RESEARCH REPORT

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

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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

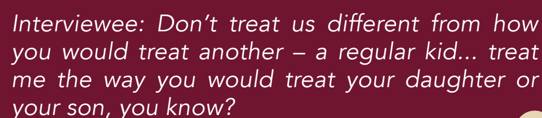
Similar to challenges of defining the outcome of self-sufficiency, research evidence in support of various independent life skills interventions is limited and inconclusive. Greeson et al. (2020) conducted a scoping review of research and grey literature to determine what evidence-based programs and 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 date, 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



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)
    - What information and supports are available to caregivers for doing so?
    - 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)
    - 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)
    - 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)
    - 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 two 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.

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

Table 1: Summary of CBC lead agency 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
ChildNet, 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

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, Rachels' 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, the DCF, and CBC Lead Agencies

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 the 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, the DCF, and CBC Lead Agencies

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 years old:

> *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, the DCF, and CBC Lead Agencies

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 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
- ChildNet 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.

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.

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.

Table 2. Caregivers' survey data by CBC lead agency (N = 23)

CBC lead agency	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 3. 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

Table 4. Child welfare professional survey data by CBC lead agency (*N* = 24)

CBC lead agency	Freq	Percent
Communities Connected for Kids	3	12.5
ChildNet 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 5. 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

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 6. 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
	Understanding practices for keeping a healthy and safe home
	Understanding tenant's rights and responsibilities
	Handling landlord complaints
	Instruction in food preparation
	Laundry
	Housekeeping
	Living cooperatively
	Meal planning
	Grocery shopping
	Basic maintenance and repairs
Health Education and Risk Prevention	Hygiene, nutrition, fitness and exercise, and first aid
	Medical and dental care benefits

Life skill domain	Examples of supports
Health Education and Risk Prevention	Health care resources and insurance
	Prenatal care
	Maintaining personal medical records
	Sexual development and sexuality
	Pregnancy prevention and family planning
	Sexually transmitted diseases and HIV/AIDS
	The effects and consequences of substance use (alcohol, drugs, tobacco)
	Substance avoidance and intervention
Family Support and Healthy Marriage Education	Safe and stable families
	Healthy marriages
	Spousal communication
	Parenting
	Responsible fatherhood
	Childcare skills
	Teen parenting
	Domestic and family violence prevention
Mentoring	Being matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis

CFOP 170-17

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 in the document, 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 such:

> *"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.

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*."

Table 7. CBC representatives who provided additional information and associated themes

CBC lead agency	Caregivers have responsibility in life skills development	Caregivers are required to submit monthly life skills logs
Brevard Family Partnership	X	X
ChildNet 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

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.

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*."

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

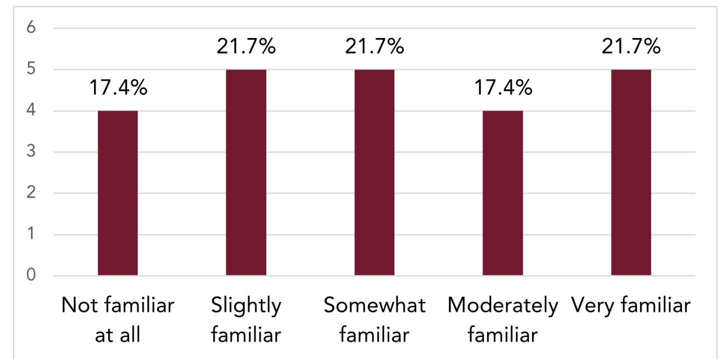
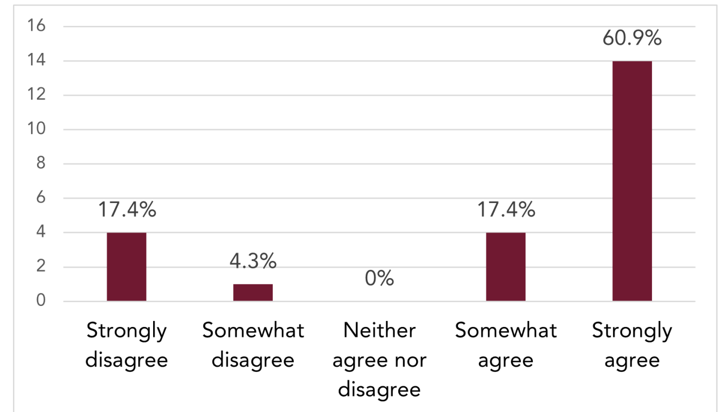


Figure 2. Caregiver agreement regarding their primary responsibility for life skills development (N = 23)



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 and 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.

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.

Table 8. Supports provided to caregivers

CBC lead agency	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 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 ChildNet 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. ChildNet 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.

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.

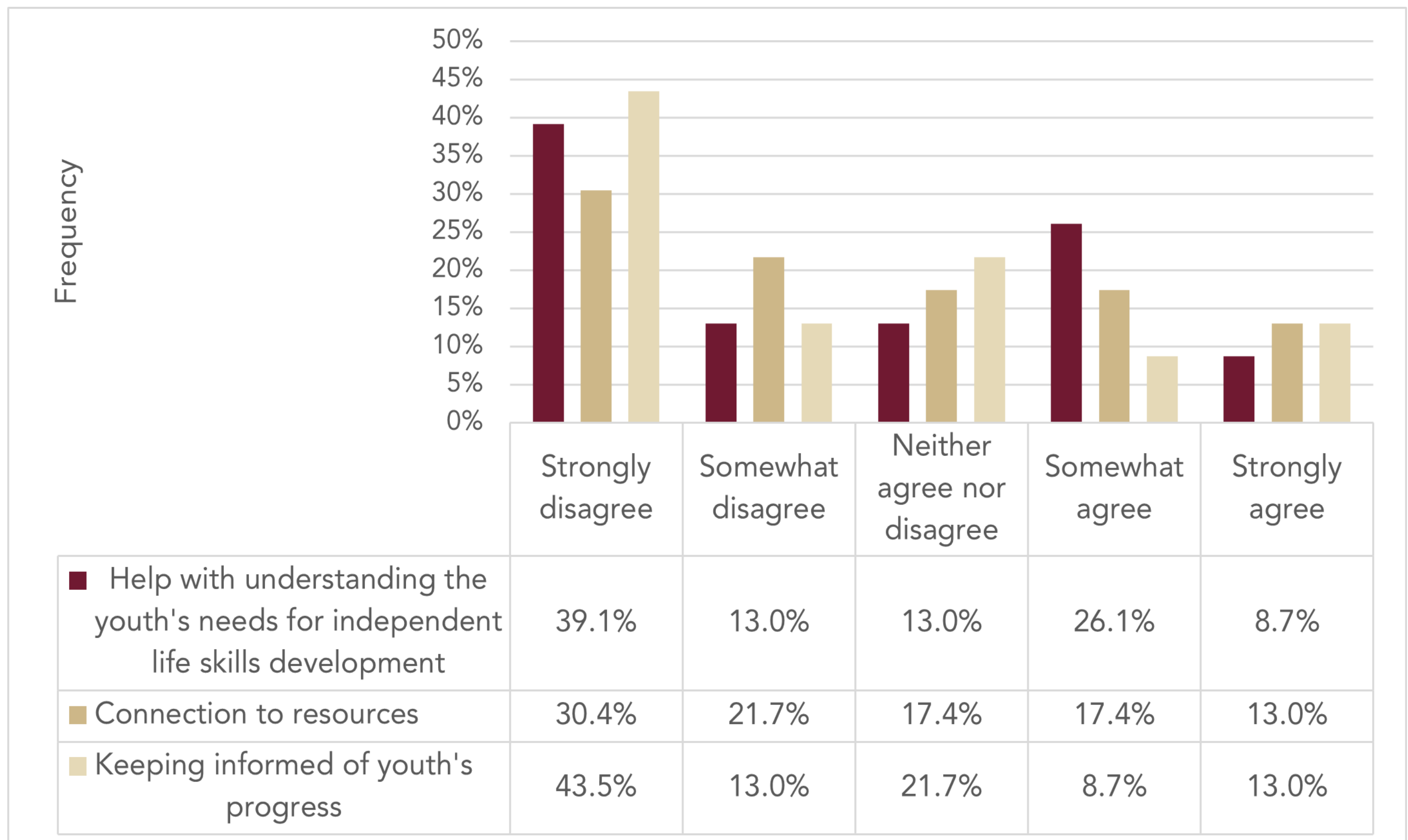
Thirteen caregivers shared their perspective on what they feel would better assist them in providing life skills development for their youth. The majority indicated that youth-focused supports—such as youth mentors and life coaches—as well as opportunities to learn and practice skills, would be beneficial. 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

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



	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Help with understanding the youth's needs for independent life skills development	39.1%	13.0%	13.0%	26.1%	8.7%
Connection to resources	30.4%	21.7%	17.4%	17.4%	13.0%
Keeping informed of youth's progress	43.5%	13.0%	21.7%	8.7%	13.0%

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.

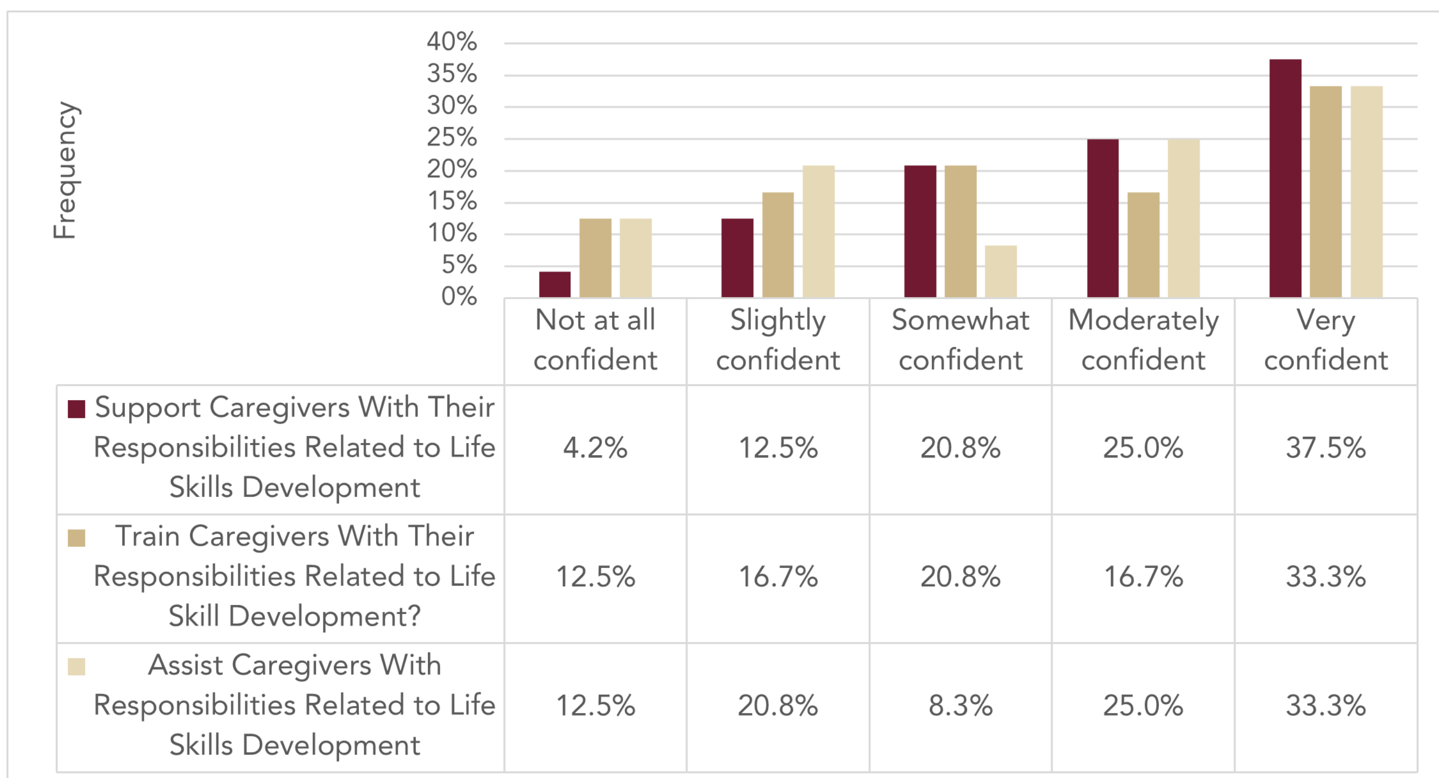
Child Welfare Professional Perspectives

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)



	Not at all confident	Slightly confident	Somewhat confident	Moderately confident	Very confident
Support Caregivers With Their Responsibilities Related to Life Skills Development	4.2%	12.5%	20.8%	25.0%	37.5%
Train Caregivers With Their Responsibilities Related to Life Skill Development?	12.5%	16.7%	20.8%	16.7%	33.3%
Assist Caregivers With Responsibilities Related to Life Skills Development	12.5%	20.8%	8.3%	25.0%	33.3%

Table 9. 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.

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.

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

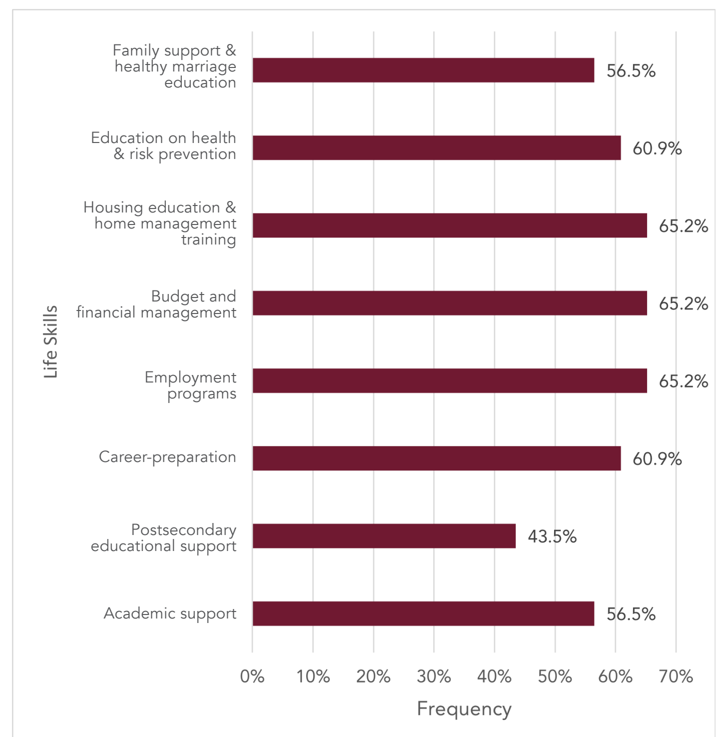


Table 10. Examples of caregiver-provided life skills development by domain

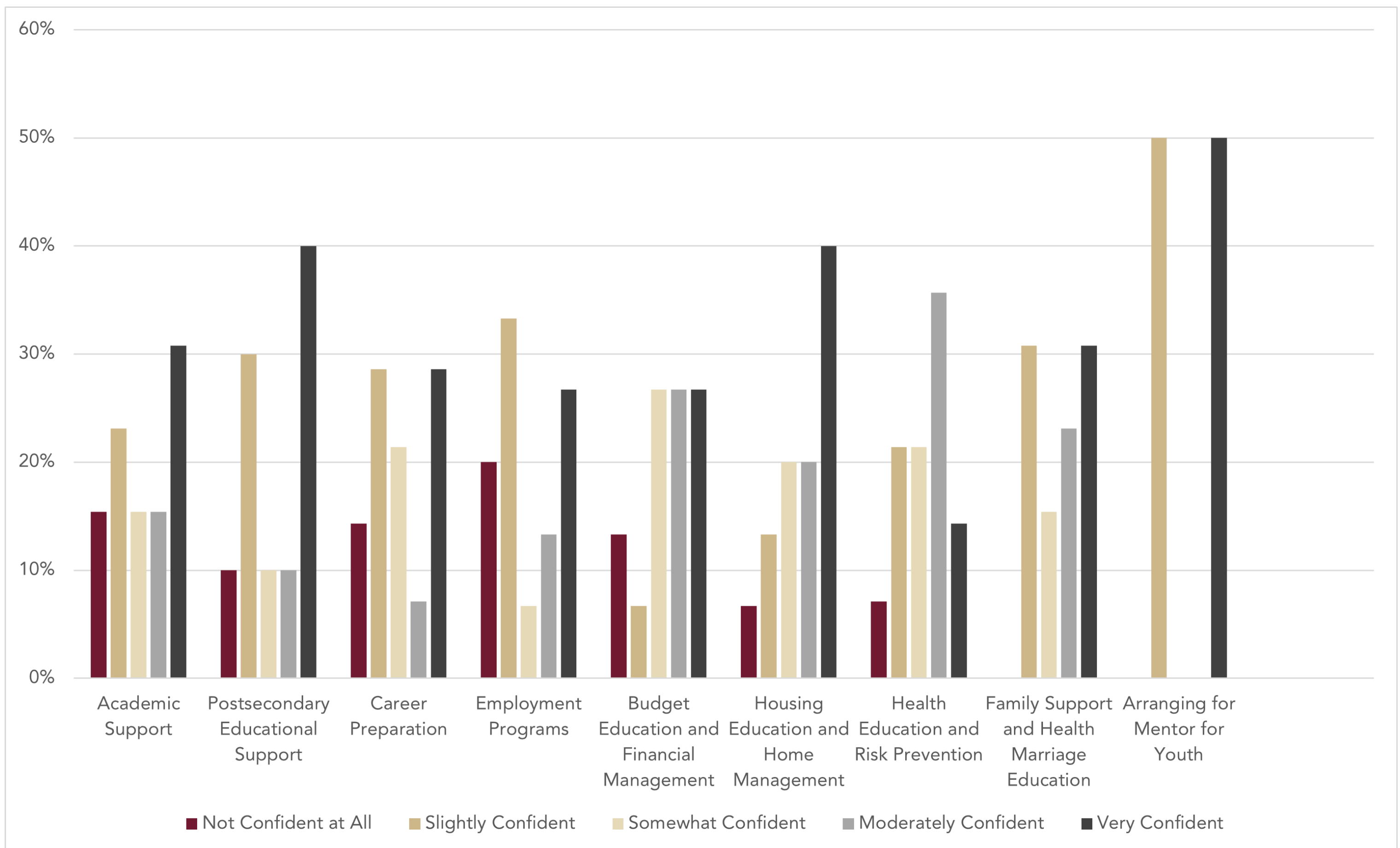
Life skill domain	Examples
Academic support (*n* = 1)	Emphasizing good grades, getting youth involved in tutoring
Career preparation (*n* = 2)	Filling out job applications, career planning
Budget and financial management (*n* = 5)	Filing taxes, opening and managing a bank account, budgeting for monthly expenses, budgeting for groceries, and saving money as opposed to spending it on impulse buys
Housing education and home management training (*n* = 4)	Cleaning, ordering food through takeout, cooking, grocery shopping
Education on health and risk prevention (*n* = 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 (*n* = 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 11. 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.

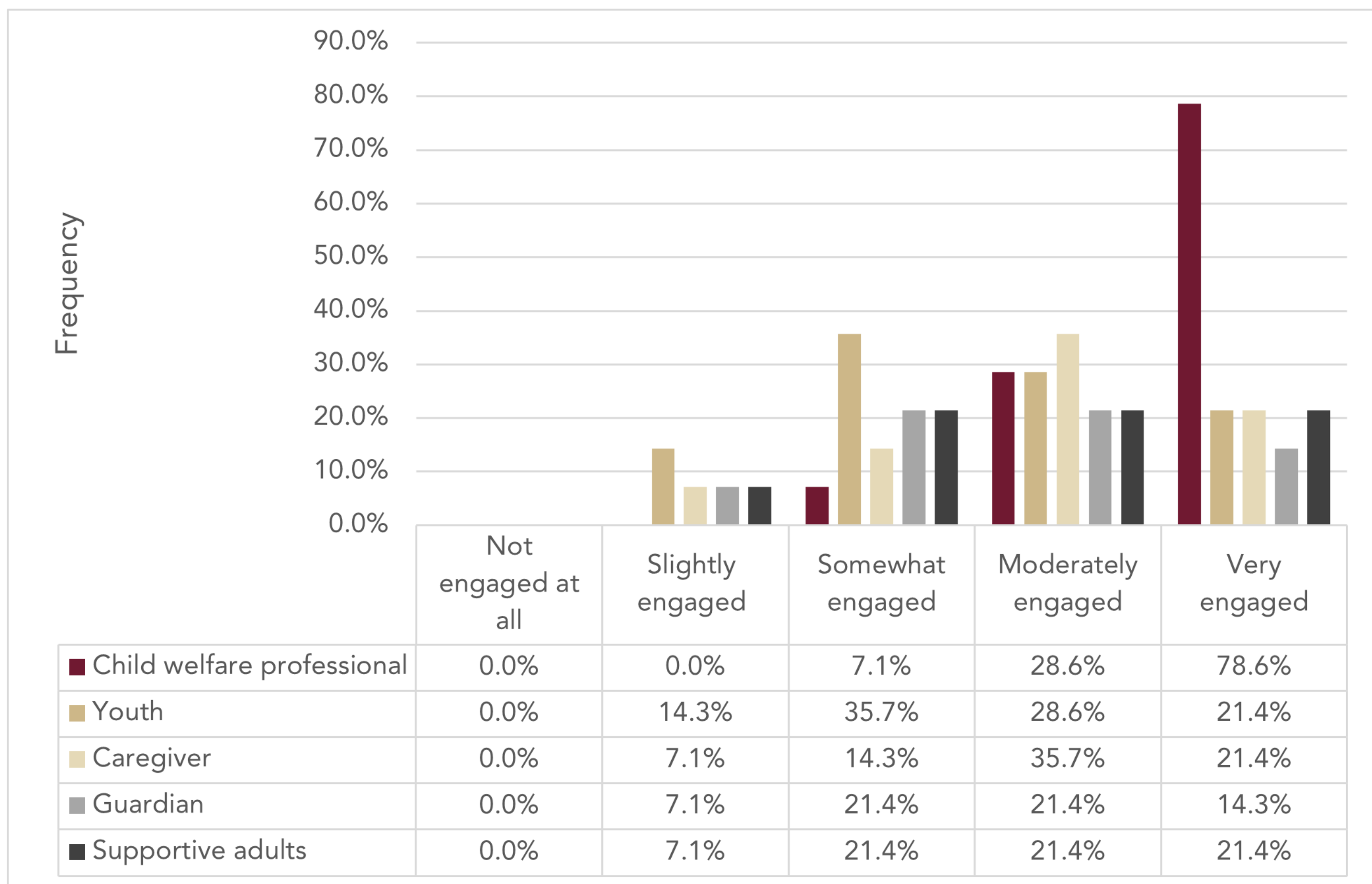
Table 12. Participants completing the independent living needs assessment if a youth has an impairment (*n* = 14)

	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 percent (*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.

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



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

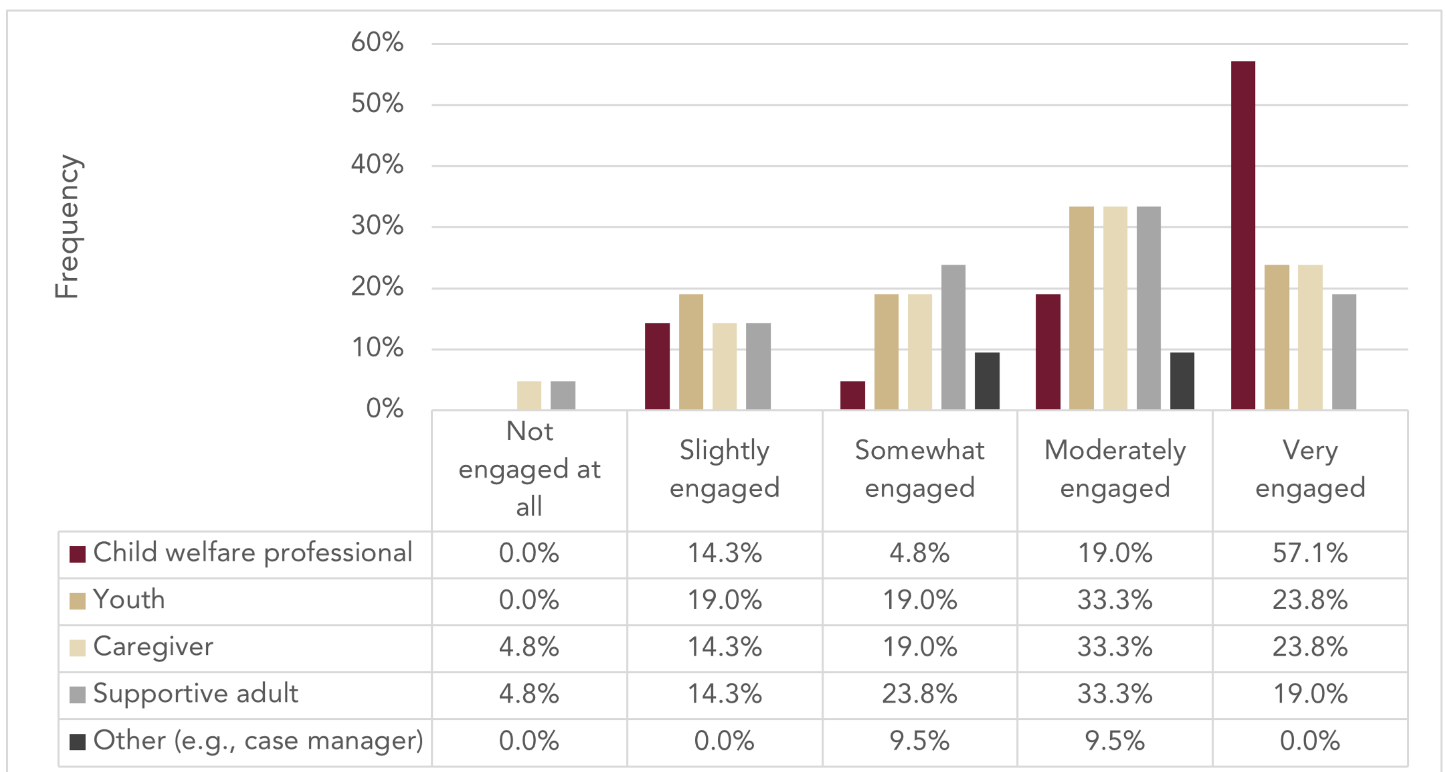
Among survey participants, the majority of child welfare professionals (87.5%, *n* = 21) had youth ages 16 or older on their caseload at the time of the survey. These professionals were asked to rate engagement levels of each participant in developing the independent living skills plan. As Figure 8 shows, 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.

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.

Caregiver Perspectives

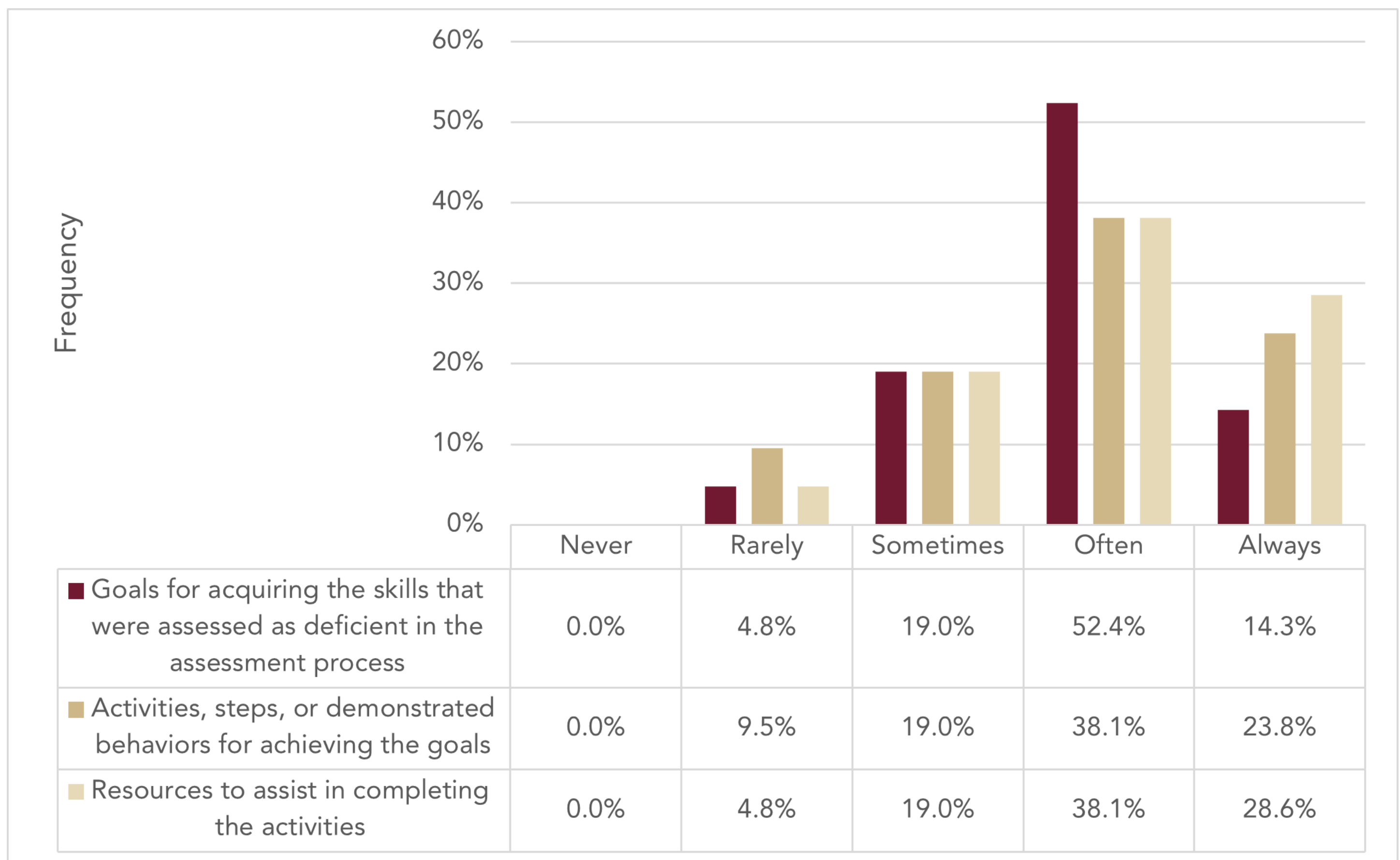
In the caregiver survey, caregivers were asked if their youth have an independent living skills plan. Among caregivers who had youths aged 16 or older, only 14.3 percent (*n* = 2) reported their youth have a plan, while 50 percent (*n* = 7) do not. The rest of the caregivers (35.7%, *n* = 5) said they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

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



	Not engaged at all	Slightly engaged	Somewhat engaged	Moderately engaged	Very engaged
Child welfare professional	0.0%	14.3%	4.8%	19.0%	57.1%
Youth	0.0%	19.0%	19.0%	33.3%	23.8%
Caregiver	4.8%	14.3%	19.0%	33.3%	23.8%
Supportive adult	4.8%	14.3%	23.8%	33.3%	19.0%
Other (e.g., case manager)	0.0%	0.0%	9.5%	9.5%	0.0%

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



	Never	Rarely	Sometimes	Often	Always
Goals for acquiring the skills that were assessed as deficient in the assessment process	0.0%	4.8%	19.0%	52.4%	14.3%
Activities, steps, or demonstrated behaviors for achieving the goals	0.0%	9.5%	19.0%	38.1%	23.8%
Resources to assist in completing the activities	0.0%	4.8%	19.0%	38.1%	28.6%

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.

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.

Table 13. 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

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.

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.*

Table 14. 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

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 LEAD AGENCY 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 15. Participation by CBC lead agency at wave 1 (*N* = 215)

CBC lead agency	Freq (*n*)
Brevard Family Partnership	0.9% (2)
ChildNet 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 16. 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 youth (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 17. Participation in the follow-up survey at age 19 ($N = 158$)

CBC lead agency	Current foster youth ($n = 33$)	Former foster youth ($n = 125$)	Total
ChildNet 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%)**

Table 18. 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	$X^2 = 0.24$, $p = .63$
Part-time employment	43	20.0	37	29.6	9	27.3	$X^2 = 0.07$, $p = .79$
Employment skills	50	23.3	31	24.8	9	27.3	$X^2 = 0.13$, $p = .72$
Educational aid	17	7.9	39	31.2	8	24.2	$X^2 = 0.48$, $p = .49$
Other financial support	39	18.1	22	17.6	12	36.4	$X^2 = 6.12$, $p = .01$**
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
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	$X^2 = 5.81$, $p = .02$**
Highest educational certification received							$X^2 = 1.38$, $p = .50$
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	$X^2 = 2.39$, $p = .12$
Homelessness	59	27.4	24	19.2	10	30.3	$X^2 = 1.91$, $p = .17$
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	$p = .37$

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*)	%	
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).

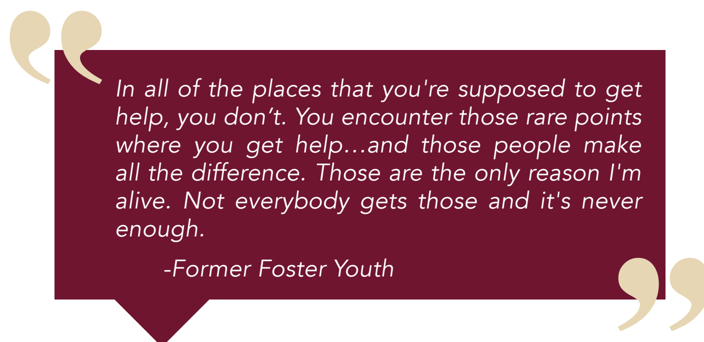
Barriers to Housing Stability

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, $\chi^2(5) = 13.45$, $p = .02$. 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, $\chi^2(8) = 22.16$, $p = .005$. 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, $\chi^2(9) = 30.23$, 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.

Discussion



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.

Table 19. 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*

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 last 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 the 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 the 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 evidence 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 20. 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.
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%).

	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.
Health Education and Risk Prevention	Rachel became pregnant shortly after her 18th 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, 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 "q*uality 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 of 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., *Understanding Your Role in Life Skills Development for Transition-Age Youth, Engaging Your Foster Child in Life Skills Development*).

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

TABLE A.1: CBC lead agency 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.
ChildNet 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: CBC lead agency supports for caregivers

CBC lead agency	Caregiver supports
Brevard Family Partnership	*"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.* *Life skills coaches are provided to youth if they need more extra assistance with life skills.* *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."*
ChildNet Inc.	No caregiver-focused supports were identified.
Children's Network of Southwest Florida	*"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."* Caregivers are given brochures with information about all supports and services available to youth. *"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."*
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	*"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."* *"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."*
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.
Northwest Florida Health Network	Life skills tips for foster parents are provided in weekly newsletters.
Partnership for Strong Families	Case managers work with youth on life skill development when caregivers cannot take on the responsibility. It is unclear if there are any caregiver-focused supports.
Safe Children Coalition	The independent living team works to find new resources for youth and caregivers to utilize. A youth's Independent Living Team is made available to caregivers to help remove any life skills training barriers and to provide suggestions/recommendations. 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. Safe Children Coalition organizes and hosts an Independent Living Youth conference annually.

Table A.3: Summary of structured informal life skills assessments by CBC lead agency

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.
ChildNet 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 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.

CBC lead agency	Assessment	Age range	Frequency	Documentation	Purpose
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 lead agency

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.
ChildNet 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 17th 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 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.	N/A	N/A
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.

CBC lead agency	Assessment	Age range	Frequency	Documentation	Purpose
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 lead agency

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	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.
Citrus Family Care Network	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.
	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	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.	N/A	N/A
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.

CBC lead agency	Form/Plan	Age Range	Frequency	Documentation	Purpose
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 Childre 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 health 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)

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 lead agency	**Ages <16**	**Ages 16-17**	**Age 18+**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 lead agency	**Ages <16**	**Ages 16-17**	**Age 18+**	**Total**
Brevard Family Partnership	0	1	0	1
ChildNet 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 lead agency	**Ages <16**	**Ages 16-17**	**Age 18+**	**Total**
Brevard Family Partnership	0	1	0	1
ChildNet 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 (100%)***

Table C.4: Career preparation services

Age at first receipt of career-preparation services				
CBC lead agency	**Ages <16**	**Ages 16-17**	**Age 18+**	**Total**
Brevard Family Partnership	0	1	0	1
ChildNet 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 (100%)***

Table C.5: Employment programs support

Age at first receipt of employment programs support				
CBC lead agency	**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 (100%)***

Table C.6: Budget/financial management support

Age at the first receipt of budget/financial management support				
CBC lead agency	**Ages <16**	**Ages 16-17**	**Age 18+**	**Total**
Brevard Family Partnership	0	1	0	1
ChildNet 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 (100%)***

Table C.7: Housing education and home management training

Age at the first receipt of housing education/home management training				
CBC lead agency	**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 (100%)***

Table C.8: Education on health and risk prevention

Age at the first time of receiving education on health & risk prevention				
CBC lead agency	**Ages <16**	**Ages 16-17**	**Age 18+**	**Total**
Brevard Family Partnership	0	1	0	1
ChildNet 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 lead agency	**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 lead agency	**Ages <16**	**Ages 16-17**	**Age 18+**	**Total**
Brevard Family Partnership	0	1	0	1
ChildNet 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 | Wave 1

Full-time employment* | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Part-time employment* | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Employment-related skills | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Educational aid receipt | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Social security receipt | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Other financial support | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Table C.17: Current enrollment | Wave 1

Current enrollment | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	2	0	0	2
ChildNet 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 | Wave 1

Educational aid receipt | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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***

Reliable Relationships, Homelessness, and Risk Behavior | Wave 1

Table C.19: Connection to adult | Wave 1

Connection to adult | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	2	0	0	2
ChildNet 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 | Wave 1

Homelessness | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Substance abuse referral | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Incarceration | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	2	0	2
ChildNet 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 | Wave 1

Table C.23: Childbirth | Wave 1

Childbirth | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	1	1	2
ChildNet 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 | Wave 1

Marriage at time of childbirth | Wave 1				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
Brevard Family Partnership	0	0	2	2
ChildNet 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 Program and Other Health Insurance | Wave 1

Table C.25: Medicaid | Wave 1

Medicaid | Wave 1					
CBC lead agency	**Yes**	**No**	**Declined**	**Don't Know**	**Total**
Brevard Family Partnership	1	0	0	1	2
ChildNet 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 | Wave 1

Other health insurance coverage | Wave 1					
CBC lead agency	**Yes**	**No**	**Declined**	**Don't Know**	**Total**
Brevard Family Partnership	0	1	0	1	2
ChildNet 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 | Wave 1

Health insurance type: Medical | Wave 1						
CBC lead agency	**Yes**	**No**	**Declined**	**Don't Know**	**Not Applicable**	**Total**
Brevard Family Partnership	0	0	0	0	2	2
ChildNet 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 | Wave 1

Health insurance type: Mental health | Wave 1					
CBC lead agency	**Yes**	**No**	**Don't Know**	**Not Applicable**	**Total**
Brevard Family Partnership	0	0	0	2	2
ChildNet 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***

Medicaid and Other Health Insurance

Table C.29: Prescription drugs | Wave 1

Health insurance type: Prescription drug | Wave 1					
CBC lead agency	**Yes**	**No**	**Don't Know**	**Not Applicable**	**Total**
Brevard Family Partnership	0	0	0	2	2
ChildNet 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 | Wave 2

Full-time employment* | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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***

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

Table C.31: Part-time employment | Wave 2

Part-time employment* | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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***

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

Table C.32: Employment-related skills | Wave 2

Employment-related skills | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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 | Wave 2

Educational aid receipt | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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 | Wave 2

Public financial assistance | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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***

Table C.35: Public food assistance | Wave 2

Public food assistance | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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 | Wave 2

Public housing assistance | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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 | Wave 2

Other financial support | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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 | Wave 2

Current enrollment | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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 | Wave 2

Highest educational certification received | Wave 2					
CBC lead agency	**Yes**	**No**	**None of the Above**	**Declined**	**Total**
ChildNet 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 | Wave 2

Connection to adults | Wave 2			
CBC lead agency	**Yes**	**No**	**Total**
ChildNet 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 | Wave 2

Homelessness | Wave 2			
CBC lead agency	**Yes**	**No**	**Total**
ChildNet 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***

Table C.42: Substance abuse referral | Wave 2

Substance abuse referral | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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: Incarceration | Wave 2

Incarceration | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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 | Wave 2

Childbirth | Wave 2				
CBC lead agency	**Yes**	**No**	**Declined**	**Total**
ChildNet 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 | Wave 2

Marriage at time of childbirth | Wave 2				
CBC lead agency	**Yes**	**No**	**Not Applicable**	**Total**
ChildNet 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 | Wave 2

Table C.46: Medicaid | Wave 2

Medicaid | Wave 2					
CBC lead agency	**Yes**	**No**	**Declined**	**Don't Know**	**Total**
ChildNet 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 | Wave 2

Other health insurance coverage | Wave 2					
CBC lead agency	**Yes**	**No**	**Declined**	**Don't Know**	**Total**
ChildNet 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 | Wave 2

Health insurance coverage: Medical | Wave 2					
CBC lead agency	**Yes**	**No**	**Declined**	**Don't Know**	**Total**
ChildNet 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%)***	***3 (1.4%)***	***31 (24.8%)***	***125 (100%)***

Table C.49: Mental health | Wave 2

Health insurance: Mental health | Wave 2				
CBC lead agency	**Yes**	**No**	**Not Applicable**	**Total**
ChildNet 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 | Wave 2

Health insurance: Prescription drugs | Wave 2				
CBC lead agency	**Yes**	**No**	**Not Applicable**	**Total**
ChildNet 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									