

Regional Advisory Council Region 5

Our RAC has worked on four (4) Subcommittees working collectively since June 2014, these groups include: Mental Health, Adolescents in Foster Care, Social Worker Caseload, and Educational Preparation. We have included in these Subcommittees our RAC members, stakeholders, community representation as well as youth who are not officially part of our RAC.

The RAC found that of the four Subcommittees, there were many overlapping issues that are evident below.

Educational Subcommittee

Issues:

- There appears to be inconsistent support, knowledge and interest in the transition and education planning for the youth.
- Inadequate staffing re: DCF Secondary Education Advisors.
- Even with a support network, youth may face failures post entry into college/vocational training and the resulting consequences arising from poor choices, lack of time management and problem solving skills.

Causes:

- Students may be receiving “life skills” training which does not adequately address some of the challenges they face once they are out on their own, including common issues identified such as pregnancies, homelessness, time management, formalized problem solving, critical thinking and budget management.
- There may be appropriate life skills training opportunities within each community, however, there appears to be a lack of consistent knowledge of and referral to these resources to youth and their system of support.
- Trauma histories of youth appear to play significant role in cognitive and problem-solving skills.

Solutions/Recommendations:

- Review the current job description and outline of responsibilities for the Secondary Education Advisors to consider options to enhance contact with youth in the 1-2 year time frame leading to school/vocational activities.
- Need to hire focused educational advisor(s).
- A concerted effort to identify and illustrate those supports within DCF with whom students might work. A procedure for access to these services within the Department is further recommended. It is not without possibility that a Life Skills based program for those within the extended system of care be created.
- The committee suggests a literature review of empiric study that may have been conducted in the past 24 +/- months to compare the problem solving and emotional development compared to youth who have not experienced trauma.
- The anecdotal evidence suggests that youth who succeed at entering college and beginning transition to adulthood are self -actuated and proactive.
- Investment in legislative advocacy to be a part of the process that will create change in overall outcomes.

Adolescent Foster Home

Issues:

- Youth's brain is still developing at age 18, are they capable of making the right decisions for their education, well being and overall success in life at this age?
- Life skills programming needs to be restructured and detailed to maximize the youth skill set and provide them with the tools necessary to be as successful as possible in all facets of their life
- Foster parents are not drug tested prior to licensing
- Foster families need to feel more support
- Social Workers changing adolescent assignments

Causes:

- There are few options for youth over age 18 if they want to remain in DCF care
- Our youth population is diversified and they need diverse programming to meet their individualized needs
- Lack of detailed programming with life skills service

Solutions/Recommendations:

- CHEER program is a welcome addition to current programming.
- Youth who sign themselves out of care be afforded a “dormancy period.” This 6-12 month timeframe would allow youth to change their minds without going through the re-entry process which can be arduous and intimidating. We suggest that periodic check-ins be made by the youth’s social worker just as a way to keep lines of communication open and allow smooth transition back to care if necessary or desired by youth.
- Life skills education needs to be evaluated in a more structured, detailed way so that all youth are assessed to maximize their skillset and provide them with the tools necessary to be successful as adults. This assessment needs to provide them and their foster families with feedback in areas where they excel and areas that require strengthening. In addition, these assessments need to take into consideration a youth’s cognitive abilities and emotional and behavioral challenges. Foster families need to be a part of this training and assessment in order to maximize a youth’s potential.
- Prevent change of worker, especially with adolescent population.
- Foster parents should have a drug test prior to being licensed, youth stated that they would be more comfortable in the foster homes if they were initially drug tested and periodically subjected to random drug testing after licensing.
- Social workers to be better educated on the challenges a foster family is faced with, some foster families feel as though they are not a part of the team
- Assign a peer “buddy” to our adolescents, to help support and guide this youth. This buddy would be a former foster youth who has knowledge of the system and first hand experience as the youth transitions to adulthood. CAFAP provides buddies for foster parents; this would model could be similar.

Mental Health Subcommittee

Issues:

- Training and support for foster parents in *specific needs* of their foster youth.
- Legislative advocacy for an appropriate age of consent, DCF youth may not drop out of school until age 18.
- Lack of resources, lack of knowledge of resources and lack of access.
- DCF's ability to meet the needs of the children and families in DCF care.

Causes:

- We do not have an Expansion of our Systems of Care
- Lack of resources, knowledge of this and lack of access to these resources
- At 16 a youth is not developmentally able to make decisions about stopping mental health treatment and emancipation
- There are not enough Family Advocates to support the existing Care Coordination services or to meet the needs of families on a statewide level. We have found that in the community there is often limited awareness of these programs and the tremendous benefit they can have for the families.
- Foster parent specific individualized training; despite all of the mandated training, many of the families are still unprepared for the specific youth that will enter into their care.

Solutions/Recommendations:

- Peer mentors, use of existing support groups or even online trainings can be an effective ways to accomplish this type of foster parent education. As a result of this newfound confidence and knowledge, we feel that the rates of disrupted placements would decrease and youth would have a more stable living environment.
- Ongoing support for families would continue the supportive environment as well.
- Creating hubs throughout the state utilizing the Wraparound model, that encourage creating a network of informal and kinship supports, run supportive groups and have emergency support services that are specific for foster parents' unique needs, would allow for foster families to feel supported through their personal networks, targeted crisis management and continued support and education.
- These youth have an *undeveloped* and likely *underdeveloped* brain. At the age of 18 years old many of our foster youth might be operating with the brain of a 10 or 12-year-old child, yet our society feels that it is appropriate for these youth to be allowed to make life-changing decisions. Signing out of care at such a young age is an issue that we discussed at great length. A benchmark assessment can be created that will be utilized throughout a youth's placement in care. The purpose of this assessment would be to provide feedback to the youth as well as their team. The feedback would allow the youth and his/her team to recognize which skills still need to be acquired in order to become independent, successful and productive members of society.
- Waiting period when youth decide to sign out of care, similar to those used when obtaining divorces, legal separation or annulment.
- With such a tremendous need for the Wraparound model in our communities, we must do a better job at marketing these programs.

Social Work Knowledge and Caseload

Issues:

- All Social Workers do not know the adolescent issues and have not attended the specialized training for this.
- The training should have a refresher component, with specific individualized services attached to this update. Supervisor to support this and sign off on the completion, part of the Supervision process.
- Ensure staff have knowledge of the neurological brain development process for an adolescent
- Evaluation process for the social worker as they interact with the adolescents
- Lack of social/life skills for the adolescent youth, do they fully understand their rights?

Causes:

- Lack of funding for more specific, individualized adolescent life skills services to benefit our youth, not a generalized program
- Lack of clear policy for youth to evaluate how the social worker is doing on explaining their rights and meeting their individualized needs

Solutions/Recommendations:

- Quarterly celebration in each region where the adolescent recommends a social worker for an award for outstanding work. The social worker and the adolescent would receive an award
- Every social worker will be trained with adolescent specific training, and will have ongoing follow up trainings with specific service provisions attached
- Training to be amped up for the youth and 'knowing their rights'
- Standardize the life skills and 'knowing your rights' training across the state
- Develop formalized grievance process
- Life Skills training should include the Kansas Youth Advisory Council assessment and questionnaire, we have LISA inc. yet need this expanded statewide for more adolescents to engage in fully, so they understand and can participate fully in their life planning.