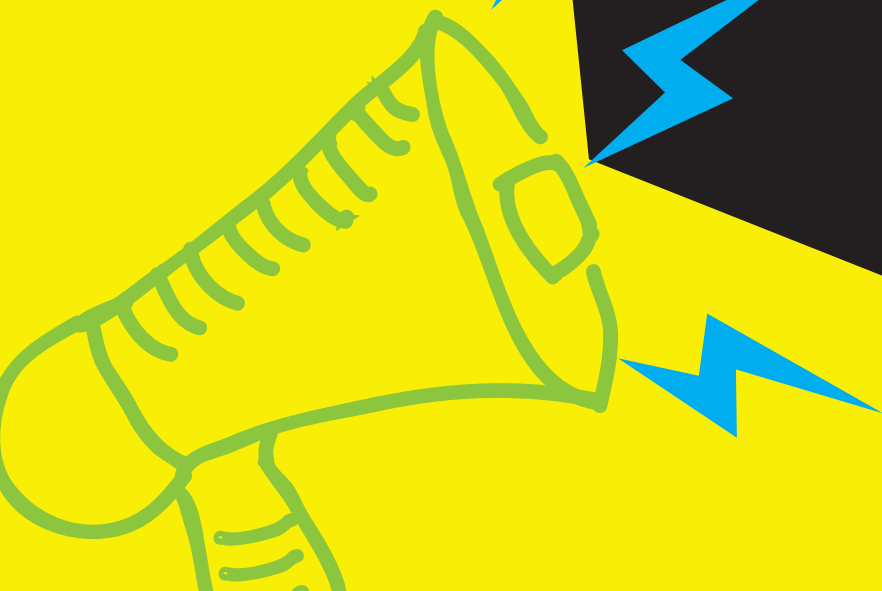


# YOUTH. SPEAK. CHANGE.

FOSTERING  
ADVOCATES  
*Youth. Speak. Change.* ARIZONA

**2020 PRIORITIES**





# 2020 PRIORITIES

Fostering Advocates Arizona (FAAZ) is a diverse group of young adults with lived experience in foster care. We are supported by the Children’s Action Alliance and the Jim Casey Youth Opportunities Initiative®. Together we work to ensure that young people ages 14 up to 26 - who have been impacted by foster care - have equitable access to the opportunities and supports needed to **successfully transition into adulthood**. We create systems-change by sharing our experiences, developing policy and practice recommendations, educating and engaging our peers and the community, and collaborating with state agencies, lawmakers, the courts and service providers.

As young people in and from foster care, **our upbringing is far from “normal.”** We rely on the child welfare system to provide us safe housing, food, and clothing, to ensure we are being educated, offer us health care and provide opportunities that help us learn to be responsible adults. Most importantly, it is life-long relationships with caring adults that are critical to our success.

Serving as knowledgeable and experienced voices for improved policy and practice, **FAAZ has developed a set of priorities to improve the lives of youth in the care of the Department of Child Safety (DCS)**. We trust that caregivers, DCS case specialists, child welfare advocates, policymakers, attorneys, judicial officers, and the business and faith communities will listen.



## TOGETHER WE CAN:



Make positive connections and relationships a priority



Ensure necessary health and dental services are provided



Increase the likelihood of successful independent living



Recognize potential through educational opportunities

### 14,000 CHILDREN

are in foster care through the Department of Child Safety (DCS) and nearly 900 young people between the ages of 18-21 “age-out” of state custody each year.

### FOSTER CARE =

Children in the custody of the Department of Child Safety who are living “out-of-home” in community foster homes, group homes, or with relatives.



# PRIORITY ONE

# RELATIONSHIPS

## PRIORITIZE FAMILY FINDING & PRESERVE HEALTHY CONNECTIONS

When entering foster care, we are forced to adapt to the culture and norms of the foster families or group care settings we are placed in. We often lose connection to our community of origin, school, and physical and mental health providers. Additional suffering occurs if we are separated from our siblings and detached from our culture. When our placement is incompatible and unable to meet our needs, we are at a higher risk of disruption and more likely to need a new living arrangement, again. In Arizona, on average a child in foster care changes placements 3 times.<sup>ii</sup> Moving profoundly affects the way we perceive relationships, permanence, and trust.

We know that the longer we are in foster care, the less likely we are to be reunified with our birth families, be adopted or find another permanent living situation. Research shows that young people who leave foster care without families are more likely to experience homelessness, under-employment, early pregnancy, contact with the criminal justice system or substance use. Forming supportive relationships with consistent, caring adults is the most important way to heal and build resilience.<sup>iii</sup>

No matter how old we are, the stakes are too high to give up on finding a permanent family and healthy connections. The child welfare system must:

**PRIORITIZE PERMANENCY:** Explore kinship placements for us as soon as a DCS investigation begins and continue permanency and family finding efforts the entire time we are in foster care, even if our case plan goal changes to Independent Living.

**“ I would have liked to have more information about my family and heritage. I feel like I don’t have any kind of cultural identity and it makes me feel disconnected.”**

**-Sora**

**PLACE US WITH OUR SIBLINGS:** Keep us together whenever possible. When it is not possible, require that positive sibling contact is maintained and frequent visits are arranged. If there is a significant event in the lives of our siblings we should be notified right away.

**TALK TO US ABOUT OUR HERITAGE:** Knowing our family history is an important part of understanding our story and unique cultural identity. Help us identify relatives to talk to and learn from.

**ENSURE WE STAY IN THE SAME SCHOOL:** If we must move to a new home, even if it is far, give us the option to stay at our school. Having to start over with new people and places is scary. Maintaining our friendships and relationships with teachers, counselors, and coaches allows us to be connected to the life we’ve established while we work through our feelings of loss.

## REDUCE DCS CASELOADS AND ENHANCE THE CASE SPECIALIST RELATIONSHIP

Every person needs people they can count on for support. When in foster care, the main person we must rely on is our DCS Case Specialist. They are our legal guardians on behalf of the State until we turn 18. They are responsible for selecting the best placement for us, ensuring our clothing needs are met, arranging medical, dental and behavioral health care, and setting up sibling visits. They are the one who approves activities, decisions and opportunities and they are our emergency contact.

With all that responsibility, having a positive relationship with our Case Specialist is critical. For them to act in our best interest and make time-sensitive decisions for us, we need time to build rapport and establish a trusting relationship with each other.

Unfortunately, DCS Case Specialists working with young adults often have large caseloads that can prohibit them from being consistent and dependable. When we are unable to contact or meet with our Case Specialists it makes us feel unimportant and hinders our ability to have a voice in our case planning process.

We need Case Specialists to role model how to build trusting, secure, caring, and long-lasting relationships. The Department of Child Safety must:



**“ I entered the system at an older age and was fortunate to be reunited with my siblings early on. The emphasis on family reunification helped me prosper because even though I was without parents, my siblings were there for support. It was fundamental to have even a small bit of my family as I struggled during my teenage years.”**

**-Jesus**

**REDUCE CASELOADS:** Case Specialists should have a caseload of no more than 25 young people. Reasonable caseload size will give them the accessibility and time for meaningful and regular contact in person, by phone and text.<sup>iv</sup>

**HIRE AND RETAIN STAFF:** Our lives disrupt each time there is a change in our Case Specialist. The Department needs to remain focused on recruitment and staff retention. As of September 2019, the Department filled 95% of their funded positions, leaving 77 Case Specialist positions that still need to be filled.<sup>v</sup>

**BE PATIENT:** Feeling accepted and understood is important to us. With each new professional in the Child Welfare system, we have to share the story of how we ended up in foster care. Repeating our story is discouraging and we may be rude, impatient, and lack trust. Please be patient with us and help us engage in our case planning. Brain development is such a highly interactive process and every interaction with a young person has the potential to heal – or to hurt.<sup>vi</sup>

## FOCUS ON HELPING US CONNECT INSTEAD OF LEAVE:

Often caseworkers focus on helping us leave foster care to be independent when the focus should be on helping us become part of a family and cultivate a network of supportive relationships with mentors, coaches, employers, and other caring adults. For better or worse, many young people return to their families of origin upon exiting foster care. Supporting contact with our families while in foster care can help us heal and strengthen our network of support.



**PRIORITY**

**TWO**

# HOUSING



## INCREASE THE INDEPENDENT LIVING SUBSIDY

Turning 18 in foster care is overwhelming. We need to practice being independent, away from constant supervision. But, most of us are not equipped to manage life completely on our own. More than half (53%) of Arizona's young people turning 18 in foster care are living in a group home or institutional placement, which is the least optimal place for an emerging adult.<sup>vii</sup> We must receive continued assistance and practice with decision-making as we move from dependence on the child welfare system to a life of our own.

Fortunately, DCS offers voluntary extended foster care and services up to age 21. If a young person chooses to participate in voluntary extended foster care, they get the support of a DCS Case Specialist and a variety of housing options. The DCS may continue paying a foster parent or group home, or the young person may be offered an Independent Living Subsidy. The subsidy provides a monthly stipend to support our transition from a structured living environment to an alternative living arrangement such as an apartment or college dormitory.

During the state budget reductions in 2009, the Independent Living Subsidy was lowered from \$795 to a maximum of \$715 per month.<sup>ix</sup>

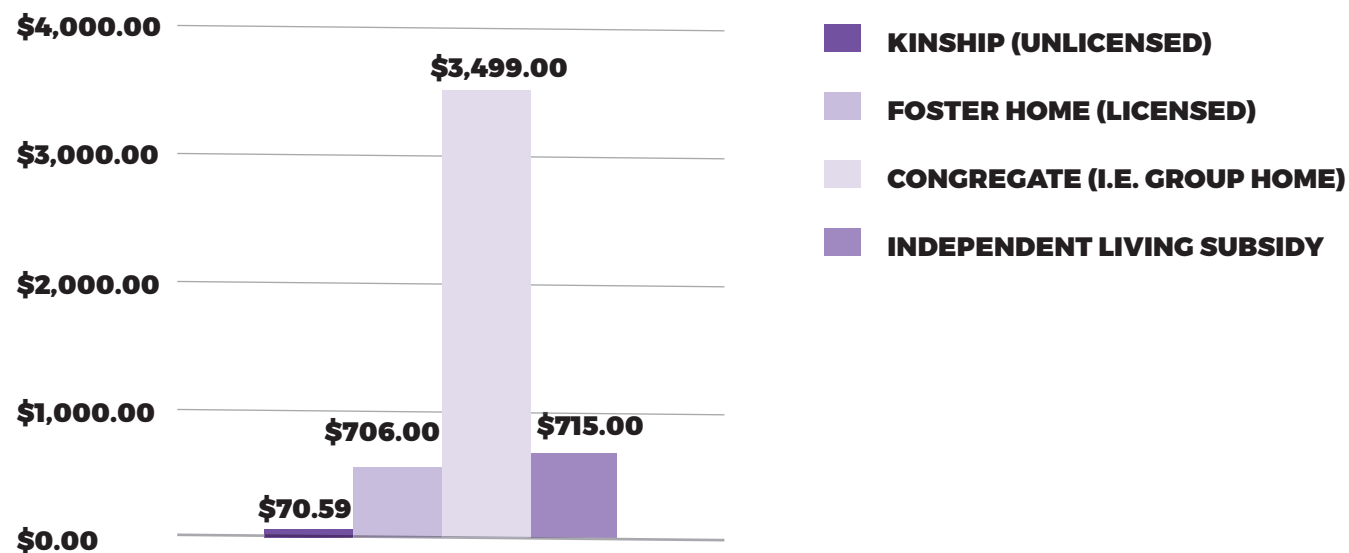
In 2015, the current structure was introduced; subsidy starts at \$715 per month and is reduced every 6 months by \$50. The goal of this structure was to support us while gradually reducing our dependence. However, the cost of living keeps going up! In Arizona, the average monthly cost of living is estimated to be \$2,098. This estimate is higher in some counties and lower in others.

Moving out during late adolescence is considered a normal developmental milestone in many cultures.<sup>viii</sup> But those of us who age out of foster care without a permanent family need consistent resources and guidance to find and maintain a safe and stable place to live. To better reflect our life circumstances to help ensure stability we recommend the following:

**RAISE THE INDEPENDENT LIVING SUBSIDY:** Increase the subsidy to \$1000 per month which better reflects the current cost of living statewide. Dependable income provides us with an important safety net when unexpected life events happen.

**KEEP IT EQUITABLE:** Do not reduce the subsidy every 6 months. Keeping the subsidy at a constant rate will provide adequate support regardless of which county we live in and allows us to exercise critical budgeting skills as we prepare for a time without financial support.

## AVERAGE MONTHLY COST BY PLACEMENT TYPE<sup>x</sup>



**“The Independent Living Subsidy was vital for me as a youth aging out of care. I would have never been able to afford housing without it but the subsidy does not reflect the cost of living, and it is hard for young adults to get on their feet.”**  
-Sora

**“I was often scared I wouldn’t have enough money. There was a lot of stress about work, school, and money. The Independent Living Subsidy definitely helped but as it decreased, I found myself struggling with my finances.”**  
- TJ

## \$2,098 COST OF LIVING<sup>x</sup>

  
**HOUSING**  
**\$607**

  
**FOOD**  
**\$253**

  
**TRANSPORTATION**  
**\$892**

  
**OTHER NECESSITIES**  
**\$346**



# PRIORITY THREE HEALTH

## SEAMLESS HEALTH CARE WITHOUT THE NEED TO UPDATE INFORMATION ANNUALLY

Health care is a basic necessity and the task of managing your physical and mental health is an important responsibility. Our health can either contribute to or detract from how well we perform at home, in school, and the workplace.

Limited access to health and unmet needs before foster care can continue once in foster care. The American Academy of Pediatrics classifies foster youth as a population with special health care needs. Health is defined broadly in this population and includes medical, mental health, developmental, educational, oral, and psychosocial well-being.<sup>xi</sup>

Young adults who turn 18 while in foster care have access to health insurance until our 26th birthday, regardless of income. This means we can get health insurance coverage through the Young Adult Transitional Insurance (YATI) program within AHCCCS (Arizona's Medicaid program). Our coverage also includes vision and dental insurance until age 21.

DCS, Arizona Health Care Cost Containment System (AHCCCS) and the Department of Economic Security (DES) have worked together to streamline our initial enrollment to make sure we have health

coverage as a legal adult. Unfortunately, to maintain coverage, we must renew annually. As a result, many of us struggle with gaps in coverage.

As young people on our own, housing can be unstable and when we move from place to place it is difficult to track down AHCCCS renewal information that is sent by mail. Many of us have experienced being dropped from coverage. When this occurs, we need to sort through having our health coverage activated retroactively. The process is so cumbersome that some of us are burdened with unnecessary medical debt and avoid going to the doctor. To improve our health and well-being we recommend:

**AUTOMATIC ELECTRONIC ENROLLMENT:** Establish an easy electronic process for DCS Case Specialists to enroll young people who are aging out of Arizona foster care into the AHCCCS YATI program.

**AUTOMATIC ANNUAL RENEWAL:** Reduce coverage gaps by making the annual renewal process in YATI automatic. No longer require additional information from us until we reach age 26 or move out of state.

**RETROACTIVE REINSTATEMENT:** In the event, we fall off of our health plan, our insurance should be retroactively reactivated regardless of how long our lapse in coverage was.

**“I was enrolled in YATI by my case manager when I turned 18 and she used the DCS office address as my own because we didn’t know where I’d be living. I got sick my freshman year of college and ended up in the hospital with bronchitis that was turning into pneumonia. While in the hospital, I was told I didn’t have active health coverage. When I called AHCCCS, I was told they had sent multiple re-enrollment letters to the DCS office. I had to submit a written request asking AHCCCS to activate my insurance retroactively so my hospital stay would be covered. My request was denied because my insurance had lapsed for over 90-days. How was I supposed to know? Now I am paying off more than \$4,000 in medical bills for 2 nights in the hospital and the prescriptions I had to pay out of pocket.”**

**-Oshiana**



**“I received orthodontia during my time in foster care, but it was out of my own pocket. At age 15, I was making monthly payments to my orthodontist. Though I was told I did not need braces, I still chose to get them as they gave me a confidence boost that is irreplaceable.”**

**-Jesus**

## INCREASE ACCESS TO ORTHODONTIA

A healthy smile is one of the first things people notice. Our teeth can influence how we chew and eat, how we speak and how we look and socialize. Dental health improves overall wellbeing and our smile can have a major impact on our self-confidence. Almost 40% of children and adolescents enter foster care with significant oral health issues.<sup>xii</sup>

The Comprehensive Medical and Dental Program (CMDP) is administered by the DCS and provides the medical and dental services for Arizona's foster children from birth to age 18. Regular dental care is covered but orthodontia is more complicated. Orthodontic services require medical necessity for controlling

or eliminating infection, pain, and disease, and restoring facial configuration or function necessary for speech, swallowing, or chewing.<sup>xiii</sup>

In our experience, getting wisdom teeth pulled that were not causing pain, correcting an extreme gap, overcrowding, and replacing broken retainers was not possible. Because these issues were not addressed in our childhood, we are suffering the very real health and financial consequences now.

**CLOSE THE GAP:** Assess the need for orthodontia as soon as a young person enters foster care and evaluate the gaps in access to orthodontic treatment for young people. What may seem like a cosmetic dental issue can easily evolve into a medical necessity in later life.



# PRIORITY FOUR

# EDUCATION

## INVEST IN OUR POTENTIAL

Navigating the path to college and career is difficult and young people who lived in foster care need additional support.

The Tuition Waiver Scholarship for Foster Youth (SARS 15-1809.01) ensures that young people who experienced the hardship of foster care at age 14 or older can access higher education. The tuition waiver covers the cost of tuition and mandatory fees charged by Arizona public community colleges, four-year colleges and universities after all other financial aid is received.

Although the waiver recognizes our potential and gives us incentive to pursue post-secondary education, the age of eligibility is inconsistent with the Free Application for Federal Student Aid (FASFA) and data on post-secondary attendance for alumni of foster care. The U.S. Department of Education says that today it takes a little more than 6 years to complete a BA degree.<sup>xiv</sup>

Additionally, the practice of applying the waiver after all other financial aid is received prevents us from using other grants and scholarships, such as the Pell Grant, for necessary living expenses.

To effectively increase our knowledge and skills, and to administer the waiver efficiently, we recommend the following:

**RAISE THE AGE OF ELIGIBILITY FROM 23 TO 26.** At the time when most students are planning for college, those of us in foster care are faced with the challenge of planning our transition to independence. We often need more time to begin college and to complete our degree program. Only 58% of young people in foster care graduate from high school by age 19, compared to 87% of their peers.<sup>xv</sup>

**LOWER THE AGE OF ELIGIBILITY FROM 14 TO 13.** The FASFA requires information about our dependency status and deems those of us who were in foster care at age 13 or older as “independent” and responsible for the costs of our education. Aligning the tuition waiver age with the FASFA would increase administrative efficiency when verifying eligibility.

**REQUIRE TUITION COSTS AND MANDATORY FEES BE APPLIED AT UNIVERSITIES BEFORE OTHER FEDERAL AND PUBLIC GRANTS AND SCHOLARSHIPS.**

The additional costs of education including housing, meals, transportation, books, and class fees remain a significant barrier for us. Without family support, many of us rely on federal and state aid to help with living expenses. If the tuition waiver is applied before other financial aid it will allow us to focus on our academic success and career goals.

**“If the waiver was extended to age 26, more young people would have the opportunity to go to college when they are ready and not rushed or forced to go straight out of high school.”**

**-Ashley**

**“Had my other grants been applied after the Tuition Waiver, I would have been able to focus on my education and not work fulltime to support myself while being a fulltime student.”**

**- Breanna**



# FOSTERING ADVOCATES Youth. Speak. Change. ARIZONA



fosteringadvocatesarizona.com



fosteringadvocatesaz@gmail.com



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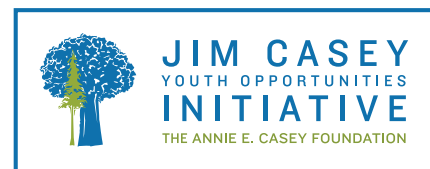
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<https://www.aecf.org/m/resourcedoc/aecf-jimcaseyinitiativebrochure-2018.pdf>

<sup>1</sup>Arizona Department of Child Safety, *FY20 Monthly Operational Outcomes Report*, December 2019. <https://dcs.az.gov/news-reports/dcs-reports>

<sup>2</sup>Arizona Department of Child Safety, *Semi-Annual Child Welfare Report*; Reporting Period January 1, 2019 through June 30, 2019.

<sup>3</sup>Jim Casey Youth Opportunities Initiative, *Keeping the Family Conversation Alive*, 2017.

<sup>4</sup>Jim Casey Youth Opportunities Initiative, *Foster Care to 21: Doing it Right*, 2011.

<sup>5</sup>Arizona Department of Child Safety, Department of Child Safety *Quarterly Benchmark Progress Report*, December 2019.

<sup>6</sup>Jim Casey Youth Opportunities Initiative, *Healing Comes First; Building Resilience for Young People in Foster Care*, 2017.

<sup>7</sup>Arizona Department of Child Safety, *Semi-Annual Child Welfare Report*; Reporting Period January 1, 2019 through June 30, 2019.

<sup>8</sup>Jim Casey Youth Opportunities Initiative, *Promoting Safe and Stable Housing for Young People*, 2017.

<sup>9</sup>Arizona Department of Child Safety, *Annual Supportive Resources Report (Kinship, Independent Living, Housing)*, November 2019.

<sup>10</sup>Economic Policy Institute, March 2018. Based on 2017 cost of living not including health care, child care costs and taxes. <https://www.epi.org/resources/budget>

<sup>11</sup>American Academy of Pediatrics, *Health Care Issues for Children and Adolescents in Foster Care and Kinship Care*, October 2015. <https://pediatrics.aappublications.org/content/136/4/e1131>

<sup>12</sup>American Academy of Pediatrics, *Health Care Issues for Children and Adolescents in Foster Care and Kinship Care*, October 2015.

<sup>13</sup>Arizona Department of Child Safety, *CMDP Provider Manual*, May 2018.

<sup>14</sup>Families in Society: The Journal of Contemporary Social Services, *Remaining in Foster Care After Age 18 and Youth Outcomes at the Transition to Adulthood*, September 2019.

<sup>15</sup>Jim Casey Youth Opportunities Initiative, *Successful Connections to School & Work*, 2017.