

FOSTERING ADVOCATES *Youth. Speak. Change.* ARIZONA

There are over **400,000 children in foster care** in the United States.

In Arizona alone, over 19,000 children and youth are in foster care.

Each year in Arizona, approximately **700 young adults will turn 18 and “age-out”** without legal, permanent connections.¹

As we leave foster care at age 18, many of us do not have the knowledge or support to access basic family networks, community connections, jobs, housing, health insurance or other critical resources we need to build independence.

Fostering Advocates Arizona (FAAZ) works to connect young adults leaving foster care to these vital networks, resources and supports. Our work is guided by a Young Adult Leadership Board, a group of young people who have experienced foster care and represent a diverse range of age, race, gender identity, sexual orientation, parental status and



foster care placements. As young adult leaders who have first hand knowledge of what it is like to be in foster care, we have the expertise and experience to advocate for future system improvements.

Together, we have identified our top priority issues and recommendations. We urge policy makers, child advocates, attorneys, judges, and the business and faith communities to join us in advocating for real, positive changes to the state’s foster care system.

PRIORITIES SUMMARY

- **Normal adolescent experiences**
- **Enhanced screening and matching process for foster care placements**
- **A strong relationship with Department of Child Safety (DCS) Case Specialists**
- **Permanent placements with a family as a case plan priority**
- **Consistent access and enrollment in health care**

¹Arizona Department of Economic Security (ADES-DCYF) Child Welfare Reporting Requirements Semi-Annual Reports (2003-2015) compiled by the Children’s Action Alliance, reporting period October 1, 2014- September 30, 2015.

We need normal life experiences while living in foster care

ISSUE

Youth in foster care want to feel “normal.” Unfortunately, many of us feel far from normal when we are unable to engage in the same activities that many of our peers (*who are not in foster care*), have the opportunity to be part of. Normalcy for young adults in foster care means not missing out on everyday events such as hanging out with our friends after school, going to dances, high school football games, or getting a driver’s license. These are critical to our self-development and learning, as well as our ability to create and maintain long term social networks of support. While entering the foster

care system is far from normal, **it is important the system not further stifle the opportunity for us to learn and practice critical thinking skills, decision making, and how to recover when obstacles or failures strike.** These are all important steps in developing a successful transition from foster care to young adulthood.

In 2014, Congress passed the Preventing Sex Trafficking and Strengthening Families Act, that requires children in foster care to have “normal” childhood experiences.

what is normalcy?

For young adults in foster care it means not missing out on everyday experiences such as hanging out with our friends after school, going to dances, high-school football games, or getting a driver’s license.

Within this law are provisions requiring the state agency to implement policies and procedures supporting normalcy for young adults in foster family and group care settings.

These federal requirements are important as they institute liability protections for child welfare agencies, foster families and group homes to further support the implementation of “normalcy” activities and experiences for youth in foster care.

RECOMMENDATIONS

- **Update and enforce Department of Child Safety (DCS) policies, contracts and licensing requirements to ensure normalcy activities are supported in all placement types. These should include activities such as participating in sports and after school activities, staying the night at a friend’s house, getting a part-time job and obtaining a drivers license.**
- **Include age and developmentally appropriate normalcy related activities in every case plan. These activities should be reviewed and discussed with the youth at monthly meetings such as: court hearings, case staffings, Child and Family Team meetings and Foster Care Review Board.**
- **DCS and partner agencies develop a tool such as a “Teens Success Agreement” which supports the youth in foster care and responsible adult caregiver(s) in walking through relationship expectations, normalcy related activities, managing risk and practicing decision-making skills that are appropriate for the youth’s age, developmental ability, and maturity.**
- **Create a DCS policy for group care providers and foster parents that ensures monthly hands-on experiences where young adults actually get to practice (not just learn) life skills such as cooking, doing laundry, making a budget and managing money, creating a resume, searching and applying for employment and post-secondary education opportunities, as well as receiving assistance with any special life skills activities when necessary.**

“

At sixteen, I desperately wanted to find my first job. I was in a group home and because their policy required I was supervised by an adult at all times I did not have the opportunity to search for a job independently. Nor could I search online as residents were not allowed internet access. While all my friends began working their first jobs, I was left behind.”

—Adrian G.



“

I bounced around schools a lot as a teenager and never had the opportunity to build long-term relationships like my peers who were not in foster care. I missed out on normal life experiences like going to prom and hanging out with friends. These experiences are important to developing one's own identity.”

—Brittany H.

We need a screening and matching process that helps us succeed in stable, supportive foster care placements

ISSUE!

The screening and matching process of placements in foster care is crucial to our immediate and long-term success. Currently, Arizona has a record high number of children and youth in foster care. As a result, we are often placed in families and group care settings for convenience rather than compatibility according to our needs. These needs may include connections with our siblings, staying in our community of origin, maintaining school

enrollment, physical and mental health needs, honoring our unique ethnic and racial identities, religious preferences, gender expression and sexual orientation. When we are placed for convenience and not compatibility, we are at a higher risk for disrupting and moving from placement to placement.

Nationally, on average a child in foster care changes placements three times. This number increases significantly for youth who identify

as LGBTQ. **Moving placements is incredibly detrimental and traumatizing for us, as each change means a different home, family, siblings, school and friends.** A report from *Foster Care to Success* states that one-third of 17-18 year olds in care have experienced five or more school changes. With each school move, studies show that a young adult falls further behind or under performs compared to children with no school change.¹

RECOMMENDATIONS

- **DCS Case Specialists should ask us about who we are, what we like to do, and the type of family we want to live with. This should be the driving force for choosing a placement setting. When placement compatibility is considered, we are less likely to disrupt. It's important we continue to build trusting, secure, caring, and long lasting relationships with adults and peers in our lives.**
- **We should be placed with our siblings whenever possible. When it is not possible, DCS Case Specialists should encourage sibling connections, arrange for visitations and document activities in case plans and court reports. We should be notified of any significant events in the lives of our siblings if we are not placed together.**
- **If placement change must occur, let us stay in the same school so our grades do not drop, we can graduate on time, and we can maintain our friendships and relationships with teachers, counselors and coaches.**
- **There are more children in Arizona foster care than there are licensed foster families. Engage us in conversations with DCS leadership and the Legislature to increase financial supports for unlicensed kinship placements.**



“

Family is forever. When children and youth are removed from their home it is crucial the bond between siblings is maintained, as the relationship is essential to stability and self-growth. When possible siblings need to stick together and when they cannot, it is important for families to remember it is not just a child they are adopting or fostering, but his/her family too.”

—Stefani L.

We need a strong relationship with our Department of Child Safety (DCS) Case Specialists

ISSUE

Access to our DCS Case Specialist has special significance as these staff are our main contact and champion as we navigate through the “system.”

Our Case Specialists are supposed to do many things, from selecting the best placement for us, arranging our clothing needs, medical, dental and behavioral health care, setting up sibling visits, and meeting monthly with us one-on-one to see how life is going.

Our DCS Case Specialists are the ones who “green light” decisions and opportunities. With the increasing case loads DCS Case Specialists carry, many of these responsibilities are near impossible to achieve.

As a result, it is common for those of us in foster care to miss out on activities and opportunities when we are unable to receive timely correspondence from our Case Specialists.

This makes it difficult for us to have a voice in the decision making process, including developing our case plans and insuring our safety and overall well-being. This often leads us to feeling insecure, fearful and not valued as an individual.

RECOMMENDATIONS

- **Focus on DCS staff retention and decrease case loads assigned per Case Specialist to no more than 20. Our lives disrupt each time there is a change in our Case Specialist. Decreasing caseload size will not only help Case Specialists manage their workload, it will also strengthen our relationship with our Case Specialist, focus on our needed services, and help build connections and permanency.**
- **We should be given a cell phone number and e-mail address so we can reach our Case Specialists at important times. When we need immediate assistance after business hours and our Case Specialist is not available, there should be a 24 hour hotline accessible for immediate assistance.**
- **Determining what is an emergency and what can wait until later may be different from our perspective vs. our Case Specialists perspective. We need clearer language on what constitutes an emergency so we can better understand who to call when we need assistance.**
- **Case Specialists should have face-to-face visit(s) with us at least twice each month. This should happen even if we are assessed as safe and even if our permanency goal is not reunification.**
- **Case Specialists should listen to us, we have a lot to say!**



“

Frequent contact with my DCS Case Specialist was invaluable in my life development. I would not have been able to keep in contact with my family, coordinate my college plans, or get in contact with as many community resources without continuous assistance.” —Ben J.

We need permanent placements within a family as a case plan priority

ISSUE!

Permanency is one of the most important aspects of creating a thriving adult life. Whether it means maintaining relationships with a mother and father, favorite aunt or uncle, a grandparent, a caring foster or adoptive family or even a mentor, having life-long permanency sets us on a path of positive health and well-being. It positions us to safely

experience life's biggest challenges and successes within a network of supportive adults, family and friends.

In Arizona alone, approximately 700 young people age out of foster care each year without achieving legal permanency.¹ Many of us are living in group care facilities rather than a family environment when we turn age 18.

System barriers and limitations prevent us from forming critical relationships with caring adults who will be in our lives long after DCS and other social service agencies are gone.

Regardless of a person's age, lifelong relationships with family and caring adults are critical.

RECOMMENDATIONS



- **Ask us questions about family, friends, coaches, teachers, or mentors who might be able to provide a foster care placement for us as soon as a DCS investigation starts.**
- **Continue permanency and family finding efforts for us even if our case plan goal changes to Independent Living.**
- **Case plans should reflect DCS efforts toward helping us find permanency and judges, attorneys and guardians ad litem need to ask about efforts at each court proceeding.**
- **We are never too old for a loving, supportive family. Don't give up on helping us find permanent and supportive life-long connections.**

¹Arizona Department of Economic Security (ADES-DCYF) Child Welfare Reporting Requirements Semi-Annual Reports (2003-2015) compiled by the Children's Action Alliance, reporting period October 1, 2014- September 30, 2015.



“

As a kid in foster care, permanency is the only thing on our wish list. Family to us means so much when having so little. In fact, family is all we want. Luckily, after a long separation from my family, I was placed into my first and only foster home, along with all of my eight siblings. Placements like these are not very common, but having that enduring relationship with my siblings strengthened me to become stable and have a shot at a normal life.”

—Ashley P.

We need help in enrolling, accessing, and maintaining health care

ISSUE!

Health care is an important basic need throughout life, no matter how old we are. Young adults who turn 18 and age out of foster care in Arizona now have access to health insurance until our 26th birthday, regardless of income.

This means we can get special health care coverage through the Young Adult Transitional Insurance (YATI)

program within AHCCCS (Arizona's Medicaid program).

While DCS, AHCCCS and the Department of Economic Security (DES) have worked together to streamline enrollment of eligible young adults, many of us still do not understand how enrollment works, what is required of us to maintain health insurance and how to avoid

gaps in coverage. **As a result, many of us lose our coverage, avoid going to the doctor, miss school and work, or rack up unnecessary medical debt.**

Our housing is often unstable and we move from place to place making it challenging to receive renewal information in the mail.

RECOMMENDATIONS



- **Establish automatic electronic enrollment of youth who are aging out of Arizona foster care on their 18th birthday into the YATI program. If a youth chooses to not participate in the program, they have the right to self-select out.**
- **Have a policy in place that requires the court to ask our DCS Case Specialist about whether we have been enrolled in YATI as part of the transition planning requirement.**
- **Reduce coverage gaps by making our annual renewal in YATI automatic and eliminate unnecessary renewal documents.**
- **Extend YATI coverage to young adults who aged out of foster care in another state but are now a resident in Arizona.**
- **Develop a training for DCS, AHCCCS, and DES staff on the AHCCCS former foster care coverage category and the requirements for YATI so everyone is knowledgeable and can answer questions about eligibility and enrollment.**
- **DCS, AHCCCS and DES should create a “youth friendly” guide on how to access and use YATI, how to choose a health plan, what coverage includes, and how to choose a doctor.**

“

I was in foster care in another state and struggled to get health care when I moved to Arizona for school. Without affordable coverage, many youth who have experienced foster care drain their savings and go into debt resulting from simple health care procedures that could have been preventable. Extending YATI coverage to youth who aged out of foster care in another state and are now residents of Arizona would help us stay healthy and continue contributing to our communities.”

—Jasmine L.



“

As a former foster youth and before the health care expansion, I was without medical coverage which eventually placed me thousands of dollars in debt due to immediate medical needs. As a result, I drained a lot of my earnings and savings to pay back the debt I incurred from being uninsured. This is why reliable and uninterrupted health insurance for youth formerly in foster care is critical to our success and independence.”

—Desaray K.

FOSTERING ADVOCATES ARIZONA

Youth. Speak. Change.

For more information or to get involved, contact us:

Children's Action Alliance

3030 N. Third Street, Suite 650 • Phoenix, AZ 85012

 **fosteringadvocatesaz@gmail.com**

 **facebook.com/FosteringAdvocatesArizona**

 **@FosteringAdvAZ**  **(602) 266-0707**

STAY UPDATED at **fosteringadvocatesarizona.org**



February 2016