GED (62.4%, $n = 78$) by age 19, a logical increase from the 8.8 percent that had earned their high school diploma or GED by age 17. In contrast, the number of youths enrolled in and attending high school, GED classes, or post-secondary vocational training or college at age 19 (60.8%, $n = 76$) decreased from age 17 (88.8%, $n = 191$).

Reliable Relationships, Homelessness, and Risk Behavior

There was a slight decrease in the number of youths who reported they are connected to adults (79.2%, $n = 99$) at age 19, compared to the percentage of the youth at age 17 (90.2%, $n = 194$). Twenty-four youth (19.2%) reported they experienced homelessness in the past two years. Less than 10 percent of youth had substance abuse referrals in the past two years (9.6%, $n = 12$). Twenty-six youth (20.8%) said they were incarcerated over the past two years. Although the prevalence of these three outcomes reduced from age 17 to age 19, it should be noted that while the outcomes at age 17 measured the lifetime experiences of each outcome, the outcomes at age 19 measured the events occurring in the past two years. Thus, this reduced prevalence does not necessarily mean that there was a decrease in the occurrence of homelessness, substance abuse referral, and incarceration.

Childbirth

Youth were asked if they gave birth or fathered any child who were born in the past two years. It is important to note that the frequency of childbirth increased at age 19 (12.8%, $n = 16$) when compared to its rate at age 17 (7.0%, $n = 15$). Of these youth who gave birth in the last two years, fifteen youth (93.7%) were not married at the time of the child's birth and one (6.3%) declined to answer.

Enrollment in Medicaid and Access to Health Insurance

The prevalence of youth who were enrolled in Medicaid at age 19 (66.4%, $n = 83$) and at age 17 (62.3%, $n = 34$) were similar. Similar patterns were observed in other health insurance coverage (19.2%, $n = 24$) and some types of health insurance for medical (13.6%, $n = 17$), mental health (12.0%, $n = 15$), or prescription drugs (12.0%, $n = 15$) at age 19.

Current Foster Youth Outcomes at Age 19 | Wave 2

The evaluators examined outcomes of 33 youth who were in care at age 19; see Appendix C for detailed outcomes.

Financial Self-Sufficiency

A few current foster care youths were found to have either full-time jobs (18.2%, $n = 6$) or part-time jobs (27.3%, $n = 9$). Nine youth (27.3%) reported that they acquired employment-related skills. Given their foster

care status, none of youth received public financial, food, and housing assistance. More than a third of the youths ($n = 12$) received financial support from others, including a spouse, family, or child support.

Educational Attainment

Most youth (81.8%, $n = 27$) were enrolled in or attended high schools, GED classes, or post-secondary vocational trainings. Approximately half of youth (51.5%, $n = 17$) earned their high school diploma or GED.

Reliable Relationships, Homelessness, Risk Behavior, and Childbirth

Almost 90 percent youth ($n = 30$) indicated they are connected to adults. Ten youth (30.3%) reported they experienced homelessness in the past two years, three (9.4%) had received a substance abuse referral, and four (12.9%) had been incarcerated. Two youth (6.3%) gave birth and reported they were not married at the time of the child's birth.

Enrollment in Medicaid and Access to Health Insurance

With regards to Medicaid program and other health insurance coverage, three youth (69.7%) were enrolled in Medicaid program, and eleven youth (33.3%) had other health insurance coverage. Some youth had health insurance for medical (27.3%, $n = 9$), mental health (21.2%, $n = 7$), and prescription drugs (24.2%, $n = 8$).

Barriers to Housing Stability

Findings from the present evaluation, including interviews with former foster youth and NYTD analyses, suggest housing instability (i.e., experiences with homelessness) is a notable challenge among youth who transition out of care. Using data from the sample of former foster youth ($n = 125$), the evaluators conducted logistic regression analyses to explore factors that significantly predict experiences of homelessness after exiting care.

In the first logistic regression model, lifetime experiences of homelessness by age 17 and experiences of substance abuse referral and incarceration between ages 17 and 19 were included. This model was significant, $X^2(5) = 13.45$, $p = .02$. In the model, both substance abuse referral ($OR = 4.28$, 95% CI [1.08, 16.99]) and incarceration ($OR = 4.34$, 95% CI [1.22, 15.43]) were associated with more than four times increased likelihood of experiencing homelessness; see Table 19. In the next model, current employment status, receipt of public assistance, and current enrollment in education/vocational programs were added. The model was significant, $X^2(8) = 22.16$, $p = .005$. None of the factors of current employment status or public assistance—except for—current enrollment, predicted homelessness. Youth enrolled in education/vocational programs were less likely to experience homelessness ($OR = .18$, 95% CI [.06, .60]). Importantly, after adding these variables, experiences of incarceration no longer predicted homelessness, although substance abuse referral still increased the odds of homelessness.

To predict homelessness in the final model, evaluators included an additional factor—the connection to the adults—as previous literature indicates connection to adults plays a role as a protective factor (Courtney, 2018) and our interview findings. The final model was significant, $X^2(9) = 30.23$, $p < .001$. Youth who reported they were connected to adults were less likely to have experiences of homelessness between ages 17 and 19 ($OR = .18$, 95% CI [.06, .60]), indicating that having adult supports could possibly reduce the risk of homelessness after exiting care. Although *connection to adults* and *enrollment in education programs* were found to be related to a reduced likelihood of being homeless in the study sample, having substance abuse referral was still a significant risk factor.

Table 18. Logistic regression models predicting homelessness at age 19

	Model 1		Model 2		Model 3	
	OR	95% CI	OR	95% CI	OR	95% CI
Sex	2.15	.58-7.94	2.11	.50-8.94	2.78	.58-13.27
Race/Ethnicity	1.05	.84-1.31	1.14	.89-1.46	1.09	.84-1.43
Lifetime experiences of homelessness	1.71	.62-4.74	1.81	.60-5.45	2.29	.72-7.31
Incarceration	4.34**	1.22-15.43	3.06	.76-12.32	3.39	.77-14.87
Substance abuse referral	4.28**	1.08-16.99	5.60**	1.29-24.32	6.72**	1.43-31.53
Employment status			1.09	.36-3.29	0.92	.29-2.97
Receipt of public assistance			1.13	.39-3.33	1.12	.37-3.44
Enrollment in education programs or vocational trainings			0.18**	.06-.56	0.21**	.06-.71
Connection to adults					0.18**	.06-.60

Note. *P<.10, **P<.05

Discussion

In all of the places that you're supposed to get help, you don't. You encounter those rare points where you get help...and those people make all the difference. Those are the only reason I'm alive. Not everybody gets those and it's never enough.

-Former Foster Youth

SUMMARY OF FINDINGS

While most foster caregivers in this sample acknowledged that they are primarily responsible for helping youth develop life skills, the caregivers reported a lack of knowledge and different levels of familiarity with the state's requirements for life skills development. The CBC lead agencies provide support or resources to varying degrees, and there is no formal or organized system in which caregivers receive support for life skills development. Often, caregivers receive minimal or no support, resources, or information from child welfare professionals to help their foster youth develop life skills. Notably, workforce challenges (e.g., understaffing) was cited as a contributing factor of caregivers' lack of preparation from workers.

While most caregivers indicated that youth need services for career-preparation, employment programs, and budget and financial management, the caregivers had little confidence about providing youth with services to develop these certain life skills. NYTD data corroborates that numerous youths are not receiving these services, particularly career preparation and employment programs or vocational training.

Caregivers and professionals in this evaluation shared that many youths do not receive informal needs assessments and independent living needs assessments, as required by CFOP 170-17. Although professionals who do complete assessments report they are beneficial in creating independent living plans with transition-age youth. Several former foster youths reported experiencing outcomes such as substance abuse referral, incarceration, and homelessness. Across data sources, having reliable relationships with adults was noted as a significant support for youth who are transitioning to independent living.

Below is a summary of the findings of this mixed-methods evaluation, organized by specific component of SB 80 21b.3 (2021).

Effectiveness of Florida's Current Approach to Life Skills Development

In consideration of the findings in this report, which include the perspectives of CBC lead agency representatives, child welfare professionals, caregivers, and former foster youth, as well as NYTD data, Florida's approach to youth life skills development among foster youth is not optimal. Though the caregiver-centric approach has the potential to reduce burden on the workforce, current findings suggest that workforce challenges remain.

Current Requirements for Caregivers to Assist Youth in Acquiring Life Skills

CFOP 170-17 outlines that caregivers are to take the main responsibility in developing life skills, though in this sample, only 61 percent of caregivers were at least somewhat familiar with requirements and not all agreed that they were primarily responsible for youth's life skill development. Policy requirements, information, and supports for caregivers regarding life skills development are often vague, poorly communicated, and inconsistently implemented throughout the system. In addition, caregivers are required to complete a monthly life skills log as well as discuss independent living skills needs with youth ages 16 and older with another supportive adult, which is not always completed.

Information and Supports for Caregivers

Available information and supports to help caregivers develop youths' life skills is lacking. At the Departmental level, the evaluators could not locate important information on life skills development that the DCF is required to develop and provide based on Florida Statute 409.14515 (i.e., a list of age-appropriate activities and responsibilities for use by children and caregivers to guide life skills development). Through examination of relevant policy and data collection with participants, the evaluation team was unable to identify a single, comprehensive caregiver training on life skills development. The evaluation team did identify a series of optional training resources on the Quality Parenting Initiative website.

At the CBC lead agency level, there are varying degrees of support offered to help caregivers provide life skills. Five of the participating CBC lead agencies noted they provide information about life skills supports, services, and opportunities available to youth. Fewer provide guidance on providing life skills development in the home and those who did tended to provide updates via passive information sharing (e.g., newsletters). Importantly, not all CBC lead agency representatives were able to speak to specific supports provided to caregivers based on their role. For example, some suggested that other units within their organization might address the need. While some CBC lead agencies referred the evaluation team to another appropriate representative, not all did. Therefore, it is possible that caregiver support is underestimated.

Child welfare professionals reported confidence in their ability to support, train, and assist caregivers with independent living skill development, highlighting their information sharing and engagement with caregivers and providing direct resource brokerage for youth (i.e., to programs). However, caregivers reported a lack of support from professionals, with many unaware of available supports. When supports were discussed, the focus appeared to be more on youth-centric resources (e.g., programming) versus training for caregivers. Notably, caregivers said more youth-focused resources would be helpful, with fewer noting that caregiver-specific resources would be beneficial. Similarly, professionals reported needing more youth-focused supports for the times in which they are responsible for assisting youth with life skill development, alongside increased organizational supports.

Related is the impact of workforce issues on youths' skill development that arose across data sources. CBC lead agency representatives shared that turnover impacts staffing levels, which can impede the relationship between youth and caseworker, as well as reduce workers' capacity to train caregivers. Caregivers also noticed this strain, saying it limits workers' focus on independent living since there tend to be more pressing issues (e.g., child safety, medical care). Even former foster youth demonstrated empathy for their caseworkers' limited time. Some caregivers felt that workers assumed caregiver competence, thus assuming a reduced need to follow up on life skills and instead focus on more pressing matters on their caseload.

Caregivers' Comfort with and Engagement in Life Skills Provision

Caregivers' confidence in providing life skills development to their youth varied by life skill domain but was highest for budget education and financial management, housing education and home management, health education and risk prevention, and family support and healthy marriage education, with over two-thirds reporting feeling somewhat, moderately, or very confident with these domains. Caregivers reported less confidence in providing their youth with employment programs and educational support. Professionals' confidence in caregivers' abilities varied, though at least 25 percent of professionals perceive caregivers are never or rarely able to arrange support for most domains. Still, professionals generally report caregivers are at least somewhat engaged in youths' life skill development.

Methods and Measures Used for Determining and Ensuring Life Skills Development

Like caregiver requirements, information, and support, there is inconsistent implementation of methods and measures for assessing and assuring life skills development. Policy and statutes identify a range of methods and measures that are supposed to be used to assess and assure life skills development, including informal needs assessments that begin at age 13, independent living needs assessments for youth ages 16-17, and an independent living skills plan for youth ages 16 and older.

Informal Needs Assessments

At a minimum, informal needs assessments are supposed to be conducted monthly for youth ages 13 and older using the DCF Life Skills Log forms. This form is supposed to be completed by both caregivers and child welfare professionals. Despite policy, nearly half of professionals report they do not regularly complete informal needs assessments. It is important to note that it may be that *another* staff member is handling this. Still, caregivers corroborated this, with most noting that it is not done (59.1%) or they did not know if it was done (18.2%). Among professionals who do complete the life skills logs, only 61.5 percent complete them at least once per month and nearly one-third do not document them in FSFN.

Independent Living Needs Assessments

Independent living needs assessments are intended to play a critical part of ensuring life skills development because they are to be used to develop the independent life skills plan and help guide caregiver's efforts in developing life skills. Responding CBC lead agencies indicated they do conduct these, though they vary in their specific assessment tools or process. This was to be expected based on the evaluation team's early conversations with the DCF regarding CBC lead agency autonomy in this regard (i.e., which form to use). Only about half of the professionals reported conducting independent living needs assessments, though again, this could be related to their particular role given variability in participants' job titles. Professionals reported high levels of participation from youth, caregivers, guardians, and other supportive adults. Nearly three-fourths of professionals reported they document these assessments in FSFN. Importantly, the evaluation team, upon its initial attempt to obtain FSFN data from the DCF, were informed that these data were unavailable due to inconsistent data entry into FSFN. This could indicate that the professionals in our sample are particularly engaged in this job responsibility and may not well represent all professionals responsible for conducting independent living needs assessments. A minority of caregivers with youth over age 16 in their care reported their youth received an independent living needs assessment, with nearly 60 percent saying they did not. An additional 14.3 percent did not know. Notably, even the NYTD data indicated that only 41 percent received this assessment by wave 1.

When it comes to creating the independent living skills plan, most professionals perceive themselves, caregivers, and youth as moderately or very engaged in planning. In addition, they generally agreed assessments help to inform the plan, but noted that assessments are so long, youth often do not want to complete it. This notion of youth's lack of cooperation came up across adult roles. CBC lead agency representatives and professionals noted that youth engagement is a challenge. Some caregivers shared this sentiment as well, saying supports are available, but only so much can be done to make the youth engage with those supports. One caregiver noted that some youth had "*lost the drive*" to engage and emphasized the importance of listening to youths' opinions. Notably, this concept of encouraging self-determination also came up with youth. For example, Chelsea and Kevin both suggested the adults in their

life encourage their passions and emphasize choice, and when needed, helped them to discover their unique goals (see case studies).

Outcomes of Foster Youth Who Received Assistance and Exited Care

Consistent with findings from interviews and surveys, NYTD analyses show that most of the foster youth did not receive independent living needs assessments and certain types of life skills services, such as postsecondary educational support, career preparation services, and employment programs. After transitioning out of care, several youth experience substance abuse referral, incarceration, and episodes of homelessness.

With regards to protective factors, while 90.2 percent of youth said they had adults whom they were able to be connected at age 17, this reduced to 79.2 percent for those who did not stay in extended foster care, indicating that youth might have difficulties maintaining these relationships over time. It is important to maintain these relationships, as evidenced by the current findings. Not only do youth themselves report a continued desire for these connections, but NYTD data analyses found that connection to a supportive adult reduced the likelihood of homelessness following independence.

Table 19. Summary of Life Skills Development by Domain and Data Source

	Youth	Caregivers	Professionals	NYTD Data
Academic Support	Chelsea reported academic supports were minimal. She reports learning some things (e.g., writing cursive) after she turned 18 through the Internet and her reconnection with her grandmother.	Only one caregiver interviewee spoke to supporting their youth with academics, including emphasizing good grades and getting youth involved in tutoring.	The majority of professionals perceive youth often or always receive this support, though most also noted they themselves take lead in this area of development.	Academic support had the highest prevalence of receipt of services (61.4%). At age 17, nearly 90% of youth were enrolled school, vocational training, or college. By 19, nearly two-thirds had earned a high school diploma or GED.
Postsecondary Education	Rachel enrolled in PESS but had to drop out of school following her second pregnancy. Chelsea reported that meeting PESS requirements can be challenging, such as taking a full course load during summer semesters when options are more limited. Kevin enrolled in PESS and felt it was very beneficial to his future.	Only 43.5% of caregivers surveyed reported postsecondary educational support as a need among their youth, the lowest of any life skill domain. They also reported low levels of confidence in providing this support – 42.9% said they were slightly or not at all confident.	The majority of professionals perceive youth often or always receive this support, though most also noted they themselves take lead in this area of development.	Only 44.2% had received postsecondary education support services. At age 19, nearly 82% of youth in extended foster care were enrolled in an educational program. Among those not in extended foster care, 61% were enrolled.
Career Preparation	None of the former foster youth interviewed discussed receiving career preparation while in care. Kevin discussed struggling trying to navigate the workforce when he left care.	Only two interviewees discussed trying to engage in career preparation by making them do work around the house, volunteering in the community, and teaching them how to fill out a job application. They also reported low levels of confidence in providing this support – 42.9% said they were slightly or not at all confident.	The majority of professionals report that they take the lead in career preparation supports.	Only 49.8% of youth received career preparation services.

	Youth	Caregivers	Professionals	NYTD Data
Employment Programs or Vocational Training	None of the six former foster youth interviewed discussed being involved in employment programs or vocational training associated with the foster care system.	Caregiver confidence was lowest in this domain, with 53% reporting they were slightly or not at all confident.	At least 25% of professionals perceive caregivers are never or rarely able to arrange support regarding employment programs or vocational training.	This domain had the second lowest prevalence of receipt of services (38.6%). By age 19, 52% of youth who were not in extended foster care had full- or part-time jobs.
Budget and Financial Management	Kevin reported lack of financial knowledge contributed to poor decision-making and debt.	Several caregivers reported teaching youth how to file taxes, open and manage a bank account, budget for monthly expenses, and save money.	Most professionals report that they take the lead in budget and financial management skill development.	Slightly over half (56.7%) of youth received this support.
Housing Education and Home Training	Rachel faced significant adversity in securing stable housing. Chelsea continues to experience placement instability in extended foster care.	Caregiver confidence was highest in this domain, with 60% reporting moderate or very confident. Caregivers reported covering topics such as cleaning, ordering takeout, cooking, and grocery shopping.	This was the only domain in which more than 50% of professionals surveyed felt confident in caregivers' abilities. Most professionals perceive youth often or always receive this support. The majority also report they take the lead in housing education and home training.	This domain had the second highest receipt prevalence (60.5%).
Health Education and Risk Prevention	Rachel became pregnant shortly after her 18 th birthday. Chelsea reported she never received sexual education. She reported receiving no education around sexual health. Kevin wished he had an opportunity to explore his sexual and gender identity during care. Knowing who you are is a life skill.	Caregivers report discussing making and going to doctor's appointments, healthcare budgeting, family planning, food and nutrition, personal hygiene, and communicating with healthcare providers.	Most of the professionals report that they take the lead in health education and risk prevention support.	Over half (53%) of youth received this service. By 17, about 7% of youth had experienced the birth of a child. Between ages 17 and 19, approximately 13% experienced the birth of a child. By 17, nearly 20% of youth had received a substance use referral. Between ages 17 and 19,

	Youth	Caregivers	Professionals	NYTD Data
				about 10% of youth no longer in care received a substance use referral. A high number of youths had Medicaid or other insurance at both 17 and 19.
Family Support and Healthy Marriage Education	Rachel became a teen parent shortly after exiting care. Chelsea was a trafficking victim of someone she met online because no one taught her to safely date online.	Only one caregiver interviewee spoke to teaching their youth about dating safety.	Family support and healthy marriage education were not discussed in child welfare professional interviews.	Only 40.5% received services related to family support and healthy marriage education.
Mentoring	Chelsea noted that she has been able to maintain a close relationship with a former group home staff member. Kevin noted that being connected to mentors through his college experience was positively influential toward where he is today. Kevin shared that high school teachers and coaches served as mentors/supports.	Caregivers had varied confidence with half reporting feeling very confident and half reporting only slight confidence in making mentorship connections for youth.	Most of the professionals report that they take the lead in mentoring supports.	This domain had the lowest prevalence of receipt of services (29.3%). However, at 17, about 90% of youth were connected to adults. This decreased to about 80% at age 19 for youth no longer in care but remained steady for youth in extended foster care.

COMPARING FLORIDA'S APPROACH TO BEST PRACTICES

Independent life skills for youth in and transitioning out of foster care require services to increase the likelihood of a smooth transition to adulthood. Developing these skills is incredibly important considering that youth coming out of care often lack supports that young adults rely on when transitioning into adulthood and are less likely than their peers to have support from their biological parents and family as they become adults.

There is a lack of literature on best practices for life skill development, though a plethora of state and local independent living programs exist to improve the skills of youth in foster care (see Child Welfare Information Gateway (n.d.) for numerous examples). There is a desire to determine how best to develop independent life skills for youth in foster care as evidenced by recent research and evaluation, including a national effort to evaluate the John H. Chaffe Foster Care Independence Program (Courtney et al., 2018). However, there is still not an established evidenced-based approach. As previously noted in this report, research evidence on life skills development is limited and inconclusive. Further, the research evidence that does exist focuses more on life skills programs and services targeted specifically at youth and young adults versus a particular approach to developing life skills (e.g., a caregiver-provided approach).

While there is minimal evidence for caregiver-focused models of life skills development, there are some aspects of Florida's current approach to life skills development that align with literature on the topic. Courtney et al. (2018) suggested that youth's personal characteristics, as well as their family, community, and social context all are important to consider in understanding independent life skill development. When looking at the findings of this evaluation, some of the data suggests that there is a certain amount of individualization that occurs with life skills development. For example, independent living needs assessments determine each youth's own strengths and needs about life skills domains. The results of assessments are then used to develop individualized life skills plans. Still, as the former foster youth interviews demonstrated, life skills development is largely informal and lacked quality, consistency, and comprehensiveness. Further, interviewees discussed the importance of both meeting the individual needs of youth while also providing comprehensive life skills development. For example, Kevin said that caregivers need to work with youth to identify and achieve their personal goals, with child welfare professionals also providing individualized support. At the same time, he suggested the DCF and CBC lead agencies should develop a standardized life skills program that could be implemented consistently across the state of Florida. Similarly, Rachel said caregivers should teach all life skills to youth while also identifying what youth are interested in and encourage and facilitate participation in experiences that align with those interests.

Youth engagement has also been identified as a key element for successful transitions in the best practices in life skills development for foster care youth (Harder et al., 2020; Stein, 2019; Richmond & Borden, 2021). Youth engagement was a recurring topic and theme across all stakeholder groups in the present evaluation. CBC lead agency representatives shared that the way they engage youth is a strength for their current approach to life skills development. Among caregivers and child welfare professionals, trying to get youth to engage in life skills development was a recurring challenge. Many former foster youths felt that child welfare professionals, caregivers, agencies, and the Department could have done more to engage them in their life skills development. As Rachel poignantly said, *"They gotta put a little bit more effort into helping [youth] turn 18, not just letting them turn 18."*

As previously noted, Harder et al. (2020) identified a set of principles for meaningful youth engagement. This evaluation found that, while there are attempts to enact some of these principles—as evidenced in DCF policy—the success of these attempts is mixed. For example, policy promotes youth participation in life skills development by emphasizing collaborative approaches to life skills assessments and the development of life skills plans. Life skills plans also aim to ensure youth have the necessary skills and resources needed to successfully transition into adulthood. Some CBC lead agency representatives said that a strength of their life skills approach is that they listen to the voices of their youth. Similarly, several caregivers discussed how they tried to listen and understand the youth for whom they. Still, survey findings suggest lower levels of youth engagement in their independent living needs assessments.

Despite efforts to engage youth at multiple levels of the foster care system, findings from former foster youth interviewees showed that many youths felt their voices were ignored during their time in care overall and

emphasized the importance of listening to youth. Many youths also described not having the skills and resources needed to transition out of care and reported facing numerous barriers, such as homelessness and financial instability. Further, many youths described struggles to other principles of engagement that were less discussed among CBC lead agency representatives, child welfare professionals, and caregivers. For example, separation from biological families, including parents and siblings, during their time in care was prevalent, with minimal support toward maintaining those relationships. Youth also described how they struggled to develop and maintain relationships with child welfare professionals and caregivers due to high turnover, frequent placement changes, and policies that discouraged sustained relationships between youth and child welfare professionals after changes in placements. These issues often resulted in or contributed to many interviewees' inadequate social support networks when they turned 18 and began transitioning to adulthood.

Given the lack of literature on approaches to life skill development, it is difficult to compare Florida's approach to other approaches at this time. However, this evaluation offers initial insight into the current state of Florida's caregiver-based approach. Overall, data from the present evaluation suggest Florida's approach is not operating optimally. This may not reflect the intended approach, but rather the implementation of the approach. Most specifically, caregivers are expected to provide life skills development for transition-age foster youth in their care, but many report lacking necessary supports and confidence to do so. Further, while Florida's approach currently emphasizes meeting individual youths' needs and circumstances in life skills development, a topic that is addressed in literature, many former youths feel it is important to have standardized and comprehensive life skills development programs and curricula that are used in addition to individualized life skills development. Notably, caregivers and professionals also felt additional youth-centric supports were needed. While youth engagement is a priority in Florida's life skills approach and is enacted in various practices, there are still areas of improvement that need to be addressed.

BARRIERS TO YOUTH SELF-SUFFICIENCY AND CHALLENGES WITHIN FLORIDA'S APPROACH

As previously noted, workforce issues—particularly turnover and understaffing—create instability in caseworker-youth relationships and necessitate workers divert their attention from life skills development to any number of immediate needs on their caseload, namely child safety. Further, workers lack time to adequately support caregivers in leading life skill development for their youth. Current findings suggest there is no primary, required training that exists for caregivers regarding life skills development for their youth. As such, it is difficult to ensure caregivers are helping youth develop life skills when there are no efforts taken to ensure they themselves have the knowledge or skills needed to help youth. This is notable given caregivers' lack of confidence or inconsistency in assisting youth with developing most life skills (by domain).

CBC lead agency representatives, professionals, and caregivers all noted a lack of available resources and programming. Further, assessing for life skills mastery can be challenging with current assessments, as they typically do not capture demonstration of skills. Youth's lack of engagement is also challenging. At times, participants attributed this to typical youth behavior, though it was also attributed to inconsistent relationships between youth and caregivers and professionals (e.g., due to placement and workforce turnover). Some professionals perceive caregivers to be disengaged, though caregivers reported workers are not adequately familiar with relevant resources.

The evaluation team also identified two important issues that present challenges within Florida's approach to developing life skills among foster youth for self-sufficiency. First, vague policies create difficulty in translating requirements into practice. While some requirements are clearly outlined in policy and statutes (i.e., caregivers are required to complete life skills logs and discuss life skills assessment with youth), and easy to translate into specific procedures and practices, some are vague. This can make it difficult to translate requirements into concrete practices and procedures. For example (from CFOP 170-17): *"Caregivers are required to take the lead in a number of activities demonstrating quality parenting such as assisting youth in mastering age-appropriate life skills."* This statement requires caregivers to demonstrate *"quality parenting,"* and while there is a definition of what this term means in Florida Statute 409.145, this definition is not included in CFOP 170-17 and may not be clearly conveyed to caregivers. Similarly, caregivers should assist youth in *"mastering age-appropriate life skills."* While Florida Statute 409.14515

and CFOP 170-17 provide some clarification, questions remain: *What are age-appropriate life skills? Are these standard skills, or are they youth-specific? If youth-specific, how does one determine what the skills are? How is mastery demonstrated?*

Florida's privatized system provides a great deal of autonomy to CBC lead agencies, which results in variability in some practices. In the context of life skills development, data variability, including the use of multiple different assessment tools and inconsistent uploading of data into the FSFN, create challenges in pulling representative statewide data as well as CBC-level data for comparisons. At a practical level, this might create challenges in consistent assessment and monitoring of life skills for individual youth. For example, a caregiver in the current evaluation noted that paperwork was lost in the multiple shifts in independent living specialists assigned to her foster youth due to turnover. Increased consistency in data collection processes can improve continuous monitoring of life skills provision and development, at the individual, CBC lead agency, and statewide levels.

Limitations

The findings of this evaluation should be considered within the context of several important limitations. First, despite multiple attempts, the evaluation team was unable to obtain participation from all CBC lead agencies in the state. Related, not all CBC lead agency representatives were able to comprehensively speak to independent life skills provision as it related to their agency. For example, given Florida's privatized structure, specific responsibilities varied by contact person, i.e., the age ranges of youth in which the representatives work with varied (e.g., 14-21, 18 and older).

Similarly, child welfare professional, caregiver, and youth sample sizes were small for both surveys and interviews. Upon review of initial recruitment efforts, the evaluation team expanded the approach, resulting in a modest increase in participation. It is important to note that it was particularly challenging to recruit current foster youth. In general, minors are a federally protected class of research participant and it is common practice to obtain both parental consent and youth assent for participation in studies. Foster youth are further vulnerable to power differentials in research given their status as wards of the state, and there is variation in how researchers have (or have not) obtained guardian consent in previous minimal risk studies (Greiner et al., 2018). The present evaluation took a conservative approach by utilizing a tiered sampling approach requiring professionals and caregivers to provide minor foster youth with evaluation materials to determine interest in participation, versus obtaining a waiver of parental consent from the FSU IRB. This may have hindered recruitment efforts given the level of gatekeeping.

In addition to small sample sizes, all participants self-selected into the evaluation, introducing the possibility of self-selection bias. Specifically, participants may represent individuals who had particular experiences. For example, most caregiver survey respondents were non-child specific foster parents, and their experiences may differ from those of kinship caregivers. All former foster youth interviewed were relatively engaged in the range of aftercare services available to foster youth, omitting the experiences of former foster youth less or not as connected to services. Therefore, small sample sizes and self-selection bias across primary data sources reduces confidence in the representativeness of each sample type.

Related to sample limitations, it seems not all child welfare professionals in this sample work directly with transition age youth. The evaluators attempted to obtain accurate data on professionals' life skills-related practices by including eligibility criteria and skip patterns for certain items (e.g., frequency of assessment was limited those who reported conducting assessments), but these data should be interpreted with caution. In addition, it is important to point out that—given our recruitment strategies—there is no clear link between the professionals, caregivers, and youth in this evaluation. That is, when perspectives differ, this could be attributed to the unique experiences of those participants and self-selection bias, as opposed to discrepant perspectives of a particular case.

Despite these limitations within the primary data sources, the evaluators were able to triangulate data from multiple sources, which increases credibility of findings contained within this report. Importantly, the evaluation timeline was expedited given the direction of the mandate. Given the complexity of Florida's

system, the desire to incorporate youth voice, and pre-existing burdens on the workforce, a longer evaluation period could have offered opportunity for longer or enhanced recruitment efforts.

Finally, there were several limitations related to youth outcome data. First, despite the evaluation team's efforts to obtain data from both CBC lead agencies and the DCF, consistent data were unavailable. To circumvent this data challenge, the evaluators obtained federal NYTD data, though due to NYTD-specific confidentiality procedures, the evaluators were unable to identify youth who transitioned to independence from all CBC lead agencies in Florida. Improved state-level data collection could address this limitation in the future. Related to the sample, there was also significant attrition between waves 1 and 2, reducing confidence that outcomes at wave 2 are reflective of all youth in the 2017 cohort. Finally, the evaluation team opted to utilize the 2017 cohort of youth to balance the need for at least one wave of outcome data and remain mindful of updates to CF170-17 made in 2017. Thus, outcomes are limited to those at age 19. Future analyses could incorporate 2021 data (i.e., outcomes at age 21) when NYTD makes those data available. Longitudinal analyses can provide a more comprehensive examination of the relationship between receipt of independent life skills development and self-sufficiency outcomes. To this end, the Institute is currently developing a longitudinal study of foster youth who transition out of care in Florida. The study is expected to begin recruitment in July 2023.

Recommendations

Nothing's going to change. I used to be the one to advocate and speak up, and what did that get me? Doped up and shut down.

-Former Foster Youth

As this evaluation demonstrates, there are several areas in which Florida can improve its approach to life skills development. Drawing on our findings, this section puts forth a series of recommendations to help guide discussions about how the state of Florida can reform its approach to life skills development. As a general recommendation, in all areas of program and policy development, the Institute recommends youth voice be encouraged and prioritized.

SYSTEMIC CHANGES

Recommendation 1 | *The DCF should expand on its statutory requirement to “develop a list of age-appropriate activities and responsibilities useful for the development of life skills for use by children and their caregivers” (Florida Statute 409.14515).*

While CFOP 170-17 does provide a non-exhaustive list of support examples by life skill domain, present findings suggest a need to expand on this list with more concrete resources. This should include statewide resources that are available to all caregivers and youth. In addition, CBC lead agencies should curate specific resource lists of programs and trainings related to life skills in their respective communities and update this list on a regular basis. The Department should provide these lists on the Independent Living-related webpages of the DCF website and disseminate them to relevant stakeholders (e.g., FAPAs, foster youth advocacy organizations).

Recommendation 2 | *The DCF and CBC lead agencies should collaborate to ensure life skills policy requirements are met across the state, to include improved data collection and management.*

As noted throughout the findings, several statutory or policy requirements regarding Florida's approach to life skills development among foster youth are not being met, including conducting assessments. Further, given variability in data-related practices across CBC lead agencies, including use of different assessment tools and variable data uploads to the FSFN, it is challenging to accurately assess Florida's approach

statewide or by CBC lead agency. The DCF should develop and maintain an inventory of CBC lead agency practices (e.g., assessment tools). As the DCF transitions to CWIS, the Institute recommends they collaborate with CBC lead agencies to determine standardized variables required for upload to allow for continuous, real-time monitoring of life skills development. Related, as best practices in life skills development are still being established in the broader child welfare community, regular review of CFOP 170-17 is recommended to ensure practices remain consistent with recent recommendations. Any changes should be clearly communicated with all relevant parties, including CBC lead agency representatives and caregivers. The DCF could consider hosting events, such as town halls or webinars, to ensure stakeholder understanding of changes and allowing an opportunity for questions.

Recommendation 3 | *The DCF and CBC lead agencies should develop supports for child welfare professionals who have life skills development responsibilities.*

General child welfare workforce challenges (e.g., turnover, understaffing) impact workers' ability to engage with caregivers and youth for life skills development. In addition, in some instances, there was a reported lack of clarity in who was responsible for working with and supporting caregivers in developing life skills. If not clearly defined, CBC lead agencies should consider reviewing their organizational structures to ensure designated responsibility for this specific area of service, and clearly communicate expectations with all responsible parties.

Related, the Institute recommends the DCF, and its partners, devote concerted attention to life skills development within residential group care as the sometimes-transitory nature of these placements might reduce potential bonds between youth and staff. Further, these staff may face unique challenges, such as responsibility for a larger volume of transition-age youth than in-home case managers. One professional noted that there is no formalized training on how to deliver group-based life skills provision.

In addition, there seems to be a lack of formalized training for child welfare professionals around how they can best engage and support caregivers' efforts to develop life skills. Several professionals reported developing their own informal, individualized strategies for supporting and working with caregivers. The Institute recommends the creation and provision of training for professionals to help them understand their responsibilities and offer concrete strategies and guidance for engaging caregivers and providing them support. Again, the Institute highly encourages frontline professionals be included in the development of this training.

SUPPORTS FOR CAREGIVERS

Recommendation 4 | *The DCF should develop a single, comprehensive, and required caregiver training.*

Although the DCF is required by statute to provide life skills training for caregivers, the evaluation team could not identify a singular training that all caregivers complete. The evaluation team understands a life skills development curriculum is currently being developed. The Institute recommends that this curriculum account for different types of caregivers (e.g., out-of-home foster parents, kinship caregivers, group home staff) and their unique needs. Including lived expertise of caregivers, professionals, and youth is highly encouraged. Further, the DCF should regularly evaluate this curriculum to ensure policy and resources are current, and that it meets the needs of caregivers.

Recommendation 5 | *CBC lead agencies and other DCF partners should develop complementary trainings that provide tailored support to caregivers.*

Notably, given Florida's privatized system, a singular statewide training should not be considered the only mechanism through which caregivers receive support regarding life skills development for youth. The Institute suggests CBC lead agencies develop community-specific trainings that remain aligned with the overall guidance from the State. These trainings could be tailored to specific roles, communities, and skillsets. In the present evaluation, CBC lead agency representatives shared a range of strategies and resources for life skills development, and the Institute recommends relevant representatives regularly share strategies and resources and collaborate on training opportunities when appropriate. For its part, the Institute will explore the possibility of producing topical trainings to support this recommendation (e.g.,

SUPPORTS FOR YOUTH

Recommendation 6 | *With support from the DCF and its partner agencies, caregivers and professionals should prioritize acute areas of need.*

While the present evaluation found there is room for improvement in youth life skill development across domains, consistently, postsecondary education, career preparation, and employment supports arose as particular needs that are frequently unfulfilled. For example, postsecondary support includes activities that likely take place prior to many youths' transitions out of care (e.g., college entrance test preparation, college applications); yet, fewer than half of caregivers in this sample identified this as a need among their youth, and a similar number reported a lack of confidence in supporting their youth in this way. It is possible that caregivers do not perceive this need because their youth plan to instead obtain employment post-transition, though those supports are lacking as well. Therefore, the Institute recommends the development and publicization of supports in preparation for both postsecondary education and employment.

In addition to life skills needs, the present analyses of NYTD data suggests several youth experience adverse outcomes following transition to independence. In particular, the prevalence of substance use and homelessness are particularly high. Notably, caregivers and professionals, as well as NYTD data, indicate housing education and home training is one of the life skills domains that fare better in terms of receipt of services. Yet, even among those who remained in extended foster care, almost one-third experienced an episode of homelessness between ages 17 and 19. Interviews with former foster youth suggest the budget and financial management aspects of housing (e.g., understanding cost of living vs. cost of rent amount) are especially challenging and could use additional attention.

Recommendation 7 | *The DCF, and its child welfare partners throughout Florida, should prioritize the promotion of transition-aged youths' connections with supportive adults.*

The present evaluation found that having a connection to a supportive adult is a critical element of youth's transition to independence. Some youth expressed skepticism in the value of establishing relationships given that their frequent moves often led to broken bonds. This was corroborated by several professionals and caregivers as well. Further, naturally transient relationships based on their age group (e.g., romantic partners) can contribute to loss of social support during their transition to independence. Several youths spoke highly of the supportive adults in their life, which included those outside of the child welfare system (e.g., teachers, coaches), and present analyses suggest these connections serve as a protective factor against homelessness, a prevalent problem these youth experience. Policy encourages the participation of other supportive adults (i.e., not the caregiver) in youths' life skills planning, but this participation is variable. The Institute recommends that relational permanency programs be explored as a way to enhance these connections for youth. Currently, the Institute is funding an evaluation of one such initiative, Follow the Love, which is summarized in the Institute's 2021-2022 Annual Report. Preliminary findings are anticipated in Summer 2023, and results will be publicized.

Recommendation 8 | *The DCF and its partners must continue to prioritize youth safety and well-being alongside life skills development.*

Though transition-age youth need life skills education as they prepare for independence, a paramount responsibility remains to ensure their safety and well-being. Notably, three of the six former foster youth interviewed reported experiencing or witnessing child maltreatment during their time in care and felt ignored when they tried to report it. Though this sample size is small and non-representative, these experiences may not be isolated given recent corroborating stories shared via popular media (Beall, Chen, & Salman, 2020). Caregivers and youth in this sample agreed that, often, youths' life skill needs *are* overlooked due to workers' need to prioritize pressing safety concerns elsewhere on their caseloads, though it is important to remember these youth might also experience safety concerns that need attention. Given the emphasis on increased communication between child welfare professionals and youth during the time of transitioning to adulthood, the Institute recommends professionals leverage this level of connection to continually monitor safety and well-being concerns alongside life skills development.

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Appendices

APPENDIX A | CAREGIVERS AND LIFE SKILLS: CURRENT REQUIREMENTS, SUPPORTS, INFORMATION, AND ENGAGEMENT LEVEL OF CAREGIVERS IN DEVELOPING LIFE SKILL

Table A.1: Requirements for Caregivers

CBC Lead Agency	Caregiver Requirements
Brevard Family Partnership	Life skills development is the primary responsibility of the caregiver, with development being guided using life skills assessments and life skills plans. Caregivers are required to complete monthly life skills logs.
Child Net Inc.	Caregivers are required to provide life skills development to youth beginning at 13 years old. When it is not possible for caregivers to provide life skills training, caregiver does not provide such training, ChildNet staff coordinate with community organizations to provide training to youth.
Children’s Network of Southwest Florida	Caregivers are required to address life skills on an ongoing basis with teens placed in their home. They must document the skills/topics addressed on a monthly basis using the Independent Living Progress Log.
Citrus Family Care Network	Caregivers are expected to assist and support youth in obtaining daily, independent-living skills and needs.
Communities Connected for Kids	Caregivers are required to complete monthly life skill logs for each youth they care for.
Embrace Families	Recommends that life skills be taught primarily by the caregiver. Caregivers are required to complete and submit monthly life skill logs documenting skills that were taught, which are filed with the court.
Families First Network	Not applicable for young adults 18-23. Unclear what requirements are for caregivers with youth ages 13-17.
Family Integrity Program	There are no set guidelines for caregivers. However, “caregivers are advised about the importance of practicing and instilling life skills with youth in the home.”
Northwest Florida Health Network	No specific caregiver requirements were identified.
Partnership for Strong Families	Caregivers are asked to complete monthly life skills logs.
Safe Children Coalition	Caregiver requirements are guided by FS 409.145 and FS 409.14515. Caregivers complete monthly Life Skills Progress Documentation Logs.

Table A.2: Supports for Caregivers

CBC Lead Agency	Caregiver Supports
Brevard Family Partnership	<p><i>“Foster parents receive instructions about life skills during the initial training, the HS process, and on-going from the foster care licensing agencies Brevard contracts with.</i></p> <p><i>Life skills coaches are provided to youth if they need more extra assistance with life skills.</i></p> <p><i>In the past, Brevard Family Partnership provided guidance to foster parents on how to go about developing life skills and ensure life skills are age appropriate at monthly meetings between foster parents and case managers, but such discussions have been put on hold due to COVID.”</i></p>
ChildNet Inc.	No caregiver-focused supports were identified.
Children’s Network of Southwest Florida	<p><i>“Caregivers are provided with a Life Skills Guidebook that addresses each vital life skill for teens and includes links to additional training, information or handouts that the caregiver may utilize.”</i> Caregivers are given brochures with information about all supports and services available to youth. <i>“Children’s Network of Southwest Florida also holds monthly caregiver support meetings. Youth attend these meetings periodically to provide tips on how to work with teens and share their own personal experiences for additional insight.”</i></p>
Citrus Family Care Network	Provides a series of caregiver-focused virtual meetings about life skills opportunities for youth and young adults
Communities Connected for Kids	Communities Connected for Kids’ independent living program does not provide caregiver training or support for life skills development.
Embrace Families	<p><i>“Provides caregivers guidance if requested in the form of a one-page handout, developed by Shasta 21st Century Career Connections, detailing important life skills that should be taught to youth.”</i></p> <p><i>“A Youth Engagement Manager communicates upcoming events and opportunities for teens and young adults to expose them to a multitude of life skills activities to out of home caregivers.”</i></p>
Families First Network	Not applicable for young adults 18-23. Unsure about supports for caregivers with youth ages 13-17.
Family Integrity Program	No caregiver-focused supports are provided.

CBC Lead Agency	Caregiver Supports
Northwest Florida Health Network	Life skills tips for foster parents are provided in weekly newsletters.
Partnership for Strong Families	<p>Case managers work with youth on life skill development when caregivers cannot take on the responsibility.</p> <p>It is unclear if there are any caregiver-focused supports.</p>
Safe Children Coalition	<p>The independent living team works to find new resources for youth and caregivers to utilize.</p> <p>A youth's Independent Living Team is made available to caregivers to help remove any life skills training barriers and to provide suggestions/recommendations.</p> <p>Safe Children Coalition searches the community and engages with community organizations and stakeholders to identify life skills development and implementation resources on an ongoing basis.</p> <p>Safe Children Coalition organizes and hosts an Independent Living Youth conference annually.</p>

Table A.3: Summary of Structured Informal Life Skills Assessments by CBC

CBC Lead Agency	Assessment	Age Range	Frequency	Documentation	Purpose
Brevard Family Partnership	Agency Specific Assessment	13-15	Once a year	FSFN	Assessment is shared with caregivers to help them understand their youth's strengths and needs.
	Life Skills Log	13-21	Monthly	FSFN, IL note with NYTD designation entered CLS for older youth	Logs are used to monitor and ensure that caregivers are engaging youth in life skills development. Caregivers complete logs by documenting monthly progress on developing life skills outlined in a youth's life skills plan.
Child Net Inc.	Monthly Status Report	14-17	Monthly	FSFN	Reports are used to monitor and ensure that life skills development is occurring. Reports are developed by life coach agencies, which are then sent to ChildNet case managers and are uploaded to FSFN.
Children's Network of Southwest Florida	Life Skills Log	13 and older	30 days	FSFN	Caregivers complete monthly life skills logs. Primary case managers review logs with caregivers during their home visits.
	Caseworker App Questions	13 and older	During face-to-face home visits	Caseworker App	Caseworkers ask and discuss questions during monthly home visits with caregivers and youth. Questions focus on discussing in-home life skills training provided to teens, determining a youth's ongoing strengths and weaknesses for different life skills categories, and determining if a youth needs more training and help with life skills categories in order to become competent.
Citrus Family Care Network	Progress Documentation Log	13 and older	Monthly	FSFN	Caregivers and child welfare professionals use logs to review any progress a youth has made

CBC Lead Agency	Assessment	Age Range	Frequency	Documentation	Purpose
					in becoming competent in the life skills they identified in their life skills plan.
Communities Connected for Kids	Life Skills Progress Log	13-17	Monthly	Independent Living Section in FSFN, form uploaded to file cabinet	Logs are used to document a youth's progress in developing life skills that were identified as weaknesses in the independent living needs assessment, as well as life skills acquisition overall.
Embrace Families	Life Skills Log	13-17	Monthly	FSFN	Logs are used to document what types of life skills and life skills activities a youth engaged in on a monthly basis. Caregivers complete and submit the logs. In addition, caseworkers assess and document the level of life skills development at each contact with youth and at the 90-day youth transition meeting.
Families First Network	No structured informal needs assessment identified	N/A	N/A	N/A	N/A
Family Integrity Program	No structured informal needs assessment identified	N/A	N/A	N/A	N/A
Northwest Florida Health Network	No structured informal needs assessment identified	N/A	N/A	N/A	N/A
Partnership for Strong Families	Case manager assessment	Starting at 13	Monthly	Unknown	Logs are used to track ongoing life skills development progress.
	Caregiver Form	Unknown	Monthly	Unknown	Unknown
Safe Children Coalition	Life Skills Progress Documentation Log	Youth 13 plus	Monthly	Assessment documented in FSFN	Logs are used to document life skills progress on a monthly basis.

Table A.4: Summary of Independent Living Needs Assessment by CBC

CBC Lead Agency	Assessment	Age Range	Frequency	Documentation	Purpose
Brevard Family Partnership	Ansell-Casey Assessment	16-21	Once a year withing 30 days of youth/young adult's birthday starting at age 16	FSFN	Assessment shared with caregivers to show them the youth's strengths and needs.
Child Net Inc	Ansell-Casey Assessment	14-17	Once a year	FSFN	Assessments are used to set long- and short-term life skills goals, as well as to create life skills plans.
Children's Network of Southwest Florida	Ansell-Casey Assessment	15-17	Unknown	FSFN	Assessment used to identify life skills weaknesses and needs, activities to strengthen those life skills, develop life skills plans, and create service interventions.
Citrus Family Care Network	Ansell-Casey Assessment or alternative independent living needs assessment*	15-17	Once a year	FSFN	Assessment results are used to determine a youth's life skills strengths and weaknesses. They are also used to develop life skills plans, which usually focus on the 6 lowest scored life skills from CLSA.
Communities Connected for Kids	Daniel Memorial Assessment	16 and older	Conducted once, but ongoing progress is assessed	FSFN	Assessment is used to assess what independent living skills a youth already has and identify which skill areas need improvement.
Embrace Families	Washington State Assessment	16-17	At age 16, within 90 days of 17 th birthday, and discussed at 90-day transition meetings.	FSFN	Assessment is used to determine a youth's life skill development progress and help the adults involved with a youth's transition meetings understand a youth's current progress in life skills development. Assessments are

CBC Lead Agency	Assessment	Age Range	Frequency	Documentation	Purpose
					conducted only when they are needed.
Families First Network	No formal assessment for young adults ages 18-23. Unsure about assessment for youth ages 13-17. **	Not applicable for young adults 18-23. Unsure about youth ages 13-17.	Not applicable for young adults 18-23. Unsure about youth ages 13-17.	Not applicable for young adults 18-23. Unsure about youth ages 13-17.	Not applicable for young adults 18-23. Unsure about youth ages 13-17.
Family Integrity Program	Daniel Memorial Assessment	13-17	Annually	FSFN, Casey Life Skills Website, Filed with Court for Judicial Review	Assessment identifies life skill strengths and weaknesses and is used to identify additional services a youth needs or any life skills areas a case manager needs to focus on.
Northwest Florida Health Network	Daniel Memorial Assessment	Youth approaching age 18	Updated every 6 months	Unknown	Assessment identifies any life skills needs and guides case managers in working with youth to develop life skills.
Partnership for Strong Families	Daniel Memorial Assessment	Completed at age 16	Unknown	Unknown	Assessment identifies life skills strengths and weaknesses and is used by case managers and caregivers to help youth develop life skills.
Safe Children Coalition	Daniel Memorial Assessment	16 -17 (in accordance with 65C-28.009 F.A.C. and CFOP 170-17) but made available to any teen that could benefit from the assessment.	Annually, with progress being tracked monthly.	Daniel Memorial Assessment system, FSFN, and Safe Children Coalition's electronic records system.	The Daniel Memorial Assessment system creates a report of a youth's life skills strengths and weaknesses through grading the assessment. It also creates a Life Skills Plan.

* Citrus Family Care Network is currently trying to switch from the Ansell-Casey Assessment to the Daniel Memorial Assessment as its main independent living needs assessment.

** Families First Network had used the Daniel Memorial Assessment for young adults ages 18-23 in the past but has since stopped.

Table A.5: Summary of Life Skills Plans by CBC

CBC Lead Agency	Form/Plan	Age Range	Frequency	Documentation	Purpose
Brevard Family Partnership	My Pathways to Success Plan	16-21	Once a year	FSFN	Plans are used to help caregivers carry out life skills development with their youth. Case managers and caregivers develop the plan collaboratively using the life skills assessment results.
ChildNet Inc.	My Pathways to Success Plan	16-18	When a youth is ages 16, 17, 17.5, and sometimes 18	FSFN	Plans identify life skills and life goals a youth has and would like to achieve.
Children’s Network of Southwest Florida	My Pathways to Success Plan	13-17	Periodically	FSFN	Plans are used to create a pathway towards life skills competency and encourage youth to improve on life skills.
Citrus Family Care Network	Life Skills Assessment Plan (LSAP)	13-15	Annually	FSFN	N/A
	My Pathways to Success Plan	16-17	Annually	FSFN	N/A
Communities Connected for Kids	My Pathways to Success Plan	16-17	Reviewed at staffing meetings at ages 17, 17.5, and pre-18	FSFN	Plans are used by independent living specialists to guide their approach to helping prepare a youth for the future. Plans are developed based on life skills needs that are identified by youth.
Embrace Families	My Pathways to Success Plan	16-17	Updated every 90 days at youth transition meetings	FSFN	Plans are used to help determine what types of things a youth needs to know by the time they turn 18.
Families First Network	Not applicable for young adults 18-23. Unsure about youth ages 13-17.	Not applicable for young adults 18-23. Unsure about youth ages 13-17.	Not applicable for young adults 18-23. Unsure about youth ages 13-17.	Not applicable for young adults 18-23. Unsure about youth ages 13-17.	Not applicable for young adults 18-23. Unsure about youth ages 13-17.

CBC Lead Agency	Form/Plan	Age Range	Frequency	Documentation	Purpose
Family Integrity Program	Transition Plan	16-18	Every 6 months	FSFN, filed with court for judicial review	N/A
Northwest Florida Health Network	My Pathways to Success Plan	N/A	N/A	N/A	Plans are used to facilitate conversations about life skills development with youth.
Partnership for Strong Families	Life skills plans are completed, but no standardized format for plan. Plans can be in the form of a case note	N/A	N/A	N/A	N/A
Safe Children Coalition	Plans are generated using the Daniel Memorial Assessment system	16-17	Created annually and updated monthly	Daniel Memorial Assessment system, FSFN, Safe Children Coalition's electronic records system	N/A

APPENDIX B | PROFESSIONALS' PERCEPTIONS OF LIFE SKILLS DOMAINS

Table B.1: Academic Support

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to arrange services for academic support?	0% (0)	12.5% (3)	41.7% (10)	37.5% (9)	8.3% (2)
Do youth receive academic support?	0% (0)	8.3% (2)	29.2% (7)	45.8% (11)	16.7% (4)
Do child welfare professionals have to take responsibility for ensuring youth receive academic support?	4.2% (1)	20.8% (5)	8.3% (2)	29.2% (7)	37.5% (9)

Table B.2: Postsecondary Educational Support

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to provide or arrange services for post-secondary educational support?	8.3% (2)	29.2% (7)	25.0% (6)	29.2% (7)	8.3% (2)
Do youth receive post-secondary educational support?	4.2% (1)	4.2% (1)	33.3% (8)	41.7% (10)	16.7% (4)
Do child welfare professionals have to take responsibility for ensuring youth receive post-secondary educational support?	12.5% (3)	4.2% (1)	12.5% (3)	41.7% (10)	29.2% (7)

Table B.3: Career Preparation

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to provide or arrange services for career-preparation?	4.2% (1)	20.8% (5)	33.3% (8)	33.3% (8)	8.3% (2)
Do youth receive services for career-preparation?	4.2% (1)	16.7% (4)	29.2% (7)	25.0% (6)	20.8% (5)
Do child welfare professionals have to take responsibility for ensuring youth receive services for career-preparation?	8.3% (2)	12.5% (3)	16.7% (4)	41.7% (10)	16.7% (4)

Table B.4: Employment Programs or Vocational Training

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to provide or arrange for employment programs or vocational training?	16.7% (4)	29.2% (7)	20.8% (5)	20.8% (5)	12.5% (3)
Do youth receive employment programs or vocational training?	16.7% (4)	4.2% (1)	33.3% (8)	33.3% (8)	12.5% (3)
Do child welfare professionals have to take responsibility for ensuring youth receive services for vocational training?	16.7% (4)	12.5% (3)	25.0% (6)	20.8% (5)	25.0% (6)

TABLE B.5: BUDGET AND FINANCIAL MANAGEMENT

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to provide or arrange for budget and financial management training?	0% (0)	33.3% (8)	25.0% (6)	16.7% (4)	20.8% (5)
Do youth receive budget and financial management training?	0% (0)	16.7% (4)	37.5% (9)	20.8% (5)	20.8% (5)
Do child welfare professionals have to take responsibility for ensuring youth receive budget and financial management training?	4.2% (1)	8.3% (2)	20.8% (5)	41.7% (10)	20.8% (5)

Table B.6: Housing Education and Home Management Training

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to provide or arrange for housing education and home management?	8.3% (2)	25.0% (6)	12.5% (3)	33.3% (8)	16.7% (4)
Do youth receive housing education and home management?	4.2% (1)	12.5% (3)	29.2% (7)	33.3% (8)	16.7% (4)
Do child welfare professionals have to take responsibility for ensuring youth receive housing education and home management?	8.3% (2)	8.3% (2)	20.8% (5)	33.3% (8)	25.0% (6)

Table B.7: Health Education and Risk Prevention

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to provide or arrange for health education and risk prevention?	0% (0)	29.2% (7)	25.0% (6)	37.5% (9)	4.2% (1)
Do youth receive services for health education and risk prevention?	0% (0)	20.8% (5)	29.2% (7)	33.3% (8)	12.5% (3)
Do child welfare professionals have to take responsibility for ensuring youth receive services for health education and risk prevention?	4.2% (1)	8.3% (2)	20.8% (5)	50.0% (12)	12.5% (3)

Table B.8: Family Support and Healthy Marriage Education

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to provide or arrange for family support and healthy marriage education?	8.3% (2)	33.3% (8)	20.8% (5)	35.0% (6)	4.2% (1)
Do youth receive services for family support and healthy marriage education?	8.3% (2)	16.7% (4)	29.2% (7)	35.0% (6)	12.5% (3)
Do child welfare professionals have to take responsibility for ensuring youth receive services for family support and healthy marriage education?	16.7% (4)	8.3% (2)	35.0% (6)	33.3% (8)	8.3% (2)

Table B:9: Mentoring

How often...? (N = 24)	Never	Rarely	Sometimes	Often	Always
Are caregivers able to provide or arrange for mentoring?	8.3% (2)	33.3% (8)	20.8% (5)	20.8% (5)	8.3% (2)
Do youth receive mentoring on a regular basis?	4.2% (1)	20.8% (5)	25.0% (6)	29.2% (7)	12.5% (3)
Do child welfare professionals have to take responsibility for ensuring youth receive mentoring?	4.2% (1)	25.0% (6)	4.2% (1)	41.7% (10)	16.7% (4)

APPENDIX C | RESULTS OF SECONDARY ANALYSIS OF ADMINISTRATIVE DATA FROM NYTD

Receipt of Support Services | At Any Time Point

Every six months, caseworkers provide reports on youths' receipt of independent living services. This dataset is then updated to represent receipt of services at any time point. Below, the evaluators provide tables with data by CBC to indicate age at the first receipt of these services (<16, 16-17, 18+).

Table C.1: Independent Living Needs Assessment

Age at the first receipt of independent living needs assessment				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc	0	1	0	1
Family Support Services of North Florida	6	7	0	13
Families First Network	1	2	0	3
Eckerd Connects	1	2	0	3
Safe Children Coalition	0	2	0	2
Citrus Family Care Network	0	0	1	1
Embrace Families	0	1	0	1
Heartland for Children	3	2	0	5
Community Partnership for Children	2	2	0	4
N/A (i.e., de-identified records)	26	23	4	53
Total	39 (44.3%)	44 (50%)	5 (5.7%)	88 (100%)

Table C.2: Academic Support

Age at the first receipt of academic support				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Child Net Inc.	0	0	1	1
Family Support Services of North Florida	4	3	2	9
Families First Network	0	2	0	2
Eckerd Connects	2	4	1	7
Safe Children Coalition	0	1	2	3
Citrus Family Care Network	0	1	0	1
Embrace Families	2	1	1	4
Heartland for Children	0	7	0	7
Community Partnership for Children	0	2	0	2
NA	13	38	44	95
Total	21 (15.9%)	60 (45.5%)	51 (38.6%)	132 (100%)

Table C.3: Postsecondary Educational Support

Age at the first receipt of postsecondary educational support				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Child Net Inc.	0	0	2	2
Family Support Services of North Florida	0	4	0	4
Eckerd Connects	1	0	1	2
Kids Central Inc.	0	1	0	1
Citrus Family Care Network	0	0	2	2
Embrace Families	0	3	0	3
Heartland for Children	0	1	0	1
Community Partnership for Children	0	3	0	3
NA	3	28	45	76
Total	4 (4.2%)	41 (43.2%)	50 (52.6%)	95

Table C.4: Career Preparation Services

Age at first receipt of career-preparation services				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Child Net Inc.	2	0	0	2
Family Support Services of North Florida	5	5	0	10
Families First Network	0	1	1	2
Eckerd Connects	2	3	0	5
Children's Network of Southwest Florida	1	1	0	2
Kids Central Inc.	0	1	0	1
Citrus Family Care Network	0	1	1	2
Embrace Families	0	4	0	4
Community Partnership for Children	0	3	0	3
NA	10	35	30	75
Total	20 (18.7%)	55 (51.4%)	32 (29.9%)	107

Table C.5: Employment Programs Support

Age at first receipt of employment programs support				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Family Support Services of North Florida	0	1	0	1
Families First Network	0	1	1	2
Eckerd Connects	1	0	0	1
Kids Central Inc	0	1	0	1
Citrus Family Care Network	0	1	1	2
Embrace Families	0	2	4	6
Community Partnership for Children	0	2	0	2
NA	2	28	37	67
Total	3 (3.6%)	37 (44.6%)	43 (51.8%)	83

Table C.6: Budget/Financial Management Support

Age at the first receipt of budget/financial management support				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Child Net Inc.	0	0	1	1
Family Support Services of North Florida	5	6	0	11
Families First Network	0	1	0	1
Eckerd Connects	1	1	0	2
Children's Network of Southwest Florida	0	1	0	1
Citrus Family Care Network	1	3	1	5
Embrace Families	0	4	1	5
Heartland for Children	0	1	0	1
Community Partnership for Children	0	4	0	4
NA	12	38	40	90
Total	19 (15.6%)	60 (49.2%)	43 (35.2%)	122

Table C.7: Housing Education and Home Management Training

Age at the first receipt of housing education/home management training				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Family Support Services of North Florida	5	4	1	10
Families First Network	0	2	0	2
Eckerd Connects	5	1	0	6
Children's Network of Southwest Florida	1	0	0	1
Kids Central Inc.	0	1	0	1
Citrus Family Care Network	0	1	1	2
Embrace families	0	4	3	7
Heartland for Children	0	1	0	1
Community Partnership for Children	0	4	0	4
NA	14	44	37	95
Total	25 (19.2%)	63 (48.5%)	42 (32.3%)	130

Table C.8: Education on Health and Risk Prevention

Age at the first time of receiving education on health & risk prevention				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Child Net Inc.	1	0	0	1
Family Support Services of North Florida	3	4	2	9
Families First Network	0	1	1	2
Eckerd Connects	1	3	1	5
Children's Network of Southwest Florida	1	0	0	1
Citrus Family Care Network	0	1	1	2
Embrace Families	0	4	3	7
Heartland for Children	0	1	0	1
Community Partnership for Children	1	3	0	4
NA	9	46	26	81
Total	16 (14.0%)	64 (56.1%)	34 (30.0%)	114 (100%)

Table C.9: Family Support and Healthy Marriage Education

Age at the First Time of Receiving Family Support & Healthy Marriage Education				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Family Support Services of North Florida	3	3	1	7
Families First Network	0	1	0	1
Eckerd Connects	1	2	0	3
Children's Network of Southwest Florida	1	0	0	1
Kids Central Inc.	0	1	0	1
Citrus Family Care Network	0	1	1	2
Embrace Families	0	2	1	3
Community Partnership for Children	1	2	0	3
NA	9	28	28	65
Total	15 (17.2%)	41 (47.1%)	31 (35.7%)	87 (100%)

Table C.10: Mentoring

Age at the first receipt of mentoring services				
CBC	Ages <16	Ages 16-17	Age 18+	Total
Brevard Family Partnership	0	1	0	1
Child Net Inc.	1	0	0	1
Family Support Services of North Florida	1	1	0	2
Citrus Family Care Network	0	1	1	2
Embrace Families	0	2	0	2
Community Partnership for Children	0	2	0	2
NA	1	26	26	53
Total	3 (4.8%)	33 (52.3%)	27 (42.9%)	63 (100%)

Youth Outcomes at Age 17 | Wave 1 | All Youth

At wave 1, all youth ($N = 215$) outcomes were measured when the youth turned 17. The tables below depict outcome data by CBC lead agency.

Financial Self-Sufficiency

Table C.11: Full-Time Employment

Full-Time Employment*				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc	0	5	1	6
Families Support Services of North Florida	0	15	0	15
Families First Network	0	3	0	3
Eckerd Connects	1	10	0	11
Children's Network of Southwest Florida	0	2	1	3
Safe Children Coalition	0	4	0	4
Kids Central	0	2	0	2
Citrus Family Care Network	1	6	0	7
Embrace families	0	8	0	8
Heartland for Children	0	5	0	5
Community Partnership for Children	0	4	0	4
NA	4	140	1	145
Total	6 (2.8%)	206 (95.8%)	3 (1.4%)	215

* Employed at least 35 hours per week in one or multiple jobs

Table C.12: Part-time Employment

Part-Time Employment*				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc.	2	3	1	6
Families Support Services of North Florida	3	12	0	15
Families First Network	0	3	0	3
Eckerd Connects	3	8	0	11
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	1	3	0	4
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	1	6	0	7
Embrace Families	0	8	0	8
Heartland for Children	2	3	0	5
Community Partnership for Children	1	3	0	4
NA	30	115	0	145
Total	43 (20%)	171 (79.5%)	1 (0.5%)	215

**Employed between one and 34 hours per week in one or multiple jobs*

Table C.13: Employment-related Skills

Employment-Related Skills				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc.	0	5	1	6
Family Support Services of North Florida	3	12	0	15
Families First Network	0	3	0	3
Eckerd Connects	4	6	1	11
Children's Network of Southwest Florida	1	2	0	3
Safe Children Coalition	0	4	0	4
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	7	0	7
Embrace Families	2	6	0	8
Heartland for Children	2	3	0	5
Community Partnership for Children	1	3	0	4
NA	37	103	5	145
Total	50 (23.3%)	158 (73.5%)	7 (3.2%)	215

Table C.14: Receiving Educational Aid

Educational Aid Receipt				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc.	0	5	1	6
Family Support Services of North Florida	2	13	0	15
Families First Network	0	3	0	3
Eckerd Connects	0	11	0	11
Children's Network of Southwest Florida	0	2	1	3
Safe Children Coalition	1	3	0	4
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	1	6	0	7
Embrace Families	2	6	0	8
Heartland for Children	0	5	0	5
Community Partnership for Children	0	4	0	4
NA	11	132	2	145
Total	17 (7.9%)	194 (90.2%)	4 (1.9%)	215

Table C.15: Social Security Receipt

Social Security Receipt				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc.	1	4	1	6
Family Support Services of North Florida	3	11	1	15
Families First Network	1	2	0	3
Eckerd Connects	2	8	1	11
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	0	4	0	4
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	1	6	0	7
Embrace Families	2	5	1	8
Heartland for Children	1	3	1	5
Community Partnership for Children	0	4	0	4
NA	23	116	6	145
Total	34 (15.8%)	170 (79.1%)	11 (5.1%)	215

Table C.16: Other Financial Support

Other Financial Support				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc.	0	6	0	6
Family Support Services of North Florida	4	11	0	15
Families First Network	0	3	0	3
Eckerd Connects	1	10	0	11
Children's Network of Southwest Florida	1	2	0	3
Safe Children Coalition	1	3	0	4
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	7	0	7
Embrace Families	2	6	0	8
Heartland for Children	1	3	1	5
Community Partnership for Children	0	4	0	4
NA	29	110	6	145
Total	39 (18.1%)	169 (78.6%)	7 (3.3%)	215

Educational Attainment

Table C.17: Current Enrollment

Current Enrollment				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	2	0	0	2
Child Net Inc.	5	1	0	6
Family Support Services of North Florida	14	1	0	15
Families First Network	3	0	0	3
Eckerd Connects	10	0	1	11
Children's Network of Southwest Florida	2	1	0	3
Safe Children Coalition	3	0	1	4
Kids Central Inc.	2	0	0	2
Citrus Family Care Network	6	1	0	7
Embrace Families	5	2	1	8
Heartland for Children	4	1	0	5
Community Partnership for Children	4	0	0	4
NA	131	11	3	145
Total	191 (88.8%)	18 (8.4%)	6 (2.8%)	215

Table C.18: Highest Education Certification Received

Highest Educational Certification Received				
CBC Lead Agency	High school or GED	Vocational certificate	None of the above	Declined
Brevard Family Partnership	0	2	2	0
Child Net Inc.	1	0	5	0
Family Support Services of North Florida	3	0	12	0
Families First Network	0	0	3	0
Eckerd Connects	2	0	9	0
Children's Network of Southwest Florida	0	0	3	0
Safe Children Coalition	1	0	3	0
Kids Central Inc.	0	0	2	0
Citrus Family Care Network	3	0	4	0
Embrace Families	0	0	8	0
Heartland for Children	0	0	5	0
Community Partnership for Children	0	0	3	1
NA	9	1	130	5
Total	19 (8.8%)	1 (0.5%)	189 (87.9%)	6 (2.8%)

Reliable Relationships, Homelessness, and Risk Behavior

Table C.19: Connection to Adult

Connection to Adult				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	2	0	0	2
Child Net Inc.	5	0	1	6
Family Support Services of North Florida	12	2	1	15
Families First Network	3	0	0	3
Eckerd Connects	11	0	0	11
Children's Network of Southwest Florida	3	0	0	3
Safe Children Coalition	4	0	0	4
Kids Central Inc.	2	0	0	2
Citrus Family Care Network	7	0	0	7
Embrace Families	7	1	0	8
Heartland for Children	4	1	0	5
Community Partnership for Children	4	0	0	4
NA	130	15	0	145
Total	194 (90.2%)	19 (8.8%)	2 (0.9%)	215

Table C.20: Homelessness

Homelessness				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc.	1	5	0	6
Family Support Services of North Florida	7	8	0	15
Families First Network	0	3	0	3
Eckerd Connects	1	10	0	11
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	2	2	0	4
Kids Central Inc.	0	1	0	2
Citrus Family Care Network	2	5	1	7
Embrace Families	3	5	0	8
Heartland for Children	0	5	0	5
Community Partnership for Children	0	4	0	4
NA	43	99	0	145
Total	59 (27.4%)	152 (70.7%)	3 (1.4%)	215

Table C.21: Substance Abuse Referral

Substance Abuse Referral				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc.	0	6	0	6
Family Support Services of North Florida	6	7	2	15
Families First Network	1	2	0	3
Eckerd Connects	0	11	0	11
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	1	3	0	4
Kids Central Inc.	0	1	1	2
Citrus Family Care Network	0	7	0	7
Embrace Families	2	6	0	8
Heartland for Children	2	3	0	5
Community Partnership for Children	1	3	0	4
NA	28	115	2	145
Total	41 (19.1%)	169 (78.6%)	5 (2.3%)	215

Table C.22: Incarceration

Incarceration				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	2	0	2
Child Net Inc.	2	4	0	6
Family Support Services of North Florida	9	6	0	15
Families First Network	2	1	0	3
Eckerd Connects	5	6	0	11
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	0	4	0	4
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	7	0	7
Embrace Families	6	2	0	8
Heartland for Children	3	2	0	5
Community Partnership for Children	2	2	0	4
NA	45	98	2	145
Total	74 (34.4%)	139 (64.7%)	2 (0.9%)	215

Childbirth and Marriage at the Time of the Child's Birth

Table C.23: Childbirth

Childbirth				
CBC Lead Agency	Yes	No	Declined	Total
Brevard Family Partnership	0	1	1	2
Child Net Inc.	0	5	1	6
Family Support Services of North Florida	0	14	1	15
Families First Network	0	3	0	3
Eckerd Connects	0	9	2	11
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	1	3	0	4
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	2	5	0	7
Embrace Families	0	8	0	8
Heartland for Children	1	4	0	5
Community Partnership for Children	0	3	1	4
NA	11	129	5	145
Total	15 (7.0%)	189 (87.9%)	11 (5.1%)	215

Table C.24: Marriage at Time of Childbirth

Marriage at Time of Childbirth				
CBC Lead Agency	No	Declined	Not applicable	Total
Brevard Family Partnership	0	0	2	2
Child Net Inc.	0	0	6	6
Family Support Services of North Florida	0	0	15	15
Families First Network	0	0	3	3
Eckerd Connects	0	0	11	11
Children's Network of Southwest Florida	0	0	3	3
Safe Children Coalition	1	0	3	4
Kids Central Inc.	0	0	2	2
Citrus Family Care Network	2	0	5	7
Embrace Families	0	0	8	8
Heartland for Children	1	0	4	5
Community Partnership for Children	0	0	4	4
NA	10	1	134	145
Total	14 (6.5%)	1 (0.5%)	200 (93.0%)	215

Medicaid and Other Health Insurance

Table C.25: Medicaid

Medicaid					
CBC Lead Agency	Yes	No	Declined	Don't know	Total
Brevard Family Partnership	1	0	0	1	2
Child Net Inc.	3	2	0	1	6
Family Support Services of North Florida	10	3	1	1	15
Families First Network	2	0	0	1	3
Eckerd Connects	6	0	1	4	11
Children's Network of Southwest Florida	1	0	0	2	3
Safe Children Coalition	2	0	0	2	4
Kids Central Inc.	2	0	0	0	2
Citrus Family Care Network	6	1	0	0	7
Embrace Families	5	1	0	2	8
Heartland for Children	3	1	0	1	5
Community Partnership for Children	3	0	0	1	4
NA	90	15	5	35	145
Total	134 (62.3%)	23 (10.7%)	7 (3.3%)	51 (23.7%)	215

Table C.26: Other Health Insurance Coverage

Other Health Insurance Coverage					
CBC Lead Agency	Yes	No	Declined	Don't know	Total
Brevard Family Partnership	0	1	0	1	2
Child Net Inc.	3	2	0	1	6
Family Support Services of North Florida	6	6	0	3	15
Families First Network	0	2	0	1	3
Eckerd Connects	2	3	0	6	11
Children's Network of Southwest Florida	0	1	0	2	3
Safe Children Coalition	2	1	0	1	4
Kids Central Inc.	0	1	0	1	2
Citrus Family Care Network	1	6	0	0	7
Embrace Families	2	4	0	2	8
Heartland for Children	1	3	0	1	5
Community Partnership for Children	0	2	0	2	4
NA	26	63	3	53	145
Total	43 (20%)	95 (44.2%)	3 (1.4%)	74 (34.4%)	215

Table C.27: Medical

Health Insurance Type: Medical						
CBC Lead Agency	Yes	No	Declined	Don't know	Not applicable	Total
Brevard Family Partnership	0	0	0	0	2	2
Child Net Inc.	1	2	0	0	3	6
Family Support Services of North Florida	5	0	0	1	9	15
Families First Network	0	0	0	0	3	3
Eckerd Connects	2	0	0	0	9	11
Children's Network of Southwest Florida	0	0	0	0	3	3
Safe Children Coalition	2	0	0	0	2	4
Kids Central Inc.	0	0	0	0	2	2
Citrus Family Care Network	1	0	0	0	6	7
Embrace Families	0	0	1	1	6	8
Heartland for Children	1	0	0	0	4	5
Community Partnership for Children	0	0	0	0	4	4
NA	19	0	2	5	119	145
Total	31 (14.4%)	2 (0.9%)	3 (1.4%)	7 (3.3%)	172 (80.0%)	215

Table C.28: Mental Health

Health Insurance Type: Mental Health					
CBC Lead Agency	Yes	No	Don't know	Not applicable	Total
Brevard Family Partnership	0	0	0	2	2
Child Net Inc.	1	0	0	5	6
Family Support Services of North Florida	4	1	0	10	15
Families First Network	0	0	0	3	3
Eckerd Connects	2	0	0	9	11
Children's Network of Southwest Florida	0	0	0	3	3
Safe Children Coalition	2	0	0	2	4
Kids Central Inc.	0	0	0	2	2
Citrus Family Care Network	0	0	1	6	7
Embrace Families	0	0	0	8	8
Heartland for Children	0	0	1	4	5
Community Partnership for Children	0	0	0	4	4
NA	15	2	2	126	145
Total	24 (11.2%)	3 (1.4%)	4 (1.9%)	184 (85.5%)	215

Table C.29: Prescription Drugs

Health Insurance Type: Prescription Drugs					
CBC Lead Agency	Yes	No	Don't know	Not applicable	Total
Brevard Family Partnership	0	0	0	2	2
Child Net Inc.	0	0	1	5	6
Family Support Services of North Florida	4	0	1	10	15
Families First Network	0	0	0	3	3
Eckerd Connects	1	1	0	9	11
Children's Network of Southwest Florida	0	0	0	3	3
Safe Children Coalition	2	0	0	2	4
Kids Central Inc.	0	0	0	2	2
Citrus Family Care Network	1	0	0	6	7
Embrace Families	0	0	0	8	8
Heartland for Children	0	0	1	4	5
Community Partnership for Children	0	0	0	4	4
NA	16	1	2	126	145
Total	24 (11.2%)	2 (0.9%)	5 (2.4%)	184 (85.5%)	215

Youth Outcomes at Age 19 | Wave 2 | Former Foster Youth

At wave 2, youth outcomes were measured when the youth turned 19. Since most youth (79.1%, $n = 125$) were not in foster care at the time of the follow-up survey, evaluators presented outcome data by groups (i.e., former foster youth vs. current foster youth) separately. See Tables for outcomes of former foster youth.

Financial Self-Sufficiency

Table C.30: Full-time Employment

Full-time Employment				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	0	4	1	5
Family Support Services of North Florida	2	10	0	12
Families First Network	1	0	0	1
Eckerd Connects	4	5	0	9
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	1	2	0	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	1	2	0	3
Embrace Families	1	5	0	6
Heartland for Children	1	1	0	2
Community Partnership for Children	0	1	0	1
NA	17	60	1	78
Total	28 (22.4%)	95 (76.0%)	2 (1.6%)	125

Table C.31: Part-time Employment

Part-time Employment				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	1	2	2	5
Family Support Services of North Florida	4	8	0	12
Families First Network	0	1	0	1
Eckerd Connects	3	6	0	9
Children's Network of Southwest Florida	2	1	0	3
Safe Children Coalition	0	2	1	3
Kids Central Inc.	1	1	0	2
Citrus Family Care Network	1	2	0	3
Embrace Families	2	4	0	6
Heartland for Children	1	1	0	2
Community Partnership for Children	0	1	0	1
NA	22	55	1	78
Total	37 (29.6%)	84 (67.2%)	4 (3.2%)	125

Table C.32: Employment-related Skills

Employment-related Skills				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	1	3	1	5
Family Support Services of North Florida	2	10	0	12
Families First Network	0	0	1	1
Eckerd Connects	3	6	0	9
Children's Network of Southwest Florida	1	2	0	3
Safe Children Coalition	0	3	0	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	3	0	3
Embrace Families	1	5	0	6
Heartland for Children	1	1	0	2
Community Partnership for Children	0	0	1	1
NA	22	54	2	78
Total	31 (24.8%)	89 (71.2%)	5 (4.0%)	125

Table C.33: Receiving Educational Aid

Educational Aid				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	1	4	0	5
Family Support Services of North Florida	3	9	0	12
Families First Network	1	0	0	1
Eckerd Connects	2	7	0	9
Children's Network of Southwest Florida	1	2	0	3
Safe Children Coalition	1	1	1	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	3	0	3
Embrace Families	3	3	0	6
Heartland for Children	1	1	0	2
Community Partnership for Children	0	1	0	1
NA	26	49	3	78
Total	39 (31.2%)	82 (65.6%)	4 (3.2%)	125

Table C.34: Public Financial Assistance

Public Financial Assistance				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	0	5	0	5
Family Support Services of North Florida	0	12	0	12
Families First Network	0	1	0	1
Eckerd Connects	0	9	0	9
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	0	3	0	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	3	0	3
Embrace Families	0	6	0	6
Heartland for Children	0	2	0	2
Community Partnership for Children	0	1	0	1
NA	9	66	3	78
Total	9 (7.2%)	113 (90.4%)	3 (2.4%)	125 (100%)

Table C.35: Public Food Assistance

Public Food Assistance				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	1	4	0	5
Family Support Services of North Florida	3	9	0	12
Families First Network	0	1	0	1
Eckerd Connects	2	7	0	9
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	2	1	0	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	2	1	0	3
Embrace Families	1	5	0	6
Heartland for Children	2	0	0	2
Community Partnership for Children	0	1	0	1
NA	23	54	1	78
Total	36 (28.8%)	88 (70.4%)	1 (0.8%)	125

Table C.36: Public Housing Assistance

Public Housing Assistance				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	0	5	0	5
Family Support Services of North Florida	3	8	1	12
Families First Network	0	1	0	1
Eckerd Connects	1	8	0	9
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	0	3	0	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	3	0	3
Embrace Families	0	6	0	6
Heartland for Children	1	1	0	2
Community Partnership for Children	0	1	0	1
NA	14	63	1	78
Total	19 (15.2%)	104 (83.2%)	2 (1.6%)	125

Table C.37: Other Financial Support

Other Financial Support				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	0	5	0	5
Family Support Services of North Florida	2	10	0	12
Families First Network	0	1	0	1
Eckerd Connects	2	7	0	9
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	1	2	0	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	3	0	3
Embrace Families	0	6	0	6
Heartland for Children	0	2	0	2
Community partnership for Children	0	1	0	1
NA	17	58	3	78
Total	22 (17.6%)	100 (80.0%)	3 (2.4%)	125

Educational Attainment

Table C.38: Current Enrollment

Current Enrollment				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	2	3	0	5
Family Support Services of North Florida	5	6	1	12
Families First Network	1	0	0	1
Eckerd Connects	2	7	0	9
Children's Network of Southwest Florida	3	0	0	3
Safe Children Coalition	2	1	0	3
Kids Central Inc.	2	0	0	2
Citrus Family Care Network	3	0	0	3
Embrace Families	2	3	1	6
Heartland for Children	2	0	0	2
Community Partnership for Children	0	1	0	1
NA	52	26	0	78
Total	76 (60.8%)	47 (37.6%)	2 (1.6%)	125

Table C.39: Highest Educational Certification Received

Highest Educational Certification Received					
CBC Lead Agency	High school or GED	Vocational certificate	None of the above	Declined	Total
Child Net Inc.	3	1	1	0	5
Family Support Services of North Florida	8	0	4	0	12
Families First Network	1	0	0	0	1
Eckerd Connects	7	0	2	0	9
Children's Network of Southwest Florida	1	0	2	0	3
Safe Children Coalition	2	0	0	1	3
Kids Central Inc.	0	0	2	0	2
Citrus Family Care Network	2	0	1	0	3
Embrace Families	4	0	2	0	6
Heartland for Children	1	0	1	0	2
Community Partnership for Children	0	0	1	0	1
NA	49	0	27	2	78
Total	78 (62.4%)	1 (0.8%)	43 (34.4%)	3 (2.4%)	125

Reliable Relationships, Homelessness, and Risk Behavior

Table C.40: Connection to Adults

Connection to Adults			
CBC Lead Agency	Yes	No	Total
Child Net Inc.	4	1	5
Family Support Services of North Florida	10	2	12
Families First Network	1	0	1
Eckerd Connects	7	2	9
Children's Network of Southwest Florida	3	0	3
Safe Children Coalition	2	1	3
Kids Central Inc.	2	0	2
Citrus Family Care Network	2	1	3
Embrace Families	5	1	6
Heartland for Children	2	0	2
Community Partnership for Children	1	0	1
NA	60	18	78
Total	99 (79.2%)	26 (20.8%)	125

Table C.41: Homelessness

Homelessness			
CBC Lead Agency	Yes	No	Total
Child Net Inc.	0	5	5
Family Support Services of North Florida	3	9	12
Families First Network	0	1	1
Eckerd Connects	4	5	9
Children's Network of Southwest Florida	0	3	3
Safe Children Coalition	0	3	3
Kids Central Inc.	0	2	2
Citrus Family Care Network	2	1	3
Embrace Families	2	4	6
Heartland for Children	0	2	2
Community Partnership for Children	0	1	1
NA	13	65	78
Total	24 (19.2%)	101 (80.8%)	125 (100%)

Table C.42: Substance Abuse Referral

Substance Abuse Referral				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	0	5	0	5
Family Support Services of North Florida	3	9	0	12
Families First Network	0	1	0	1
Eckerd Connects	1	8	0	9
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	0	3	0	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	1	2	0	3
Embrace Families	0	6	0	6
Heartland for Children	0	2	0	2
Community Partnership for Children	0	1	0	1
NA	7	70	1	78
Total	12 (9.6%)	112 (89.6%)	1 (0.8%)	125

Table C.43: Mentoring

Incarceration				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	1	4	0	5
Family Support Services of North Florida	4	7	1	12
Families First Network	0	1	0	1
Eckerd Connects	3	6	0	9
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	0	3	0	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	0	3	0	3
Embrace Families	3	3	0	6
Heartland for Children	0	2	0	2
Community Partnership for Children	0	1	0	1
NA	15	61	2	78
Total	26 (20.8%)	96 (76.8%)	3 (2.4%)	125

Childbirth and Marriage at the Time of the Child's Birth at Age 19

Table C.44: Childbirth

Childbirth				
CBC Lead Agency	Yes	No	Declined	Total
Child Net Inc.	0	5	0	5
Family Support Services of North Florida	2	8	2	12
Families First Network	0	1	0	1
Eckerd Connects	0	9	0	9
Children's Network of Southwest Florida	0	3	0	3
Safe Children Coalition	1	1	1	3
Kids Central Inc.	0	2	0	2
Citrus Family Care Network	1	2	0	3
Embrace Families	2	4	0	6
Heartland for Children	0	2	0	2
Community Partnership for Children	0	1	0	1
NA	10	68	0	78
Total	16 (12.8%)	106 (84.8%)	3 (2.4%)	125

Table C.45: Marriage at Time of Childbirth

Marriage at Time of Childbirth				
CBC Lead Agency	No	Declined	Not applicable	Total
Child Net Inc.	0	0	5	5
Family Support Services of North Florida	2	0	10	12
Families First Network	0	0	1	1
Eckerd Connects	0	0	9	9
Children's Network of Southwest Florida	0	0	3	3
Safe Children Coalition	1	0	2	3
Kids Central Inc.	0	0	2	2
Citrus Family Care Network	1	0	2	3
Embrace Families	2	0	4	6
Heartland for Children	0	0	2	2
Community Partnership for Children	0	0	1	1
NA	9	1	68	78
Total	15 (12.0%)	1 (0.8%)	109 (87.2%)	125

Medicaid Program and Other Health Insurance

Table C.46: Medicaid

Medicaid					
CBC Lead Agency	Yes	No	Declined	Don't know	Total
Child Net Inc.	3	1	0	1	5
Family Support Services of North Florida	9	1	0	2	12
Families First Network	1	0	0	0	1
Eckerd Connects	5	1	0	3	9
Children's Network of Southwest Florida	1	1	0	1	3
Safe Children Coalition	1	0	0	2	3
Kids Central Inc.	1	1	0	0	2
Citrus Family Care Network	2	0	0	1	3
Embrace Families	3	1	0	2	6
Heartland for Children	1	0	0	1	2
Community Partnership for Children	0	0	0	1	1
NA	56	6	1	15	78
Total	83 (66.4%)	12 (9.6%)	1 (0.8%)	29 (23.2%)	125

Table C.47: Other Health Insurance Coverage

Other Health Insurance Coverage					
CBC Lead Agency	Yes	No	Declined	Don't know	Total
Child Net Inc.	0	3	0	2	5
Family Support Services of North Florida	2	8	0	2	12
Families First Network	0	1	0	0	1
Eckerd Connects	0	5	0	4	9
Children's Network of Southwest Florida	1	1	0	1	3
Safe Children Coalition	1	2	0	0	3
Kids Central Inc.	1	1	0	0	2
Citrus Family Care Network	1	1	0	1	3
Embrace Families	1	3	0	2	6
Heartland for Children	0	1	0	1	2
Community Partnership for Children	0	0	0	1	1
NA	17	43	1	17	78
Total	24 (19.2%)	69 (55.2%)	1 (0.8%)	31 (24.8%)	125

Table C.48: Medical

Health Insurance Coverage: Medical					
CBC Lead Agency	Yes	No	Declined	Don't know	Total
Child Net Inc.	0	3	0	2	5
Family Support Services of North Florida	2	8	0	2	12
Families First Network	0	1	0	0	1
Eckerd Connects	0	5	0	4	9
Children's Network of Southwest Florida	1	1	0	1	3
Safe Children Coalition	1	2	0	0	3
Kids Central Inc.	1	1	0	0	2
Citrus Family Care Network	1	1	0	1	3
Embrace Families	1	3	0	2	6
Heartland for Children	0	1	0	1	2
Community Partnership for Children	0	0	0	1	1
NA	17	43	1	17	78
Total	24 (19.2%)	69 (55.2%)	1 (0.8%)	31 (24.8%)	125 (100%)

Table C.49: Mental Health

Health Insurance: Mental Health				
CBC Lead Agency	Yes	Don't know	Not applicable	Total
Child Net Inc.	0	0	5	5
Family Support Services of North Florida	1	1	10	12
Families First Network	0	0	1	1
Eckerd Connects	0	0	9	9
Children's Network of Southwest Florida	0	0	3	3
Safe Children Coalition	1	0	2	3
Kids Central Inc.	0	0	2	2
Citrus Family Care Network	1	0	2	3
Embrace Families	0	0	6	6
Heartland for Children	0	0	2	2
Community Partnership for Children	0	0	1	1
NA	12	1	65	78
Total	15 (12.0%)	2 (1.6%)	108 (86.4%)	125

Table C.50: Prescription Drugs

Health Insurance: Prescription Drugs				
CBC Lead Agency	Yes	Don't know	Not applicable	Total
Child Net Inc.	0	0	5	5
Family Support Services of North Florida	2	0	10	12
Families First Network	0	0	1	1
Eckerd Connects	0	0	9	9
Children's Network of Southwest Florida	0	0	3	3
Safe Children Coalition	1	0	2	3
Kids Central Inc.	0	0	2	2
Citrus Family Care Network	1	0	2	3
Embrace Families	0	0	6	6
Heartland for Children	0	0	2	2
Community Partnership for Children	0	0	1	1
NA	11	2	65	78
Total	15 (12.0%)	2 (1.6%)	108 (86.4%)	125

Youth Outcomes at Age 19 | Wave 2 | Current Foster Youth

At wave 2, 33 foster youth (20.9%) who were in foster care completed the follow-up survey. See table below for outcomes of current foster youth at age 19. Please note that outcomes were not presented by the CBC lead agencies due to the small sample size.

Table C.51: All Outcomes

All Outcomes											
	Yes	%	No	%	Declined	%	NA	%	Don't know	%	Total
Full time employment	6	18.2	26	78.8	1	3.0	0	0.0	0	0.0	33
Part time employment	9	27.3	23	69.7	1	3.0	0	0.0	0	0.0	33
Employment skills	9	27.3	22	66.7	2	6.1	0	0.0	0	0.0	33
Educational aid	8	24.2	23	69.7	2	6.1	0	0.0	0	0.0	33
Public financial assistance (N/A b/c they are in FC)	0	0.0	0	0.0	0	0.0	33	100.0	0	0.0	33
Public food assistance (N/A b/c they are in FC)	0	0.0	0	0.0	0	0.0	33	100.0	0	0.0	33
Public housing assistance (N/A b/c they are in FC)	0	0.0	0	0.0	0	0.0	33	100.0	0	0.0	33
Other financial support	12	36.4	19	57.6	2	6.1	0	0.0	0	0.0	33
Current enrollment and attendance	27	81.8	5	15.2	1	3.0	0	0.0	0	0.0	33
Connection to adult	30	90.9	3	9.1	0	0.0	0	0.0	0	0.0	33
Homelessness	10	30.3	23	69.7	0	0.0	0	0.0	0	0.0	33
Substance abuse referral	3	9.1	29	87.9	1	3.0	0	0.0	0	0.0	33
Incarceration	4	12.1	27	81.8	2	6.1	0	0.0	0	0.0	33
Childbirth	2	6.1	30	90.9	1	3.0	0	0.0	0	0.0	33
Marriage at time of child's birth	0	0.0	2	6.1	0	0.0	31	93.9	0	0.0	33
Medicaid	23	69.7	3	9.1	0	0.0	0	0.0	7	21.2	33
Other health insurance coverage	11	33.3	11	33.3	0	0.0	0	0.0	11	33.3	33
Health insurance-medical	9	27.3	0	0.0	0	0.0	22	66.7	2	6.1	33
Health insurance-mental health	7	21.2	1	3.0	0	0.0	24	72.7	1	3.0	33
Health insurance-prescription drugs	8	24.2	0	0.0	0	0.0	24	72.7	1	3.0	33
Highest educational certification received											
High school or GED	17	51.5									
Vocational certificate	1	3.0									
None of the above	11	33.3									
Declined to answer	4	12.1									

APPEARANCE RECORD

Youth Aging out of Care
Bill Number or Topic

1/24/23
Meeting Date

CF
Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Lisa Magruder

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Address 2139 Maryland Circle #1100
Street

Email lmagruder@fsu.edu

Tallahassee FL 32303
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

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Independent Living Services

Presentation to the Senate Committee on Children, Families, and Elder Affairs

Laila Racevskis, PhD, Staff Director for Health and Human Services



OPPAGA

Office of Program Policy Analysis and Government Accountability

JANUARY 24, 2023

Presentation Overview

- Project Scope and Methodology
- Background
- Measuring Independent Living (IL) Program Effectiveness
- IL Program Service Delivery
- IL Program Participation
- Child Welfare Staff and Stakeholder Perspectives on IL Services
- Young Adult Perspectives on IL Services
- IL Program Outcomes
- Recommendations

Project Scope and Methodology

Project Scope

As directed by the Legislature, OPPAGA reviewed the effectiveness of Florida's Independent Living (IL) services. Specifically, OPPAGA

- assessed the implementation of Florida's redesign of transition services initiated by the 2013 Nancy C. Detert Common Sense and Compassion Independent Living Act;
- sought to define self-sufficiency in regard to education, employment, health, housing, and general well-being; and
- identified best practices to assess if youth are prepared or on track to achieve self-sufficiency.

Methodology

**Federal and State
Program Document
Review**

Literature Review

**Information and
Data Requests**

**Assessment of
Stakeholder & DCF
IL Child Welfare
Staff Perspectives**

**Assessment of IL
Young Adult
Perspectives**

**Program
Participation and
Outcome Analyses**

Background

Independent Living Programs

Independent Living programs are established in federal and state law to help former foster youth successfully transition to adulthood. Federal and state law establish several service requirements for youth and young adults aging out of foster care.

Services for Youth (ages 13 to 17)

Life Skills

Transition Plan

Essential Documents

Services for Young Adults (ages 18 to 26)

Educational and Training Vouchers

Financial Assistance and Support
Services

Extended Foster Care

Medicaid Coverage

Program Implementation and Funding

Florida provides three programs to meet federal and state requirements:

Extended Foster Care (EFC)

Postsecondary Education Services and Support (PESS)

Aftercare Services

DCF is responsible for program oversight

IL services are provided by 19 Community-Based Care Lead Agencies

DCF funds IL programs through a combination of funds appropriated by the Legislature from several sources:

Title IV-E Foster Care

Chafee Foster Care Independence Program

Chafee Education and Training Vouchers Program

State General Revenue

Program Funding & Expenditures

- Allocations for IL programs increased from Fiscal Year 2017-18 through 2018-19 and remained relatively stable for the rest of OPPAGA's review period

Funding and Expenditures	Fiscal Year				
	2016-17	2017-18	2018-19	2019-20	2020-21
Total funds appropriated to DCF for IL programs (in millions)	\$29.5	\$29.5	\$37.0	\$38.2	\$38.2
Total expenditures by lead agencies for IL programs (in millions)	36.6	34.2	34.8	35.1	35.7
Difference (in millions)	(\$7.2)	(\$4.8)	\$2.2	\$3.1	\$2.5

Source: Department of Children and Families allocation and expenditure reports.

IL Program Services

EFC (ages 18-21)

- Supervised living arrangement
- Case management
- 24-hour crisis intervention and support
- Life skills
- Counseling
- Educational support
- Employment preparation and placement
- Development of support network

PESS (ages 18-23)

- \$1,720 monthly stipend
-  CBCs directly pay housing and utilities and disburse remaining funds to young adults until young adults demonstrate ability to manage payments
- Transitional and financial planning

Aftercare (ages 18 to 23)

- Mentoring or tutoring
- Mental health and substance abuse
- Life skills and parenting classes
- Job/career training
- Counselor consultation
- Temporary financial assistance
- Financial literacy training
- Emergency financial assistance (if in PESS)

Child Welfare Professional Training and Responsibilities

Training

- Child welfare preservice training and Child Welfare Professional Certification
- Currently, no statewide standardized IL training
- Some lead agencies have additional IL-specific training

Responsibilities

- Certain tasks and activities completed at specified ages
 - ↳ Age 13 – Informal life skills assessments
 - ↳ Age 14 – Credit checks
 - ↳ Age 16 – Transition planning and formal life skills assessment
 - ↳ Age 17 – Provide youth with identifying documentation

Measuring IL Program Effectiveness

Components of Self-Sufficiency and Well-Being



Recommendations From Studies of Young Adult Perspectives on the Transition to Adulthood

- Provide greater social support for youth, offer a meaningful say about choices that impact their lives, and provide hands-on life skills training that starts earlier
- Promote active engagement and involvement of youth in case planning and planning their transition from care
- Provide specific training for child welfare professionals on topics such as
 - Impacts of trauma
 - Working with youth as equal partners
 - Understanding adolescent brain development
 - Mental illness
 - Child welfare system involvement

IL Program Performance Measurement

Recent Independent Living Services Advisory Council recommendations are related to improving IL outcome data collection

- 2020 report recommended DCF add supportive adult field to Florida Safe Families Network data
- 2021 report discussed limitations on determining effectiveness of IL programs due to lack of adequate data
- DCF coordinating with lead agencies to collect more detailed data that will be reported in 2023

DCF annual reports lack meaningful metrics for most IL program outcome areas

- Increasing financial self-sufficiency (metric for EFC and Aftercare only)
- Improving educational attainment (all 3 programs use different metrics)
- Increasing connections to caring adults (no metric)
- Reducing homelessness (no metric)
- Reducing high-risk behavior (no metric)
- Improving access to health insurance (no metric)

Lead agencies report monitoring outcomes for IL youth in a variety of ways (17 lead agencies provided information)

- 11 assess internal processes such as completing transition planning
- 7 examine outcomes, including postsecondary enrollment and employment
- 2 use a life skills assessment
- 9 determine whether benchmarks are met
- 7 track measures related to well-being such as referrals for therapeutic services, having active bank accounts
- 2 do not look at IL progress measures

IL Program Service Delivery

The Legislature Has Made Several Changes to Increase and Expand IL Services

2013 Nancy C. Detert Common Sense and Compassion Independent Living Act

Extended foster care from age 18 to age 21

Revised Road to Independence Scholarship to Postsecondary Education Services & Support (PESS)

Transferred provision of life skills training to caregivers

Required the creation of a transition plan for foster youth at age 17

The Legislature made additional changes in 2019, 2021, and 2022

Assess youth's readiness for adulthood starting at age 13 and begin transition planning at age 16

Allow some PESS participants access to emergency financial assistance

Increase the PESS stipend from \$1,256 to \$1,720

Create the Office of Continuing Care under DCF to provide assistance to young adults who age out of foster care

IL Service Delivery Varies Across Lead Agencies



Young adults may not be participating in all IL programs for which they are eligible (e.g., EFC and PESS at the same time)

Lead agencies use a variety of staff to provide IL services; case managers report high caseloads

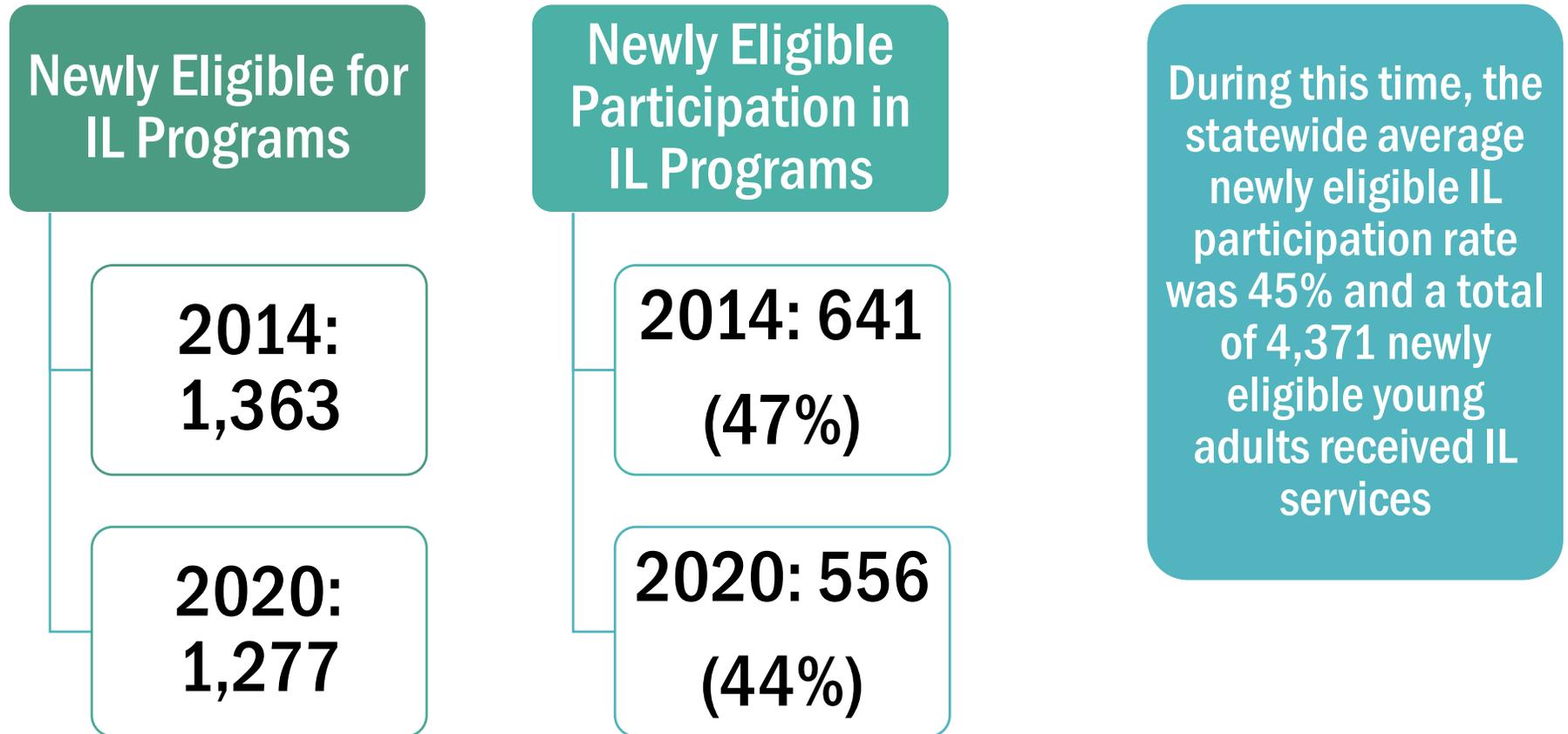
Lead agencies have discretion in how youth and young adults' needs are assessed

The most frequently reported services include assistance applying for public benefits and health insurance, transportation, mental health, and assistance finding housing

IL Program Participation

Participation in IL Programs Has Remained Relatively Stable

While the number of newly eligible participants has decreased slightly since 2014, the percentage of newly eligible young adults participating in IL programs remained relatively stable



IL Participant Timing

Overall, 79% of young adults who participated in IL programs participated in EFC, 54% participated in PESS, and 35% participated in Aftercare

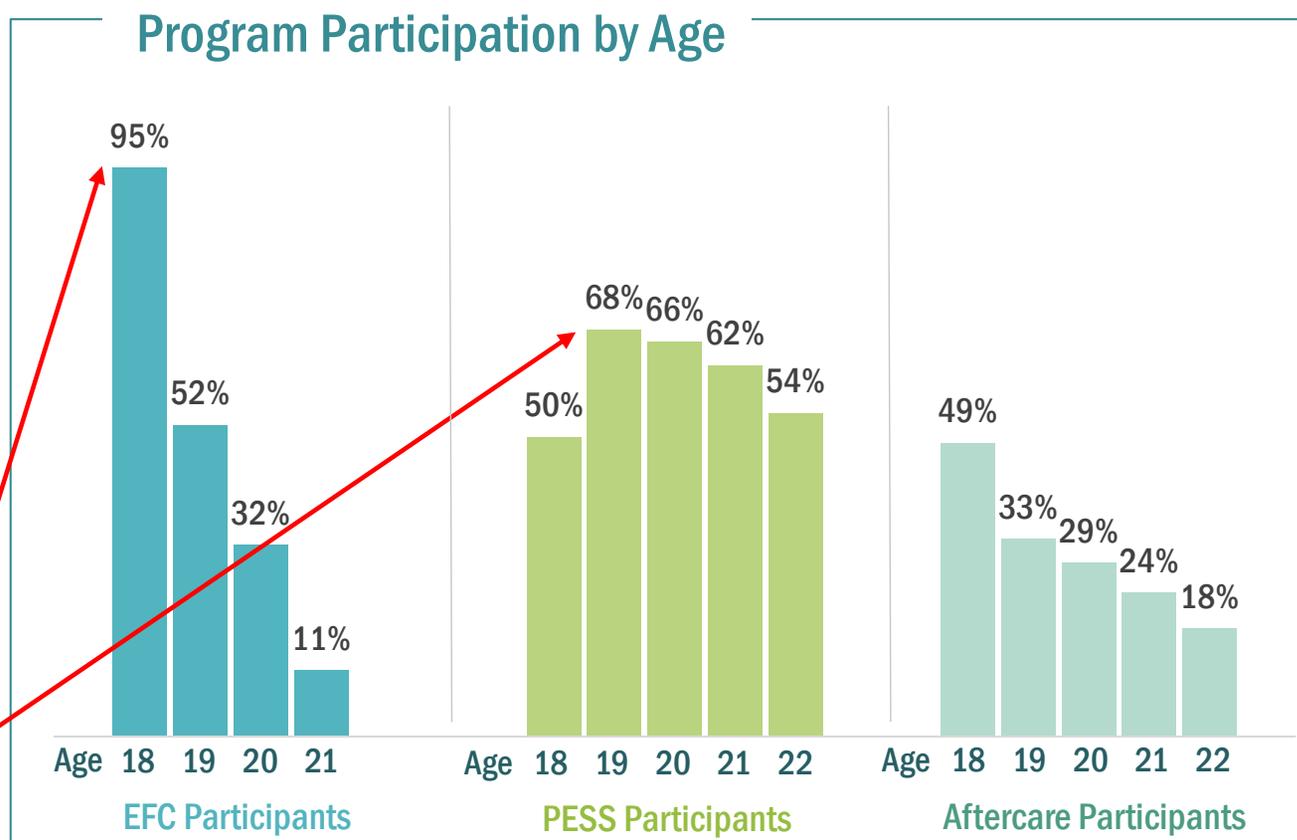
92% of all participants began receiving services at age 18

Most IL participants exit the programs by age 21

Program participation varies by age

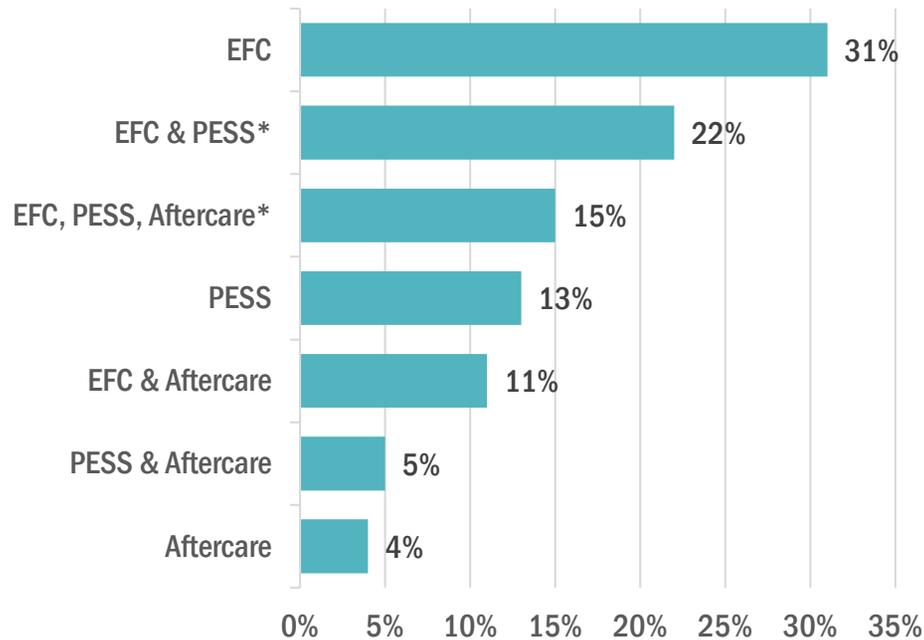
The most common EFC participation age is 18

The most common PESS participation age is 19

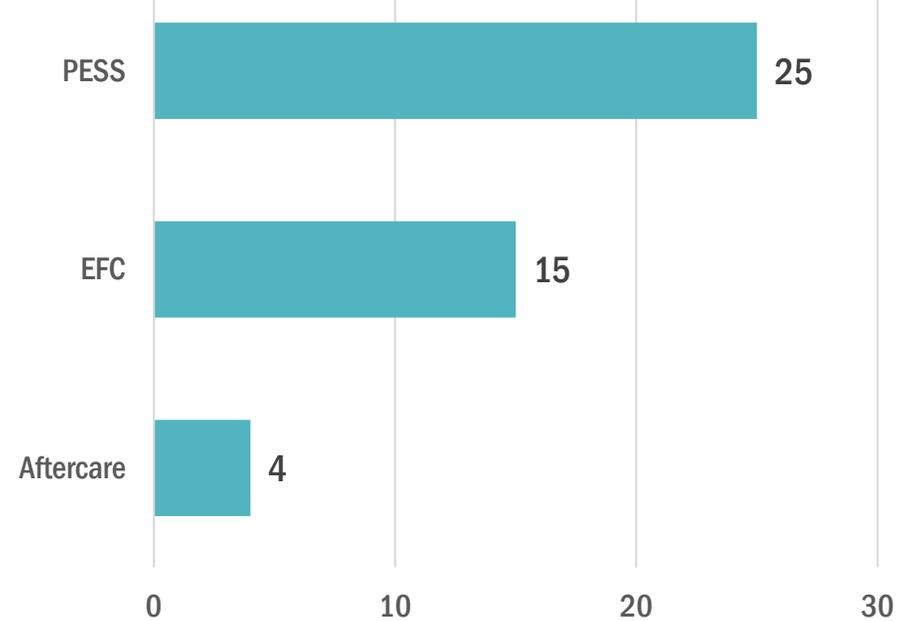


IL Program Combinations and Duration

Program Combinations



Average Program Duration (in months)



***Of those who participated in EFC & PESS, 88% participated in EFC first, then unenrolled in EFC and participated in PESS**

Characteristics of IL Participants & Non-Participants at Their 18th Birthday

Months in Foster Care

IL Participants 45

Non-Participants 28

High School Diploma or GED

IL Participants 16%

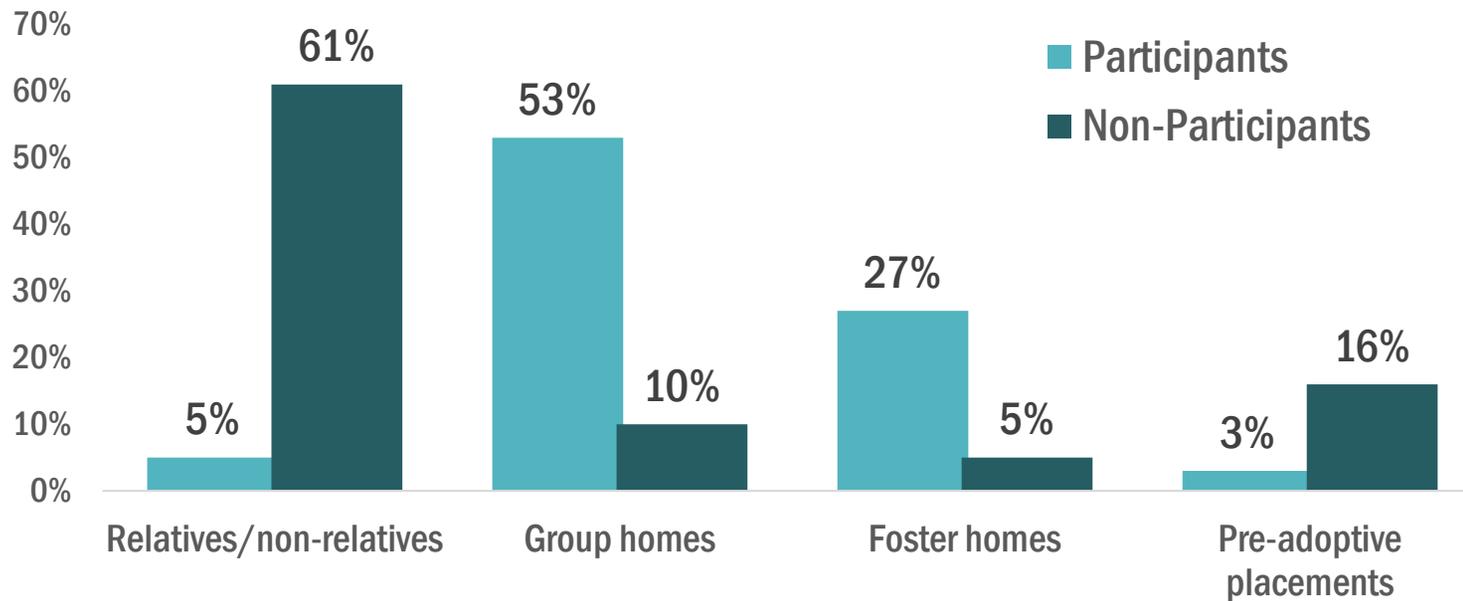
Non-Participants 10%

Prior DJJ Involvement

IL Participants 63%

Non-Participants 44%

Placement



Race & Gender

55% of IL participants were female and 49% were white

Child Welfare Staff and Stakeholder Perspectives on IL Services

Child Welfare Staff and Stakeholder Perspectives

Housing

The most frequently and consistently identified barrier young adults face, including affordability, availability, and appropriateness

Desire for Independence

Commonly cited as a reason young adults do not enroll in an IL program at age 18; among the top 3 reasons they leave programs

External Barriers

Difficulty finding supportive adults; food stamp delays; employment instability; limited public transportation

Internal Barriers

Difficulty implementing policy and program changes; insufficient knowledge about available resources, program benefits, & eligibility

Other Challenges

Lack of data; issues related to services and supports; lack of young adult engagement; life skills limitations; workforce barriers

Young Adult Perspectives on IL Services

Young Adult Perspectives

Case Manager Interactions

- Positive and negative experiences
- Turnover
- High caseloads
- Unresponsive

Life Skills Training

- Varies across the state
- In-depth and relevant for some, inadequate and not helpful for others
- Should be more hands-on
- Should continue post-18

Transition Planning

- Experiences vary widely
- Does not always occur before age 18
- Some experienced collaboration and meetings being youth-led, others reported insufficient knowledge and not being youth-led

Supportive Adults

- Most young adults had at least one supportive adult, some had none or not enough support

Other

- Most valuable services: Keys to Independence, PESS, adequate knowledge of programs and resources, youth advocacy organizations, financial assistance
- Needed services: peer support or social skills training

Young Adult Perspectives – Barriers and Continued Challenges



IL Program Outcomes

Outcomes for IL Participants Compared to Non-Participants Are Mixed

	Participants	Non-Participants
Education	59% received high school diploma or GED	48% received high school diploma or GED
Employment	87% were employed	80% were employed
Public Assistance Use: SNAP	86% received SNAP	72% received SNAP
Public Assistance Use: TANF	7% received TANF	22% received TANF
Criminal Justice Involvement	45% arrested	36% arrested

Recommendations

Recommendations (19 total)

Category (number of recommendations)	Addresses young adult-identified issue	Suggested by young adults
Housing (3)		
Youth voice (2)		
Life skills (2)		
Eligibility (2)		
EFC & PESS simultaneous participation (2)		
IL services information (2)		
Child welfare professionals & lead agencies (3)		
Performance measurement (3)		

Recommendations: Housing

Recommendation	Barrier Addressed
<p>DCF should work with lead agencies to ensure that the monthly room and board rates paid to EFC housing providers are in line with the local cost of living for safe and affordable housing and should work with local providers to address stigma regarding housing this population and thus better recruit housing providers for EFC participants</p>	<p>Lack of affordable, safe housing</p>
<p>DCF should work with Positive Pathways to help develop strategies to ensure that postsecondary institutions develop better housing options for foster youth and awareness of these options among institution staff, which could include on-campus housing dedicated to foster youth and information on safe and affordable housing off campus</p>	<p>Lack of affordable, safe housing for foster youth attending postsecondary education</p>
<p>DCF should continue to work with the Florida Housing Finance Corporation and other housing stakeholders to increase availability and accessibility of safe, affordable housing for former foster youth across the state</p>	<p>Lack of affordable, safe housing</p>

Recommendations: Youth Voice

Recommendation	Barrier Addressed
<p>DCF should direct the lead agencies to ensure that youth are engaged and feel heard in the transition planning process; the department should also develop IL-specific training standards for case managers and other staff designated to work with this population that include training staff to work with youth as equal partners</p>	<p>Youth feel their voice is not heard during transition planning and stakeholders report lack of youth engagement</p>
<p>DCF should direct lead agencies who have not already done so to support youth advisory boards and integrate youth voice (e.g., by inviting them to leadership meetings, creating a position on the board of directors, hiring former foster youth). DCF should continue to employ former IL participants as peer specialists.</p>	<p>Youth feel their voice is not heard and lack of effective, basic life skills training for youth and young adults</p>

Recommendations: Life Skills

Recommendation	Barrier Addressed
DCF should work with lead agencies to review the life skills assessment tools used by each lead agency, compare tools to national best practices, and direct lead agencies to adopt a standardized life skills assessment tool to collect consistent statewide information on IL youth and young adults' life skills development	Lack of standardized assessment tools used by lead agencies
DCF should direct the lead agencies to ensure that life skills training programs are available to IL youth in each region and are provided by caregivers, an IL young adult peer partner, lead agency IL staff, and/or a peer specialist staff	Lack of effective, basic life skills training for youth and young adults

Recommendations: Eligibility

Recommendation	Barrier Addressed
<p>DCF should regularly generate a list of foster youth who are eligible for IL programs and provide this information to the lead agencies; the list could be generated through a FSFN report and would remove any ambiguity regarding who is eligible for each program</p>	<p>Difficulties in eligibility determinations and lack of engagement with services</p>
<p>The Legislature could consider increasing the maximum age at which young adults are eligible for Aftercare Services, EFC, and PESS to at least age 26; raising the eligibility to age 26 would put the program in line with young adults' Medicaid eligibility</p>	<p>Financial needs of former foster youth and the need for ongoing supportive services</p>

Recommendations: EFC & PESS Simultaneous Participation

Recommendation	Barrier Addressed
DCF should work with the lead agencies to determine how young adults can receive a PESS stipend simultaneously with non-financial EFC services, such as 24-hour crisis intervention, case management, life skills training, and other services	Inability of young adults to participate in all available IL programs
The Legislature could amend statute to clarify that a young adult may receive financial payments from both EFC and PESS at the same time	Inability of young adults to participate in all available IL programs

Recommendations: IL Service Information

Recommendation	Barrier Addressed
DCF should create a comprehensive handbook for all youth eligible for IL services; the handbook should contain easily digestible service and benefit information, information on applying for public assistance programs, housing resources, foster care-specific supports available at postsecondary institutions, and local resources specific to each lead agency	Lack of knowledge among youth and young adults of available services
DCF should also incorporate a requirement in policy that supportive adults are discussed during transition planning and outline steps lead agencies must take to connect youth and young adults to supportive adults	Lack of supportive adults

Recommendations: Child Welfare Professionals and Lead Agencies

Recommendation	Barrier Addressed
<p>DCF should ensure that the revised specialized IL training is required of and completed by IL staff at each lead agency and require lead agencies to report to DCF annually that the training has been completed by staff who work with IL youth and young adults</p>	<p>Lack of knowledge of IL programs among Child welfare professionals</p>
<p>DCF should conduct a statewide caseload analysis to identify factors that are causing caseloads above recommended standards; based on the results, the department should assist the lead agencies in addressing the identified staffing shortages so that case managers can better assist youth</p>	<p>Case management workforce issues</p>
<p>DCF should ensure that each lead agency has a single emergency contact number for IL youth and young adults who need assistance outside of regular office hours and that this number is clearly communicated to each IL young adult; DCF should also maintain a list of all lead agency emergency contact numbers</p>	<p>Difficulty/inability of young adults to reach case worker outside of normal working hours</p>

Recommendations: Performance Measurement

Recommendation	Barrier Addressed
DCF should consider making certain IL module fields in FSFN required, including discharge reason	Lack of meaningful performance metrics to measure program effectiveness
DCF should ensure that information about supportive adults is tracked for each IL participant, including efforts to connect mentors to youth who have no identified supportive adult, by requiring the field in FSFN	Lack of supportive adults; lack of meaningful performance metrics to measure program effectiveness
DCF should develop outcome measures, with performance targets, that align with current state and federal requirements, and direct the lead agencies to report such measures in the Office of Child Welfare dashboard measures	Lack of meaningful program performance metrics

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FLORIDA LEGISLATURE OFFICE OF PROGRAM POLICY ANALYSIS AND
GOVERNMENT ACCOUNTABILITY

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations.



OPPAGA

Office of Program Policy Analysis and Government Accountability

Research Memorandum

January 2023

Review of Independent Living Programs in Florida

EXECUTIVE SUMMARY

Research shows that compared to peers, former foster youth are less likely to finish high school or become employed and have difficulty maintaining employment. When employed, former foster youth often earn lower wages and have lower lifetime earnings. Due in part to a lack of family and social supports, youth previously in care often face challenges while transitioning to adulthood.

Independent Living (IL) programs are established in federal and state law and designed to support a successful transition to adulthood and assist current and former foster youth in achieving self-sufficiency. As directed by the Legislature, OPPAGA reviewed the effectiveness of Florida's IL programs using a variety of research methods, including agency and other stakeholder interviews and information and data requests, literature and program documentation reviews, program participation and outcomes analyses, surveys of IL case managers and IL participants, focus groups with IL participants, and review of IL participant dependency files.

To meet state and federal requirements for providing IL services to foster youth and young adults formerly in foster care, Florida provides Extended Foster Care, Postsecondary Education Services and Support, and Aftercare Services. The Legislature has enacted several changes to state law since 2013 to increase and expand supports for young adults who age out of care. The Department of Children and Families (DCF) is responsible for oversight and administration of the programs, which are delivered at the local level through Community-Based Care Lead Agencies (lead agencies) that provide several

SCOPE

As directed by the Legislature, OPPAGA reviewed the effectiveness of Independent Living services. Specifically, OPPAGA assessed the implementation of Florida's redesign of transition services initiated by the 2013 Nancy C. Detert Common Sense and Compassion Independent Living Act. In addition, OPPAGA sought to define self-sufficiency in regard to education, employment, health, housing, and general well-being, and identify best practices to assess if youth are prepared or on track to achieve self-sufficiency.

services, including transition planning, mentoring, mental health, assistance finding affordable housing, transportation, and assistance applying for public benefits and health insurance. Different types of staff provide IL services through a lead agency or contracted case management organization, and while basic training requirements exist for all child welfare professionals, there is no standardized training specifically for IL staff. Based on information from focus groups, surveys, and case files reviewed, transition planning did not occur prior to age 18 for all young adults; those who completed a plan reported varying experiences and identified needed improvements.

There are no standardized definitions or measures for self-sufficiency or well-being for young adults formerly in foster care, but common components of each include financial security, education, housing, stable employment, independence from public assistance, permanent connections and social supports, and physical and mental health. Studies also show the importance of helping youth build social and emotional competencies, practical skills, and support from a caring adult. Research points to the importance of active engagement and involvement of youth in planning their transition from care. Some studies recommend that practitioners receive specific training to make programs more effective.

DCF and lead agencies reported a variety of methods of measuring IL program effectiveness, but DCF lacks meaningful performance measures. To meet the state statutory requirement of creating outcome measures, DCF provides information on federally required measures in its annual report but does not have standardized target performance measures, and not all programs have reported outcomes for all areas. Lead agencies have discretion in how youth and young adults' needs are assessed and conduct these assessments in a wide variety of ways.

The percentage of potentially eligible young adults who participated in an IL program remained relatively stable during OPPAGA's review period (January 1, 2014, through December 31, 2021). The number of young adults becoming potentially eligible for IL programs upon turning 18 has fluctuated over the past seven years, reaching a high of 1,509 in 2018 then declining over the next two years to 1,277 in 2020. Most young adults participate in IL programs at age 18 and stop participating by age 21. Youth who participated in IL programs spent more time in foster care prior to turning 18 and were less likely to be in family settings than those who did not participate. Youth who participated in IL had more prior involvement with the delinquency system than those who did not participate. A greater percentage of IL participants had a high school diploma from a Florida public school or GED prior to turning age 18 compared to those who did not participate.

Many barriers exist for young adults transitioning to adulthood, including a lack of safe and affordable housing, difficulty finding supportive adults, a lack of stable employment, limited transportation, and insufficient knowledge about available programs and services. Additional barriers reported by stakeholders include lack of consistent data tracking across lead agencies, difficulty hiring and retaining lead agency staff, lack of experience and training of staff, and high caseloads.

Young adults reported positive and negative experiences with their case managers, with several reporting that they did not receive sufficient help from their case manager. Life skills training experiences vary across the state, and young adults reported that they still need assistance with life skills topics. Many young adults feel unprepared for IL services to end, and most report challenges with housing and finances, needing more time to pursue postsecondary educational and employment goals, and challenges accessing medical and mental health services. Aging out of foster care, not meeting

eligibility requirements, and voluntarily leaving a program are some of the most frequently reported reasons young adults exit IL programs.

Data on young adult outcomes show mixed outcomes for IL participants in key areas. Young adults who participated in IL programs had a higher degree of law enforcement involvement post-age-18 than non-participants. While IL participants had higher percentages of earning a high school diploma or equivalent, the type of completion varied between participants and non-participants; few participants or non-participants had completed their postsecondary education. Participants had higher rates of Supplemental Nutrition Assistance Program usage, while non-participants had higher rates of Temporary Assistance for Needy Families usage. While participants overall had better employment outcomes than non-participants, this varied widely across programs.

INTRODUCTION

Research shows that former foster youth are less likely to finish high school or become employed and have difficulty maintaining employment; when employed, they often earn lower wages, leading to lower lifetime earnings. They are also more likely to experience homelessness and struggle to maintain stable housing; become parents earlier than peers who have not been in care; and lack important forms of social supports for living independently. Due in part to a lack of family and social supports, youth previously in care often face challenges while transitioning to adulthood.¹

Independent Living (IL) programs are established in federal law and designed to support a successful transition to adulthood and assist current and former foster youth in achieving self-sufficiency. These programs provide supports and services to youth who are likely to remain in foster care until age 18 and young adults up to age 23 who have prior foster care involvement.² These supports include the provision of foster care up to age 21 (referred to as extended foster care) and a variety of support services. States have discretion in program implementation, though there are federal requirements for the types of services and supports provided. As of March 2022, 48 states, the District of Columbia, and American Samoa allow youth who are in out-of-home care at the time of their 18th birthday to remain in extended foster care.³

As directed by the Legislature, OPPAGA reviewed the effectiveness of IL programs in Florida. OPPAGA used a wide variety of research methods to conduct this review, including agency and other stakeholder interviews and information and data requests, literature and program documentation reviews, program participation and outcomes analyses, surveys of IL case managers and IL participants, focus groups with IL participants, and a review of IL participant files in the Department of Children and Families’ (DCF) case management system. (See Exhibit 1.)

Exhibit 1

OPPAGA Used Numerous Research Methods to Review Florida’s Independent Living Programs

Methodology Used in OPPAGA’s Review	Entities/Participants
	Interviews with Department of Children and Families (DCF) staff
	Six interviews with seven Community-Based Care Lead Agencies
	Interviews with Florida-based Independent Living (IL) advocacy groups
	<ul style="list-style-type: none"> • Selfless Love Foundation/One Voice IMPAACT • Daniel Kids • Florida Youth SHINE • Florida Children’s Coalition Independent Living Subcommittee • Vita Nova
Assessment of stakeholder perspectives	<ul style="list-style-type: none"> • Ft. Lauderdale Independence, Training, and Education (FLITE) Center • Educate Tomorrow • Connected by 25
	Information requests from national IL research groups
	<ul style="list-style-type: none"> • Chapin Hall (interviewed) • Child Welfare League of America (interviewed) • National Foster Care Youth and Alumni Policy Council • Urban Institute
	Literature review of 95 academic studies and 52 studies from national entities

¹ Courtney et al. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 23 and 24*. Chicago: Chapin Hall at the University of Chicago. 2009; Laura Gypen et al., “Outcomes of Children Who Grew up in Foster Care: Systematic-Review,” *Children and Youth Services Review* 76 (2017): 74–83, <https://doi.org/10.1016/j.childyouth.2017.02.035>.

² States may provide services up until the age of 23 if they have elected to extend foster care to age 21.

³ Oregon and Utah do not offer extended foster care but do provide support services to former foster youth up to age 21.

Methodology Used in OPPAGA's Review	Entities/Participants
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Federal and state program documentation review	
Information and data requests	DCF Florida Safe Families Network child welfare history and IL participant and non-participant data
	Florida Department of Education IL participant and non-participant education and employment outcomes data
	Florida Department of Juvenile Justice IL participant and non-participant juvenile justice history data
	Florida Department of Law Enforcement IL participant and non-participant law enforcement history data
Program participation and outcome analyses	19 Community-Based Care Lead Agencies—IL program implementation and service delivery information
	Analyses of IL program participation and various education, employment, and juvenile justice outcomes for IL participants and non-participants
Assessment of IL participant perspectives	DCF case file review of 40 IL participants
	Survey of 677 former and current IL participants, with 94 respondents ^{1,2}
Assessment of DCF IL case manager perspectives	Nine focus groups with 34 former and current IL participants ^{1,3}
	Survey of 179 child welfare staff who work with IL youth, with 40 respondents ¹

¹ Not all survey respondents and focus group participants answered all questions.

² Three survey respondents had not participated in an IL program.

³ Two focus group participants had not participated in an IL program.

Source: OPPAGA analysis.

This research memorandum is structured as follows.

- **Background:** Program administration and implementation overview
- **Measuring the effect of IL on achieving self-sufficiency and well-being:** Overview of literature review and IL program performance measurement
- **IL service delivery:** History of IL legislative changes and overview of current program services
- **IL participation:** Summary of IL participation rates statewide and by lead agency
- **Case manager and stakeholder perspectives on IL services:** Overview of IL barriers to young adults and IL case workers
- **IL young adult participant perspectives on IL services:** Summary of IL participant perspectives on program participation, services, barriers, and ongoing challenges
- **IL outcomes:** Summary of IL participant and non-participant outcomes for education, employment, juvenile justice, and law enforcement, and child welfare history
- **Recommendations** to improve effectiveness of IL programs

BACKGROUND

The John H. Chafee Foster Care Independence Program, which provides states the federal framework to design Independent Living (IL) programs, offers assistance to help current and former foster care youth achieve self-sufficiency. In accordance with an approved state plan, states administer programs to assist youth in a wide variety of areas designed to support a successful transition to adulthood. The program is intended to serve youth who are likely to remain in foster care until age 18; youth who, after age 16, have left foster care for kinship guardianship or adoption; and young adults ages 18 to 21 who have aged out of the foster care system.^{4,5} To support foster youth success, Congress passed the

⁴ See the Foster Care Independence Act of 1999 ([Public Law 106-169](#)) and s. [409.1451](#), *F.S.*

⁵ For the purposes of this review, youth refers to children ages 13 to 17 and young adult refers to individuals ages 18 to 26.

Foster Care Independence Act of 1999 (i.e., the Chafee Act), which provides funding to states to improve services and expand eligibility for IL services. In 2002, the Legislature created s. 409.1451, *Florida Statutes*, which established a framework for Florida’s IL programs. Federal law requires certain services for youth and young adults, including developing transition plans, providing life skills training, providing educational supports until age 26, financial assistance and other support services until age 23, and Medicaid until age 26.⁶ (See Exhibit 2 for a summary of federal and state requirements for service delivery.)

Exhibit 2

Federal and State Law Establish Several Service Requirements for Youth and Young Adults Aging Out of Foster Care

Service	Federal Requirements	Additional State Requirements
Services for Youth (ages 13 to 17)		
Life Skills	<ul style="list-style-type: none"> States receiving federal Chafee funding must design a program to support youth ages 14 and older who have experienced foster care in their transition to adulthood and provide training and opportunities to practice daily living skills. 	<ul style="list-style-type: none"> Life skills services begin at age 13. Needs assessments of life skill competency must be completed to determine the youth’s or young adult’s strengths and needs.¹
Transition Plan	<ul style="list-style-type: none"> States must develop a transition plan that is directed by each youth who is within 90 days of aging out of care. Plans must include specific options on housing, health insurance, education, local opportunities for mentors, workforce supports, and employment services. 	<ul style="list-style-type: none"> Planning must begin once the youth turns 16.
Essential Documents	<ul style="list-style-type: none"> States must provide youth aging out of care with documents, including a U.S. birth certificate, driver’s license, health insurance information, a copy of their educational and medical records, and their social security card. 	<ul style="list-style-type: none"> Records and resources must be provided to youth starting at age 17.
Services for Young Adults (ages 18 to 26)		
Educational and Training Vouchers (ETV)	<ul style="list-style-type: none"> States may provide up to \$5,000 annually to youth and young adults ages 14 and older to assist with the cost of attending a postsecondary institution or training program. Young adults remain eligible until age 26 and may utilize the program for up to a total of five years.² 	<ul style="list-style-type: none"> Young adults ages 18 to 23 are eligible for ETV and must submit an initial application by their 21st birthday.
Financial Assistance and Support Services	<ul style="list-style-type: none"> States may provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster youth ages 18 to 23. 	<ul style="list-style-type: none"> Young adults ages 18 to 23 are eligible for financial assistance and support services through the Aftercare Services program if they were in the legal custody of the department on their 18th birthday and are not participating in extended foster care.
Extended Foster Care	<ul style="list-style-type: none"> States may provide assistance and services to youth who have aged out of foster care until age 21 that are participating in an educational or employment activity.³ 	<ul style="list-style-type: none"> Young adults must provide documentation to the department or lead agency of their participation in one of the qualifying educational and employment activities. Young adults may leave and return to care up until the age of 21.
Medicaid Coverage	<ul style="list-style-type: none"> States must provide Medicaid coverage to former foster youth who were receiving Medicaid while in foster care, aged out of foster care, and are under age 26. 	<ul style="list-style-type: none"> No additional state requirements.

¹ While there is no federal requirement to utilize life skills assessments, states utilize them to assist youth in making the transition to adulthood and the U.S. Department of Health and Human Services’ Children’s Bureau supports their use as a good approach to determine needs and develop appropriate services.

² Youth who are adopted or enter kinship guardianship from foster care after age 16 are eligible for this assistance.

³ Educational and employment activities include completing secondary education or a program leading to an equivalent credential, attending an institution that provides postsecondary or vocational education, participating in a program or activity designed to promote or remove barriers to employment, or working at least 80 hours per month. Individuals incapable of doing any of these activities due to a medical condition that is documented in the case plan are exempt from complying with an activity.

Source: OPPAGA analysis of federal law, the *Florida Statutes*, and the *Florida Administrative Code*.

⁶ In Florida, education assistance may be provided under the state or federal program. The state program is Postsecondary Education Services and Support and the federal program is the Education and Training Voucher (ETV) Program. Young adults who do not qualify for the state program may still qualify for ETV.

Program Implementation and Funding

To meet state and federal requirements for providing Independent Living services to foster youth and young adults formerly in foster care, Florida provides Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), and Aftercare Services (Aftercare). The Florida Department of Children and Families (DCF) is responsible for oversight of rules, policies, and procedures regarding the provision of these programs through its Office of Continuing Care, which also provides information and assistance to young adults ages 18 to 26 who have or will age out of the foster care system. DCF also makes final determinations regarding terminations from EFC. These programs are delivered through the department's 19 contracted community-based care lead agencies (lead agencies), which provide services by hiring case managers directly or contracting with case management organizations. Nine lead agencies directly provide IL services to youth and young adults; ten lead agencies contract with case management organizations to provide either some or all of these services for youth, young adults, or both. (See Appendix A, Exhibit A-1 for additional information on how lead agencies provide IL services.)

The Legislature appropriates federal and state funds to DCF for the implementation of child welfare programs, which DCF in turn uses to contract with the lead agencies to provide services. The department funds IL programs through a combination of funds from federal Title IV-E Foster Care, Chafee Foster Care Independence Program, Chafee Education and Training Vouchers Program, and state General Revenue funds. Allocations for IL programs increased from Fiscal Year 2017-18 to 2018-19 and remained stable throughout the rest of OPPAGA's review period. Lead agencies' total expenditures of allocated IL funds remained relatively constant during this time; expenditures exceeded allocations prior to the funding increase, and there have been some unspent funds each fiscal year since the increase.⁷ (See Exhibit 3 and Appendix B for additional information on allocations and expenditures by lead agency.) The numbers of young adults served with these funds in EFC, PESS, and Aftercare ranged from 3,114 in Fiscal Year 2014-15 to 2,263 in Fiscal Year 2020-21. In addition, these funds were used to provide case coordination, life skills, and case management services to youth ages 13 and older.

Exhibit 3

DCF Allocations to Fund IL Programs Increased in Fiscal Year 2018-19; Lead Agency Expenditures for IL Programs Have Remained Relatively Stable

Funding and Expenditures	Fiscal Year				
	2016-17	2017-18	2018-19	2019-20	2020-21
Total funds appropriated to DCF for IL programs (in millions)	\$29.5	\$29.5	\$37.0	\$38.2	\$38.2
Total expenditures by lead agencies for IL programs (in millions)	36.6	34.2	34.8	35.1	35.7
Difference (in millions)	(\$7.2)	(\$4.8)	\$2.2	\$3.1	\$2.5

Source: Department of Children and Families allocation and expenditure reports.

Program Eligibility and Services

Florida's IL programs provide services and supports to help youth navigate the transition from youth to adulthood by providing them with assistance in areas such as housing, education, employment, and life skills development. Eligibility requirements and available services vary by program. Lead agencies determine and track eligibility based on each program's criteria. These determinations are complex and include factors such as foster care discharge reason, placement type, and amount of time spent in

⁷ Some lead agencies receive additional revenue from local sources such as local government, private businesses, and not-for-profit foundations.

foster care. (Exhibit 4 provides an overview of each program's eligibility requirements and available services.)

Young adults are eligible for EFC if they comply with a qualifying educational or employment activity and maintain eligibility through additional requirements such as monthly meetings with their caseworker and attending judicial reviews every six months. In EFC, young adults continue residing in a supervised living arrangement, such as a licensed foster home or group home, college dormitory, apartment, shared housing, or another approved housing arrangement. EFC provides room and board payments and other services such as case management, life skills instructions, counseling, and educational support.⁸ According to OPPAGA's analysis of DCF Florida Safe Families Network (FSFN) payment data, an average of \$1,152 per month was spent on each EFC participant for services and supports in Fiscal Year 2020-21.

To be eligible for PESS, young adults must have spent a certain amount of time in DCF's legal custody prior to age 18, have a high school diploma or GED, and be enrolled full-time at a Florida Bright Futures-eligible institution.⁹ PESS provides a monthly stipend of \$1,720.¹⁰ The stipend may be used to pay for housing, utilities, and other costs of living while attending a postsecondary educational institution. Young adults with foster care involvement who are pursuing postsecondary education may also be eligible for a state tuition waiver.¹¹

Aftercare Services (Aftercare) is designed as a safety net for former foster youth ages 18 to 23 who are not participating in EFC or PESS. Aftercare provides various benefits, including temporary financial assistance for necessities such as security deposits for rent and utilities or for emergency situations such as car repairs or large medical expenses; mental health and substance abuse services; job and career skills training, mentoring, and tutoring. Specific services and assistance provided are determined by evaluating the young adult and may be provided by the lead agency or through community referrals. (See Exhibit 4.) DCF has no formal policy or procedures for Aftercare and does not place restrictions on payment amounts or services for which lead agencies can use these funds. DCF staff reported that the department allows each lead agency to determine what services and payment amounts are provided through Aftercare based on the needs of youth in their care. OPPAGA's analysis found that youth in Aftercare received an average of \$908 per month in services and supports in Fiscal Year 2020-21.

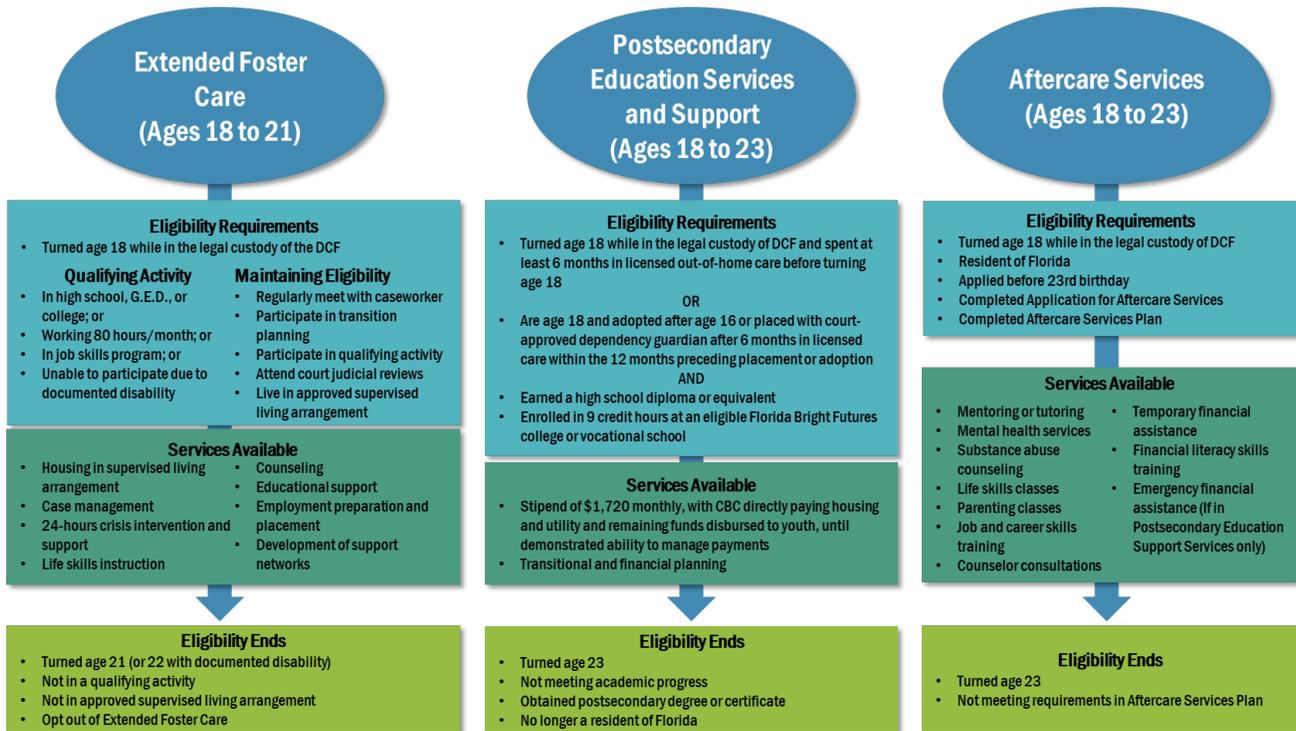
⁸ Young adults with a documented physical, intellectual, emotional, or psychiatric condition may remain in EFC until age 23; if their condition prevents them from being able to work or attend school, they are exempt from the qualifying activity requirement.

⁹ Section [1009.533](#), *F.S.*, defines Florida Bright Futures-eligible institutions as a Florida public university; a Florida College System institution or career center; or an independent Florida college, university, or postsecondary education institution that meets certain accreditation or licensure requirements, or offers a nursing diploma approved by the Board of Nursing.

¹⁰ Chapter [2022-67](#), *Laws of Florida* increased the PESS stipend from \$1,256 to \$1,720 beginning July 1, 2022.

¹¹ Section [1009.25\(1\)\(c\)](#), *F.S.*

Exhibit 4
Independent Living Program Eligibility Requirements and Services



Source: OPPAGA analysis of Florida statutes and Department of Children and Families policies.

Child Welfare Professional Roles and Responsibilities

Individuals who provide child welfare services in Florida must complete certain training and certification requirements.¹² Florida statute requires DCF to approve the statewide child welfare pre-service training curriculum that must be completed as part of the requirements for workers to receive their Child Welfare Professional certification. To maintain certification, annual continuing education is required. Child welfare staff working with youth and young adults transitioning to adulthood are required to receive this same training and certification; however, there may be additional requirements related to IL that vary by lead agency. (See Appendix A, Exhibit A-1 for more information on which lead agencies have additional requirements.)

Child welfare professionals are required to provide certain services and specific activities for youth in foster care at different ages. Beginning at age 13, case managers must ensure that youth are developing the life skills needed to transition to adulthood. At age 14, they must perform an annual credit history check and ensure assistance is provided to the youth to interpret the results, and must also begin consulting with the youth on their case plan. At age 16, child welfare staff must provide youth with information on IL services that are available to them as they transition to adulthood, begin developing a transition plan with the youth, and continue to update the plan as needed. At age 17, child welfare professionals must provide youth with all of the identifying documentation they will need to function as an adult.¹³ If a young adult enters EFC or PESS, a child welfare professional must continue case

¹² See Ch. [65C-33, F.A.C.](#), for training and certification requirements.

¹³ Section [39.701\(3\)\(b\), F.S.](#), outlines documentation that youth must receive, including a birth certificate, a Medicaid card, a copy of their educational and medical records, and their social security card.

planning and transition planning, respectively, with the young adult until they are no longer in the program. (See Exhibit 5.)

Exhibit 5

Child Welfare Professionals Have a Variety of Responsibilities to Provide Services to IL Youth and Young Adults; Activities Vary by Age

Duties	Specific Activity	Age of Youth or Young Adult									
		13	14	15	16	17	18	19	20	21	22 ¹
Case plan	Consult with youth on plan		✓	✓	✓	✓					
	Provide information on IL services				✓	✓					
	Meet with youth monthly	✓	✓	✓	✓	✓	✓ ²	✓	✓	✓	✓
	Attend six-month court reviews	✓	✓	✓	✓	✓	✓ ²	✓	✓	✓	✓
	Attend court permanency reviews	✓	✓	✓	✓	✓	✓ ²	✓	✓	✓	✓
Transition plan	Develop and update as needed				✓	✓	✓ ³	✓	✓	✓	✓
	Provide documentation					✓	✓				
Life skills assessment	Monthly, informal	✓	✓	✓	✓	✓					
	Annual, formal				✓	✓					
Credit check	Annual credit history check		✓	✓	✓	✓					

¹ Young adults with a diagnosed and documented disability may remain in EFC until age 22; if their disability prevents them from being able to work or attend school, they are exempt from the qualifying activity requirement.

² After their 18th birthday, this requirement is only for young adults in EFC.

³ After their 18th birthday, this requirement applies to young adults in EFC (until age 21 or 22) and PESS (up to age 23). For young adults in PESS, the plan must be reviewed during the year before they graduate from postsecondary education or turning age 23, whichever comes first.

Source: OPPAGA analysis of the *Florida Statutes* and the *Florida Administrative Code*.

MEASURING THE EFFECT OF INDEPENDENT LIVING SERVICES ON ACHIEVING SELF-SUFFICIENCY AND WELL-BEING

Self-sufficiency and well-being are not well defined and are challenging to measure; common components include financial security, housing, and mental and physical health

The intent of Florida’s Independent Living programs is for young adults who choose to participate to receive the skills, education, and support necessary to become self-sufficient and leave foster care with a lifelong connection to a supportive adult. OPPAGA reviewed the literature on how self-sufficiency for young adults transitioning to adulthood is defined and the perspectives of young adults on the factors that influence success. OPPAGA also interviewed Department of Children and Families staff, lead agencies, and Florida stakeholders to understand their perspectives on how self-sufficiency is defined and measured.

While there are no standardized definitions or measures for self-sufficiency or well-being, there is general consensus in the literature and among stakeholders regarding components of each. Common elements of self-sufficiency and well-being identified in the literature and by stakeholders include financial security, obtaining education, securing housing, finding and maintaining stable employment, independence from public assistance, permanent connections and social supports,

and physical and mental health. They also involve addressing barriers such as homelessness, incarceration, and substance misuse. Research has also defined self-sufficiency in terms of functioning in specific life domains, emotional support, learning how to avoid high risk behaviors (e.g., binge drinking, drug use, physical inactivity), and dependence on public assistance.¹⁴ Similarly, a 2013 report defined self-sufficiency as the ability to economically support oneself and one's dependents without long-term dependence on public assistance in adulthood.¹⁵

Well-being is often defined in terms of physical and mental health. One study found that young people in congregate care placement defined social-emotional well-being as managing emotions, coping with adversity, continuing academic progress, and cultivating and maintaining relationships. DCF staff and two stakeholders reported viewing both self-sufficiency and well-being in terms of the young adult's individual goals for success.

The traditional view of self-sufficiency for youth and young adults as becoming independent has evolved and is now seen as an ongoing process of becoming socially interdependent on a supportive social network. Current literature consistently frames self-sufficiency as an evolving process rather than a static goal, with this approach being more developmentally appropriate and realistic for any 18-year-old, but especially for young adults who may have lower levels of education, vocational skills, financial support, and stable family and community networks than peers. Some research shows that it can be counterproductive for child welfare workers and caregivers to push youth towards self-sufficiency, as they may believe that they have to leave the system or avoid relying on others to become adults and may not accept IL services. Many experts believe that young adults leaving foster care should strive for interdependence rather than independence. With interdependence, young adults meet their needs in the context of a supportive network of friends, family, and the community. Another component of interdependence is achieving competency in the knowledge, skills, and relationships needed to participate actively and successfully in family and community life, including the workplace. Consistent with the literature, most Florida stakeholders and three of the interviewed lead agencies also shared this view.

Studies on young adult perspectives find that success factors include the presence of supportive adults and feeling engaged and heard in the transition planning process

OPPAGA reviewed the academic literature, reports from federal and national organizations, and interviewed stakeholders to understand the most important factors for success in the transition to adulthood from the perspectives of young adults themselves.

Studies illustrate the importance of helping youth build social and emotional competencies, practical skills, and support from a caring adult. Common themes across research that used focus groups and interviews of IL program participants include that

- youth need greater social support in the transition to adulthood;
- youth need a meaningful say about choices that impact their lives; and

¹⁴ These domains can include finances, housing, relationships, mental and physical health, community participation, justice-system involvement, and activities of daily life.

¹⁵ Dion et al. *Advancing the Self-Sufficiency and Well-Being of At-Risk Youth: A Conceptual Framework*. OPRE Report #2013-13. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. 2013.

- life skills training should start earlier and be hands-on rather than classroom based.^{16,17,18,19}

Youth reported needing practical life skills like budgeting, house searching, resume building, personal awareness, cooking, and caretaking skills.²⁰ Earlier surveys have found that concrete skills, such as how to open a bank account, find a job, balance a checkbook, or find a place to live, are linked to better outcomes for foster youth.²¹ A 2021 study found that positive relationships with adults from foster care organizations who provide advocacy, guidance, and modeling skills have a dramatic impact on their lives.

Existing research highlights the importance of active engagement and involvement of youth in case planning and planning their transition from care. Research has shown that youth who have a history of negative experiences with adults or institutions may mistrust child welfare staff and be reluctant to accept help. In a recent review of studies that evaluated effectiveness of IL programs from 2000 through 2018, several recommended that programs emphasize helping youth and young adults develop relationships with adults, peers, and mentors in the community. Engaging youth in decision-making can build trust and make planning more effective.²² For youth to be active and engaged, they need to be prepared in advance of transition planning to understand their role. Allowing youth to name their own supportive adults in transition planning and focusing on practical issues that the youth identify as important is likely to increase their engagement in the planning process.

In addition to the benefits of engaging and involving youth in their own planning, including youth and young adults at a higher level has numerous benefits as well. The Child Welfare League of America recommends that states implement youth advisory boards at the state and local levels and require youth participation on the boards or advisory groups. Engaging and supporting youth leaders enhances brain development, builds protective and promotive factors, and utilizes their expertise to improve service.²³

Some studies recommend that practitioners receive specific training to enhance program effectiveness. Training in the impact of trauma, mental illness, and system involvement could help child welfare professionals understand the developmental and cultural needs of marginalized youth. It is also important that they receive appropriate training to work with youth as equal partners, which should include the lived experiences of young people, parents, and other caregivers. Using the Youth Thrive framework of positive youth development and well-being, researchers recommend that agencies commit to improving practice by training all supervisory and direct service staff on the

¹⁶ Mares, A. S. "An Assessment of Independent Living Services Needs Among Emancipating Foster Youth." *Child and Adolescent Social Work Journal* vol. 27 no. 1 (2010): 79-96.

¹⁷ Hokanson, Kim et al. "'Not Independent Enough': Exploring the Tension Between Independence and Interdependence among Former Youth in Foster Care Who Are Emerging Adults," *Child Welfare* 97, no. 5 (n.d.).

¹⁸ Mishraky, Lisa et al. "Supporting the Healthy Development of Adolescents with Lived Experience in Foster Care: The Youth Thrive Framework," *Child Welfare* 97, no. 5 (2020): 273-88, <http://www.proquest.com/docview/2509366960/abstract/FBBBAFDB9BE34495PQ/1>.

¹⁹ Yelick, Anna. "Research Review: Independent Living Programmes: The Influence on Youth Ageing out of Care (YAO)," *Child & Family Social Work* 22 (2017): 515-26, <https://doi.org/10.1111/cfs.12208>.

²⁰ Armstrong-Heimsoth et al. "Former Foster System Youth: Perspectives on Transitional Supports and Programs. *The Journal of Behavioral Health Services & Research* vol. 48, no. 2 (2021): 287-305.

²¹ K. Lemon et al. "From Foster Care to Young Adulthood: The Role of Independent Living Programs in Supporting Successful Transitions." *Children and Youth Services Review* no. 27 (2005): 251-270.

²² Doucet, Melanie M. et al. "Independent Living Programs and Services for Youth 'aging out' of Care in Canada and the U.S.: A Systematic Review." *Children and Youth Services Review* 142 (2022).

²³ Mishraky et al. "Supporting the Healthy Development of Adolescents with Lived Experience in Foster Care: The Youth Thrive Framework." *Child Welfare* vol. 97, no. 6 (2020): 273-288.

benefits of understanding adolescent brain development and how to practice from a strength-based perspective to ensure that agency culture is one that promotes positive youth interaction.^{24,25}

DCF and lead agencies report various methods for assessing IL program effectiveness; DCF lacks meaningful performance measures

To understand how Florida evaluates Independent Living program effectiveness, OPPAGA reviewed annual reports from the Department of Children and Families and the Independent Living Services Advisory Council (ILSAC), examined DCF's state and federal statutorily required performance reporting metrics, and asked lead agencies how the agencies measure and track IL program performance.

The Legislature created the Independent Living Services Advisory Council to annually review and make recommendations for IL programs. The role of the ILSAC is to review and make recommendations pertaining to IL program implementation and operation. ILSAC compiles an annual report that advises DCF of service problems, barriers to service implementation, and successes of services; the report also includes recommendations for DCF or legislative action. The 2021 Legislature added requirements to the annual ILSAC report to include the most recent outcomes data for young adults who aged out of care in the following areas: education; employment; housing; financial; transportation; health and well-being; and connections to supportive adults.

The ILSAC annual reports make recommendations to DCF for improving the effectiveness of IL programs. However, ILSAC indicated in its 2021 annual report that while all of the committee's recommendations have received adequate department response (i.e., DCF has indicated that it supports or will consider ILSAC recommendations), not all recommendations have been implemented by DCF. For instance, the 2020 annual ILSAC report recommended that DCF incorporate a field on a youth's supportive adults in DCF's FSFN data system. The department responded that it supports using existing FSFN functionality to document permanent connections but did not indicate that this documentation would be required; the ILSAC 2021 annual report states that there were no available data to determine whether youth had permanent connections. As a result of DCF not implementing many of the recommendations, ILSAC's focus has recently shifted to providing data-driven recommendations and solutions rather than highlighting areas of concern. In its 2021 annual report, it said that without adequate data, ILSAC could not determine the success of IL services or the most recent education, housing, financial, transportation, health and well-being outcomes, and connections as directed by the 2021 Legislature. ILSAC requested that DCF require each lead agency to provide information pertaining to staffing structure, service array, outcome data, and administration, to which the department agreed, and ILSAC discussed a plan to ensure that the upcoming year's recommendations are data informed.

²⁴ The Center for the Study of Social Action, which has partners across the country, developed the research-informed Youth Thrive framework on youth well-being that is designed to support healthy development and promote well-being for youth.

²⁵ Mishraky et al. "Supporting the Healthy Development of Adolescents with Lived Experience in Foster Care: The Youth Thrive Framework." *Child Welfare* vol. 97, no. 6 (2020): 273-288.

The Office of Continuing Care is coordinating efforts among lead agencies, ILSAC, and DCF's data system team to ensure data are collected on youth participating in IL programs for use in a new report on young adults receiving services, which DCF staff said is anticipated by spring 2023.

DCF is required to report performance measures at the state and federal levels; DCF lacks meaningful performance metrics for most IL program outcome areas. Statute requires DCF to develop outcome measures for IL programs and other performance measures as part of program oversight.²⁶ Each year, DCF is required to submit a report to the Legislature that includes an assessment of each lead agency's performance, with a comparison of DCF's performance on outcome measures; an account of DCF's oversight efforts; and any rules adopted or proposed regarding the statute.²⁷ DCF is also required to report to the U.S. Administration of Children and Families semiannually on multiple data elements about youth and young adults served by the department. Federal law identifies outcome measures that can be utilized to assess the performance of states in operating IL programs, including measures of educational attainment, employment, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors.²⁸ DCF examines IL programs considering the following federal outcome areas:

- increasing financial self-sufficiency;
- improving educational attainment;
- increasing connections to caring adults;
- reducing homelessness;
- reducing high-risk behavior; and
- improving access to health insurance.

To meet the federal reporting requirement, DCF participates in National Youth in Transition Database surveys to analyze lead agencies' performance.²⁹ To meet the state statutory requirement of creating outcome measures, DCF provides information on the federally required measures in its annual report but does not have standardized target performance measures, and not all programs have reported outcomes for all areas. (See Exhibit 6.)

Exhibit 6

DCF Lacks Meaningful Performance Metrics for Most Outcome Areas of All Three IL Programs

IL Program Outcome Area	PESS Measure	EFC Measure	Aftercare Measure
Increasing financial self-sufficiency	None	Number of young adults with recorded period of employment	Number of young adults with recorded period of employment
Improving educational attainment	Number of young adults with postsecondary degrees	Educational status	Number of young adults with high school diplomas or GEDs
Increased connections to caring adults	None	None	None
Reducing homelessness	None	None	None
Reducing high-risk behavior	None	None	None
Improving access to health insurance	None	None	None

Source: OPPAGA analysis.

²⁶ Section 409.1451, F.S.

²⁷Section 409.1451, F.S.

²⁸ 42 U.S.C. § 677(f).

²⁹ The National Youth in Transition Database is run by the U.S. Department of Health and Human Services' Administration for Children and Families. The information is collected from youth via surveys, which include demographic information on youth in foster care as well as information on the services provided to youth who have aged out of foster care and their outcomes.

Most lead agencies measure program effectiveness and young adult progress through a variety of methods. While DCF reports on specific permanency, safety, and well-being outcomes, there are no reporting requirements specific to outcomes related to IL; outcomes are also not incorporated in the department's performance dashboard.³⁰ The department identified five IL-related outcome measures to include in lead agency contracts in 2013, but it appears that only one of those measures was implemented; lead agencies report on the percentage of young adults in foster care at age 18 who have completed or are enrolled in secondary education.³¹ DCF monitors the lead agencies' implementation of IL services through conversations about IL-related topics during on-site contract monitoring reviews and by utilizing quality standards in life-of-case reviews conducted by the Quality Office.^{32,33} While the Quality Office does not have any specific reviews related to the IL population, the department recently created new quality standards related to IL to incorporate into the life-of-case reviews for youth; similar quality standards are in development for young adults.³⁴

Eleven of the 17 lead agencies that reported how the agency measures program efficacy described assessing internal processes such as timely completion of transition planning, staffings, and supervisory reviews; enrollment in services and qualifying activities; and the youth who receive services such as receiving identification documents, developing completed transition plans, and acquiring credit reports.³⁵ Methods of assessing internal agency processes included a quality assurance/quality improvement process, a case file review process, and team meetings. Seven lead agencies reported that the agencies look at youth and young adult outcomes to assess program effectiveness, including homelessness, graduation rates, postsecondary enrollment, and employment. Two lead agencies reported using a life skills assessment for youth to assess program effectiveness while one reported that it does not measure program effectiveness.

Ten of the 17 lead agencies also reported using young adult outcomes to assess progress in housing status, educational or certification enrollment and completion, and employment. Nine lead agencies reported they looked at whether age benchmarks are being met.^{36,37} Seven lead agencies reported tracking interim measures that could reflect well-being and lead to positive outcomes, such as referrals for therapeutic services; program enrollment and terminations; and young adults having active bank accounts, receiving Medicaid, going to medical appointments, receiving mentoring, and having supportive adult connections. Reported methods for tracking progress include monthly random case monitoring and monthly home visits. Two lead agencies reported that the agencies do not look at

³⁰ One well-being measure on the child welfare performance dashboard reports the percent of young adults who aged out of out-of-home care who had either completed or were enrolled in secondary education, vocational training, or adult education as of their 18th birthday. Since this measure is for educational attainment prior to entering IL services, we do not categorize this as an IL outcome measure.

³¹ Measures included the percentage of youth who have aged out of care completing high school or GED by age 20, percentage of youth who have completed high school or GED and are involved in postsecondary education, percentage of youth ages 18 and over receiving IL services who have a job (including joining the military), percentage of young adults in safe housing, and percentage of 17-year-old youth in licensed out-of-home care who had a transition plan signed by the youth and filed with the court.

³² Topics discussed during on-site monitoring related to IL include behavioral health, education, employment, financial management, housing, mentoring and life connections, and transition.

³³ A life-of-case review is a quality monitoring review tool utilized to evaluate child welfare practice throughout the entire time a family is involved with the department, from investigation to permanency. Life-of-case reviews are conducted for a sample of child welfare cases, not the entire population.

³⁴ The Quality Office received four standards to utilize in life-of-case reviews for youth over age 15 and OCC is currently developing standards for the review of cases for young adults over age 18. The standards for youth under age 18 include the utilization of a formal independent living needs assessment, the completion of a transition plan after the youth turns age 16, the completion of a judicial review hearing within 90 days after the youth's 17th birthday, and whether the judicial review included all the required independent living documents related to the transition to adulthood.

³⁵ Two lead agencies did not report on assessing effectiveness.

³⁶ Two lead agencies did not report on assessing progress.

³⁷ Some lead agencies reported having age benchmarks in certain areas, such as receipt of identification documents, career development, educational outcomes, employment experiences, Medicaid enrollment, Keys to Independence enrollment, and housing.

progress measures and one did not specify if or what it tracks. (See Appendix A, Exhibit A-1 for information by lead agency.)

INDEPENDENT LIVING SERVICE DELIVERY

Legislative changes have expanded IL programs; lead agencies have discretion in program staffing and assessing participant needs and progress

To understand the provision of services for Independent Living programs and identify barriers and gaps in services, OPPAGA reviewed IL program legislative changes, examined information from all 19 of the state's lead agencies, interviewed staff at seven lead agencies, surveyed child welfare staff who provide IL services, and interviewed and reviewed information from state and national stakeholders.^{38,39} The child welfare staff responding to OPPAGA's survey represented lead agencies in each region of the state and had a range of experience working with youth and young adults transitioning to adulthood; years of experience ranged from less than 1 year to 19 years, with almost a quarter having more than 10 years of experience.⁴⁰ Most of the staff had experience working with young adults over age 18, while some worked with both youth and young adults. Most staff had served as a case manager for more than one IL program, while a few had only served as a case manager for Extended Foster Care. State stakeholders included contracted service providers and youth advocacy groups; national stakeholders included child welfare researchers and national child welfare organizations.

The Legislature has enacted several changes to state law since 2013 to increase and expand supports for young adults who age out of care. The 2013 Nancy C. Detert Common Sense and Compassion Independent Living Act made several significant changes, including

- extending foster care from age 18 to age 21;
- revising the former Road to Independence Scholarship to Postsecondary Education Services and Support;
- transferring the provision of life skills training to caregivers; and
- requiring the creation of a transition plan for foster youth at age 17.

The Legislature made additional changes in 2019, 2021, and 2022 to begin certain services earlier, increase financial support, and provide additional assistance. (See Exhibit 7 for a summary of legislative changes and the purpose of these changes.)

³⁸ The lead agencies interviewed include Brevard Family Partnership, ChildNet, Inc., Citrus Family Care Network, Eckerd Connects (now Children's Network of Southwest Florida), Family Support Services of North Florida and of Suncoast, and Northwest Florida Health Network. Family Support Services of North Florida and of Suncoast participated in the same interview, for a total of six interviews.

³⁹ Florida stakeholders included Daniel Kids, Selfless Love Foundation/One Voice IMPAACT, Florida Children's Coalition Independent Living Subcommittee, Vita Nova, Ft. Lauderdale Independence, Training, and Education Center, Educate Tomorrow, Florida Youth Shine, and Connectedby25. National stakeholders included Child Welfare League of America, Chapin Hall, National Foster Care Youth and Alumni Policy Council, and Urban Institute.

⁴⁰ Almost one-third of respondents had two or fewer years of experience.

Exhibit 7

The Legislature Has Made Several Changes to Increase and Expand IL Services Since 2013

Year	Law	Changes	Purpose
2013	Ch. 2013-178, <i>Laws of Florida</i>	<ul style="list-style-type: none"> Extend foster care from age 18 to age 21 Revise the Road to Independence program and establish the Postsecondary Education Services and Support Program Transfer the provision of life skills services to caregivers Require the creation of a transition plan for foster youth after their 17th birthday 	<ul style="list-style-type: none"> To allow young adults who have not reached permanency before age 18 to remain in care to finish high school, earn a GED, pursue postsecondary education, or begin a career To accommodate for the differing needs of young adults who remain in foster care or leave in pursuit of a postsecondary skill, trade, or higher education To relieve caseworkers from life skills service provision and eliminate the need for contracted services
2019	Ch. 2019-142, <i>Laws of Florida</i>	<ul style="list-style-type: none"> Require young adults to provide documentation of participation in a qualifying activity for Extended Foster Care Allow young adults who have left EFC to apply for readmission with a voluntary placement agreement¹ Disregard financial assistance received through EFC and Aftercare Services when determining eligibility for, or the amount of, any other federal or federally supported assistance² 	<ul style="list-style-type: none"> To allow the state to verify the young adult's participation in a qualifying activity for EFC To align with federal law and utilize Title IV-E funding for young adults who reenter care To ensure young adults have access to all assistance programs, if they meet eligibility criteria, regardless of their participation in IL services
2021	Ch. 2021-169, <i>Laws of Florida</i>	<ul style="list-style-type: none"> Expand eligibility for Keys to Independence to some PESS program participants and allow access to financial assistance through Aftercare Services in emergency situations^{2,3,4} Create the Office of Continuing Care in DCF to provide assistance to young adults between the ages of 18 to 26 who have or will age out of foster care, including extended foster care, by connecting them to existing resources in their area, guiding them in accessing services available to them, and acting as a support system to help them transition to adulthood Require DCF to assess each youth's readiness for adulthood starting at age 13 Require transition planning to begin at age 16 	<ul style="list-style-type: none"> To help youth that age out of the foster care system receive needed assistance To support young adults ages 18 to 26 who have aged out of care and provide ongoing support and care coordination needed for young adults to achieve self-sufficiency To support opportunities for participation in age-appropriate life skills To allow more time to plan for the transition out of foster care
2022	Ch. 2022-67, <i>Laws of Florida</i>	<ul style="list-style-type: none"> Increase the PESS stipend from \$1,256 to \$1,720 Require DCF and lead agencies to assist young adults in PESS in the development of financial and transition plans Require institutions to maintain original documentation submitted for tuition waiver eligibility and have a staff member who can assist students who utilize a tuition waiver Require DCF and the lead agencies to provide information about IL services and programs to youth during transition planning 	<ul style="list-style-type: none"> The stipend amount had not changed since 2013 and young adults found the amount inadequate to support housing and other necessities There was not a requirement for young adults to have a plan to exit PESS to live independently and be self-sufficient, nor was there a requirement for DCF or the lead agencies to work with young adults on financial literacy To provide assistance to students in resolving any problems related to use of the tuition waiver To ensure plans are youth led and incorporate their individual needs

¹ A voluntary placement agreement serves as a contract between the young adult and DCF. The agreement allows the young adult to reenter EFC after voluntarily leaving without requiring DCF to petition the court to reinstate jurisdiction over the young adult.

² Section 409.1451(9), *F.S.*, states that PESS financial assistance may be disregarded for purposes of determining eligibility for other federal or federally supported assistance.

³ The Keys to Independence program pays for the cost of driver education, licensure and costs related to licensure, and motor vehicle insurance for youth who have completed a driver's education program and who are in out-of-home care or an unaccompanied homeless youth who is a United States citizen or Florida resident. For young adults over age 18, the program may pay for the completion of a driver's education program and obtaining a driver's license if they are in EFC, were in licensed care at age 18 and are in PESS, or if there are an unaccompanied homeless youth that meets certain eligibility requirements.

⁴ Prior to the change, young adults in PESS only qualified for the program for up to six months from their PESS acceptance date. With the legislative change, PESS participant enrollment in Keys to Independence is on a case-by-case basis.

Source: OPPAGA analysis of legislative bill analyses.

Young adults may not be participating in all IL programs for which they are eligible. There is confusion among DCF staff regarding the ability of young adults to simultaneously enroll in EFC and PESS, and therefore young adults may not be participating in all IL services for which they are eligible. For example, statute does not preclude young adults from participating in EFC and PESS concurrently; however, DCF staff reported confusion regarding whether a young adult can participate in both programs at the same time, including if a young adult could concurrently receive EFC room and board payments and a PESS stipend or could concurrently receive non-financial benefits through EFC while receiving a PESS stipend.

Additionally, some young adult focus group participants stated that they were told they were not allowed to participate in both programs and had to leave one program to enroll in the other. DCF staff reported this is a confusing issue because of the commingling of state and federal funds. Additionally, one child welfare professional reported that there can be different perspectives on whether young adults qualify for services, which can cause confusion when coordinating with the agency.

Lead agencies use a variety of staff to provide IL services; case managers report high caseloads. Different types of staff provide IL services on behalf of a lead agency or contracted case management organization. Terminology for these staff titles are inconsistent and can include case managers, IL specialists, transition facilitators, transitioning youth specialists, IL coordinators, and housing specialists or coordinators. Some lead agencies assign an IL staff member to a youth prior to the youth turning age 18, and some assign IL staff once the youth turns age 18.⁴¹ (See Appendix A, Exhibit A-1 for information by lead agency.) Some lead agencies have staff who works across IL programs, while others have staff assigned to each program.

Neither DCF nor lead agencies set maximum caseload sizes for IL staff. The Council on Accreditation recommends that child welfare caseloads of youth under age 18 not exceed 18, and the Child Welfare League of America recommends caseloads between 12 to 15 youth. During interviews, lead agency staff reported that caseloads at their organizations varied from 15 to 32 and, ideally, assignments vary based on the youth's needs and case complexity. However, most case managers responding to OPPAGA's survey reported having caseloads above 20 and a few reported having more than 40; most also reported that managing their caseload is at least somewhat difficult.

Basic training requirements exist for all child welfare professionals, but there is no standardized training specifically for IL staff. Statute outlines basic training and certification requirements for all child welfare professionals. However, there is no standardized, statewide training for staff providing IL services.⁴² DCF provides bimonthly statewide meetings, annual conferences, and support to IL staff in the field; some lead agencies reported participating in DCF's statewide meetings, conferences, and basic training.

While some lead agencies reported having additional requirements for IL staff training, such as in-house training (eight lead agencies) or training developed by an outside organization such as the Daniel Memorial IL Certification, One Voice IMPAACT, or Florida Youth Shine (five lead agencies), six lead agencies reported that specialized training for IL staff is not required. (See Appendix A, Exhibit A-1 for information by lead agency.) Sixty percent of case management staff who responded to OPPAGA's

⁴¹ If there is no IL staff assigned by the time a youth turns age 16 (as is the case for half of the lead agencies), it is the primary caseworker's responsibility to ensure that all of the IL services are provided for the youth on their caseload.

⁴² The Office of Continuing Care is currently developing a curriculum to address this need and is collaborating with the Florida Certification Board on the development of a corresponding certification.

survey reported receiving specialized training related to IL services, while 33% reported that they had never received such training.⁴³

Lead agencies have discretion in how youth and young adults' needs are assessed. DCF operating procedures require at least a monthly informal needs assessment for children beginning at age 13. Those who are age 16 and older are encouraged to participate in a more formal IL needs assessment to gauge a youth's abilities related to independent living.⁴⁴ Policy recommends the Casey Life Skills Assessment and the Daniel Memorial Independent Living Skills Assessment but allows for review of a youth's case records to determine their needs. Sixteen lead agencies reported using a formal life skills assessment tool, including the Casey Life Skills Assessment, the Daniel Memorial, and the Washington State Life Skills Independent Living Skills Assessment. These assessments were some of the most commonly found types of documentation in OPPAGA's case file review. Additionally, seven lead agencies are piloting a PESS program self-sufficiency assessment tool, developed by the Florida Children's Coalition IL Committee, to monitor young adults' level of self-sufficiency while receiving PESS services. (See Appendix A, Exhibit A-1 for information by lead agency.)

Lead agencies and other stakeholders offer various IL services

Lead agencies and stakeholders provide an array of independent living services to youth and young adults. To help youth prepare for the transition to adulthood, lead agencies provide transition planning, the purpose of which is to identify the youth's goals, choices, decisions for obtaining or maintaining services needed to successfully transition to adulthood. Among child welfare staff responding to OPPAGA's survey who had worked with youth ages 13 to 17, 90% reported that transition planning is provided to youth ages 16 to 17 and 52% reported it is provided for youth ages 13 to 15. Part of the transition planning process includes identifying supportive adults to help the youth with their transition to adulthood. Research has consistently shown that one of the most important factors leading to positive outcomes among youth with foster care experience is support from a caring adult.⁴⁵ Three stakeholders also reported that establishing relationships with supportive adults is important and that young adults need help building these relationships. Survey respondents who had worked with youth ages 13 to 17 reported that youth ages 13 to 17 receive assistance finding supportive adults, though most reported this occurs for youth ages 16 to 17; 85% reported this is provided to youth ages 16 to 17 while 50% reported this is provided to youth ages 13 to 15. Of the seven lead agencies OPPAGA interviewed, five have a suggested list of adults for youth to consider or an individualized list of possible supports based on the youth's records.⁴⁶ One lead agency stated that if a youth does not have any supportive adults, the agency offers to link them with a mentor or life coach.

Most child welfare staff who responded to OPPAGA's survey reported that mentoring, mental health services, assistance finding affordable housing, transportation, and assistance applying for public benefits and health insurance are typically provided to young adults, though a few respondents identified some of these same services as unavailable in their areas. Assistance applying for public

⁴³ An additional eight percent of respondents reported they were unsure if they had received any specialized training related to IL services.

⁴⁴ Department of Children and Families Operating Procedure 170-17.

⁴⁵ Positive outcomes identified include increased resilience, high school completion, reduced homelessness, and improved behavioral health.

⁴⁶ Lead agencies' suggested lists of supportive adults can include IL specialists, dependency case managers, school counselors or other counselors, teachers, mentors, family members, or friends.

benefits and health insurance are the most widely available services, and most respondent reported parenting classes were rarely provided; assistance finding housing falls in the middle with regard to service availability. (See Exhibit 8.)

Exhibit 8

Assistance Applying for Public Benefits Is the Most Available Service; Employment and Education Services Are Not as Available

Service and Respondents	Percentage of Respondents Reporting the Service Is Typically Provided	Percentage of Respondents Reporting the Service Is Sometimes or Rarely Provided	Percentage of Respondents Reporting the Service Is Unavailable
Assistance applying for public benefits (n=29)	93%	7%	-
Assistance applying for health insurance (n=27)	74%	22%	4%
Transportation (n=29)	72%	28%	-
Mental health (n=29)	66%	31%	3%
Assistance finding housing (n=28)	57%	39%	4%
Mentoring (n=30)	53%	43%	3%
Career preparation (n=29)	41%	55%	3%
Job training (n=29)	38%	55%	7%
Parenting classes (n=29)	31%	69%	-
Tutoring (n=29)	28%	66%	7%

¹ Due to rounding, some of the percentages sum to more than 100%.

Source: OPPAGA analysis of survey of child welfare staff.

Five Florida stakeholders reported providing a variety of services to youth and young adults, most commonly assistance with housing. Examples of housing assistance included providing temporary housing while assisting young adults into permanent housing, having contracts with private landlords, operating transitional housing programs, and having housing for specific populations such as young adults who identify as LGBTQ+ and those with significant mental health needs. In addition, one stakeholder reported assisting young adults with furnishing their home once they are in a housing arrangement. Stakeholders also reported providing services such as employment assistance, educational resources, support in emergencies, food, information and guidance (e.g., connecting young adults to community resources and assisting them in obtaining identifying documentation), life skills training, and transportation.

PARTICIPATION IN INDEPENDENT LIVING SERVICES PROGRAMS

IL program participation rates remained relatively stable over the past seven years; young adults generally participated in EFC and/or PESS from ages 18 to 21

To better understand participation in Florida’s Independent Living programs, OPPAGA analyzed data from the Department of Children and Families for young adults who turned age 18 from January 1,

2014, through December 31, 2021.⁴⁷ While the number of IL participants has decreased slightly since 2014, the percentage of potentially eligible young adults who participated in IL remained relatively stable. Most of these young adults started participating in IL at age 18 and stopped participating by age 21. Most young adults participated in Extended Foster Care or a combination of EFC and Postsecondary Education Services and Support; those who participated in EFC and PESS tended to leave EFC before beginning participation in PESS.

The percentage of potentially newly eligible young adults who participated in an IL program remained relatively stable during OPPAGA’s review period; several lead agencies experienced more substantial trends. For this analysis, OPPAGA identified all youth potentially eligible for IL services based on their type of discharge from out-of-home care (aging out, adoption, or guardianship) and age at discharge. This does not consider all eligibility criteria, which vary by program and involve additional details of the youth’s time in care, educational status, and other factors as described in Exhibit 4. The number of young adults becoming potentially eligible for IL programs has fluctuated over the past seven years, reaching a high of 1,509 in 2018 then declining over the next two years to 1,277 in 2020.⁴⁸ The number of young adults participating in Florida’s IL programs decreased slightly over this period.⁴⁹ In 2014, 641 newly eligible young adults received at least one payment through an IL program; by 2020, this number had decreased to 556. Despite these fluctuations, the statewide percentage of potentially eligible young adults who participated in IL programs remained relatively stable during the review period. When examining the change in percentage of potentially eligible young adults who participated in an IL program at the lead agency level, there appears to be more variation over time.⁵⁰ While 15 lead agencies’ participation rates decreased during this time, the decreases were largely mitigated at the state level by the 4 lead agencies that experienced increases in participation. (See Exhibit 9 and Appendix C for more details on IL participation over time by lead agency.)

Exhibit 9

IL Participation at Age 18 Remained Relatively Stable From 2014 Through 2020

Year	Number of Potentially Eligible Young Adults	Number of IL Participants	Percentage of Potentially Eligible Young Adults Who Participated in IL Programs
2014	1,363	641	47%
2015	1,374	617	45%
2016	1,434	636	44%
2017	1,385	624	45%
2018	1,509	696	46%
2019	1,317	601	46%
2020	1,277	556	44%
Total	9,659	4,371	45%

Source: OPPAGA analysis of Department of Children and Families data.

⁴⁷ Because the numbers in this section only include young adults who turned age 18 in this timeframe, they do not match the total participation numbers presented in the background section. Young adults who turned age 18 prior to January 1, 2014, may have continued receiving services through the Road to Independence program or may have elected to participate in IL.

⁴⁸ This analysis examined the participation of young adults in IL services within one year after turning age 18.

⁴⁹ For the purposes of this review, program participation is defined as a young adult receiving at least one payment through a billing code associated with one of the IL programs during the review period.

⁵⁰ The change in the percentage of eligible young adults participating in IL presented in Exhibit 9 used individual-level data on young adults’ foster care discharge reasons and timing of discharge to determine the numbers of eligible young adults in each year. However, this information was not readily available at the lead agency level. To approximate the number of eligible young adults among lead agencies presented in Appendix C, OPPAGA used the numbers of young adults aging out of care in a given window as a proxy. The vast majority of IL potentially eligible youth in OPPAGA’s analysis aged out of care; however, small percentages of participants exited foster care through adoption or permanent guardianship and these exits are not included in the proxy. Given this limitation, the proxy for eligible young adults at the lead agency level is meant to be more illustrative of general trends and not exact percentages.

The percentage of potentially eligible young adults who participated in IL programs from 2014 through 2020 varied by program, with the lowest participation occurring among eligible young adults in Aftercare (11%) and the highest in EFC (55%).^{51,52} Further, while participation in EFC remained relatively stable across the review period, Aftercare and PESS experienced slight declines in participation. (See Exhibit 10.)

Exhibit 10

The Percentages of Potentially Eligible Young Adults Participating in IL While Age 18 Varies Across Programs, With EFC Having the Highest Percentage of Eligible Young Adults Participating¹

Program ²	2014	2015	2016	2017	2018	2019	2020	Average
Aftercare	14%	12%	11%	9%	10%	12%	10%	11%
EFC	56%	56%	53%	53%	56%	54%	56%	55%
PESS	14%	13%	14%	14%	13%	12%	9%	13%

¹ Percentages are of young adults who participated in each program at age 18.

² Young adults who participated in more than one program are counted under each and thus rows cannot be summed without counting participants more than once.

Source: OPPAGA analysis of Department and Children and Families data.

Across OPPAGA's review period, 55% of IL participants were female and 49% were White.⁵³ The racial makeup of IL participants shifted during this time from 50% Black participants and 46% White participants in 2014, to 42% Black participants and 51% White participants in 2020. The largest percentage of IL participants during this time were young adults who had aged out of care (97%), while smaller percentages were young adults who had been placed into permanent guardianships (1%) and who had been adopted (2%). The vast majority of young adults who participated in IL programs participated in EFC (79%), while smaller percentages participated in PESS (54%) or Aftercare (35%).⁵⁴

Most young adults participating in IL programs begin at age 18 and stop by age 21; continuity and length of participation vary by program. OPPAGA's review found that most young adults who participate in IL programs do so before age 19.⁵⁵ From 2014 through 2021, 92% of young adults who ultimately participated in IL received at least one payment through an IL program prior to turning 19 years of age. This was highest among EFC participants (95%) and lower among those participating in PESS (50%) and Aftercare (49%). The largest percentage of youth who participated in PESS did so at age 19 (68%). While the majority of young adults stopped participating in IL programs by their 21st birthdays (44% received services at age 21), this was not the case for PESS. Only approximately one-third of participants in Aftercare or EFC were participating at age 20 (29% and 32%, respectively); however, 66% of PESS participants were participating at age 20. (See Exhibit 11.)

Exhibit 11

While Most IL Participants Began Receiving Services at Age 18, Few Remained in the Programs Past Age 20

Program	Age During Participation				
	18	19	20	21	22
Aftercare	359 (49%)	241 (33%)	211 (29%)	175 (24%)	131 (18%)
EFC	1,565 (95%)	858 (52%)	521 (32%)	181 (11%)	N/A
PESS	568 (50%)	772 (68%)	751 (66%)	706 (62%)	614 (54%)

Source: OPPAGA analysis of Department of Children and Families data.

⁵¹ When calculating the numbers of eligible young adults, OPPAGA used young adults' foster care discharge reason and timing, and did not include factors such as whether the youth was employed or in school (required for EFC participation) and thus counts of potentially eligible young adults are estimates. For this analysis, youth are considered potentially eligible for Aftercare, ERC or PESS if they aged out of out of home care. In addition, youth are considered potentially eligible for PESS upon turning age 18 if they were adopted or discharged to guardianship after turning age 16.

⁵² The total number of young adults potentially eligible for the IL programs at age 18 during the full review period varied between Aftercare and EFC (6,523) and PESS (9,659).

⁵³ Forty-six percent of participants were Black and 5% were classified as Other.

⁵⁴ Prior to turning age 23, young adults may have participated in more than one IL program. Those who did are counted under each program in which they participated.

⁵⁵ For this, OPPAGA examined all services used by the 2,081 participants whose full span of eligibility between their 18th and 23rd birthdays were in our study period.

As indicated by the ages at which young adults participated in IL programs, the average duration of participation was longest for those in PESS (25 months) and shortest for those in Aftercare (4 months), with EFC falling in the middle (15 months). Due to the programs’ functions, it is expected that young adults would have service gaps with Aftercare and PESS, as Aftercare often functions as short-term financial assistance and many participants do not receive PESS stipends during the summer months.⁵⁶ However, EFC is intended to be a continuous program and service disruptions could lead to instability in a young adult’s education, employment, or housing. OPPAGA’s review found that while EFC participants had the fewest gaps compared to Aftercare and PESS, 27% of young adults had a gap in EFC participation.⁵⁷ Of those who experienced EFC participation gaps, most young adults experienced one gap. The average length of these gaps was 7 months, with gaps ranging from 1 to 35 months.

Most young adults who participated in IL programs participated in EFC or a combination of EFC and PESS; those participating in EFC and PESS tended to leave EFC before beginning PESS. Young adults may participate in one or a combination of IL programs after leaving foster care. OPPAGA’s review found that the largest percentage of young adults who participated in IL only participated in EFC (31%), followed by a combination of EFC and PESS (22%); 15% participated in all three IL programs. (See Exhibit 12.) When examining the order of program participation, the analysis found that 682 (88%) of the young adults who participated in EFC and PESS participated in EFC first and then unenrolled in EFC and participated in PESS; 40 (5%) participated in PESS before EFC and 49 (6%) had at least one concurrent enrollment in both programs.⁵⁸

Exhibit 12

Most Young Adults Participated in EFC or a Combination of EFC and PESS

Program Combination	Number of Participants ¹	Percentage of Participants ²
EFC only	637	31%
EFC and PESS	452	22%
Aftercare, EFC, and PESS	321	15%
PESS only	263	13%
Aftercare and EFC	234	11%
Aftercare and PESS	96	5%
Aftercare only	78	4%
Total	2,081	100%

¹ To determine young adults’ full IL participation, only young adults who could be tracked for their full eligibility duration (until age 23) are included in the analysis.

² Due to rounding, percentages do not sum to 100%.

Source: OPPAGA analysis of Department of Children and Families data.

IL participants had more extensive prior involvement with the child welfare and delinquency systems and similar pre-age-18 educational attainment compared to non-participants

To better understand the pre-age-18 characteristics of eligible young adults who did and did not participate in IL programs, OPPAGA analyzed data from the Department of Children and Families, Department of Education, and Department of Juvenile Justice. This analysis found that youth who went on to participate in IL programs had more extensive involvement with the child welfare and juvenile

⁵⁶ OPPAGA’s analysis found that PESS payments declined during the summer months, while Aftercare payments increased during these months.

⁵⁷ For the purposes of this review, gaps are defined as periods of at least one month in which the young adult did not receive a payment for a particular program.

⁵⁸ Young adults who participated in EFC and PESS concurrently had overlaps in participation averaging 1.21 months (ranging from 1 to 6 months).

justice systems prior to turning age 18 compared to those who were potentially eligible but did not participate in IL. Despite differences seen in DCF and DJJ involvement, pre-age-18 educational attainment was largely similar between the two groups, with the most variation seen in graduation rate and diploma type.

Young adults who participated in IL programs spent more time prior to turning age 18 in foster care and were less likely to be in family settings than those who did not participate. Prior to turning age 18, young adults who participated in IL services spent more time in foster care compared to those who were potentially eligible but did not participate in IL services.⁵⁹ Specifically, IL participants spent an average of 45 months in foster care, while young adults who did not participate spent an average of 28 months in foster care. The amount of time spent in foster care prior to turning age 18 varied by IL program, with youth who only participated in Aftercare having spent the most time in foster care (52 months) and youth who only participated in EFC having spent the least amount of time in foster care (42 months). (See Exhibit 13.)

Exhibit 13

Young Adults Who Participated in IL Programs Spent More Time in Foster Care Prior to Turning Age 18

Program ¹	Average Number of Months in Foster Care (Pre-Age-18)
Eligible non-participants	28
EFC only	42
PESS only	46
EFC and PESS	48
Aftercare only	52
Average among IL participants	45

¹ Due to the small numbers of young adults in each program combination, whether a young adult participated in Aftercare is not taken into consideration unless it was the only program in which they participated.

Source: OPPAGA analysis of Department of Children and Families and Department of Education data.

While participants and non-participants had the same average number of prior verified DCF investigations in which they were involved (1.9), there were differences in the types of verified maltreatments. Young adults who participated in IL programs had higher percentages of prior verified sexual abuse, physical abuse, neglect, and abandonment-related maltreatments and lower percentages of substance misuse and parental failure-related maltreatments. The greatest differences were in verifications related to substance misuse and parental failure. (See Exhibit 14.)

Exhibit 14

IL Participants Had Lower Percentages of Prior Maltreatments Involving Parental Failure and Substance Misuse Than Non-Participants

Type of Verified Maltreatment	Percentage of IL Participants	Percentage of IL Non-Participants
Neglect	60%	57%
Parental failure	37%	45%
Substance misuse	33%	49%
Physical abuse	32%	25%
Abandonment	21%	14%
Sexual abuse	16%	13%

Source: OPPAGA analysis of Department of Children and Families data.

⁵⁹ This analysis includes 7,067 eligible young adults who could be tracked through age 20. In order to categorize young adults as IL participants, the data are limited to eligible young adults who turned age 18 between 2014 and 2018 and therefore could be tracked until their 21st birthdays.

There were also differences in where participants and non-participants resided at the time of their 18th birthday.⁶⁰ A smaller percentage of young adults who participated in IL services were in family settings when they turned age 18 compared to young adults who did not participate (35% and 82%, respectively), while a larger percentage of IL participants were in residential settings when they turned age 18 compared to young adults who did not participate (62% and 16%, respectively).⁶¹ The largest differences were among foster home, relative and non-relative, and group home placements. Sixty-one percent of non-participants were in a relative or non-relative caregiver placement when turning age 18, while 53% of participants were in a group home placement. Sixty-three percent of IL participants whose last pre-age-18 placement was with a relative or non-relative caregiver only participated in PESS, while 53% of participants whose last pre-age-18 placement was in a group home only participated in EFC. (See Exhibit 15.)

Exhibit 15

Compared to Non-Participants, IL Participants Had Lower Percentages of Relative and Non-Relative Caregiver Placements and Higher Percentages of Group Home Placements at the Time of Their 18th Birthdays

Placement Type ¹	Percentage of IL Participants	Percentage of IL Non-Participants
Relative and non-relative caregivers	5%	61%
Group homes	53%	10%
Foster homes	27%	5%
Pre-adoptive placements	3%	16%
DJJ facilities	6%	5%
Residential treatment	2%	1%
Other	3%	2%
Total	100%	100%

¹ In addition to placement at the time of the young adult's 18th birthday, this includes the last placements for young adults who were adopted or placed into permanent guardianships before age 18 (and thus not in a foster care placement at the time of their 18th birthday) but were eligible for PESS.

Source: OPPAGA analysis of Department of Children and Families data.

Young adults who went on to participate in IL had more prior involvement with the delinquency system than those who did not participate. A larger percentage of IL participants had prior DJJ involvement than non-participants (63% and 44%, respectively).⁶² This varied by IL program, with young adults participating in both EFC and PESS having the least amount of prior involvement with DJJ (57%) and young adults only participating in Aftercare having the greatest amount of prior DJJ involvement (82%). (See Exhibit 16.) With regard to DJJ placement types, young adults in Aftercare had the highest rates of diversion, detention, probation, and residential service usage.⁶³

⁶⁰ In addition to placement at the time of the young adult's 18th birthday, this includes the last placements for young adults who were adopted or placed into permanent guardianships before age 18 (and thus not in a foster care placement at the time of their 18th birthday) but were potentially eligible for PESS.

⁶¹ Family settings include foster homes and relative and non-relative caregiver placements. Residential settings include group homes, residential treatment centers, and DJJ facilities.

⁶² DJJ involvement includes any services provided by DJJ residential, probation, detention, or diversion program areas.

⁶³ Diversion is a program designed to keep a youth from entering the juvenile justice system through the legal process.

Exhibit 16

IL Participants Had More Prior DJJ Involvement Than Non-Participants; Those in Aftercare Had the Most Prior DJJ Involvement

Program ¹	Number of Young Adults With Prior DJJ Involvement	Percentage of Young Adults With Prior DJJ Involvement
Eligible non-participants	3,619	44%
Aftercare only	137	82%
EFC only	1,647	67%
PESS only	547	59%
EFC and PESS	1,117	57%
Total IL participants	3,448	63%

¹ Due to the small numbers of young adults in each program combination, whether a young adult participated in Aftercare is not taken into consideration unless it was the only program in which they participated.

Source: OPPAGA analysis of Department of Children and Families and Department of Juvenile Justice data.

More IL participants had a high school diploma or GED prior to turning age 18 compared to those who did not participate; pre-age-18 educational attainment varied widely across programs.⁶⁴ Few potentially eligible youth received a high school diploma or GED prior to turning age 18 (and thus becoming eligible for IL programs). However, a higher percentage of those who participated in IL had obtained a high school diploma or GED by their 18th birthday compared to those who did not go on to participate in IL (16% and 10%, respectively). Pre-age-18 educational attainment varied widely across programs and was highest for young adults who only participated in PESS (56%), and lowest among those who only participated in EFC (4%). (See Exhibit 17.)

Exhibit 17

Young Adults Who Only Participated in PESS Had the Highest Percentage of Pre-Age-18 High School Diploma or GED Attainment

Program ¹	Number of Young Adults With a High School Diploma or GED	Percentage of Young Adults With a High School Diploma or GED
Eligible non-participants	307	10%
PESS only	283	56%
EFC and PESS	153	14%
Aftercare only	17	13%
EFC only	57	4%
Total IL participants	510	16%

¹ Due to the small numbers of young adults in each program combination, whether a young adult participated in Aftercare is not taken into consideration unless it was the only program in which they participated.

Source: OPPAGA analysis of Department of Children and Families and Department of Education data.

Similar characteristics emerged for participants and non-participants in other educational measures. For those who had not completed their K-12 education by their 18th birthday, approximately 30% of both participants and non-participants had completed the 11th grade and an additional 30% of each had completed the 10th grade. Nineteen percent of IL participants' (and 20% of non-participants') highest grade completed in a public school by their 18th birthday was 8th grade or lower. The majority of those who had not obtained their high school diploma or GED by their 18th birthday (79% of participants and 75% of non-participants) remained in the K-12 school system; however, 7% of participants and 9% of non-participants dropped out of school before turning age 18. There was little

⁶⁴ All analyses of K-12 education are limited to public education in Florida, not considering educational attainment in private or home schooling after exiting public schools. Young adults not matching to Florida Department of Education student data are excluded from the analyses. This analysis is limited to the approximately 6,226 youth who could be tracked through age 20 for IL service participation and were identified in Florida Department of Education K-12 public school data.

difference between participants and non-participants in terms of high school GPAs, with non-participants having slightly higher GPAs than participants (1.98 and 1.92, respectively).⁶⁵ GPAs varied slightly across IL programs, ranging from 1.6 for those who only participated in Aftercare to 2.2 for those who only participated in PESS.

CHILD WELFARE STAFF AND STAKEHOLDER PERSPECTIVES ON INDEPENDENT LIVING SERVICES

Many young adults experience barriers, particularly in finding safe and affordable housing

To identify barriers and gaps in services, OPPAGA reviewed information from all 19 of the state's lead agencies, interviewed staff at seven lead agencies, surveyed child welfare staff who provide IL services, and interviewed and reviewed information from state and national stakeholders.

Barriers Young Adults Face in Transitioning to Adulthood

Several barriers exist for young adults transitioning to adulthood; housing is the most frequently and consistently identified issue. Lead agencies, child welfare staff, and Florida and national stakeholders identified a number of barriers that young adults face in transitioning to adulthood and becoming self-sufficient. All of the types of entities identified issues related to housing as one of the primary barriers for young adults. (See Exhibit 18 for a summary of reported barriers to service provision for youth and young adults.)

Housing Barriers

Consistent with state and national research, child welfare staff, lead agencies, and stakeholders identified housing or placements as a significant challenge, including housing affordability, availability, and appropriateness.⁶⁶ Seven of the 19 lead agencies reported that finding affordable housing was difficult and all child welfare staff responding to OPPAGA's survey reported that it is difficult to help young adults find affordable housing.⁶⁷ Staff working with young adults reported that the stipend for housing is too low for the cost of living in their area and while they encourage young adults to live with roommates, the cost of housing in safe areas exceeds the housing stipend. Eight of 12 stakeholders also reported that securing safe and affordable housing is a significant challenge for young adults. Stakeholders agreed that a lack of housing was a challenge in providing services to young adults, and one explained that housing is fundamental to helping a young adult succeed in other areas including employment and education. Similarly, a lead agency noted that placement stability is integral to delivering needed services because young adults cannot take care of their other needs without stable

⁶⁵ Ninety percent of the young adults in OPPAGA's analysis had an available unweighted cumulative high school GPA in their last completed term of high school before turning age 18. The average includes youth with GPAs of zero.

⁶⁶ Research prepared for the Florida Housing Finance Corporation in 2022 on Florida's rental market identified that there is a deficit of affordable units across the state for renter households.

⁶⁷ An affordable rental unit is any market rate, subsidized, or public housing unit for which a household below a certain income would pay no more than 30% of income for gross rent.

housing. Moreover, four lead agencies reported that it is difficult to find appropriate housing for young adults with special needs, including those with mental health struggles, disabilities, or involvement in the criminal justice system. Child welfare staff reported needing more foster placements, more and better placement options for young adults, and more connections with individuals or companies to help provide affordable housing to young adults.

Participation Barriers

Four stakeholders reported that young adults may not want to engage with programs anymore because they want independence and are tired of being in the foster care system. Child welfare staff reported that the most common reason youth do not enroll in an IL program when they age out of care is that they want to be independent from the child welfare system. Similarly, wanting to be more independent was also among the top three reasons they reported for young adults leaving IL programs; the other top reasons were aging out of the programs or otherwise no longer meeting program eligibility requirements. For example, some case managers reported that young adults leave school or employment, which are part of eligibility requirements for EFC and PESS.

External and Internal Barriers

Seven of 17 lead agencies reported that external factors presented barriers or challenges to the provision of IL services including delays in immigration processes, difficulty finding guardians or other supportive adults, delays in getting food stamps, and a lack of stable employment.⁶⁸ Four stakeholders reported that young adults have difficulty securing employment, and four lead agencies reported that limited public transportation was a barrier to service provision. Lead agencies reported that the IL programs themselves can present challenges due to having insufficient guidance, resources, or time to implement changes. Two stakeholders reported that there are plenty of resources available and policies in place regarding IL programs, but young adults are not made aware of these resources and are not properly informed about benefits and eligibility requirements for available programs. Similarly, stakeholders reported that IL staff is not always properly informed and knowledgeable about resources from DCF that are available to young adults.

An additional noted barrier was a lack of consistent data tracking across lead agencies. One Florida stakeholder expressed that not having sufficient data created a barrier to providing better service; similarly, one lead agency identified a need for more data and development of programming rooted in evidence-based practices as an issue. One Florida stakeholder reported that there should be more consistent data collection and measurement on youth outcomes, such as tracking the same outcomes across lead agencies, and two Florida stakeholders discussed the need for more measurement on youth outcomes such as tracking the same outcomes across lead agencies. Other stakeholders explained that the current method of collecting data on outcome measurements, the National Youth in Transition Database survey and life skills assessments, do not assess important data points such as self-sufficiency. One national stakeholder reported that outcome measures should be developed with young people and that measures should include peer-delivered services and connection to family and community.

Lead agencies discussed data collection processes that vary considerably across agencies and indicated that there is much data being collected that is not input into the Florida Safe Families

⁶⁸ Two lead agencies did not report on barriers.

Network. Seven lead agencies reported only tracking and recording information in FSFN, though 12 lead agencies described additional data they collect on IL youth and young adults that is not captured in FSFN. The type and amount of additional data collected varied greatly by lead agency and included but was not limited to information pertaining to

- program eligibility and participation (e.g., those who opted out, were terminated, entered EFC, transitioned to PESS, or are about to turn age 21 or age 23);
- completion of transition plans;
- life skills provided;
- whether a Regis Little guardian is needed and has been identified;
- school progress;
- which youth had obtained a learner’s permit or driver’s license;
- enrollment in Keys to Independence;
- whether mentors had been identified and matched; and
- pregnant and parenting youth.⁶⁹

Barriers Child Welfare Staff Face in Service Provision

In addition to barriers that young adults face while transitioning to adulthood, stakeholders and child welfare staff also identified challenges that IL service providers face in providing services to young adults.

Service Barriers

Seven lead agencies reported that a lack of services and supports for youth and young adults was a challenge. Of these, four lead agencies reported that there are not enough services for those who live in outlying areas; three reported that there are not enough services for specific populations or those with specialized needs, such as young teens who need normalcy, older teens who need career-development support, and those who are crossover youth, have a disability, or have mental health needs.⁷⁰ One lead agency cited provider limitations, including inconvenient hours of services and ineffectiveness; child welfare staff responding to OPPAGA’s survey identified difficulties in finding appropriate services, particularly mental health and substance abuse services for young adults. They reported a need to focus more on mental health but that the cost of care can be a barrier and they needed more assistance with getting young adults access to outpatient treatment. Stakeholders also reported challenges with young adults’ access to mental health treatment and identified that when young adults have mental health needs, it can be a barrier to accessing other services. In addition to mental health services, other stakeholder-reported barriers included a lack of support in post-secondary education (three stakeholders), lack of supportive adults (one stakeholder), and lack of services (one stakeholder). Seven stakeholders reported the quality and availability of services varies widely across the state at the circuit, county, lead agency, and group home placement.

Child welfare and lead agency staff noted that lack of young adult motivation or engagement in services was a common challenge. Ninety-three percent of survey respondents reported that getting young

⁶⁹ The Regis Little Act required DCF to develop an updated case plan for any child age 17 or older who may require the assistance of a guardian advocate, limited guardian, or plenary guardian due to a developmental disability or requiring decision-making assistance due to incapacitation.

⁷⁰ Crossover youth are children who are involved, or at risk of involvement, in both the child welfare and juvenile justice systems.

adults to engage with services was at least somewhat difficult; lead agencies also identified this as a barrier to service provision. The most frequently reported issue relating to young adult motivation and engagement was that young adults were reluctant or unwilling to engage with or use all the services to which they are entitled.

Child welfare staff also expressed challenges regarding life skills, such as not having accessible life skills course-work or classes and needing to provide more life skills preparation and mentors when young adults enter EFC unprepared. One lead agency surveyed its youth and young adults about IL services and reported that all survey respondents described a need to change how life skills are delivered, suggesting ideas such as providing more life skills training and more realistic and hands-on training. Two stakeholders reported that hands-on life skills instruction was needed because young adults want the opportunity to practice skills in real life rather than just learn about them in a classroom setting. One lead agency reported challenges with information on life skills due to a lack of documentation on life skills provided. One stakeholder suggested that lead agencies should have a conversation with the caregiver to determine which life skills the caregiver can provide, as this would inform lead agency staff which skills the caregiver is unable to teach and need to be provided by the lead agency.

Workforce Barriers

Eleven lead agencies reported that staff issues, including difficulty hiring and retaining staff, lack of experience and training, and high caseloads, present a barrier to service provision. Child welfare staff responding to OPPAGA's survey reported difficulty managing caseloads, with 58% reporting having more than 20 youth and young adults on their caseloads and 10% reporting having more than 40. Stakeholders also reported workforce challenges, including staff turnover and how it contributes to a lack of consistent and dedicated staff, which in turn makes it difficult to establish trust with young adults. Further, some stakeholders who provide services to youth and young adults reported referrals are not sent early enough (i.e., referrals are typically not sent until the youth/young adults are between the ages of 16 and 20), which makes it harder to build rapport and help them prepare for adulthood.

Exhibit 18

Identified Barriers for Youth and Young Adults to Receive Services, by Source¹

Identified Barrier	Lead Agencies	Child Welfare Staff	Florida Stakeholders	National Stakeholders
A lack of affordable housing	✓	✓	✓	✓
Case management workforce issues	✓	✓	✓	
Youth and young adult lack of engagement with services	✓	✓	✓	✓
Young adults not having all the information they need about available services			✓	✓
Lack of providers in general	✓			✓
Lack of providers for youth and young adults with special needs (e.g., behavioral health needs; pregnant and parenting needs)	✓		✓	✓
Lack of life skills services		✓	✓	
Lack of services in rural areas	✓			
Insufficient funding of programs or services	✓	✓	✓	
Youth and young adults cannot find jobs that pay enough to support them or jobs for which they have the skills			✓	✓
Lack of public transportation	✓	✓		
Youth do not want to enroll in IL programs		✓	✓	✓

¹ These identified barriers may be supported by one or more individuals representing each entity.

Source: OPPAGA analysis of lead agency provided documentation, the survey of child welfare staff and stakeholder interviews, and reported documentation.

Several lead agencies reported having success across an array of services and outcomes. While numerous barriers exist for services provision and program administration, lead agencies identified several successes. Three lead agencies reported success in housing opportunities for young adults through housing vouchers and transitional beds. Eight lead agencies reported successes with service providers, including increasing the capacity of and collaboration with providers, and five reported success coordinating with system partners (e.g., education, advocacy, behavioral health). Two lead agencies reported staff improvements, including stabilizing and expanding IL staff. Five lead agencies reported success with youth engagement, including fostering connections with statewide advocacy groups, creating a youth empowerment council, and having good attendance at youth events. Four lead agencies reported positive educational outcomes for young adults, including high school diplomas and post-secondary degrees, and two reported positive employment outcomes, including getting and maintaining jobs.

YOUNG ADULT PERSPECTIVES ON INDEPENDENT LIVING SERVICES

Numerous challenges exist for individuals transitioning to adulthood; young adults often have insufficient knowledge of program benefits and available services

To better understand young adults' perspectives on Independent Living program effectiveness, OPPAGA conducted focus groups and surveys with current and former IL participants. OPPAGA conducted 9 focus groups with 34 youth across the state. Several lead agencies and youth advocacy groups facilitated focus group scheduling by sharing information about how to participate through their newsletters, youth advisory councils, and email lists.⁷¹ In addition, OPPAGA designed a survey for young adults to provide feedback on their experiences with transition planning, services, and any IL programs in which they participated. Prior to survey deployment, OPPAGA received feedback from young adults, youth advocates, and Department of Children and Families staff to ensure use of understandable and appropriate language. Lead agencies provided contact information for prior IL program participants and publicized how to participate in the survey in newsletters and youth advisory councils. OPPAGA sent surveys to 677 youth across the state and received 94 responses.⁷² OPPAGA staff also reviewed 40 IL program participants' case management files.⁷³

Focus group participants most frequently reported participation in PESS, whereas survey respondents most frequently reported participation in EFC; young adults reported numerous valuable services. Among focus group participants, 20 reported past or current participation in PESS, and 13 reported past or current participation in EFC. Only two young adults reported using all three programs and one reported they had never participated in an IL program. Survey respondents most frequently reported participation in EFC (79%), then PESS (66%) and Aftercare (60%). While 32% of survey respondents reported participation in a single program, 37% had participated in all three.

Survey respondents reported receiving numerous services while in IL programs, most frequently the DCF tuition waiver. Forty-two percent of survey respondents also reported receiving mental health and/or substance abuse services and 51% received help applying for public benefits. During focus groups, eight young adults identified Keys to Independence as the most valuable service or program in which they participated, and four reported that PESS was the most valuable service they received. Young adults also identified being given adequate knowledge of resources, youth advocacy organizations, life skills training, and financial assistance as valuable services. Regarding financial assistance in particular, two young adults reported that without it they would have to work full time rather than part time, which would hinder their ability to pursue their education.

⁷¹ Focus group participation was entirely voluntary. Young adults could withdraw at any time and were not required to answer any question other than confirming they were at least age 18. OPPAGA coordinated with each lead agency and youth advocacy organization that helped schedule a focus group to ensure a designated supportive adult was available for any young adult who wanted to debrief after participation.

⁷² Participation in the survey was voluntary and respondents were not required to answer any question other than confirming they were at least age 18.

⁷³ For the case file review, OPPAGA generated a random sample from the total population of eligible young adults who received IL services during the review period. Selection was based on age, geographic location, and services received. The select sample consists of young adults who turned age 18 and received either one IL program or a combination of programs and were stratified by region.

“The loneliness of it all, the case manager might be the only person we see or have as a steady contact.”

- Young adult focus group participant

Young adults reported positive and negative experiences with their case managers; several reported that they did not receive sufficient help from their case manager. Young adults who participated in focus groups and responded to surveys reported both positive and negative experiences with case managers; five focus group participants further stated that experiences

tended to vary depending on the case manager. Ninety-six percent of survey respondents reported having a case manager during their time in an IL program, with 76% having one for their entire time in the program(s) and 19% having one for part of their time in the program(s). Eight focus group participants reported having multiple case managers throughout their time in care. Two survey and seven focus group participants identified case manager turnover as a challenge that created a lack of consistency in their case management. Eight focus group participants also commented on case managers having high caseloads and how that effects case manager’s ability to focus on and prioritize each young adult as an individual.

Ten focus group participants identified specific things their case managers were able to help them with and five described positive case manager interactions. Similarly, two survey respondents mentioned good communication with case managers and that they were available when the young adult reached out. However, three survey respondents and ten focus group participants felt child welfare professionals were not responsive, particularly during evenings and weekends, or reported asking for services and not receiving help. For example, one survey respondent in the PESS program expressed frustration with feeling ignored because they were doing well in school; similarly, one focus group participant in the PESS program requested more frequent contact but did not receive it, which they speculated was due to them following program expectations (getting good grades). Another survey respondent reported not being informed of services or assistance prior to needing it (e.g., assistance with paying a deposit utility startup fee and leasing fee). Three young adults reported feeling like their case managers did not listen to them. There were also things young adults wished their case managers did differently, such as being more hands-on or engaged, checking on them more frequently, and scheduling follow-up meetings after transition staffings to help them apply for all the services that were discussed. Three young adults reported they would like child welfare staff to have more education on the IL services and programs available. Three reported wanting to have a mechanism for case manager accountability, such as a complaint process or being provided with a supervisor’s contact information, so that they had someone else to reach out to regarding questions they might have about the program or benefits.

Life skills training experiences vary across the state; young adults reported that they still need assistance with life skills topics.

DCF operating procedures specify topics required for life skills training.⁷⁴ Since 2014, state law has specified that such training must be provided by a youth’s caregiver.⁷⁵ Based on information available in case files, most youth learned life skills in their placements prior to turning age 18. Skills learned generally encompassed all the required topics listed in department operating procedures, though not all young adults received instruction in all areas. Sixteen focus group participants discussed several aspects of life skills, including where they learned them, what areas they did and did not receive training in, how helpful the training was, suggestions for improving training, and recommendations for topics that should be covered. Overall, young adults had varying

“... in my first ever house they hired a life skills person to come and teach us how to budget and how to do financial aid and stuff like that, Medicaid, how to get the stuff you need for your life. They hired the person for three months, they came to the house every weekend and then taught [us] how to do money, how to save, how to budget, how to have enough money to support you for food and phone, how to save money and spend it in a certain way to not blow it all. How to get a car, a job, job training. . . . They helped you with all of that and I really appreciate them for having that experience. Most people don’t go through that, there should more of that for people aging out or a life coach.”

- Young adult focus group participant

experiences in services received, how services were provided, and the quality of service providers. Two focus group participants reported life skills training varies across the state and depends on the placement, adding that some areas provide more in-depth training than others.

Nine focus group participants reported learning life skills in their placements, five learned them on their own, four learned them from a child welfare professional, and three learned life skills from others such as youth advocacy groups or programs and organizations on college campuses. For youth who had evidence of life skills training in their case files, the services were typically provided by a caregiver or a case manager and were delivered in group settings or one-on-one. Focus group participants reported receiving training in numerous areas, including home management, finding medical providers, maintaining health insurance enrollment and finding providers in their network, financial literacy, and using public transportation. Participants reported more training in certain areas would be helpful, including financial literacy (eight participants); applying for government benefits (two participants); social skills (two participants); mental health (one participant); career planning (one participant); and peer support (one participant). While there was evidence of financial literacy training in some case files, not all files had evidence of youth receiving such training; experiences of those who did varied from watching a DVD on financial literacy to going to a bank to open an account or learning about financial management from bank staff.

Focus group participants reported the continuation of life skills training while in IL programs would benefit them as they adjust to adulthood. They identified specific areas for which they still needed assistance, particularly developing financial literacy and finding affordable housing, and recommended making financial training more practical and specific to their situations. The case file

⁷⁴ Some of the topics for life skills training include housing education and home management, academic support, interpersonal skills, health education and risk prevention, career preparation, family support and healthy marriage education, and budget and financial management.

⁷⁵ Chapter [2013-178](#), *Laws of Florida*.

review found that more than half of the young adults received some type of life skills assistance while in IL programs, primarily for financial literacy and career preparation.

Transition planning did not occur prior to age 18 for all young adults; those who completed a plan reported varying experiences and identified needed improvements. While there have been recent legislative changes to improve transition planning for youth in care, due to OPPAGA’s review period, it is too soon to gauge how those changes have affected the process. Florida statute now requires initial transition planning to begin when a child in care turns 16.^{76,77} Of the young adults responding to OPPAGA’s survey, 42% reported developing a plan prior to age 18, 26% reported developing a plan at or after age 18, and 15% reported that they did not develop a plan.⁷⁸ The case file review revealed evidence of completed transition plans prior to age 18 in more than half of the cases. Among the

“Me and my DCF caseworker and my Independent Living Specialist, . . . who is amazing, and my [caregivers] all worked together. My Independent Living Specialist was super, super informative. She told me everything I wanted to know and answered every question I had or if she did not know, she called someone to get the answer, so I was very involved in it, and I’m still involved in how it goes.”

- Young adult focus group participant

“I had [a plan], but it was a while ago and it went out the window. I haven’t heard about that in years. It’s crazy. It’s not steps to be independent. It’s about how you want to see yourself, (the ideal life), not about how you start off. It didn’t help at all. That’s what is needed, having the steps set up. It was more talk than walk.”

- Young adult focus group participant

12 young adults in focus groups who discussed when they first began discussing transition, 10 stated it was prior to age 18; three participants were less than three months away from their 18th birthday, and two reported developing a plan after they turned age 18.

Focus group participants reported positive and negative experiences during transition planning. Four young adults reported being very involved in their planning, feeling heard, having their needs and wants included in their plan, having program options clearly communicated to them, and having their questions answered. One young adult reported that their dependency case manager, independent living specialist, and guardians all worked together and that the independent living specialist was extremely informative. Another young adult reported the transition meeting included other adults important

to them. Six young adults reported having no knowledge or little understanding of their options, with two saying they might have picked a different program if they had a better understanding. Six young adults discussed not being informed of services generally, while one identified the Foster Youth to Independence Voucher and one identified the Keys to Independence program in particular.⁷⁹ One young adult said they believe staff do not always inform youth about EFC because PESS is seen as an easier option (i.e., case managers can close the dependency case). Nine young adults reported their transition planning was not youth led or individualized to meet their needs. Three young adults

⁷⁶ Section 39.6035, F.S.

⁷⁷ Chapter 2021-169, Laws of Florida, changed the age at which transition planning begins, from 17 to 16.

⁷⁸ The remaining 26% of survey respondents were unsure about when or if they developed a plan.

⁷⁹ Foster Youth to Independence initiative makes Housing Choice Voucher assistance available for a maximum of 36 months for young adults ages 18 to 24 who left foster care, or will leave foster care within 90 days, in accordance with a transition plan, and are homeless or are at risk of becoming homeless at age 16 or older. Keys to Independence is a state funded program designed to remove barriers in obtaining a driver’s license by assisting with the four-hour course, learner’s license, driver’s education, driver’s license, and insurance. Although the program’s primary focus is youth under age 18, young adults in EFC and PESS, as well as those who aged out, are eligible under certain circumstances. Acceptance into the program is contingent on budgetary limitations.

reported that plans are based on what young adults should do but are not individualized for them. Other young adults described different challenges with transition planning, such as not being able to find housing or full-time employment due to their age. Similarly, survey respondents reported a variety of experiences with their transition planning. (See Exhibit 19.)

Exhibit 19

While Most Survey Respondents Reported Positive Experiences With Transition Planning, up to 30% Felt Differently

Survey Prompt	Percentage of Respondents Who Agreed	Percentage of Respondents Who Disagreed
I felt as if my needs and wants for my future were heard and included in my transition plan	55%	23%
My transition plan has been a resource that is used to refer me to programs, resources, and services that I need	50%	30%
The options for Independent Living programs were clearly communicated to me during my transition planning	66%	25%
I felt I had input in who was invited to my transition plan meeting	55%	25%

Source: OPPAGA analysis of young adult survey responses.

Many young adults have at least one supportive adult in their lives but reported needing social skills training and more opportunities to connect with peers.

Florida statute recommends that DCF assist in connecting youth in care to supportive adults.⁸⁰ OPPAGA’s analysis of focus groups, survey responses, and case file reviews found that many youth and young adults had at least one supportive adult. The most frequently identified supportive adults were caregivers, case managers, guardians ad litem, mentors, and non-parental relatives.⁸¹ Other supportive adults included department and lead agency staff, community members (e.g., church member or teacher), other former foster youth, therapists, and youth advocacy groups. However, some young adults reported not having any supportive relationships or not having enough supports.

“I’ve been looking since I turned 18 and I’m 20 now and have not found [a supportive adult] and don’t know how to find one or have the resources. I really want and need one. We need more resources when it comes to being an adult.”

- Young adult focus group participant

Additionally, nine young adults in focus groups reported their time in care resulted in intrapersonal and interpersonal challenges, such as difficulty with self-management, trusting others, asking for or accepting help, and interacting with others appropriately at work and in social settings. Three young adults felt peer support and social skills training would have helped mitigate these issues. Survey respondents reported similar themes, as some young adults felt prepared for self-management and interacting with others (e.g., managing their schedule and helping others), while others felt unprepared in areas like time management and building and maintaining healthy relationships and behaviors. One survey respondent also reported wanting more opportunities to connect with peers.

⁸⁰ Section 409.1451, F.S.

⁸¹ A guardian ad litem may be appointed to a dependency case to represent the child’s best interest. Guardians ad litem represent the child in all judicial proceedings related to the case, meet with the child on a regular basis, and investigate the circumstances of a child’s case before submitting a recommendation to the court as to what they believe is in the child’s best interests (e.g., family reunification or adoption).

Young adults reported multiple barriers to receiving IL services and transitioning to adulthood; housing, finances, and lack of information were most frequently reported

Many young adults feel unprepared for IL services to end and most report challenges with housing and finances. During focus groups and surveys, young adults were asked how prepared they felt for adulthood across multiple domains once they leave the state's IL programs. Those areas included finding and keeping affordable housing; completing high school or obtaining a GED; attending a college, university, or technical/vocational college; career planning; finding and keeping a job; managing finances; establishing healthy relationships and behaviors; applying for and accessing public benefits and health insurance; accessing substance abuse and/or mental health services; and navigating community resources. Responses were mixed regarding how prepared participants felt to stop receiving IL services. Eight young

adults in focus groups felt prepared for the end of their IL services while four reported they did not feel prepared. Two focus group participants reported they felt prepared overall but events going on in the world resulted in them feeling less prepared. Of the young adults who responded to OPPAGA's survey, 54% reported they currently need support across these areas, compared to 32% who reported no longer needing support due to achieving their goals.

"I feel like I'm prepared because of all the things I went through. There is nothing wrong with being independently dependent. That is, I can be on my own successfully but also have someone I can reach out to if I need help from time to time. Not co-dependent. I feel like I can handle most things on my own, but I always need someone to help sometimes."

- Young adult focus group participant

"I want to emphasize how important housing is. Housing is a huge challenge, we are so often at risk of homelessness as it may not be sustainable. If you don't have housing, nothing else is stable in your life. So now it is hard to find a place that is affordable."

- Young adult focus group participant

Whether discussing barriers to receiving IL services, issues with services they received, or challenges they currently face, housing-related concerns were frequently reported. Young adults discussed the lack of available and affordable housing, issues with placement appropriateness, and not receiving enough help locating housing. Reported challenges regarding affordable housing included the rising housing costs, high income requirements (i.e., needing monthly income two to three times the amount of monthly rent), and amounts needed for deposits. Additionally, two focus group participants reported not having sufficient credit to

obtain housing and three reported being unable to sign a lease prior to age 18. Four young adults

reported issues with the placements themselves, describing them as being in unsafe neighborhoods or being unsuitable. This issue was also identified during the case file review, with young adults changing placements because they did not feel safe (e.g., issues with roommates and being around drug abuse) or the housing was inadequate (e.g., no heat, no working outlets). Eight focus group participants reported they did not receive enough help locating housing, and three reported periods of homelessness. Among case files reviewed, 28% of the young adults had evidence of homelessness and another 13% were at risk. Fifty-one percent of young adult survey respondents reported that they did not feel well prepared to find and keep affordable housing when first entering an IL program, and 71% reported they still need support in this area. In reviewing case files, one reason young adults moved placements was due to switching between EFC and PESS. While some young adults have been able to obtain housing on their own, challenges remain, including evictions, the cost of living, and not knowing how to search for and apply for housing. Few survey respondents reported receiving assistance with finding and keeping affordable housing (16%) or help with applying for assistance with rent and/or utilities (9%), and expressed a desire for more help in those areas as well as services to teach them to live on their own.

"I found my apartment on my own. Through my own research. . . . I do think that more support would have made the researching and choosing and touring process a lot easier. I also had to find money to pay a \$1,000 deposit as well as utility start up fee and leasing fee which came to about \$375. I believe. I have since been reimbursed but I didn't know that was an option or that I could get assistance paying those things because no one told me- so I freaked out and had to find a way to pay it myself."

- Young adult survey respondent

As with housing, when discussing challenges they have encountered while transitioning to adulthood, young adults in focus groups and survey respondents frequently identified multiple issues pertaining to finances. Eight focus group participants reported needing more education on budgeting; saving; building and using credit responsibly; and debt management. They also reported wanting more practical financial literacy training (e.g., budgeting, learning about credit, and financial planning). One young adult reported the financial literacy training they received was not helpful because it was taught using ideal scenarios of having resources and financial stability, which they said is not realistic for most former foster youth. They felt education on how to recover from financial mistakes, how to rebuild credit, what to do in certain situations, and having former foster youth provide this type of training would be more relatable and beneficial. Similarly, survey respondents identified financial literacy training as a service not received while participating in IL programs; others said they needed more monetary assistance. Thirty-three percent of survey respondents reported receiving assistance with managing their finances and 27% received additional monetary assistance.

“There are all kinds of programs and services out there for us but we don’t know about them, we don’t know what’s available. I had no idea about the foster care liaison at [my university]. And some of it is that they (the services and programs) are changing but can someone figure out a way to let us know what is out there and to know what is really available. Like an app. So we have a directory for what we could access.”

- Young adult focus group participant

Insufficient knowledge regarding available services and programs was a significant barrier to participation. Although IL programs and benefits should be explained to youth during transition planning, young adults are often not aware of the benefits available to them or do not fully understand them. A challenge reported by five focus group participants was a lack of information about available services and programs. Two young adults said they might have made different choices if they had known all the relevant information. Others reported being given so much information at one time, such as during their transition staffing, that they were unable to retain it all or understand what they had been told. Survey respondents also expressed challenges with information about programs and services available to them. To address this challenge, the Office on Continuing Care reported to OPPAGA that office staff are currently working with a

contracted provider to develop a phone application that will provide access to information about IL programs.

Young adults pursuing postsecondary educational and employment goals reported needing more time, preparation, and support to be successful. Sixty-three percent of survey respondents reported no longer needing support with completing high school or obtaining a GED. Although it is unclear how many completed their postsecondary education, 20 focus group and 78% of survey participants were attending or had previously attended a postsecondary institution. Fourteen of the young adults whose case files were reviewed had evidence of attending college and two had evidence of completing a certification. Young adults reported wanting more services for attending school, such as tutoring and help applying to college. Those attending a postsecondary institution reported challenges with accessing services on campus, including mentoring and mental health services. Difficulties with the tuition waiver were commonly reported, such as the process being confusing, personnel on campus not knowing how to assist young adults in accessing the waiver, and having to provide additional information to prove they were eligible.

Some young adults also reported that they were not well prepared to go to school while working full time and that finding a job that was flexible with their schedule was difficult. Three focus group participants discussed how they and their peers either had difficulty or were unable to complete their studies prior to PESS or the tuition waiver ending. They offered suggestions to remedy this issue, such as extending the length of time that PESS and/or tuition waivers can be used or not starting the five-year eligibility period for PESS at age 18, but rather when a young adult obtains their high school diploma or GED (as not all young adults in foster care have achieved this by age 18).

“[We need] a little bit more funds, because going to college alone, you have no support and things pop up all the time and some of us are full time students so we don't have a job and this is our only income.”

- Young adult survey respondent

"We oftentimes need lots of guidance and support. Also a longer timeframe for 'job assistance' no teen should have to lose benefits or be 'kicked' from extended foster care and left behind because they could not provide a job fast enough."

- Young adult survey respondent

While 35% of young adult survey respondents reported they had achieved preparing for a career and finding and keeping a job, 62% and 60% respectively reported still needing help in these areas. Focus group participants did not often discuss employment, though one young adult reported receiving job training at conferences; another stated they did not receive career planning but felt it would have been helpful when they were trying to decide between pursuing vocational training or academia. Two survey respondents and one focus group participant also expressed challenges regarding the expectation to work while participating in a program, such as needing more time to find a job and having difficulty finding employment and a job that would hire a teenager full time.

Young adults identified several challenges to accessing and utilizing medical and mental health services.

Three young adults who spoke to OPPAGA and one young adult who responded to the survey reported challenges related to health insurance, including wanting more information on providers that would take their insurance and noting that a limited number of providers accept Medicaid. They also expressed difficulty changing health care providers, getting an insurance card in their name, and being recognized as an adult who does not need permission to make certain health care decisions. Forty-six percent of survey respondents reported they still need support in applying for and accessing health insurance. In addition to issues with medical care, two young adults in focus groups also expressed issues with availability and knowledge of mental health resources. Thirty-eight percent of survey respondents reported they still need support in accessing substance abuse or mental health services. The case file review revealed that approximately 38% of young adults received some type of mental health treatment during their time in IL programs.

"Finding a suitable provider and finding one in network is tricky. . . . it's not set up for young adults and people like me who still struggle who are over 18. There is a lack of coverage, lack of suitability, and lack [of] resources. No one has given me a list of people to meet with, such as a list of referrals for therapists or medication management. . . . it's hard to find that with my insurance."

- Young adult focus group participant

"I didn't have paperwork or a social security card. I needed an ID to go to social security office, but I didn't have that. So my life was literally put on hold."

- Young adult focus group participant

Lack of identification documents and transportation barriers are reported less frequently but have significant consequences for youth transitioning to adulthood.

Although statute requires DCF and lead agencies to provide youth with their original identification documents during transition planning, four focus group participants cited difficulty obtaining those documents as the biggest barrier to receiving services.⁸² Two young adults reported not getting their documents prior to age 18,

one of whom still does not have all of their documents. OPPAGA's case file review also identified this issue, which seemed to occur more frequently for non-citizens.

⁸² Sections [39.6035\(1\)\(a\)](#) and [39.701\(3\)](#), F.S.

Nineteen percent of survey respondents reported receiving transportation services and two young adults reported needing more transportation services, such as bus passes. One young adult reported that transportation was a barrier to continuing participation in IL programs. Six young adults in focus groups reported either not having access to or not knowing how to utilize public transportation and various barriers to obtaining their own transportation (e.g., they were unable to get a license or did not know about Keys to Independence).

Young adults reported leaving EFC to participate in PESS and being discouraged from participating in both programs at the same time. Three young adult focus group participants reported that they left EFC to participate in PESS. Two young adults in focus groups stated that they had been told they were not allowed to participate in both and had to leave one program to enroll in the other. Five young adults reported that they felt the focus of case managers was on which program would provide them with the most financial benefits rather than how they could maximize access to all supports, including non-financial supports. Additionally, one young adult reported that retaining dependency status through participation in EFC while also receiving a PESS stipend would have been very beneficial, but they were unable to participate in both programs simultaneously. OPPAGA's data analysis of program participation showed that only one young adult participated in both EFC and PESS at the same time during OPPAGA's review period.

Aging out, not meeting eligibility requirements, and voluntarily leaving a program are some of the most frequently reported reasons young adults exit IL programs. Of the young adults who responded to OPPAGA's survey, two reported that they had never participated in an IL program and stated it was due to either not being aware of the programs available to them or wanting to be independent from the foster care system. In case file reviews, reasons for declining or not applying to IL programs included incarceration, not participating in a qualifying activity or living in an approved living arrangement, losing contact with the system, and wanting independence from the system.

For focus group participants and survey respondents who did participate in IL programs, aging out was the most commonly reported reason for no longer participating, followed by not meeting other program rules or eligibility requirements.⁸³ In focus groups, seven young adults stated they received IL services until aging out. Twenty-six percent of survey respondents identified leaving one program to participate in another and 16% reported choosing to leave the program for personal reasons. Among case files reviewed, not meeting program rules or eligibility requirements was the primary reason for young adults leaving or cycling on and off programs. The file review also revealed that when young adults left a program they typically did not re-enter a program. When they did, they had resolved the reason they were terminated from the program, such as re-enrolling in school.

OPPAGA analyzed information on discharge reason as reported in DCF's IL module in FSFN. For EFC participants, the most common discharge reasons included voluntarily leaving the program (31%) and not meeting program requirements (25%). For PESS participants, the most common discharge reasons included involuntarily leaving the program (45%) and aging out (17%). For 17% of EFC participants and 22% of PESS participants, no discharge reason was recorded. (See Exhibit 20.)

⁸³ For EFC, examples of requirements not met include not living in an approved living arrangement, not participating in a qualifying activity, and not providing documentation such as proof of employment or enrollment. For PESS, examples include leaving school, not showing proof of enrollment, not meeting requirements for academic progress, and not enrolling in or passing enough credit hours.

Exhibit 20

The Most Frequently Recorded Discharge Reason for EFC Participants Was Voluntarily Leaving the Program Whereas for PESS the Most Common Reason Is Involuntarily Leaving the Program¹

Discharge Reason Recorded in DCF Data for EFC Participants	Percentage of Young Adult EFC Participants
Voluntarily opted out or voluntarily left program	31%
Did not meet program requirements	25%
No discharge reason recorded	17%
Aged out	10%
Eligibility change to PESS	9%
Continued eligibility under new eligibility criteria	5%
Incarcerated	1%
Achieved permanency	1%
Deceased	<1%
Eligibility change to Aftercare	<1%

Discharge Reason Recorded in DCF Data for PESS Participants	Percentage of Young Adult PESS Participants
Involuntarily left program	45%
No discharge reason recorded	22%
Aged out	17%
Voluntarily left program	12%
Renewal	3%
Eligible young adult chose not to enroll in program	<1%
Deceased	<1%

¹ Analysis of discharge reasons was limited to youth who last received EFC or PESS at least one year before the end of the study period and had their receipt of services approved within DCF's FSFN IL Module.

Source: OPPAGA analysis of Department of Children and Families data.

INDEPENDENT LIVING OUTCOMES

Data on young adult outcomes show mixed outcomes for IL participants in key areas

To determine the outcomes of young adults who became eligible for Independent Living services from 2014 through 2018, OPPAGA analyzed data on young adults' employment, education, criminal justice involvement, and public assistance utilization.⁸⁴ Results show mixed outcomes for participants. While IL participants during this time had better educational and employment outcomes than non-participants, participants also had more law enforcement involvement.⁸⁵ Additionally, while participants had higher utilization of the Supplemental Nutrition Assistance Program (SNAP), they had lower utilization of Temporary Assistance for Needy Families (TANF).⁸⁶

⁸⁴ Young adult outcomes are based on Florida data. Young adults who leave the state after turning age 18 are included in the analysis but would not be identified as employed, in public education, having criminal justice involvement, or receiving public assistance. The proportions of youth leaving the state could vary between participants and non-participants, which could affect OPPAGA's findings.

⁸⁵ Differences in education and employment outcomes between participants and non-participants may be due in part to programmatic requirements (e.g., young adults may not participate in EFC if they do not meet employment or education requirements).

⁸⁶ SNAP, formerly known as food stamps, helps people with low-income buy nutritious food. The TANF program provides cash assistance payments and a range of services to low-income families with children.

Young adults who participated in IL programs had a higher degree of law enforcement involvement post-age-18 than non-participants. Forty-five percent of IL participants were arrested after they turned age 18, compared to 36% of non-participants.⁸⁷ The amount of law enforcement involvement among participants varied by program, ranging from a high of 60% among those who only participated in Aftercare to a low of 36% among those who participated in both EFC and PESS. IL participants and non-participants had similar charges, the most common of which were violations of probation, battery, and failure to appear.

OPPAGA’s review found small percentages of records with the Florida Department of Corrections for participants and non-participants during the review period. Seven percent of both participants and non-participants were incarcerated; however, incarceration rates varied by IL program.⁸⁸ Young adults who only participated in Aftercare had the highest percentage of incarcerations (14%) and those in EFC and PESS had the lowest (2%). (See Exhibit 21.)

Exhibit 21

Young Adults Who Participated in Both EFC and PESS Had Less Criminal Justice Involvement Than Other IL Participants

Program ¹	Number (%) of Young Adults With at Least One Post-18 Arrest	Number (%) of Young Adults With an Incarceration Record Post-18
Eligible non-participants	1,305 (36%)	230 (7%)
Aftercare only	82 (60%)	19 (14%)
EFC only	830 (50%)	146 (9%)
PESS only	218 (40%)	33 (6%)
EFC and PESS	405 (36%)	22 (2%)
Total IL participants	1,535 (45%)	450 (7%)

¹ Due to the small numbers of young adults in each program combination, whether a young adult participated in Aftercare is not taken into consideration unless it was the only program in which they participated.

Source: OPPAGA analysis of Department of Children and Families, Department of Education, and Department of Law Enforcement data.

While IL participants had higher percentages of K-12 completion, the type of completion varied between participants and non-participants; few participants or non-participants had completed their postsecondary education. Fifty-nine percent of IL participants who were at least age 21 by the end of 2021 had received a high school diploma, GED, or certificate, compared to 48% of non-participants. While a slightly higher percentage of non-participants had high school diplomas by the end of the review period compared to participants (33% and 31%, respectively), a higher percentage of participants had received GEDs compared to non-participants (23% and 10%, respectively).⁸⁹ Among youth without a public school diploma, similar percentages of participants and non-participants had officially dropped out of K-12 education (25% and 26%, respectively).

The majority of IL participants had a postsecondary enrollment in Florida during the review period, while the majority of non-participants did not.⁹⁰ Fifty-six percent of IL participants were enrolled in a Florida postsecondary institution at some point during the review period, whereas 24% of non-participants had a postsecondary enrollment. Postsecondary enrollments were highest among PESS participants (95% of those who only participated in PESS and 96% of those who participated in PESS and EFC), while those only participating in EFC or Aftercare had much lower enrollments (under 20%

⁸⁷ A total of 7,067 young adults could be tracked for IL participation until their 21st birthday.

⁸⁸ A total of 6,461 young adults could be tracked for IL participation until their 21st birthday and matched to Department of Education records.

⁸⁹ The average age at which participants and non-participants earned a high school diploma, certificated, or GED was 18 for both groups.

⁹⁰ This analysis examined enrollments in district public schools, Florida public colleges, the state university system, and a small share of private post-secondary institutions.

each). Very few participants and non-participants had completed their postsecondary educations by the end of the review period (12% and 5%, respectively). Postsecondary completion varied by IL program, ranging from a high of 22% among PESS participants to a low of 0% among Aftercare only participants. Fifty-eight percent of those who completed their postsecondary education had received a vocational certificate or diploma. (See Exhibit 22.)

Exhibit 22

PESS Participants Had the Highest Percentages of K-12 and Postsecondary Completion Compared to Other IL Participants and Non-Participants

Program ¹	Number (%) of Young Adults Who Received a High School Diploma or GED	Number (%) of Young Adults Who Had a Postsecondary Enrollment	Number (%) of Young Adults Who Completed Postsecondary Education
Eligible non-participants	1,423 (48%)	735 (24%)	162 (5%)
PESS only	446 (88%)	488 (95%)	112 (22%)
EFC and PESS	925 (85%)	1,064 (96%)	236 (21%)
Aftercare only	46 (35%)	25 (19%)	0 (0%)
EFC only	486 (32%)	288 (18%)	38 (2%)
Total IL participants	1,903 (59%)	1,865 (56%)	386 (12%)

¹ Due to the small numbers of young adults in each program combination, whether a young adult participated in Aftercare is not taken into consideration unless it was the only program in which they participated.

Source: OPPAGA analysis of Department of Children and Families and Department of Education data.

Participants had higher rates of SNAP usage, while non-participants had higher rates of TANF usage. IL participants had greater utilization of the Supplemental Nutrition Assistance Program during the review period than non-participants. Eighty-six percent of IL participants received benefits through SNAP, while 72% of non-participants received SNAP. Further, participants, on average, received SNAP for longer than non-participants (receiving benefits for an average of 11 quarters compared to 9 quarters among non-participants).⁹¹ Conversely, participants utilized the Temporary Assistance for Needy Families' Temporary Cash Assistance program less than non-participants. Only 7% of participants received a payment under Temporary Cash Assistance compared to 22% of non-participants. However, participants received payments for an average of three quarters, while non-participants received payments for an average of two quarters.

While participants overall had better employment outcomes than non-participants, this varied widely across programs. Eighty-seven percent of IL participants had an unemployment insurance-covered job at some point during the review period compared to 80% of non-participants.⁹² Among IL participants, employment varied widely by program, ranging from a high of 96% among young adults who participated in both EFC and PESS to a low of 67% among young adults who participated in Aftercare. (See Exhibit 23.)

⁹¹ Out of a maximum of 28 possible quarters of the review period.

⁹² Employed participants and non-participants were employed for an average of nine quarters of the review period.

Exhibit 23**While a Higher Percentage of IL Participants Were Employed During the Review Period, Employment Varied Widely Across IL Programs**

Program	Number of Young Adults With an Employment Record	Percentage of Young Adults With an Employment Record	Average Number of Quarters Employed
Eligible non-participants	2,501	80%	8.8
EFC and PESS	1,062	96%	11.3
PESS only	475	93%	10.6
EFC only	1,296	81%	7.4
Aftercare only	90	67%	4.0
Total IL participants	2,923	87%	9.1

¹ Due to the small numbers of young adults in each program combination, whether a young adult participated in Aftercare is not taken into consideration unless it was the only program in which they participated.

Source: OPPAGA analysis of Department of Children and Families and Department of Education data.

RECOMMENDATIONS

OPPAGA evaluated the effectiveness of Independent Living programs in Florida and identified several issues related to program performance, including a lack of meaningful performance metrics, high case manager workloads, and lack of engagement of youth and young adults with IL services. In addition, OPPAGA identified a number of barriers that youth and young adults continue to face in the transition to adulthood, including lack of knowledge about the IL services that are available to them; a lack of safe, affordable housing; feeling that their voice is not heard; lack of supportive adults to help them; lack of effective, basic life skills training; and a lack of knowledge of IL programs among child welfare professionals. To address reported limitations with IL programs, services, and data collection, OPPAGA recommends several changes related to serving youth in care and young adults in IL. (See Exhibit 24.)

Exhibit 24

Changes to Independent Living Programs for the Department of Children and Families' and the Legislature's Consideration

OPPAGA Recommendation	Category	IL Barrier Addressed	Young Adult-Identified Issue or Barrier
1 DCF should conduct a statewide analysis of caseloads to identify factors that are causing caseloads above recommended standards and assist the lead agencies in addressing identified issues. Based on the results of this analysis, the department should assist the lead agencies in addressing the identified staffing shortages so that case managers can better assist youth.	Case manager workload	Case management workforce issues	✓
2 DCF should ensure that each lead agency has a single emergency contact number for IL youth and young adults who need assistance outside of regular office hours and that this number is clearly communicated to each IL young adult. DCF should also maintain a list of all lead agency emergency contact numbers.	After hours and emergency case worker contact	Difficulty/inability of young adults to reach their case worker outside of normal working hours	✓
Young adults who participated in OPPAGA's research supported this recommendation.			
3 DCF should work with the lead agencies to determine how young adults can receive a PESS stipend simultaneously with non-financial EFC services, such as 24-hour crisis intervention, case management, life skills training, and other services.	EFC and PESS simultaneous participation	Inability of young adults to participate in all available IL programs	✓
Young adults who participated in OPPAGA's research supported this recommendation.			
4 The Legislature could amend statute to clarify that a young adult may receive financial payments from both EFC and PESS at the same time. ¹	EFC and PESS simultaneous participation	Inability of young adults to participate in all available IL programs	✓
Young adults who participated in OPPAGA's research supported this recommendation.			
5 DCF should regularly generate a list of foster youth who are eligible for IL programs and provide this information to the lead agencies. The list could be generated through a report in the department's FSFN data system and remove any ambiguity regarding who is eligible for each program.	Eligibility	Difficulties in eligibility determinations and lack of engagement with services	✓

OPPAGA Recommendation	Category	IL Barrier Addressed	Young Adult-Identified Issue or Barrier
<p>6 The Legislature could consider increasing the maximum age at which young adults are eligible for Aftercare Services, EFC, and PESS to at least age 26. Raising the eligibility to age 26 would put the program in line with young adults' Medicaid eligibility.^{2,3}</p> <p>Young adults who participated in OPPAGA's research supported this recommendation.</p>	Eligibility	Financial needs of former foster youth and the need for ongoing supportive services	✓
<p>7 DCF should work with the lead agencies to ensure that the monthly room and board rates paid to EFC housing providers are in line with the local cost of living for safe and affordable housing in that region and should work with local providers to address stigma regarding housing this population and thus better recruit housing providers for EFC participants.</p>	Housing	Lack of affordable, safe housing	✓
<p>8 DCF should work with Positive Pathways to help develop strategies to ensure that postsecondary institutions develop better housing options for foster youth and awareness of these options among institution staff, which could include on-campus housing dedicated to foster youth and information on safe and affordable housing off campus.</p> <p>Young adults who participated in OPPAGA's research supported this recommendation.</p>	Housing	Lack of affordable, safe housing for foster youth attending postsecondary education	✓
<p>9 DCF should continue to work with the Florida Housing Finance Corporation and other housing stakeholders to increase availability and accessibility of safe, affordable housing for former foster youth across the state.</p> <p>Young adults who participated in OPPAGA's research supported this recommendation.</p>	Housing	Lack of affordable, safe housing	✓
<p>10 DCF should create a comprehensive handbook to be provided to all youth who are eligible for IL services. The handbook should contain easily digestible information on the services and benefits available to young adults in IL programs, information on applying for public assistance programs, housing resources, and foster care-specific supports available at postsecondary institutions. A portion of the handbook could also contain local resources specific to each lead agency.</p>	IL service information	Lack of knowledge among youth and young adults of available services	✓
<p>11 DCF should also incorporate a requirement in policy that supportive adults are discussed during transition planning and outline steps lead agencies must take to connect youth and young adults to supportive adults.</p>	IL service information	Lack of supportive adults	✓
<p>12 DCF should ensure that the revised specialized IL training is required of and completed by IL staff at each lead agency and require lead agencies to report to DCF annually that the training has been completed by staff who work with IL youth and young adults.</p> <p>Young adults who participated in OPPAGA's research supported this recommendation.</p>	IL training for child welfare professionals	Lack of knowledge of IL programs among Child Welfare Professionals	✓
<p>13 DCF should work with lead agencies to review the life skills assessment tools used by each lead agency, compare tools to national best practices, and direct lead agencies to adopt a standardized life skills assessment tool to collect consistent information on IL youth and young adults' life skills development across the state.</p>	Life skills assessment tool	Lack of standardized assessment tools used by lead agencies	
<p>14 DCF should direct the lead agencies to ensure that life skills training programs are available to IL youth in their region and are provided by caregivers, an IL young adult peer partner, lead agency IL staff, and/or a peer specialist staff.</p> <p>Young adults who participated in OPPAGA's research supported this recommendation.</p>	Life skills training	Lack of effective, basic life skills training for youth and young adults	✓

OPPAGA Recommendation	Category	IL Barrier Addressed	Young Adult-Identified Issue or Barrier
15 DCF should consider making certain IL module fields in FSFN required, including discharge reason.	Performance measurement	Lack of meaningful performance metrics to measure program effectiveness	
16 DCF should ensure that information about supportive adults is tracked for each IL participant, including efforts to connect youth with mentors who have no identified supportive adult, by requiring the field in FSFN.	Performance measurement	Lack of supportive adults; lack of meaningful performance metrics to measure program effectiveness	✓
17 DCF should develop outcome measures, with performance targets, that align with current state and federal requirements, and direct the lead agencies to report such measures in the Office of Child Welfare dashboard measures. Such measures could include the following. <ul style="list-style-type: none"> - Number of IL participants and number of youth and young adults eligible for IL but who did participate - Percentage of youth who completed a transition plan (by age) - Percentage of young adults who received their identification documents prior to aging out - Percentage of young adults who received assistance when at risk for homelessness - Percentage of young adults who report that they have a supportive adult in their life - Percentage of young adults to whom documentation of available IL services was provided and at what age it was provided to them 	Performance measurement	Lack of meaningful program performance metrics	
18 DCF should direct the lead agencies to ensure that youth are engaged and feel heard in the transition planning process. Methods for identifying and reporting this information could include conducting a consumer satisfaction survey of youth and young adults that includes questions on transition planning or reviewing the data collected from the National Youth in Transition Database survey regarding youth experiences with transition planning. Either method could be summarized in the annual IL report to the Legislature. DCF should also develop IL-specific training standards for case managers and other staff designated to work with this population that include training staff to work with youth as equal partners.	Youth voice (i.e., youth input)	Youth feel their voice is not heard during transition planning and stakeholders report lack of youth engagement	✓
19 DCF should direct lead agencies who have not already done so to support youth advisory boards and integrate youth voice by inviting them to leadership meetings, creating a position on the board of directors, providing policy drafts for input and feedback, hiring former foster youth, and including youth-identified goals in the Office of Child Welfare dashboard measures. DCF should continue to employ former IL participants as peer specialists to provide life skills training and other support to current IL participants.	Youth voice	Youth feel their voice is not heard and lack of effective, basic life skills training for youth and young adults	✓

¹ Sections [409.1451\(2\)\(b\) and \(c\)](#), F.S.

² Federal funds may only be used to serve young adults up to age 21 through extended foster care and up to age 23 through Chafee services.

³ Section [409.1451\(3\)\(a\)1](#), F.S.

Source: OPPAGA analysis.

APPENDIX A

Lead Agencies' Administrative Structure, Staff Requirements, Assessments, Youth Engagement Practices, Independent Living Staff, and Geographic Location

Lead agencies differ in administrative structure, staff requirements, assessments used, and the manner of engaging youth and young adults in Independent Living (IL) services. Each region of Florida has a designated community-based care lead agency. (See Exhibit A-1 for lead agency location and number of IL-specific staff.) Ten lead agencies contract some or all independent living services to a case management organization and nine keep all IL services in house. Of the 10 that contract case management services out, 2 do so only for IL services for youth, and 1 does so only for services for young adults.

While Florida statute specifies basic training and certification requirements for all child welfare professionals, and the Department of Children and Families (DCF) provides some training opportunities for IL staff, there is not a standardized training that lead agencies require of IL staff. Eight lead agencies reported having developed in-house training; five reported using training developed by an outside organization; and six reported that the agency does not require any specialized training for IL staff.

Lead agencies have discretion in how youth and young adults' needs are assessed. Sixteen lead agencies reported using a formal life skills assessment tool and seven are piloting a PESS program self-sufficiency assessment tool.

Lead agencies measure program effectiveness and young adult progress through a variety of methods. Eleven of the 17 lead agencies described assessing effectiveness of internal agency processes and seven lead agencies reported reviewing youth and young adult outcomes to assess effectiveness. One lead entity reported that the agency does not measure effectiveness. Nine of the 17 lead agencies also reported reviewing age benchmarks to assess youth and young adult progress, 10 review young adult outcomes, and 7 track interim measures that could reflect youth or young adult self-sufficiency or well-being. Two lead agencies reported that the agency does not look at progress measures and one did not specify what it tracked.

Lead agencies also differ in methods of engaging youth and young adults. Of the 17 lead agencies that reported on including youth voice, eight reported having a youth advisory council (also called youth advisory board or youth empowerment board). Three lead agencies have integrated young adult voice through giving young adults policy for input and feedback, creating a position on the board of directors, having young adults at leadership meetings, hiring former foster youth, or including youth-identified goals in the lead agency's evaluation scorecard. Two lead agencies give young adults a client satisfaction survey or engage them in focus groups. (See Exhibit A-1.)

Exhibit A-1

Lead Entities Differ in Administrative Structure, Staff Requirements, Assessments, and Methods of Youth Outreach and Engagement¹

	BFP	CN – BRO	CN- PB	CN – SWF	CFCN	CCK	CPC	CN- HC	EF	FFN	FIP	FSS- NWF	FSS – S	HC	KC	KFF	NFHN	PSF	SCC
Staffing for transitioning youth and young adults																			
Lead agency contracts with case management organization to provide some or all IL services for transitioning youth prior to age 18	✓			✓	✓		✓	✓	✓			✓		✓					✓
Lead agency contracts with case management organization to provide some or all IL services for young adults	✓			✓			✓	✓	✓				✓	✓					✓
Age at which Independent Living staff is assigned to youth or young adult ²	16	17.5	17.9	13	16	16.5	13	18	16	18	16	18	18	14	17	16	18	16 ³	18
Training requirements⁴																			
Independent Living certification ⁵					✓														
In-house training	✓			✓	✓		✓		✓			✓		✓					✓
Training from outside entity					✓			✓				✓	✓	✓					
Assessment tools																			
PESS self-sufficiency pilot tool ⁶	✓			✓	✓	✓			✓	✓								✓	
Formal life skills assessment tool ⁷	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓			✓	✓
Data used to measure program effectiveness																			
• Internal processes	✓			✓	✓	✓	✓		✓	✓				✓				✓	✓
• Age benchmarks ⁸	✓	✓	✓		✓			✓	✓		✓		✓						✓
• Young adult outcomes ⁹	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	✓				✓	✓
• Self-sufficiency and well-being measures ¹⁰	✓	✓	✓				✓		✓			✓							✓
Youth outreach and engagement																			
Youth Advisory Council/Board/Leadership Council	✓				✓			✓	✓	✓		✓		✓				✓	
Integrate young adult voice	✓				✓				✓										
Client satisfaction survey or focus groups							✓							✓					

¹ Lead agencies, in the order they appear in the exhibit, are Brevard Family Partnership (BFP), ChildNet, Inc. Broward (CN-BRO), ChildNet, Inc. Palm Beach (CN-PB), Children’s Network of Southwest Florida, LLC (CN-SWF), Citrus Family Care Network (CFCN), Communities Connected for Kids (CCK), Community Partnership for Children, Inc. (CPC), Children’s Network of Hillsborough County (CN-HC), Embrace Families (EF), Families First Network (FFN), Family Integrity Program (FIP), Family Support Services of North Florida, Inc. (FSS-NF), Family Support Services of Suncoast, LLC (FSS-S), Heartland for Children (HC), Kids Central, Inc. (KC), Kids First of Florida, Inc. (KFF), Northwest Florida Health Network (NFHN), Partnership for Strong Families (PSF), Safe Children Coalition (SCC).

² Self reported by each lead entity for Fiscal Year 2020-2021.

³ The IL specialist is assigned but not as primary.

⁴ Training that is in addition to what is required for child welfare professional certification and supplemental to what DCF provides.

⁵ Daniel Memorial Independent Living Certificate.

⁶ Florida Children’s Coalition developed the tool to determine and monitor the young adult participants’ level of self-sufficiency while receiving PESS. Seven lead agencies are piloting this tool.

⁷ Includes Casey Life Skills Assessment, Daniel Memorial, and Washington State Life Skills Independent Living Skills Assessment.

⁸ The most frequently mentioned benchmarks were needed documents by age 17 and enrollment in Keys to Independence by age 16 or 17.

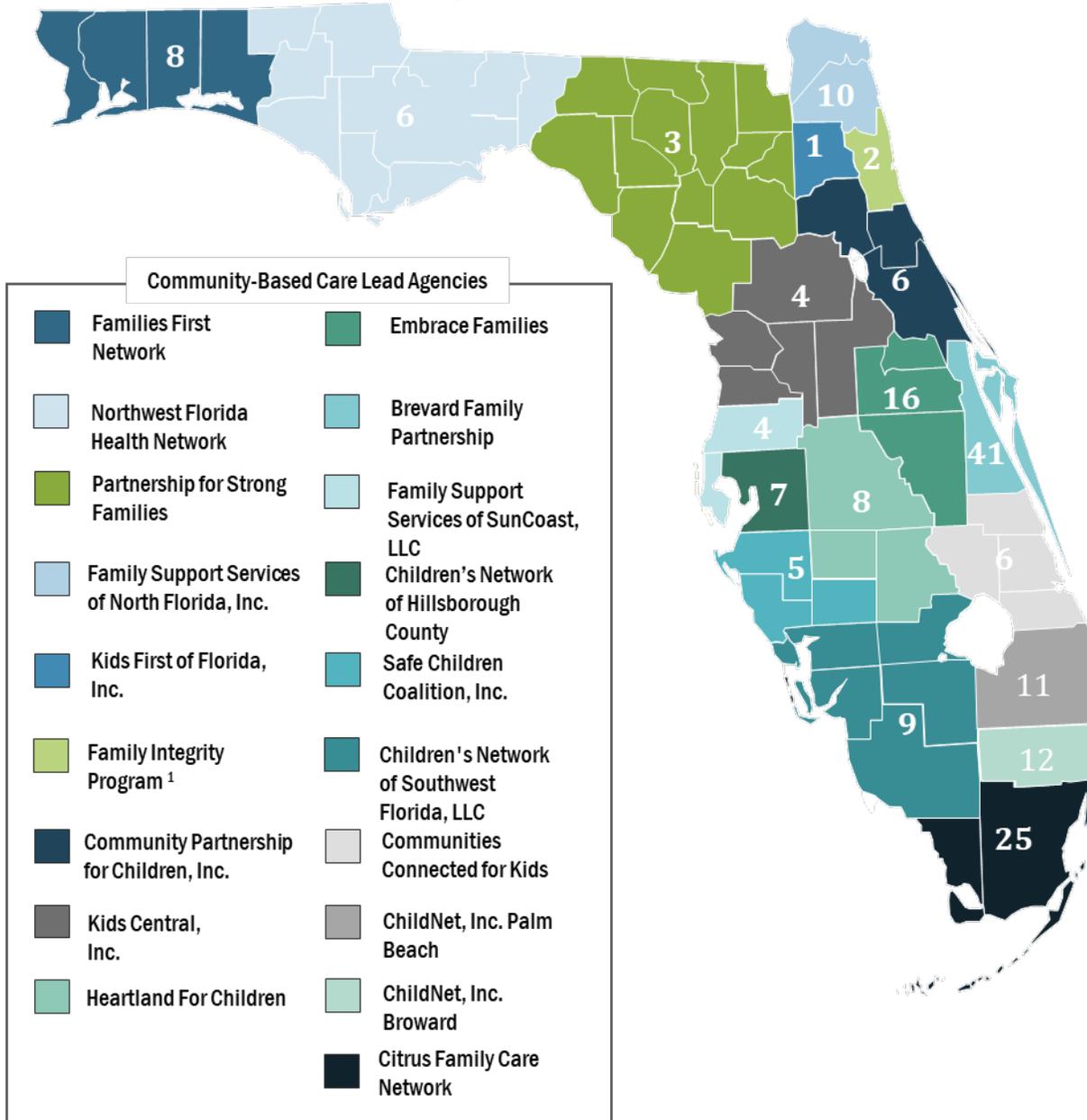
⁹ Includes housing, graduation rates, employment, and postsecondary enrollment.

¹⁰ Includes having active bank accounts, receiving Medicaid services, going to medical appointments, receiving mentoring, and having supportive adult connections.

Source: OPPAGA analysis of lead agency interviews and information requests, ILSAC information requests, and available publications.

Exhibit Appendix A-2

Contracted Community-Based Care Lead Agencies and Number of IL-Specific Staff ⁹³



¹ Family Integrity Program is part of St. Johns County Government.

Source: OPPAGA analysis of Department of Children and Families documentation and lead agency-reported information.

⁹³ The number of staff is reported by the lead agency for a point-in-time (May 2022). These staff members are employed by the lead agency or by a contractor of the lead agency.

APPENDIX B

Lead Agency Independent Living Allocations and Expenditures

The Legislature appropriates federal and state funds to the Department of Children and Families (DCF) for the implementation of child welfare programs, which DCF in turn uses to contract with the 19 lead agencies to provide services. DCF funds Independent Living programs through a combination of funds from Title IV-E Foster Care, the Chafee Foster Care Independence Program, the Chafee Education and Training Vouchers Program, and state general revenue funds.⁹⁴ In Fiscal Year 2020-21, DCF allocated \$38.2 million to the lead agencies to serve youth in IL programs. According to DCF allocation and expenditure data, lead agencies expended \$35.7 million of these funds. (See Exhibit B-1.)

Exhibit B-1

Lead Agencies Expended Slightly Less Than Their Allocations in Fiscal Year 2020-21

Lead Agency	DCF IL Allocations	Lead Agency FSFN Payments
Brevard Family Partnership	\$1,211,923	\$753,347
ChildNet, Inc. Broward	4,603,135	3,579,943
ChildNet, Inc. Palm Beach	3,156,154	2,706,972
Children's Network of Hillsborough County	2,642,628	2,560,242
Children's Network of Southwest Florida, LLC	1,921,536	1,250,470
Citrus Family Care Network	7,086,288	7,768,810
Communities Connected for Kids	1,086,695	935,763
Community Partnership for Children, Inc.	1,397,951	966,300
Embrace Families	2,491,226	3,940,848
Families First Network	1,871,539	1,643,274
Family Integrity Program	287,691	245,193
Family Support Services of North Florida, Inc.	1,497,230	1,760,732
Family Support Services of Suncoast, LLC	2,552,253	2,300,497
Heartland for Children	1,469,319	1,288,102
Kids Central, Inc.	1,421,748	986,004
Kids First of Florida, Inc.	434,677	391,728
Northwest Florida Health Network	1,394,979	1,292,074
Partnership for Strong Families, Inc.	807,825	780,504
Safe Children Coalition, Inc.	860,855	581,581
Total	\$38,195,652	\$35,732,383

Source: Department of Children and Families allocation and expenditure reports.

⁹⁴ Some lead agencies receive additional revenue from local sources such as local government, private businesses, and not-for-profit foundations.

APPENDIX C

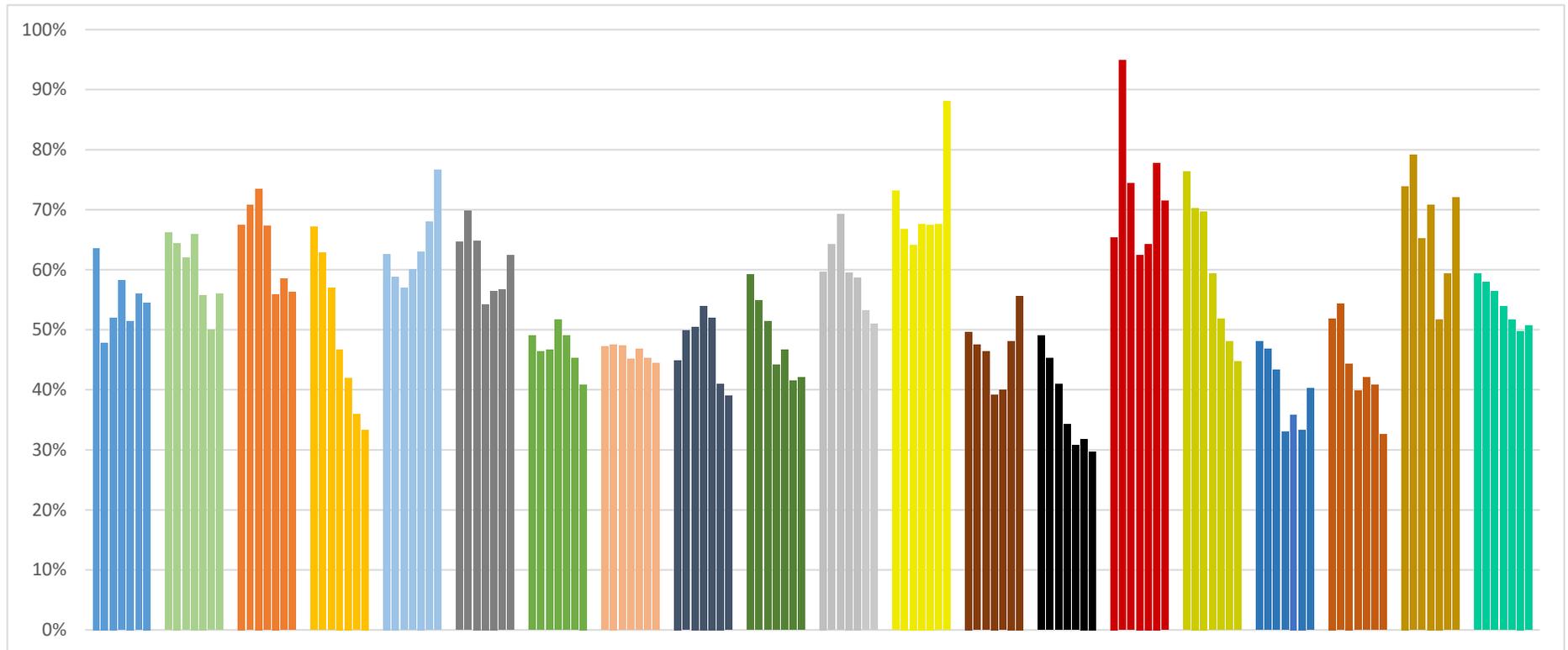
Participation in IL Programs by Lead Agency From Fiscal Year 2014-15 Through Fiscal Year 2019-20

Statewide, the percentage of potentially eligible young adults who participated in an Independent Living program remained relatively stable, decreasing by 4% during OPPAGA's review period. When examining this change at the lead agency level, there appears to be more variation over time. While 15 lead agencies' participation rates decreased during this time, these changes were largely mitigated at the state level by the 4 lead agencies that saw increases in participation.⁹⁵ (See Exhibit C-1 for more details on IL participation over time by lead agency.)

⁹⁵ The change in the percentage of eligible young adults participating in IL at the state level used individual-level data on young adults' foster care discharge reasons and timing of discharge to determine the numbers of eligible young adults in each year. However, this information was not readily available at the lead agency level. To approximate the number of eligible young adults among lead agencies, OPPAGA used the numbers of young adults aging out of care in a given window as a proxy. While approximately two-thirds of IL participants in OPPAGA's analysis aged out of care, the proxy for eligible young adults does not include those who exited foster care through adoption or permanent guardianship and thus is meant to be more illustrative of general trends and not exact percentages.

Exhibit C-1

The Percentage of Eligible Young Adults Who Participated in an IL Program Decreased From Fiscal Year 2014-15 Through Fiscal Year 2019-20 for Most Lead Agencies



- | | | |
|--|--|--|
|  Brevard Family Partnership |  Family Support Services of Suncoast, LLC |  Kids First of Florida, Inc. ¹ |
|  ChildNet, Inc. Broward |  Children’s Network of Hillsborough County |  Northwest Florida Health Network |
|  ChildNet, Inc. Palm Beach |  Embrace Families |  Partnership for Strong Families, Inc. |
|  Children’s Network of Southwest Florida, LLC |  Families First Network |  Safe Children Coalition, Inc. |
|  Citrus Family Care Network |  Family Support Services of North Florida, Inc. |  Family Integrity Program |
|  Community Partnership for Children, Inc. |  Heartland for Children |  State |
|  Communities Connected for Kids |  Kids Central, Inc. | |

¹ Kid’s First of Florida Inc. and Family Integrity Program have relatively small numbers of participants compared to other lead agencies, and therefore fluctuations in these programs’ overall rates should be interpreted with caution.

Source: OPPAGA analysis of Department of Children and Families data.

APPEARANCE RECORD

Independent Living Services

Bill Number or Topic

1/24/23

Meeting Date

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Children, Families + Elder Affairs

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Amendment Barcode (if applicable)

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PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

APPEARANCE RECORD

SB168

Bill Number or Topic

1/24/22

Meeting Date

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Children & Families

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Bill Number or Topic

Amendment Barcode (if applicable)

1-24-23

Meeting Date

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APPEARANCE RECORD

1/24/23

Meeting Date

Bill Number or Topic

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Amendment Barcode (if applicable)

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APPEARANCE RECORD

Bill Number or Topic

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Amendment Barcode (if applicable)

1/25/23

Meeting Date

Child, Pam + Biden

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APPEARANCE RECORD

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Panel

Bill Number or Topic

Jan 24 2023

Meeting Date

Children + Families

Committee

Amendment Barcode (if applicable)

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PLEASE CHECK ONE OF THE FOLLOWING:

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I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

CourtSmart Tag Report

Room: SB 37
Caption: Senate Children, Families, and Elder Affairs

Case No.:

Type:
Judge:

Started: 1/24/2023 9:30:44 AM

Ends: 1/24/2023 11:27:56 AM

Length: 01:57:13

9:30:44 AM Chair Garcia calls meeting to order
9:31:35 AM Attendance Roll call. A quorum if present
9:32:24 AM Chair Gracia takes up Tab 1: Presentation by the Department of Children and Families on Postsecondary Education Services and Support (PESS), Extended Foster Care (EFC), and Aftercare
9:33:39 AM Appearance and presentation by Ms. Jess Tharpe, Assistant Secretary for Child and Family Well-being
9:36:04 AM Ms. Tharpe talks about The Office of Child and Family Well-being
9:42:50 AM Ms. Tharpe talks about overview for Youth and Young Adult Services
9:45:32 AM Ms. Tharpe talks about Extended Foster Care (EFC), Post Secondary Education Services, and After care programs eligibility
9:45:50 AM Chair Garcia takes tab 2: Presentation by Embrace Families on the Keys to Independence program
9:47:30 AM appearance and presentation by Ms. Keri Flynn, Director of Youth Services
9:49:12 AM Ms. Keri Flynn talks about Keys to Independence program (K21)
9:53:42 AM Ms. Flynn talks about the expansion in population served over the years and program enrollment
9:54:57 AM Ms. Flynn talks about SB 168 to expand this population
9:56:02 AM Chair Gracia takes Tab 4: Presentation by the Office of Program Policy Analysis and Government Accountability on its research memorandum "Review of Independent Living Programs in Florida"
9:57:18 AM Appearance and presentation by Ms. Laila Racevskis, PhD, Staff Director for Health and Human Services
9:58:54 AM Ms. Racevskis provided overview regarding the Independent Living (IL) Services Program
9:59:42 AM Ms. Racevskis talks about project scope and methodology of the program
10:00:09 AM Chair Gracia calls for a recess to fix computer issue
10:01:06 AM Recording Paused
10:02:26 AM Recording Resumed
10:04:49 AM Dr. Laila talks about child welfare training program and responsibilities in FL
10:06:24 AM Dr. Racevski talks about performance measurement of the IL program
10:08:46 AM Dr. Racevski talks about the participation in IL program
10:11:10 AM Dr. Racevski talks about the child welfare staff and stakeholder perspectives
10:14:41 AM Dr. Racevski talks about OPPAGA analyses in helping young adults and make recommendations
10:15:18 AM Dr. Racevski talks about recommendations on 19 memos address issues by young adults
10:15:57 AM Chair Garcia asks Members for questions
10:16:02 AM Question by Vice Chair Thompson
10:16:13 AM Response by Dr. Racevski
10:16:56 AM Question by Vice Chair Thompson
10:17:19 AM Response by Dr. Racevski
10:18:02 AM Question by Senator Book
10:18:37 AM Response by Dr. Racevski
10:19:50 AM Chair Garcia asks Members for questions before moving to the next item on the agenda
10:20:00 AM Chair Garcia takes up Tab 3: Presentation by the Florida Institute for Child Welfare on its report "Assisting Youth in Foster Care in Developing Life Skills to Become Self-Sufficient Adults: Evaluating Florida's Efforts"
10:20:11 AM Appearance and presentation by Dr. Lisa Magruder, Associate Director of Research, Florida Institute for Child Welfare
10:21:08 AM Dr. Magruder talks about SB80 (2021) Section 21(1)
10:21:39 AM Dr. Magruder talks about Assisting Youth in Foster Care in Developing Life Skills to Become Self-Sufficient Adults: Evaluating Florida's Efforts
10:24:26 AM Dr. Magruder talks about supporting caregivers with life skills development
10:28:18 AM Dr. Magruder talks about barriers to youth self-sufficiency and challenges
10:30:39 AM Dr. Magruder recommended that CBCs should develop their own community specific resource lists
10:32:03 AM Dr. Magruder talks about the lack of comprehensive representation from CBCs
10:34:00 AM Dr. Magruder talks about statewide age appropriate activities list should be available to workers, caregivers and youth
10:34:32 AM Chair Garcia ask Members for questions
10:34:38 AM Comment by Senator Baxley
10:35:34 AM Response by Dr. Magruder

10:37:37 AM Comment by Senator Book
10:39:21 AM Question by Chair Garcia
10:39:46 AM Response by Dr. Magruder
10:42:28 AM Question by Chair Garcia
10:42:35 AM Response by Dr. Magruder
10:42:57 AM Dr. Magruder request question clarification
10:43:10 AM Chair Garcia re-asks the question
10:43:34 AM Respns by Dr. Magruder
10:44:40 AM Question by Chair Garcia
10:44:54 AM Respns by Magruder
10:45:03 AM Question by Chair Garcia
10:45:11 AM Response by Dr. Magruder
10:46:57 AM Comment by Chair Garcia
10:47:25 AM Chair Garcia takes up Tab 5: Panel discussion with child welfare professionals and stakeholders on various programs and services that serve older foster youth
10:47:35 AM Chair Garcia asks panelist for introduction
10:48:25 AM Ms. Dinna Santos, Former Foster Youth
10:49:16 AM Ms. Rebekkah Behr, Former Foster Youth, Florida YouthSHINE Statewide Chair
10:50:01 AM Ms. Lisa Johnson, Senior Program Director, Unconquered Scholars Program, FSU
10:50:31 AM Ms. Terri Carter, Foster Parent
10:50:53 AM Ms. Taylor peck, Director, Office of Continuing Care, DCF
10:51:00 AM Ms. Keri Flynn, Director of Youth Services, Embrace Families
10:51:02 AM Chair Garcia ask members for questions
10:51:03 AM Question by Senator Book
10:51:47 AM Response by Ms. Carter
10:52:44 AM Question by Senator Book
10:52:53 AM Response by Ms. Carter
10:53:11 AM Question by Senator Book
10:53:23 AM Response by Ms. Carter
10:54:07 AM Question by Senator Book
10:54:13 AM Response by Ms. Peck
10:55:31 AM Question by Senator Book
10:55:49 AM Response by Ms. Peck
10:56:39 AM Question by Senator Book
10:57:10 AM Response by Ms. Santos
10:58:48 AM Comment by Senator Book
10:59:13 AM Question by Senator Book
10:59:29 AM Response by Ms. Behr
11:01:59 AM Question by Senator Book
11:02:08 AM Response by Behr
11:02:16 AM Question by Senator Book
11:02:23 AM Response by Ms. Johnson
11:04:01 AM Question by Senator Book
11:04:13 AM Reposne by Ms. Johnson
11:05:37 AM Comment by Senator Book
11:05:58 AM Comment by Chair Garcia
11:07:29 AM Question by Chair Garcia
11:07:39 AM Response by Ms. johnson
11:08:57 AM Question by Chair Garcia
11:09:11 AM Response by Ms. Peck
11:10:42 AM Question by Senator Rouson
11:11:35 AM Response by Ms. Santos
11:15:28 AM Question by Chair Garcia
11:15:35 AM Response by Ms. Santos
11:16:27 AM Comment by Senator Baxley
11:18:21 AM Comment by Chair Garcia
11:18:45 AM Question by Chair Garcia
11:18:57 AM Response by Ms. Peck
11:19:51 AM Question by Chair Garcia
11:20:38 AM Response by Ms. Peck
11:20:46 AM Question by Vice Chair Thompson
11:21:40 AM Response by Ms. Keri

11:23:53 AM Comment by Vice Chair Thompson
11:25:23 AM Question by Chair Garcia to Ms. Johnson, Ms. Behr, and Santos regarding the Legislature support
11:26:25 AM Close remarks by Chair Garcia
11:27:26 AM No further business, moves to adjourn
11:27:42 AM Meeting adjourned
11:27:43 AM