



State of Florida  
Department of Children and Families

Charlie Crist  
Governor

George H. Sheldon  
Secretary

**DATE:** June 11, 2010

**TO:** Regional Directors

**THROUGH:** Pete Nipre, Assistant Secretary for Operations  
David L. Fairbanks, Assistant Secretary for Programs

**FROM:** Alan Abramowitz, State Director, Office of Family Safety

**SUBJECT:** Quality Assurance Review of the Independent Living Program

**ACTION REQUIRED:** Disseminate to staff and Community-Based Care (CBC) partners

**DUE DATE:** None

**PURPOSE:** The purpose of the memorandum is to provide findings from the Quality Assurance Review of the Independent Living Program – Phase II.

**BACKGROUND:** At the request of Secretary George Sheldon, the Office of Family Safety, Quality Assurance (QA) unit is leading a three-phased special review of the Independent Living Program. The first phase involved a review of young adults formerly in foster care (18 through 22 years of age) specific to services provided through Road to Independence, Aftercare, and Transition Programs. The second phase focused on youth who had reached their 17<sup>th</sup> birthday but were not yet 18 years of age. The objective was to assess the quality of services intended to help prepare the youth for a successful transition from foster care to independence. The third and final phase is scheduled to be completed by June 30, 2010, and will provide additional data to help guide ongoing quality improvement efforts.

The attached report provides findings and recommendations for Phase II. The review included 159 case files and interviews with 148 youth. Strengths were noted in normalcy activities for youth in foster care. Overall, there are opportunities for improvement in several key areas:

- Ensuring key statutory and administrative code requirements are followed;
- Developing formal, individualized independent living plans;
- Communicating more effectively with the Department of Juvenile Justice when youth are dually served; and
- Consistently assessing youth for Subsidized Independent Living.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

**ACTION REQUIRED:** Please review the report for detailed findings and recommendations and disseminate report to staff.

**CONTACT INFORMATION:** For additional information, please contact Eleese Davis at (850) 921-9857 or Eleese\_Davis@dcf.state.fl.us or Gail Perry at (850) 921-7794 or Gail\_Perry@dcf.state.fl.us.

Attachment

cc: Circuit Administrators  
CBC CEOs  
Regional Quality Assurance Managers  
CBC Quality Assurance Managers  
Contract Managers  
Jane Soltis, Chair, Independent Living Services Advisory Council

Department of  
Children and Families  
Family Safety Program Office

Quality Assurance  
Independent Living Review  
Phase II: Age 17

George H. Sheldon  
Secretary

David L. Fairbanks  
Assistant Secretary for Programs

Alan Abramowitz  
State Director for Family Safety



June 2010

## TABLE OF CONTENTS

<b>I. Executive Summary</b>	<b>2</b>
Key Findings	3
<b>II. Recommendations</b>	<b>3</b>
<b>III. Summary of Findings</b>	<b>4</b>
General Assessment and Skills Training	4
Graph 1: General Assessment and Skills Training	5
Staffings and Judicial Reviews	5
Graph 2: Staffings and Judicial Reviews	6
Case Planning and Transitional Support Services	6
Graph 3: Case Planning	7
Graph 4: Transitional Activities	7
Normalcy Activities	19
Graph 5: Normalcy Activities	10
Subsidized Independent Living Activities	10
Graph 6: Subsidized Independent Living Activities	11
Mental/Behavioral Health	11
Graph 7: Mental/Behavioral Health	12
<b>Attachment A</b>	<b>13</b>
Methodology	13
Definitions	14

## **I. Executive Summary**

This report summarizes the statewide findings of the second phase of the Independent Living Special Quality Assurance Review. This review focused on the quality of services being provided to foster care youth to prepare them for transitioning from foster care to adulthood upon reaching their 18<sup>th</sup> birthday. The Independent Living Special Quality Assurance Review was requested by Secretary George Sheldon in response to concerns raised by Florida's Youth SHINE, an advocacy group for children and youth within the foster care system and for young adults formerly in foster care.

The Independent Living Special Quality Assurance Review was developed to focus on youth at various stages in the child welfare system. The first phase of the review, which was completed in July 2009, focused on young adults formerly in foster care who were 18 years of age through 22 years of age. The review assessed Aftercare Services, Transitional Support Services, and Road to Independence Services.

This report addresses the second phase of the review and is specific to youth who had reached their 17<sup>th</sup> birthday, but were not yet 18, during the sampling period. The third and final phase, which is currently in progress, concentrates on children 13 through 16 years of age, focusing on the quality of service delivery in the areas of educational and career paths; supporting "normalcy plans;" and progress toward independence.

Two data gathering activities were conducted to assess process and practice related to youth who are 17 years of age in licensed out-of-home care.

- 1) Case file reviews were conducted on a randomly selected sample set of 159 youth statewide.
- 2) Interviews were conducted with 148 youth who were 17 years of age at the time of the review. Youth on runaway status and those who chose not to participate were not included in the interview group.

It should be noted that when critical issues or concerns regarding child safety or other case work deficiencies were identified, a Request for Action (RFA) referral to management was made. Each issue was tracked by the Regional Quality Assurance Managers to ensure any and all identified gaps or concerns were resolved. Many of these RFAs were generated when the interviewee, who was soon to reach the age of majority, stated that he/she had not been informed about all of the programs available to him/her upon turning 18 years of age (Road to Independence Scholarship, Transitional Support Services, Aftercare Services), or how to access those programs.

Four Community-Based Care (CBC) lead agencies did not have any issues identified that needed immediate corrective action:

- Families First Network in the Northwest Region
- Kids First of Florida
- Big Bend Community Based Care in the Northwest Region
- Hillsborough Kids in the Suncoast Region

Additionally, many CBCs are actively working with the Youth Law Center and Eckerd Family Foundation to improve the quality of care for children in the state's foster care system, including teens.

## Key Findings

1. Key statute and administrative code requirements are not being met:
  - a) Judicial reviews within 90 days of the youth's 17<sup>th</sup> birthday (s.39.701(7), F.S., and 65C-28, F.A.C.);
  - b) Case staffings at least 30 days prior to Judicial Reviews (65C-28, F.A.C.);
  - c) Independent living assessments within 30 days of the youth's 17<sup>th</sup> birthday (s. 401.1451, F.S.);
  - d) Reviews and updated Normalcy Plans quarterly (s.39.013(8), F.S., and 65C-30.007, F.A.C.);
  - e) Staffings at least every six months until the youth's 18<sup>th</sup> birthday (65C-28, F.A.C.);
  - f) Judicial reviews within six months of the youth's 18<sup>th</sup> birthday (65C-30.013, F.A.C.); and
  - g) Providing assistance that will help youth apply for services they are eligible to receive as an adult within 90 days after reaching their 18<sup>th</sup> birthday (65C-009(9), F.A.C.).
2. There were gaps in the development of formal, individualized independent living plans. These plans did not consistently address appropriate education and career paths. In addition, activities did not consistently ensure the provision of services and training for identified needs.
3. Youth were not consistently assessed for Subsidized Independent Living services.
4. The quality of documentation in written reports varied.
5. There were concerns about the lack of coordination with the Department of Juvenile Justice for youth who are jointly served.
6. There was disparity in addressing the mental health and substance abuse needs of youth.

## II. Recommendations

Although the review revealed that there are some performance gaps in preparing these youth to successfully exit the foster care system when they reach their 18<sup>th</sup> birthday, some promising practices were identified. Those include: matching services with identified needs, developing and implementing appropriate normalcy plans, and addressing physical, mental and developmental health issues.

Since this special Quality Assurance review focused on statewide performance, results from interviews with local youth have been provided to the individual regional directors and CBC leadership.

Based on review findings, several recommendations are made to help drive program improvements.

1. Develop a tracking mechanism that flags this population; identify youth as soon as they reach their 17<sup>th</sup> birthday, so all of the important steps toward independence are methodically planned and executed before the youth turns 18 years of age including early identification of youth with disabilities. Planning for youth with disabilities approaching adulthood must begin early so that youth are linked with needed services and placements prior to reaching their 18<sup>th</sup> birthday. The Florida Safe Families Network should be reviewed to determine if tickler systems can be developed.
2. Address supervisory oversight and consider development of a supervisory checklist to ensure caseworkers conduct required actions within the timeframes established in statute and rule, including activities that demonstrate joint case planning for dually served child welfare/juvenile justice youth. Supervisors must address the quality of casework to ensure youth have individualized independent living plans, meaningful training, etc. In addition, supervisors must ensure reports provide qualitative information.
3. Provide training for youth that represents a more balanced approach, to include not only practical skills, such as budgeting, etc., but also “softer” skills (promoting self esteem and relationship building), both of which are critical for youth to learn. Incorporate an assessment component into youth trainings that requires youth to demonstrate competencies in the skills taught.
4. Finalize core contract outcome measures to be used by community-based care management and Department leadership.

### **III. Summary of Findings (Case File Reviews and Youth Interviews)**

A total of 159 case files were reviewed and 148 youths were interviewed. A summary of the case file data follows each topic area as well as some of the highlights from youth interviews that relate to the same topic.

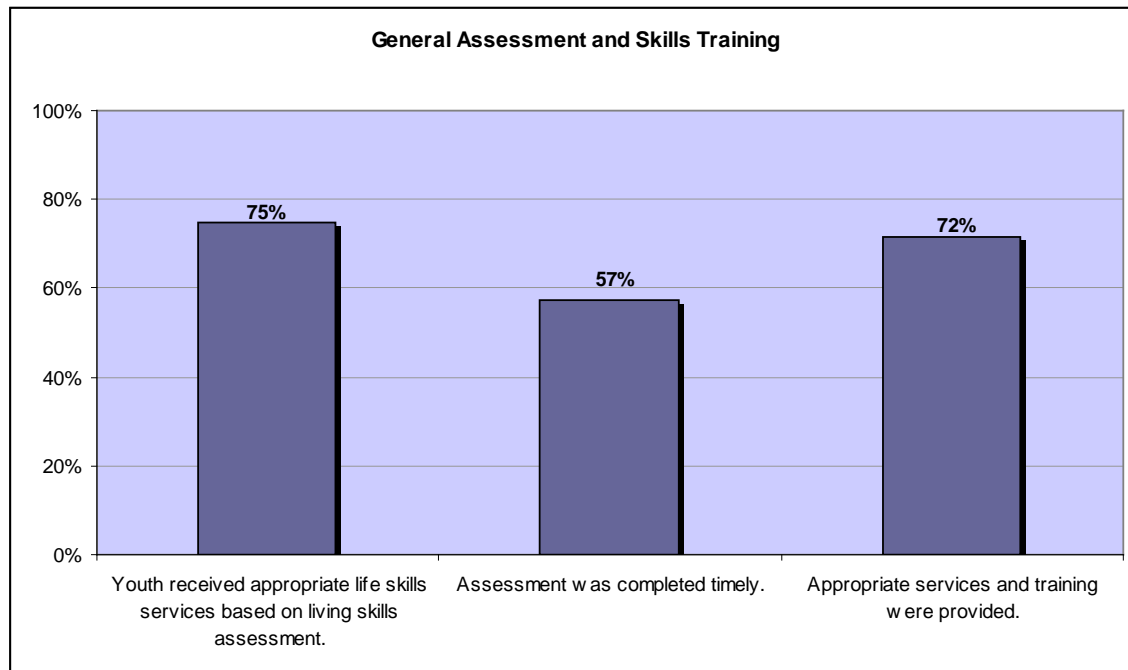
#### **General Assessment and Skills/Training**

##### **Case File Reviews:**

Reviewers were asked to determine if timely assessments had been conducted (no later than 30 days after a youth turns 17); if they were of sufficient quality to identify services needed; and if appropriately matched services were provided and documented in the case file. The data clearly indicated that timeliness is an area that needs improvement because only a little more than one-half of the sample reflected timely assessments had been completed.

Regions and CBC lead agencies should develop mechanisms to more effectively track foster youth reaching their 17<sup>th</sup> birthday so that this important assessment can be scheduled very soon thereafter.

Although assessments were not always timely, better performance was noted in practices related to providing for service needs identified during the process.



Source: Case File Review

Graph 1

#### Interviews:

Youth were asked if they believed they had been offered and completed the necessary life skills training to successfully achieve independence. Of the 144 responses to this question, 69% believed that they had; 17% believed they had received some training, but not enough; and, 15% declared they had not been offered or completed adequate life skills training. As far as actually being asked to demonstrate learned life skills, 33% of the respondents said they were always asked to demonstrate a newly learned skill, whereas 35% said this occurred sometimes, and 31% said they had never been asked to demonstrate a life skill.

### **Staffings and Judicial Reviews**

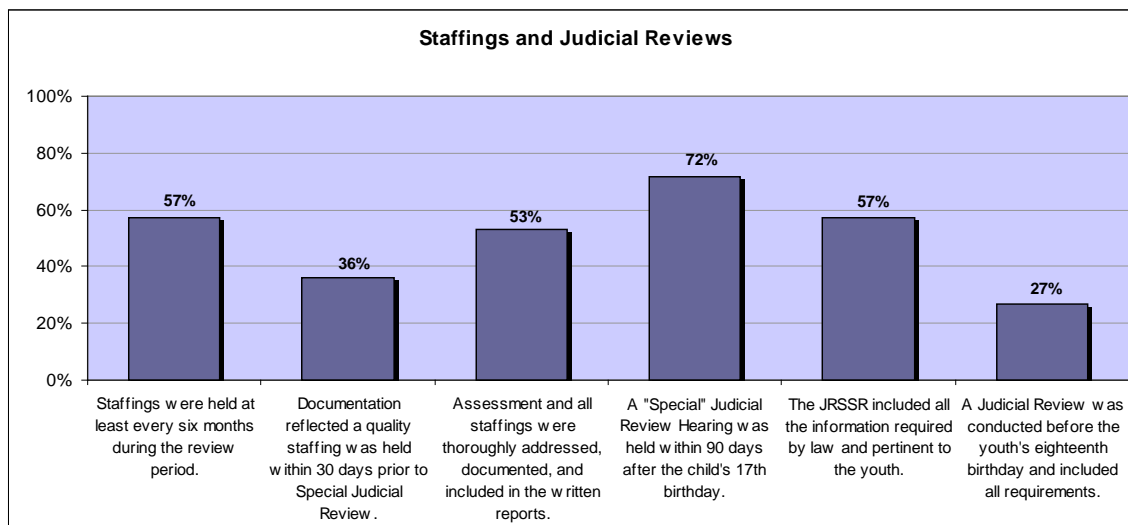
#### Case File Reviews:

Reviewers were instructed to look for evidence that staffings were being held at least every six months that included addressing education and work goals, progress, obstacles to progress, life skills, Subsidized Independent Living service, Road to Independence, and other mandatory topics. Reviewers found only 57% of the case file reviews documented that timely and qualitative staffings were held.

Poor performance was noted in conducting staffings within 30 days of the judicial review. This staffing is intended to inform youth of the options available to them upon reaching their 18<sup>th</sup> birthday. In addition, significant gaps in performance were noted with the



holding the required judicial review at the beginning of the six month period before the youth's 18<sup>th</sup> birthday. Again, the intent is to allow time to carefully and appropriately plan for exiting foster care successfully.



Source: Case File Review

Graph 2

#### Interviews:

Of the 148 youth responding to the question about participating in Independent Living (IL) staffings or other meetings and being able to provide input, 72% of them said they always were included; 13% said they were sometimes, but 16% said they were never included.

### **Case Planning and Transitional Services**

#### Case File Reviews:

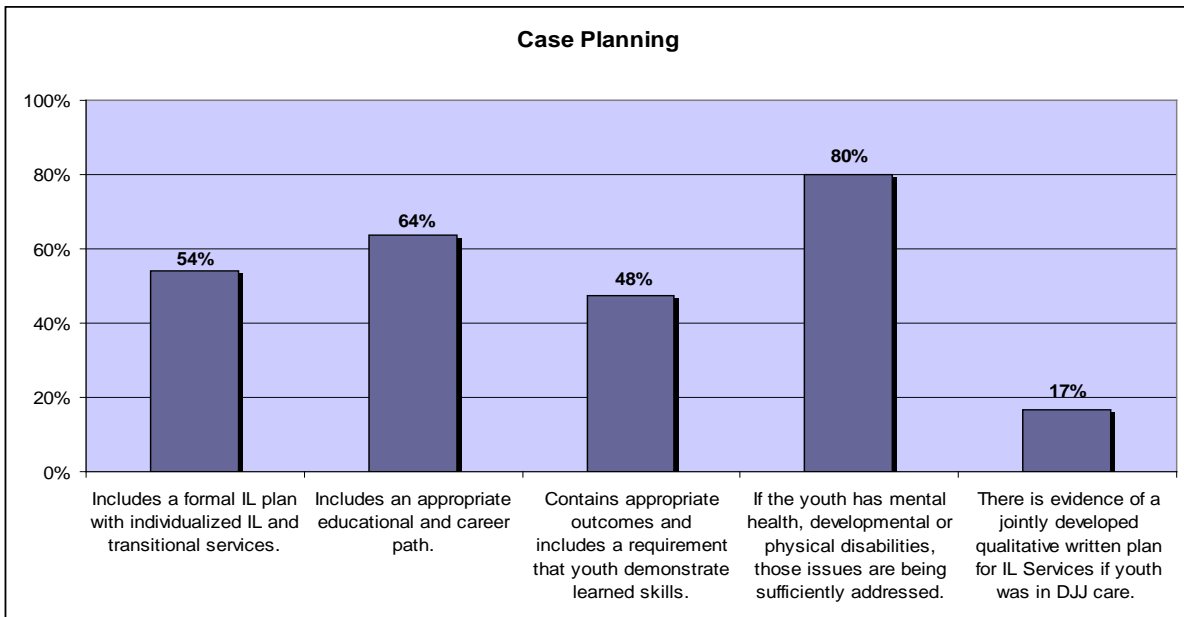
To achieve the best possible outcomes for youth exiting foster care, the case management network must work very closely with the youth in planning for the future well in advance of the youth reaching 18 years of age. Careful and focused planning will ease transition; the youth will know more about what to expect upon exiting, and optimal planning will help counter any unanticipated barriers that may surface. The review findings around case planning practices indicate a significant performance gap overall.

One of the most pressing issues to date for this population is that in preparing to exit foster care, youth should be able to demonstrate important life skills. Reviewers were asked to assess the individual IL Plans and determine if the tasks had measurable outcomes. In particular, reviewers were required to assess whether the plan required that youth actually demonstrate the skills they had learned through training; such as preparing a budget, cooking a meal, or managing a bank account, all of which are basic survival skills. Less than half of the case file reviews contained documentation that this had occurred.

During transitional planning and especially at 17 and one-half years of age, the youth should be provided any and all available services that are specific to his/her individual needs as identified during a thorough assessment process. Data reflect a significant performance gap in that only 56% of the applicable cases documented this was achieved. Better performance was noted in that 90 days prior to the 18<sup>th</sup> birthday more

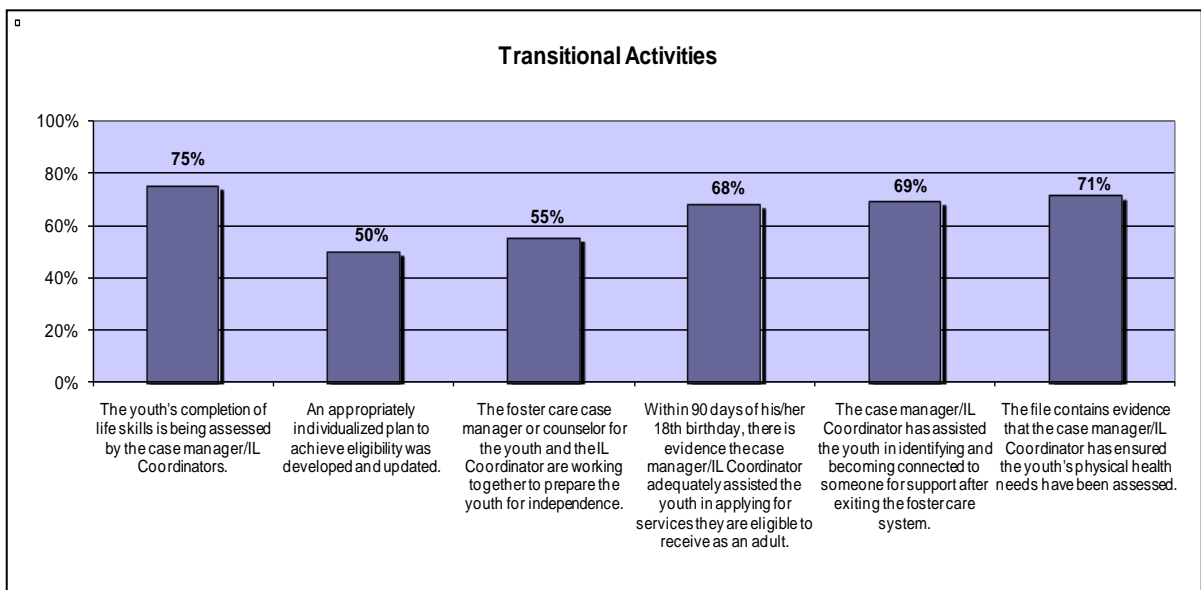
attention was being given to informing and assisting the youth to apply for needed services upon exiting foster care. However, with 68% achievement, this is another opportunity for improvement.

Reviewers were also asked to look for documentation in the file that supports the youth had either a physical health screening or ongoing routine health care. If any physical health needs were identified, a plan to address those needs should be documented. In 71% of the reviews, physical health needs were documented and addressed.



Source: Case File Review

Graph 3



Source: Case File Review

Graph 4

**Interviews:**

When 148 youth were asked if their case manager or IL coordinator actively worked with them to develop a support system, 68% agreed that they had. Youth also responded quite positively when asked if they had someone they could turn to for help when they exit foster care, and 91% said they did. Individuals that the youth identified were usually relatives (including siblings), a mentor, child welfare staff, peers or friends, and the Guardian ad Litem.

In addition, when asked if they had input into developing education plans or a career path, 75.6% of the youth said they had; 9.4% said they had some input, and 14.8% said they had no input.

Eighty-two percent (82%) of the youth interviewed said they had physical health examinations and their needs were addressed. This is significantly better results than revealed by a review of case file documentation (71%).

*Youth Jointly Served by Child Welfare and the Department of Juvenile Justice*

**Case File Reviews:**

Of the 159 youth in the sample, 42 were also being served by the Department of Juvenile Justice. Review findings indicate significant opportunities for improvement in working with this population. Record reviews indicated that DCF and DJJ were not working together to ensure dually served youth were engaged in independent living planning. File reviews indicated that for dually served youth, there was evidence of a jointly developed qualitative written plan for IL services in only 17% of the cases. Refer to Graphs 3 and 4.

**Interviews:**

Of those youth who were also served by the Department of Juvenile Justice (DJJ) (47 of the 159), only 4% said their probation officer worked with the case manager to obtain IL services.

*Services to Youth with Disabilities*

There are many challenges to addressing the needs of adolescents with disabilities. Because of the complexity of their needs, comprehensive services and supports for these youth are needed. During file reviews, a small number of youth with disabilities were identified. For those youth lacking appropriate services, a Request for Action referral was made. The findings were included in Graphs 3 and 4 for case planning and transitional activities. Examples of services or lack thereof are provided below.

- One child was diagnosed with Autism and Moderate Mental Retardation and was not capable of living independently. He was receiving numerous services to address his needs through Agency for Persons with Disabilities (APD), his school, case management, and his IL coordinator. He is heavily supported by his foster family, and they plan to apply to become his adult caregivers through APD once he turns eighteen.
- One youth had multiple diagnoses, including Asperger's Syndrome, but there was no documentation of planning to address his needs once he is an adult.

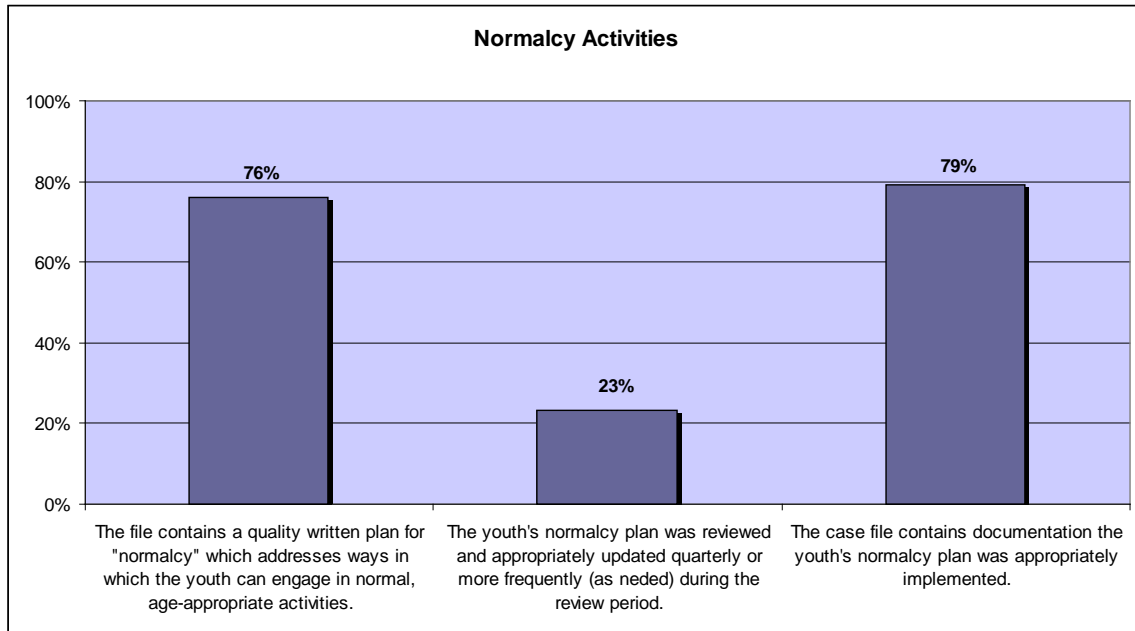
- One youth was about to turn 18, but there was no documentation of a plan to address his mental health and physical health needs. He was 60% hearing impaired, but the record documented no periodic audiological assessments.
- One youth resided in a Children's Medical Services medical foster home due to being an insulin-dependent diabetic. No plan for housing was documented for the youth when he turns 18, but the medical foster parent expressed her willingness to allow him to continue residing in her home as long as he attends school.
- Two youth were receiving SSI benefits. The case record of one documented the youth was referred to the Agency for Persons with Disabilities (APD) and was assigned a case coordinator. The other youth was receiving SSI benefits prior to his commitment to a Department of Juvenile Justice facility, and a Request for Action was generated to complete a referral to APD.
- One youth was severely developmentally delayed and required a permanent supervised living arrangement since she will never be able to live independently. The agency has applied for Medicaid waiver services and there is a high likelihood that she will be reunified with her mother when she turns 18.
- One youth was developmentally delayed and was unable to be interviewed. The foster parent stated that she was very involved in his school and would like to remain as his caregiver since he has resided there for over two years and is very stable in this placement. However, she has not been included in the IL staffings and has not been able to find out if he can remain with her as she operates a therapeutic foster home.
- One youth was developmentally delayed and resided in a therapeutic foster home. He was in the process of being adopted and was receiving all services through his school and his foster parents. He is currently employed.

### **Normalcy Activities**

#### **Case File Reviews:**

The normalcy plans should provide opportunities for the youth to interact with mentors and manage some of their personal matters. The normalcy plan should address issues related to everyday activities such as overnights, dating, employment, and participating in extracurricular events.

Reviewers were asked to determine if appropriate normalcy plans were in place, if they were updated regularly, and actually implemented. Data indicate that practices around planning and implementation are fairly well underway, but these plans do not appear to be updated at least quarterly.



Source: Case File Review

Graph 5

#### Interviews:

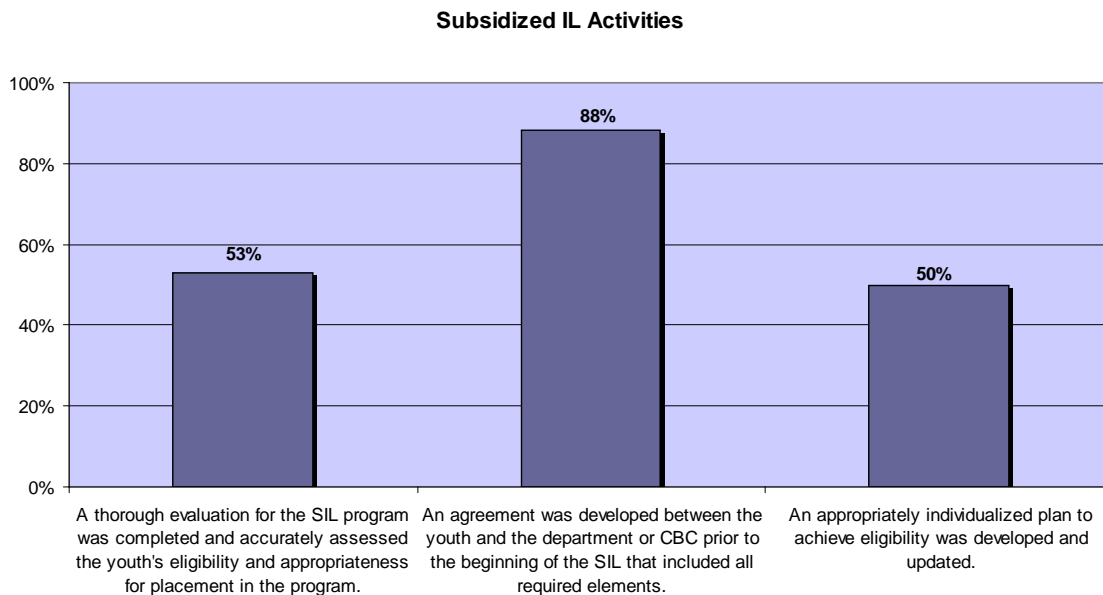
Youth responses differ from case file findings in that only 64.8% of youth interviewed reported having been involved with developing a written normalcy plan, however, many of the youth who were not necessarily involved in writing the plan, reported they do "normal things" like going to the mall, to the movies, church, etc. A few of the youth reported they did not even know what a normalcy or a teen plan was.

### **Subsidized Independent Living Activities**

#### Case File Reviews:

A formal evaluation to determine readiness for Subsidized Independent Living (SIL) is required for all 16 and 17 year olds in licensed care. Youth must be in licensed care for at least six months and have a goal of adoption or Another Permanent Planned Living Arrangement. In addition, youth must: be employed at least part-time (earning a minimum of \$100 a month); have sufficient savings or other means by which to pay move-in expenses; be enrolled in a full time educational program; have the necessary skills to live independently; and demonstrate responsible behavior.

Review findings indicated that a little more than one-half of the 17 year olds in the sample had been appropriately or thoroughly evaluated for SIL. Of the 53% who had been appropriately and thoroughly evaluated, 19 met all of the requirements, and 88% (or 17 of the 19 files) reflected an agreement that adequately addressed the youth's unique skills, needs, and behavior.



Source: Case File Review

Graph 6

#### Interviews:

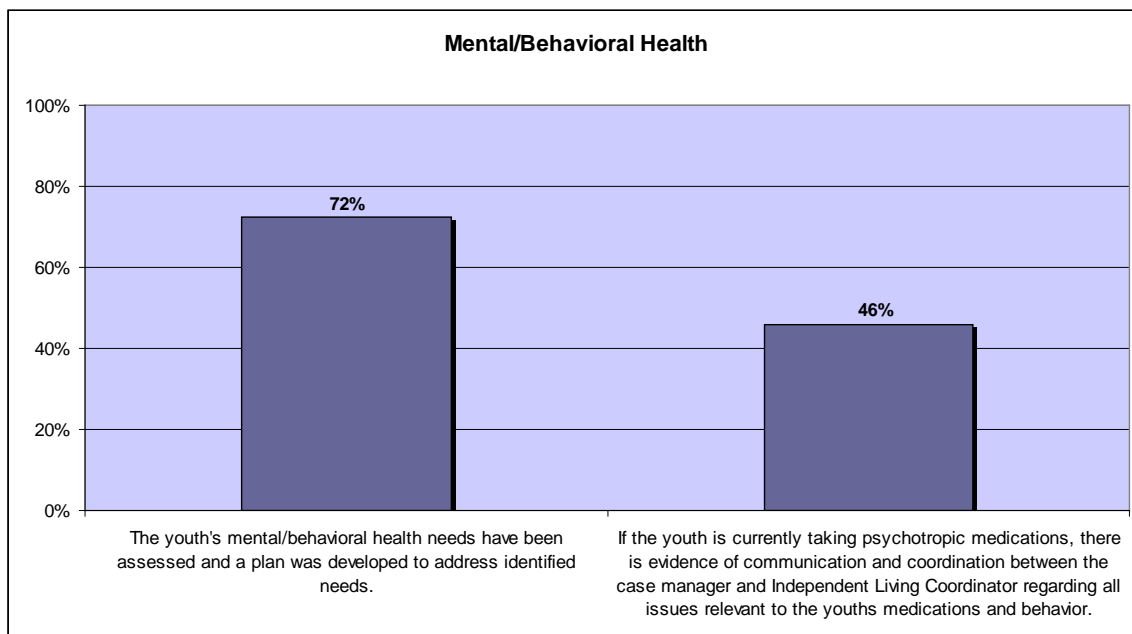
Similar to case file review findings, 49.3% of the youth interviewed indicated they had been evaluated for the SIL Program.

### **Mental/Behavioral Health**

#### Case File Reviews:

Of the 159 case files reviewed, 50 youth were prescribed psychotropic medications. In these instances, there should be documentation in the case file indicating ongoing communication and coordination between the case manager (who has responsibility to monitor the youth's medications) and the IL Coordinator. There is a significant gap in performance based on the expectation that any youth on psychotropic medications, especially those being readied for release from licensed care, needs additional attention and coordination of services in this area.

Achieving the standard for addressing mental/behavioral health needs at this critical stage is also an area that needs improvement.



Source: Case File Review

Graph 7

#### Interviews:

Each youth was asked if he/she had had a mental health screening or assessment to identify any potential mental health issues and 64% said they had; 40 youth explained that they were prescribed psychotropic medications (contrary to the 50 identified in the case file reviews) as a result of screenings/assessments, and of those, 33 agreed that they needed the medicine. Of those, 20 youth indicated they have discussed medication management with their case manager and/or IL coordinator as they prepared to exit foster care.

Many of the youth reported they were receiving counseling, living in therapeutic foster care, or had previously been in a residential facility. Others denied having been screened but stated that they had no mental health issues or needs.

## Attachment A

### Methodology

The sample of 17 year olds in foster care was selected based on the total number of youth with a birth date between March 1, 1992, and October 31, 1992, who had been in licensed foster care for at least six months as of December 1, 2009. The sample was further stratified so that each CBC lead agency reviewed a specified number of cases involving 17 year olds, based on the total population of 17 year old youth served by the CBC.

Large CBCs – serving 76 or more 17 year olds	Sample Size: 15
Medium CBCs – serving from 21-75 17 year olds	Sample Size 10
Small CBCs – serving 20 or less 17 year olds	Sample Size from 2-5

Note: Our Kids, Inc. and the Southern Region were given permission from the Family Safety Program Office to overlap the sample for this special Independent Living Phase II review with the 3rd quarter case management base and side-by-side reviews. Therefore, the methodology used for pulling the sample in these areas is slightly different than the rest of the state. A total sample size of 15 youth was selected (which was 15 of the 25 cases that were reviewed for the 3rd quarter).

### Processes

The Family Safety Program Office provided a standardized case file review instrument and interview guide to ensure consistent data collection statewide. The program office also provided reviewer training on the protocols prior to beginning the reviews.

Regions and their CBC partners worked together to identify sample sets and to decide how they would conduct the work. The following describes the different ways they chose to complete this phase.

**Northwest:** File reviews were completed for each CBC through a collaborative effort between Region Quality Assurance and CBC Quality Assurance staff. Case file reviews were completed individually by each reviewer, but in partnership between Region and CBC Quality Assurance staffs. Youth interviews were conducted by the same reviewer who completed the youth's case file review, with a few exceptions for youth who resided outside of their county of jurisdiction. All interviews were completed face-to-face.

**Northeast:** Joint case file reviews were conducted by the Region and CBC Quality Assurance staff. The interviews were conducted by the NE Region Quality Assurance staff.

**Central:** Each of the CBC Quality Assurance staff (except Brevard) conducted the case file reviews. The Region and CBC of Brevard completed the case file reviews together. Interviews were conducted primarily by the CBCs with assistance from the Region upon request, including several from different Regions. Following completion of the file reviews and interviews, Region staff reviewed the tools and rolled-up all of the data for submission to the Family Safety Program Office.



**Suncoast:** The CBC Quality Assurance staff conducted the case file reviews and shared findings with the Region Quality Assurance staff who conducted the youth interviews.

**Southeast:** The CBC Continuous Quality Improvement staff conducted the case file reviews and a validation of each tool was conducted jointly by the CBC Continuous Quality Improvement Manager and a Region Quality Assurance Specialist. The interviews were conducted jointly by the CBC and Region Quality Assurance staff or another regional staff person who was a certified reviewer.

**Southern:** The interviews were completed by Region Quality Assurance staff, Our Kids Quality Assurance staff, and their subcontracted agencies' Quality Assurance staff. All staff that participated in this review were certified Quality Assurance reviewers. Each of the file reviews was completed in a side-by-side manner. For the cases that were also the traditional side-by-side cases for the 3rd quarter, teams of Region and CBC Quality Assurance staff completed the review. For the cases that overlapped with the base review cases, the team consisted of two reviewers from Our Kids or their subcontracted provider, while ensuring they did not review any cases from their own agency.

## Definitions

### Road to Independence

Road to Independence means the financial educational assistance available to qualifying young adults under the eligibility requirements contained in section 409.1451(5)(b), F.S., which reads, "The Road-to-Independence Program is intended to help eligible students who are former foster children in this state to receive the educational and vocational training needed to achieve independence. The amount of the award shall be based on the living and educational needs of the young adult and may be up to, but not exceed, the amount of earnings that the student would have been eligible to earn working a 40-hour-a-week federal minimum wage job."

A young adult who has earned a standard high school diploma or its equivalent as described in s. 1003.43, F.S., or s. 1003.435, F.S., has earned a special diploma or special certificate of completion as described in s. 1003.438, F.S., or has reached 18 years of age but is not yet 21 years of age is eligible for the initial award, and a young adult under 23 years of age is eligible for renewal awards, if he/she meets additional criteria as stated in statute.

### Subsidized Independent Living

Subsidized Independent Living services are living arrangements that allow the youth to live independently of the daily care and supervision of an adult in a setting that is not required to be licensed under s. 409.175, F.S. Participants learn to pay their own bills, and live on a budget while under the supervision of the Department. (65C-28.009 (7)(a) F.A.C) The youth receives a subsidy payment, and out-of-home care clothing allowances. Subsidized Independent Living for 16 year olds or older must be discussed with youth at every staffing – including program requirements and benefits.

### Case Manager

Case managers are the staff in the CBC agencies that oversee all aspects of the dependency case. They are expected to work closely with any other professional who is also providing services of a specialized nature to the children in foster care. Some CBC agencies refer to these staff as child advocates, counselors, etc.

### Independent Living Coordinator

An Independent Living Coordinator is a designated staff person who may be assigned with the case manager. The Independent living coordinator provides distinct services that teen-aged youth need to prepare them for adulthood.