Healthy Youth Transitions (HYT) 2016

ESSENTIAL HYT ELEMENTS

This document contains essential information on requirements for HYT programming, in addition to providing current research to guide service delivery. Promising practices and effective strategies are described as well as specific program requirements which are more fully explained. Proposers should consider this "required reading" prior to creating a proposal for this RFP.

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Our Focus is Our Children.

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WHAT WORKS/BEST PRACTICES

Healthy Youth Transitions (HTY) programming shall provide needed assistance to the youth in the target populations to reach the following outcomes:

- Attain academic or vocational/education goals that are in keeping with the youth's abilities and interests
- Have sufficient economic resources to meet their daily needs
- Postpone parenthood until financially established and emotionally mature
- Avoid illegal/high risk behaviors
- Have a safe and stable place to live
- Have access to physical and mental health services
- Have a sense of connectedness to persons and community

Providers will employ research-based, holistic programming designed to help our community's transitioning youth develop the skills and abilities to become productive, successful citizens. Long-term services will be offered, as research shows that these are critical factors in building trust needed for transitioning into employment and post-secondary education.

◆ **BEST PRACTICE MODELS FOR HEALTHY YOUTH TRANSITION PROGRAMS**

The programs chosen for funding under this RFP must combine the following best practice strategies into a comprehensive, holistic Life Coaching approach that promotes independent living skills in a Positive Youth Development (PYD) framework. The program must be delivered with cultural competence to engage and empower dependent youth aging out of formal or informal foster care, youth with delinquency involvement and/or lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth.

"LIFE COACH" is the new 'buzz' term for everything from reimagined guidance counselors to mental health counselors. For the purpose of this RFP, we use the term to describe a person in a paid position who guides and supports a youth through a time of transition or difficulty, ensuring the youth attains the skills and linkages necessary for a successful adulthood. This individual should have a bachelor level degree and experience working with the target population(s).

While the Life Coach will provide informal counseling, mentoring, guidance, and advocacy, s/he need not have a mental health counseling/therapist degree but will link youth with clinicians as needed. The Life Coach for this RFP need not be a "certified Life Coach" as there is currently no standardized certification. Although various organizations are offering a designation of "certified Life Coach", they have different requirements and trainings.

The term "coach" is being applied in a myriad of ways in academic literature as well as current media e.g. "job coach", "life coach", "social emotional learning coach", etc. The term has a very positive association and is not stigmatizing.

THE TRANSITION TO INDEPENDENCE PROCESS (TIP) MODEL™ is the framework that will be used to deliver the mandatory HTY service components. The TIP model is an evidence-supported practice based on published studies that demonstrate improvement in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD). These outcomes have been demonstrated at sites where personnel have undergone competency-based training that is conducted at the community site and through teleconference supports provided by Certified TIP Model™ Consultants. The TIP Model™ training materials are designed for personnel serving transition-age youth and young adults (14-29 years old) and their families. This model from The National Center on Youth Transition at the University of South Florida offers a system (http://tip.fmhi.usf.edu) designed to enhance the competencies of those who work with young adults. Although, this model was originally developed for EBD youth, it is appropriate for all youth identified under this RFP. The model emphasizes 5 domains crucial to transitioning: Employment & Career, Educational Opportunities, Living Situation, Personal Effectiveness & Wellbeing, and Community-Life Functioning.

All selected proposers will be expected to have all staff participate in TIP Model training, implement the model, and comply with model fidelity. Costs associated with staff training will be covered by CSC and should not be included in startup or operational budgets.

POSITIVE YOUTH DEVELOPMENT (PYD) includes a coordinated, progressive series of activities and experiences to assist youth in developing social, moral, emotional, physical, and cognitive competence within their community (McKay 2011). The Collaborative for Academic, Social and Emotional Learning (CASEL), identifies five interrelated sets of core competencies that comprise the process of "social and emotional learning" (SEL) essential to healthy youth development:

- self-awareness (identifying emotions and recognizing strengths),
- social awareness (perspective-taking and appreciating diversity),
- self-management (managing emotions and goal setting),
- responsible decision making (analyzing situations, assuming personal responsibility, respecting others, problem solving and relationship skills (communication, building relationships, negotiation, and refusal) (Shek et al. 2012).

Published studies and local focus groups confirm that foster youth want to have more control and be seen as a partner in making decisions concerning their own future (Scannapieco et al. 2007). All youth experience optimal development when they are active participants, not solely recipients (McKay 2011). A PYD approach that provides support for youth to develop appropriate skills can effectively result in, not only reducing risky and problem behaviors, but also help youth "thrive" (Lindstrom Johnson et al. American Journal of Community Psychology 2015).

♦ BEST PRACTICE STRATEGIES FOR HEALTHY YOUTH TRANSITION PROGRAMS

MOTIVATIONAL INTERVIEWING (MI) is another behavioral approach that is emerging as a developmentally appropriate tool through which to discuss future plans including behavioral barriers to a positive future (Lindstrom Johnson et al. 2015). MI is empirically supported in the area of substance use, and is increasingly being used for behavior change in other areas. There is strong evidence indicating its effects are greater when used with another active intervention, e.g. Cognitive Behavioral Therapy (CBT) (SAMHSA NREPP).

CASEY LIFE SKILLS. Casey Life Skills (CLS) is a free tool that assesses the behaviors and competencies youth need to achieve their long term goals (**www.caseylifeskills.org**). Youth typically will require 30-40 minutes to complete the CLS assessment. It aims to set youth on their way toward developing healthy, productive lives. Examples of the life skills CLS helps youth self-evaluate include:

- Maintaining healthy relationships
- Work and study habits
- Planning and goal-setting
- Using community resources
- Daily living activities
- Budgeting and paying bills
- Computer literacy
- Their permanent connections to caring adults

CLS is designed to be used in a collaborative conversation between an educator, mentor, case worker, or other service provider and youth between the ages of 14 and 21. The youth's answers are available instantly to review with the youth in a strengths-based conversation that actively engages them in the process of developing their goals. The Casey Family Programs has developed a comprehensive training on all aspects of the Casey Life Skills tools, including updates and revisions (**www.caseylifeskills.org**), which may also be helpful.

THE LIFE MAP is an increasingly popular tool for empowering youth to plan their future, is different than a service plan. It is a creative tool that typically involves visuals e.g. art supplies or a computer template with graphics to illustrate that life is like a journey (Hunter College of Social Work, 2008). The Life Map helps youth to increase their positive future orientation and strengthen their belief that success is attainable - a strong protective factor for transitioning to successful adulthood. A sample may be found at http://www.youthhood.org/youth/lm_sample.asp.

YOUTH ENGAGEMENT AND RETENTION STRATEGIES. The main factors of a youth development program that attract and retain young people are (Woodland et al. 2009):

- **Positive peer relationships** and bonding with others who understand them in a way that is missing from most other relationships
- **Positive adult support**
- **Utility of information provided**
- **Restructuring of their self-identity** to increase self-confidence and personal accountability
- **Financial assistance** that provides a safety net
- **Culturally competent services** to address the diverse needs and characteristics such as language, ethnicity, race, sexual orientation, spirituality/religious beliefs, and areas of exceptionality, socioeconomic status, new immigrant socialization and even personality types. Staff and youth need to develop "bicultural competence," which is the ability to function and be comfortable in multiple cultural settings without compromising their own sense of cultural identity (Toppelberg and Collins, 2012).

ESTABLISHING TRUSTING, HELPFUL RELATIONSHIPS. Professionals working with transitioning youth should understand that difficult or disappointing prior experiences in the delinquency, dependency and/or behavioral health systems may have undermined the trust youth feel for helping professionals. Strong efforts must be made by staff to build trust and rapport and to offer timely information and services to ensure youths obtain needed assistance and benefits. Youth should be promptly informed of and connected with available programs and benefits to avoid undue stress. Delinquent youth may need life coaches to accompany them to juvenile justice proceedings and provide support and advocacy; dependent youth may need similar support in dealing with the Child Welfare system.

SOCIO-EMOTIONAL SKILLS. Researchers (Boustani et al. 2014) identified a small set of practice elements for socio-emotional skills common to successful youth programs, and assert that it would be cost effective to provide these skills to all youth in a program, while only providing more targeted interventions to youth with deeper-end needs. "**Problem solving**" was the most common practice element, followed by "**communication skills**" and "**insight building**". Providing specialized curriculum or counseling could be reserved for those identified as high risk for specific issues. "Problem solving" was the most cross-cutting practice element prevalent in all categories (life skills, substance abuse, violence prevention, sexual health, and mental health) except for depression/anxiety programs where it came second after "cognitive coping" (techniques designed to alter interpretation of events through examination of the youth's reported thoughts). Therefore, those identified with depression/anxiety or at high risk for internalizing problems may benefit from more specific targeting of their cognitive coping skills.

ESSENTIAL ELEMENTS OF SUPPORTIVE QUALIFIED STAFF

◆ **EMPLOYING THE RIGHT STAFF**

Research shows that personal attributes of the staff can result in better or worse program outcomes, even when model programs are used (St. Pierre et al., 2007). Staff should be able to connect with families, motivate, and encourage them. Program outcomes are positively impacted when staff have good interpersonal skills, ability to help families apply newly-developed skills to everyday settings, and sensitivity to individual developmental abilities and cultural backgrounds (Durlak et al., 2010).

STAFF CHARACTERISTICS. In addition to knowledge, skills, and abilities, there are personal characteristics required to be successful working with adolescents, and of these, one of the most important has been found to be a truly caring individual. Resiliency research has shown that a supportive relationship with a caring adult is the most important factor in a youth's success, and this adult could be a professional youth worker (Garcia et al, 2012; Laursen & Birmingham, 2003). Broward TIL youth reiterated that staff who are responsive and show true concern for their well-being and future is one of the most important features of a successful TIL program.

Seven characteristics of caring adults most often identified by youth can be used to develop staff competency-based training programs

- Trustworthy – adults who keep youth confidences confidential and who keep their promises;
- Attentive – adults who really listen to them - sometimes it helps just being with them because it is comforting to "know that you are not alone" - adults who put distracting things aside to focus on them make them feel valued;
- Empathetic – youth tend to shut down when they do not feel heard and become wary of sharing information with adults; it is important for adults to understand the story from the youth's point of view;
- Available – giving the youth priority time and focus and being responsive;
- Affirmation – adults who care always can find something positive about them; these adults convey that the youth has strengths and resources even in the midst of struggles - this affirmation instills hope and a sense of worth;
- Respectful – adults who respect young people involve them in making decisions about their lives; they help the youth to develop a sense of power over their choices; and,
- Virtuous – caring adults who are good role models do as they say; it's clear what they believe is right and wrong by how they act.; adults that set limits and hold youth accountable when necessary.

STAFF RECRUITMENT. The Muskie School of Public Service developed a comprehensive Competency Model for Adolescent Caseworkers that includes knowledge, skills and abilities as well as personal characteristics that is explained in detail in a free publication available online at http://muskie.usm.maine.edu/helpkids/rcpdfs/Adol.Caseworke.pdf. The Muskie competency model can be used to identify those competencies needed at entry to the job as well as for full performance. The entry-level competencies can then be used as criteria for selection and hiring of job applicants including developing interview questions and candidate rating sheets.

◆ **PROFESSIONAL DEVELOPMENT, COACHING, & TRAINING**

Research has found the following factors important to attract and retain staff (Hartje et al., 2008; Sheldon et al., 2010)
- A supportive, inclusive work environment that includes appropriate supervision and a climate of collaboration;
- Clear role descriptions and perceived competence to perform those roles;
- Opportunities for professional development and training;

- A sense that staff members' work and input in decision-making are valued;
- Continuous Quality Improvement (CQI) strategies;
- Opportunities for professional networking;
- Adequate compensation and benefits (e.g., health and paid vacations for full-time staff);
- Intentional career paths and career "ladders" that differentiate levels of direct service workers by linking increased education and/or training to increased compensation; and
- Clearer paths from direct service to management.

Staff Mentoring and Coaching are newer approaches where one-on-one modeling and support replaces or supplements group sessions. Mentoring pairs a less experienced worker with a more experienced staff person to help him or her master multi-dimensional competencies over time (Mattingly et al., 2010). Coaching is a promising strengths-based technique. By providing positive feedback on observed strengths and skills, coaches help staff to see how their own actions and behaviors can improve families' outcomes. When people feel they are making a positive difference, their job performance improves (Curtis et al., 2011). Strong evidence indicates when coaching is part of an overall quality improvement model that includes performance assessment with aligned training/coaching, positive results are seen in improved staff behavior, better management practices, reduced staff turnover, and improved youth outcomes (Yohalem et al., 2010; Sheldon et al., 2010).

Case managers should receive in-service training on the following (per Council on Accreditation [COA] Youth Independent Living [YIL] standards):
- positive youth development;
- establishment of a service recipient/case manager relationship;
- knowledge of service programs, purposes, and effective practices and approaches;
- knowledge of public assistance programs, eligibility requirements, and benefits;
- skills in case advocacy;
- local housing resources; and
- knowledge of the community service delivery system.

In addition, it is important for staff to participate in local emerging trainings, such as trauma-informed care and human trafficking as target populations for this RFP are particularly vulnerable. Training is available through CSC **http://training.cscbroward.org/** and/or other entities e.g. Broward Coalition on Human Trafficking at **https://www.bhtc.us**. Providers find that that orientations are helpful for new staff to ensure they are aware of community resources and services available through ChildNet.

◆ STAFF CASELOADS AND SUPERVISION

Programs must employ adequate staff with appropriate supervision to promote positive program experiences and desired outcomes for program participants. The Council on Accreditation (COA) recommends that Independent Living Services Youth worker caseloads generally range between 12 and 20 cases but cautions that assignments should be made, reviewed regularly, and adjusted based on consideration of the following:
- case complexity, special needs and circumstances;
- age and population characteristics, including ethnic and cultural factors;
- qualifications, competencies and experience of the worker, including level of supervision needed;
- work and time required to accomplish assigned tasks and job responsibilities; case status, and progress toward achievement of desired outcomes; and,
- service volume, accounting for needs of new clients and pending referrals.

COA recommends a staff-to-supervisor ratio of 1:6 when serving severely and persistently mentally ill, HIV diagnosed, or chemically dependent youth, or youth with other special health and mental health issues. Staff supervision and supervisory case reviews should occur at least monthly supported by bi-weekly staff meetings to review new resources or service delivery information and to discuss problem solving methods for complex cases. For more, see **http://coanet.org/standard/pa-fkc./**

◆ BICULTURAL COMPETENCE

As with all CSC-funded programs, cultural competency is essential in such a diverse community as Broward County. Transitioning youth are ethnically diverse, with minority youth disproportionately represented relative to overall population. Providers must provide services and supports in a culturally competent manner that does not stigmatize transitioning youth. HYT programs can provide a sense of belonging through strategies for positive peer and adult bonding. When transitioning youth feel valued, they are more likely to be successful in establishing positive healthy relationships and a stable home. Issues of ethnic and sexual identity are important as they determine how youth fit into the diverse, and sometime conflicting, cultural messages and identities. Perceived prejudice can cause high levels of emotional stress.

Programs need strategies to help staff and participants develop "bicultural competence"- the ability to function and be comfortable in multiple cultural settings. Simply bringing different cultural groups into contact with each other does not necessarily result in mutual understanding and respect. Inviting youth and their families to share their talents, foods, and unique cultures with other staff, youth and families has been found to have positive results.

◆ BACKGROUND SCREENING REQUIREMENTS

All staff working in the HYT program must comply with Level 2 background screening and fingerprinting requirements in accordance with Sections 943.0542, 984.01, Chapter 435, 402, 39.001, and 1012.465 Florida Statutes and Broward County background screening requirements, as applicable. The program must maintain staff personnel files which reflect that a screening result was received and reviewed to determine employment eligibility prior to employment. An Attestation or Affidavit of Good Moral Character must be completed annually for each employee, volunteer, and subcontracted personnel who work in direct contact with children. HYT program providers will be required to re-screen each employee, volunteer and/or subcontractor every five (5) years.

◆ SYSTEM OF CARE INVOLVEMENT

Provider staff under this RFP are expected to be active participants in the systems of care for their target populations: the TIL system, the Child Welfare system, the Juvenile Justice system, as well as Crossover and LGBTQ community initiatives. Providers must be willing to enter into Memorandums of Understanding with community partners that benefit program participants and provide a coordinated approach to services.

For those serving TIL youth, the **TIL Steering Committee** and **Broward's Florida Youth SHINE** chapter are key, with MOUs with the local Community Based Care lead agency (**ChildNet**) that describe referral processes and information sharing relationship; and with the **Broward County Transitional Independent Living (TIL) One-Stop Resource (FLITE) Center** that describe referral processes, utilization of services, out-posting of staff and information sharing relationship. Active support of the community's efforts to collect data on the TIL youth population is also expected.

For those serving LGBT youth, monthly attendance at the **LGBTQ Taskforce** is expected to address the unique needs of this population. Additionally, programs will be expected to engage with the LGBTQ Coordinator for youth who are in the BCPS and are in need of academic advocacy and emotional support.

In serving delinquency involved youth, the **Department of Juvenile Justice, Courts, Broward Diversion Coalition** and the, **Office of Civil Citation** are primary stakeholders that provider staff need to understand, interact with and navigate for their clients. Participation in Broward's Circuit Advisory Board meetings, Disproportionate Minority Contact (DMC) Subcommittee, or other Juvenile Justice system of care meetings and trainings is expected, as directed by CSC.

CORE COMPETENCIES FOR TRANSITIONING YOUTH

Promoting Competency and Health Development in all of these key focus areas is critical to successful transitions into adulthood:

Focus Area	Core Competencies for Transitioning Youth
Career Planning	• Assessment of interests, aptitudes, and abilities • Utilization of labor market information to determine high demand occupations, educational requirements, and base salaries • Completion of an application, and creation of a resume • Knowledge and utilization of the strategies and techniques for successful interviews • Usage of effective job search methods such as networking, Internet search engines and job fairs • Awareness of employment laws and regulations (such as the Americans with Disabilities Act, Family Medical Leave Act, etc.)
Work Life	• Use of effective time management strategies • Understanding of appropriate work behaviors (response to supervision, completion of job tasks, co-worker communication, work safety, etc.) • Understanding of appropriate work attire • Work performance (e.g., ability to follow verbal directions, attention to task, task perseverance, work speed, quality of work, etc.) • Use of computers (e.g., software applications and internet.)
Daily Living	• Ability to make nutritious food choices • Ability to safely prepare a meal • Understanding and awareness of how to complete cleaning tasks such as laundry, mopping, dishes, etc. • Ability to complete household shopping • Knowledge of technological devices, e.g., home computer, DVD player, microware, washing machine, etc. • Successful understanding and navigation of public transportation • How to apply for a driver's license & driver's education • Knowledge of shopping for and purchasing a car
Housing and Money Management	• Ability to open and maintain a savings and checking account • Creation of a realistic and manageable monthly household budget • Awareness of housing options • Awareness of tenant's rights • Knowledge of leasing and rental agreements • Understanding of car ownership and insurance • Appropriate use of credit • Completion of tax forms • Knowledge of and ability to access financial aid options • Knowledge of and ability to access public benefits (Medicaid, WIC, Food Stamps, SSD, SSA, Child Support, TANF, etc.) • Understanding and awareness of how to complete basic home maintenance
Self-Care and Health	• Facts and healthy decision making related to drugs and alcohol • Maintenance of preventative health and dental care • Understanding options and how to access health insurance • Implementation of appropriate hygiene habits • Ability to access appropriate mental health resources
Social Relationships	• Ability to maintain healthy relationships with family and friends • Understanding effective stress management techniques • Ability to access pro-social recreational opportunities • Facts and healthy decision making related to sexuality and intimate relationships • Parenting skills

MANDATORY HYT SERVICE COMPONENTS

HYT programs funded under this procurement will provide strength-based programming defined by a set of principles identified in the literature as effective case management for healthy youth transitions. Programs must incorporate cultural diversity, family participation and decision-making, systematic youth assessment and a comprehensive menu of services with a highly coordinated service delivery plan. HYT programs are required to provide all mandatory service components detailed below, either in-house or through specific partnerships, to ensure integrated, seamless services for transitioning foster care, LGBTQ and delinquency involved youth in need of Life Coach services.

> IT IS ANTICIPATED THAT ORGANIZATIONS RESPONDING TO THIS RFP WILL PROPOSE TO SERVE THE TARGET POPULATION(S) IN WHICH THEY HAVE EXTENSIVE EXPERTISE AND EXPERIENCE, ALONG WITH A THOROUGH KNOWLEDGE OF THE RELATED SYSTEM(S) OF CARE. PROPOSALS MUST FULLY SUPPORT THIS AND DEMONSTRATE THE ABILITY TO PROVIDE SPECIFIC TRANSITION SERVICES THAT MEET THE UNIQUE AND INDIVIDUALIZED NEEDS OF YOUTH IN THE SELECTED TARGET POPULATION(S).

◆ **INDIVIDUALIZED YOUTH ASSESSMENT AND SERVICE PLAN**

ASSESSMENT. A key component of youth development programming is an initial comprehensive, individualized, and culturally responsive assessment with full participation of youth in identifying resources that can increase their success. Availability and use of informal supports should be included and systematic skills assessment is critical. It is not enough simply to have the youth present; youth must examine their current interests, aptitudes, and abilities and identify future goals. It is also important to identify needs and barriers youth are encountering, e.g., difficulties in school, substance abuse issues, mental health problems, early parenthood or a lack of basic life skills.

Standardized assessment tools should be used. While providers are encouraged to use the Ansell-Casey life skills assessment, they may use their own assessment tool if approved by CSC. In addition to life skills assessment, it is important that providers assess for the following specific issues for which foster care youth, LGBTQ youth, and delinquent youth are at greater risk:

- Mental health and trauma issues
- Substance abuse
- Suicidal tendencies
- Human trafficking victimization

Not all HYT participants require mental health assessments, but it is important to screen for significant risk factors for mental health issues and trauma histories (loss of a family member or close friend, unaddressed childhood trauma, etc.). HYT programs must include a formal therapeutic component to provide timely interventions that prevent trauma and mental health issues from becoming more serious. Mental health assessment and counseling should utilize evidence-based therapeutic models shown to be effective with at-risk populations. Counseling models that are strength-based rather than deficit-focused are considered most appropriate for youth development (Kaczmarek, 2006).

SERVICE PLAN. An assessment-based service plan must be developed with full participation of the youth and include the following COA Youth Independent Living (YIL) standards:

- service goals, desired outcomes, and timeframes for achieving them;
- services and supports to be provided and by whom; and
- the youth's signature

The youth and case worker review the independent living plan according to established timeframes. At each review, the youth's strengths and needs are reassessed in relationship to short- and long-term goals, services delivered, and desired outcomes. Significant revisions to the service plan are signed by the youth and, if appropriate, the legal guardian as caregivers can play an important role in supporting the learning process. Involving youth in their own care, training, and emancipation process will help to combat the powerlessness and learned helplessness many feel after years in the system.

Program retention is potentially increased by use of the youth empowerment model because when youth are involved in developing their own case plans and allowed to make decisions, they feel more power over their lives and become more invested.

GOAL DEVELOPMENT. Staff should review assessment information and work with each youth to create appropriate program goals towards which they will work during program participation. Both long and short-term goals should be identified during this phase of the program, with the short-term goals acting as stepping stones towards longer term objectives. Goals may address issues identified in community, family, school, or individual/ peer domains.

♦ CASE MANAGEMENT, NATURAL SUPPORTS, AND CONNECTING ACTIVITIES

CASE MANAGEMENT. As no single provider can meet all the needs of each youth and family, it becomes critical for case managers to have a working understanding of the program(s) provided by their agency, as well as familiarity with external resources that can be accessed to help youth achieve positive outcomes.

Quality case management can be the thread that ties all other youth development activities together into a cohesive set of services designed to meet the needs of each youth. Depending upon the proposed program model, activities may be internal or involve participation in external service options or requirements. Some participants may be involved with other systems of care, such as the dependency or juvenile justice systems that require an additional level of service coordination and advocacy. Youth with special needs may have an IEP that requires coordination with the school system. It is important for case managers to communicate appropriately with these other systems and service providers to ensure appropriate service delivery.

Studies show independent living specialists, rather than general caseworkers, are helpful in preparing foster youth for emancipation (Mares, 2010). As recommended by the "TIL System of Care," services should be coordinated by "life coaches" who act as dedicated counselors/case managers working on behalf of each youth participant to help them achieve positive outcomes. Coordination with other systems of care, such as the dependency or juvenile justice systems, is also a necessary function of the counselor/case manager. Youth may be referred to other CSC-funded programs as needed. For example, Crossover youth (involved with both the dependency and juvenile justice systems) can be referred to CSC's Legal Advocacy Works for Crossover Youth (LAW) Program. Kinship caregivers of youth may be referred to the CSC-funded kinship program as appropriate. Our community is fortunate to have a local initiative to educate youth on the dangers of human trafficking. This training educates participants on how to avoid being lured into that life. Because of the vulnerability of foster and LGBTQ youth to this issue, and evolving community initiatives to address human trafficking, it is recommended that providers check both the CSC training schedule **http://training.cscbroward.org/** as well as the website Broward Coalition on Human Trafficking at **https://www.bhtc.us** for information on youth trainings, staff trainings, and other relevant information.

Caseworkers helping youth develop independent living skills should divide their time as follows (The Muskie School of Public Services):
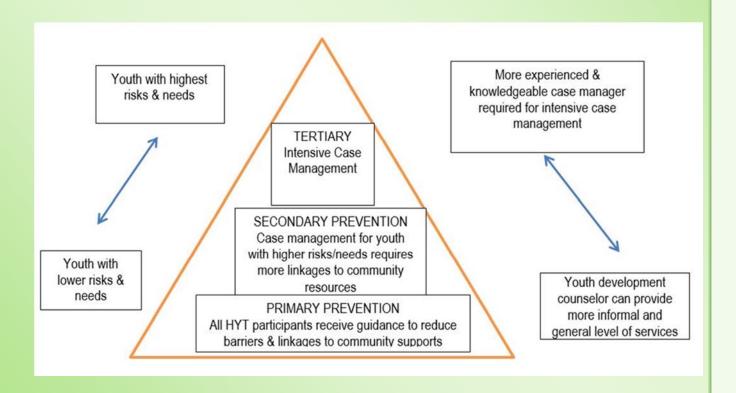
- Coach/Mentor/Guide – 70% – performing the five main coaching functions of listening, planning (using life skills assessment tools), providing experience, providing practice, and reflecting.
- Advocate – 15% - advocating for the young person in the child welfare, delinquency and school systems and the community at large, intervening for their specific needs and rights in areas such as education, and standing by them long after others have given up on them.

- <u>Networker</u> – 15% – acting as a resource broker for connecting youth with jobs, apartments, thera-pists, scholarships, etc., using a process that empowers and educates youth on how to access and network for themselves in the future.

TIERED OR TRIAGED CASE MANAGEMENT refers to a continuum of care coordination for addressing individualized levels of need revealed by assessment. "One size fits all" is not an effective strategy since not all youth are equally at risk. The Primary/Secondary/Tertiary model used in clinical settings and risk-prevention programs is accepted by the Centers for Disease Control (CDC 2008) for physical diseases and risks, e.g., as drug and alcohol abuse. It can also be useful in a case management approach of increasing intensity of ser-vices and connecting with more community resources based on level of needs.

- Primary prevention is for all youth
- Secondary prevention is targeted at specific risky behaviors and intervention at "teachable moments,"
- Tertiary prevention and intervention is for youth with established patterns of risk behaviors.

A pyramid is often used to illustrate the increasing level of supports/services needed by a smaller number of people at the top of the pyramid. The base of the pyramid represents Primary Prevention; the middle – Second-ary; and the third – Tertiary as per the figure below:

(Modified & adapted from Rosenbaum et al 2009 pyramid illustration of Case Management Services Levels of Need to Promote Healthy Child Development with modified text from the Online Safety and Technology Working Group 2010.)

Top risk factors for future homelessness of TIL youth in Broward County were found to be: aging out instead of permanency, length of stay (LOS), and more than one placement (The Predictive Analytic Approach to Achieving Youth Stability (PAAYS) preliminary report findings). Therefore, TIL youth with all three risk factors should be prioritized for not only housing assistance, but also strengthening protective factors e.g. education, employment, and supportive relationships. LGBT youth have the challenges of other foster youth multiplied by their sexual orientation and gender identity, and their unique needs must be appropriately addressed by staff.

HYT providers must identify and navigate available community resources to meet needs and to collaborate with community partners to address these needs. Creative partnerships might be possible with local businesses, and knowledge of ACCESS to public benefits offered by the Department of Children and Families (DCF) is helpful. The case management/case documentation courses offered by CSC and/or the Broward Training Collaborative can help staff strengthen these skills.

Limited financial and other resources can exacerbate already stressful situations. Case workers should assist youth and their families with proper completion of application forms for public benefits such as TANF, the Supplemental Nutrition Assistance Program (SNAP), and Supplemental Security Income (SSI), as applicable. CSC allows for Flex Funds to be incorporated in the program budget to assist with emergency financial needs for the household and/or children that impede program participation and cannot be covered by other sources. Proposals should also demonstrate familiarity with policies and programs available through utility companies such as Florida Power & Light (FPL). For example, the Link-up Florida and Lifeline Assistance Programs help make telephone service affordable to low-income customers in our state. Residential telephone subscribers with household income within 135% or 150% of the Federal Poverty Level or those receiving the other following benefits may be eligible. For more information, see: **http://www.psc.state.fl.us/utilities/telecomm/lifeline/index.aspx**

NATURAL SUPPORTS AND PERMANENCY. If youth have too strong a desire for self-reliance, it can lead to a sense of disconnection from others, and a fear of seeking and receiving emotional support, which can be detrimental to their well-being. Many researchers suggest that it is unfair to define "success'' as complete self-sufficiency, and the concept needs to be broadened from independence to "interdependence", especially for youth aging out of foster care (Curry and Abrams, 2015). Unrealistic pressure to be completely self-reliant, whether self-imposed or from child welfare staff, can prevent youth from the successful utilization of informal social supports (mentors, friends, family members) and formal supports such as job training or educational programs that can help them to maintain stability. Connections with caring adults do not necessarily mean biological family members. Staff can help youth to identify appropriate adults they know, and assist them in learning how to strengthen healthy bonds with them. By developing these relationships, youth may have caring adults that they can count on for guidance and emotional support throughout their lives. The Broward youth focus group expressed a desire for maintaining contact with their former peers in foster care. Research confirms this is an important need and recommends developing aftercare support groups to enable former foster youth to share experiences and means of coping with the transition (Jones, 2012).

The concept of the need for permanence was eloquently expressed by Scannapieco et al. (2007) -- "Permanence is not a place to live, it is not a placement that ends when youth turn 18, and it is not a plan. Permanence is a state of mind. It is about relationships and lifelong connections." Recent research points to the importance of strategies to assist youth to develop family or family-like connections prior to and after leaving foster care, as these relationships become essential to a youth's successful transition from foster care (Jones, 2012). Youth living with a non-relative foster family are more likely to need reunification support, including locating biological family members. Since a large percentage return to their biological families -- even in cases where it goes against the advice of child welfare workers -- it is important that TIL staff help youth to be mentally and emotionally prepared for reunification issues (Jones, 2012). Returning to their home communities can be equally challenging, as adjustments will need to be made to the current situation in the "old neighborhood." Permanency planning is even more challenging for LGBTQ youth. Many have ended up in the system because their family rejected their orientation/identity.

As an underserved population. LGBTQ youth suffer high rates of bullying/harassment in their communities, schools, and families. All youth need to feel accepted and safe and free from physical and verbal harassment. As with all youth, LGBTQ youth benefit from increasing protective factors and decreasing risk factors. Creating caring connections, including with supportive adults, is a protective factor. Social support from peers was found

to have the strongest positive effect for LGBTQ youths. Peer support results in a lack of social loneliness, peer acceptance of homosexuality, and a sense of having friends as a resource. Family support also had an effect on decreasing the psychological distress of LGBTQ youths. Although peer and family were found to be important, they did not completely eliminate the negative effects of victimization (NREPP SAMHSA 2015). Finding or creating a "cafe", community center, or other safe meeting spaces where LGBTQ youth can feel safe "hanging out" together has been indicated as a potential strategy.

CONNECTING ACTIVITIES. Life coaches provide case management services to connect youth with community resources necessary for successful transition into the adult world. Youth need to become aware of resources within their community where they can access services related to food, housing, transportation, job training, education, employment, legal, medical, and mental health needs. This is especially true for the foster children who do not receive RTIA scholarships, transitional, or aftercare funding. Locally, 2-1-1 Broward is the central point of entry that allows life coaches and their clients to connect with health and human services available throughout the County.

Youth can also be connected to their communities through volunteer activities, community service, and service learning projects. These provide opportunities for leadership development, decision-making, teamwork and personal responsibility. Giving back to the community helps to develop positive self-esteem and is an effective delinquency prevention strategy. Youth leadership boards are another way to empower youth by enabling them to work in partnership to create opportunities for -and advocate on behalf of - youth leaving foster care. (Jim Casey, 2009).

♦ LIFE SKILLS KNOWLEDGE AND PRACTICE

Most young people learn life skills over an extended period of time from their primary caregivers and other adults who play prominent roles in their lives. However, youth in foster care typically lack positive role models to provide the consistent parenting and education that will allow them to gradually incorporate successful living strategies into their repertoire of behaviors. A clearly defined set of daily living competencies must be imparted to them so that they can be prepared for life on their own. A recognized Life Skills Training Curriculum must be used e.g. Casey Life Skills. However, another curriculum may be selected subject to CSC staff approval. Proposed life skills curriculum must address the **Core Competencies for Transitioning Youth** as indicated in the chart for that section of this guide.

Youth must be provided multiple opportunities to practice life skills as competence is built upon cumulative experience. Experiential activities provide youth opportunities to practice skills in real life and become confident in using them. Creative delivery of budgeting and financial living skills, creating healthy menus, shopping for groceries, preparing meals, doing laundry and general housekeeping can also be very important to a young person who has never had to do these things on his or her own. Academics may also be integrated through activities that require the application of basic skills.

Youth with emotional behavioral disability (EBD) require more intensive attention to social skill development. The functional living skills curriculum for youth with special needs should be individualized to reflect each student's abilities and disabilities in a manner they can understand and apply to their own lives. Specialized programming may be proposed to address particular areas of exceptionality. For example, developing specialized services for foster youth with mental health challenges is necessary to assist them in achieving positive outcomes (Naccarato and Deorenzo 2008).

♦ EDUCATIONAL SUPPORT AND CAREER COUNSELING

In addition to The Common Core State Standards (CCSS) that began in Broward in the 2011/12 school year, Florida's Department of Education is phasing in new graduation requirements for the standard diploma, and GED requirements have also been made more rigorous. While this affects all students, marginalized youth e.g., those in the foster care, juvenile-justice systems or are LGBTQ face even greater challenges. Research indicates that youth placed in foster care, protective supervision, or relative caregiver placements or juvenile justice are less likely to graduate and are often one or more grade levels behind, while LGB youth experience higher rates of harassment and bullying in schools which impacts overall grade attainment. Many need tutoring or other individualized educational services.

The raised standards will require an even greater focus on education by HYT caseworkers. Each participant should be assisted by HYT staff in developing an academic plan that identifies areas of interest and aptitude, career goals and specific courses that should be taken to achieve these goals. Staff should keep abreast of any legislative changes that may impact transition funding, youth's educational provisions and plan accordingly. Specific steps each youth must take in the process of transitioning to post-secondary education should be identified. Youth should be made aware of vocational services and certification programs offered by Broward County Public Schools after high school completion that may be a viable route to earn a livable wage in a relatively short amount of time. Program staff should follow-up and provide assistance, if needed, in completing necessary steps. Field trips may be taken to post-secondary learning institutions where youth can receive information about the fields of study and courses offered, how to complete application and financial aid forms, and how to prepare for entrance exams. Orientations on training and educational opportunities through CareerSource Broward and Job Corps are also appropriate activities.

Youth functioning below grade level should receive academic remediation, and students functioning at or above grade level should be encouraged to enroll in college preparatory classes. It is important to find out the grade level reading ability of the youth in order to identify an appropriate educational program. Students served through Exceptional Student Education (ESE) should be connected to appropriate developmental and rehabilitative services.

Dropping out of school is not a singular event. It is a process that can start early in a child's education. While there is no single risk factor, research has shown multiple risk factors in combination can help to determine whether a student is at higher risk of dropping out. Those who have dropped out of school should be enrolled in GED or other alternative education programs, which may be in a traditional classroom setting or on-line. Close partnerships between HYT staff with school staff will be critical to ensure each student has the best possible learning environment and the tools needed for their success. It is important to interface with guidance counselors to see what the schools can offer, e.g. tutoring, online tools, etc.

Instilling positive feelings of belonging, ability, effort, achievement, success, self-value and the value of one's education are critical in building students' academic mindsets. While teachers and schools play a strong role, program staff can also be instrumental in helping youth achieve positive mindsets which will buffer them against perceived or real negative judgments from potentially unsupportive environments (Farrington et al 2012). Other educational resources are listed in the **On-line Resources** section on page 26.

CAREER EXPLORATION with exposure to a variety of career paths can increase a youth's perception of the relevance of schooling to their future career and has been shown to have a positive effect on both school engagement and academic achievement (Orthner et al., 2010). Providers are encouraged to engage community partners, e.g. retail stores, municipalities, and businesses in providing internships and/or career mentors (e.g. fire department staff matched to youth as one-on-one mentors). "The common feature of successful interventions across all stages of the life cycle through adulthood is that they promote attachment and provide a secure base for exploration and learning" (Hechman and Kautz 2013).

Research confirms that increasing youth's perception of the relevance of schooling to their future career is associated with high levels of student engagement. Positive thinking about one's own future as attainable has been shown to promote resiliency and be a protective factor for disadvantaged, low-income youth (Lindstrom Johnson et al. 2015). Middle schoolers, in particular, are still in exploration mode, so it is helpful to expose them to career paths in lucrative fields such as those found in the STEM (science, technology, engineering, math) subject areas. Appropriate career exploration activities include guest speakers, field trips to places of employment and post-secondary institutions, hands-on learning project, and internet research. The Florida Department of Education's online career planning tool, *My Career Shines*, (which *replaces Florida CHOICES*) shall be utilized for this component. Please see **https://www.floridashines.org/partners/mycareershines-implementation/overview**.

♦ EMPLOYABILITY SKILLS DEVELOPMENT AND JOB LINKAGES

Unemployment is one of the most significant obstacles among former foster youth and youth aging out of foster care (Association of Family and Conciliation Courts Family Court Review, 2009). Research indicates that youth who age out of foster care tend to have less stable employment and lower earnings than their same-age peers (Urban Institute 2008). Juveniles identified as delinquent and/or involved in the juvenile justice system find their vocational opportunities diminish substantially (Gaines et al. 2008, 2009). These youth need additional help staying connected to the labor market or accessing adult service systems. It has long been recognized that at-risk youth require additional assistance to successfully secure and maintain employment, and the United States Department of Labor (USDOL) has recently recognized that the LGBT population may need this help, as well: "For LGBT workers, and for transgender workers in particular, going to work or applying for a job can mean experiencing discrimination, harassment and even violence—and being forced to choose between your identify and your livelihood" ("Advancing LGBT Workplace Rights" 2014). Furthermore, according to the *2011 National Transgender Discrimination Survey*, almost half of transgender workers have been fired or not hired or promoted due to discrimination. It therefore becomes crucial for the future success and well-being of our LGBTQ youth that positive connections with the employment community are facilitated and maintained.

HYT staff should help youth obtain and maintain employment by providing assistance with the following COA YIL standards:

- development of good work habits, skills, and self-awareness essential to sustained employment;
- development of self-confidence and presentation skills (In Broward, 2012 youth focus group partici-pants said that being filmed while practicing interviewing skills helped them improve their job seek-ing skills and confidence.);
- resume writing, completion of job applications, and preparation for interviews;
- access to and use of employment information and data to understand job options, and clarify cur-rent and future work aspirations; and
- use of local employment resources, job searching, and placement options, including on-the-job training.

The Secretary's Commission on Achieving Necessary Skills (SCANS) continues to be a valuable source of in-formation for individuals and organizations involved in education and workforce development. The SCANS re-port, *What Work Requires of Schools* asserts workers must have a solid foundation in the basic literacy and computational skills; thinking skills necessary to put knowledge to work; personal qualities that make workers dedicated and trustworthy; and the ability to work amicably with others.
 http://www.academicinnovations.com/report.html

The Office of Disability Employment Policy (ODEP) identified similar to key competencies for successful young workers as in the SCANS report. They included networking, enthusiasm, professionalism, communication skills, teamwork, and problem solving i.e. "soft skills" (U.S. Department of Labor, 2011) **http://youth.gov/youth-topics/youth-employment/qualifications-and-attributes-employers-believe-are-critical**

"Skills to Pay the Bills: Mastering Soft Skills for Workplace Success," is a curriculum developed by ODEP for youth professionals to teach "soft" or workforce readiness skills to youth, including youth with disabilities, ages 14 to 21 in both in-school and out-of-school environments. It is downloadable for free in both English and Spanish at **http://www.dol.gov/odep/topics/youth/softskills/**

CareerSource Broward provides career counseling and assists with resumes, interviewing skills, and access to job seeking tools, e.g. computers, printers, and internet access at their several site locations and kiosks. Vouchers may be available to defray training costs. CareerSource Broward offers several programs targeting in-school and out-of-school at-risk youth ages 16-21 throughout Broward County. Additional information can be accessed via the following website address**: http://www.careersourcebroward.com/**

The economic downturn that began in 2007 caused a high percentage of youth to suffer unemployment, including college grads. Youth without college diplomas had even bleaker prospects. CSC continues to partner with CareerSource Broward to offer an innovative initiative called Summer Youth Employment Program (SYEP). This program's goal is to provide youth ages 16-18 with the opportunity to learn and practice basic employability skills through structured, meaningful work experience. CareerSource has identified youth from the dependency system as a target population under this grant.

The Occupational Outlook Handbook, an interactive website allows searches of types of occupations using variables of median pay, growth rate, number of new jobs projected, and type of training and education required **http://www.bls.gov/ooh/home.htm**

Information about high demand occupations, including wage levels, forecasted number of openings, and required educational levels can be found at the Florida Research and Economic Information Database Application (FREIDA): **http://freida.labormarketinfo.com/default.asp**

Workforce development specialists categorize the jobs in today's economy as either high-wage positions with continuing career ladders or low-wage entry-level jobs with little prospect for career advancement. Youth who enter the job market with low educational levels, limited work experience, and poor employability skills will be relegated to jobs that may not even pay a living wage. Post-secondary training to gain job-specific skills becomes a requirement for securing a viable position in today's high-tech economy. The Workforce Strategy Center was a non-profit organization that crafted the following strategies:

- Providing youth with information about regional high-wage, high-demand careers and the training and education required to compete in these fields.
- Preparing youth to meet the entrance criteria for higher learning institutions that will train them for high-wage, high-demand career fields.
- Developing opportunities for career-related work experience, such as internships and job shadowing.
- Assisting youth during the actual process of transitioning into post-secondary training.
- Offering social supports, such as counseling and mentoring, to help youth make connections to caring adults who can guide them as they work towards their career goals.

Research indicates that maintaining employment is an even greater challenge for youth than getting a job. Special emphasis is needed for helping youth acquire skills that can help them retain jobs over time. Since for TIL youth, employment while in foster care appears to be the best predictor of employment after discharge from foster care (COA YIL Standards), employment training is not enough. Programs should pursue developing agreements with employers so that youth can more easily gain access to employment opportunities (Naccarato and DeLorenzo 2008). Once a youth has been determined to be job-ready, job placement can occur in the form of an internship, job shadowing, or employment.

Even youth who are going on to post-secondary training would benefit from job placement, as they may need to work part or even full-time while in school. Developing each youth's employment potential can be a lengthy process and may include several jobs and several attempts at further education. Youth may need to feel that they will be provided with support over a period of time - perhaps up to several years.

◆ PHYSICAL HEALTH AND MAINTENANCE

According to best practices literature, foster youth need to be taught to manage their own physical, dental, and mental health care needs and be linked with appropriate health care resources in the community. Children in the foster care system are more likely to have significant health concerns that can affect their ability to become healthy adults (Washington State Department of Social and Health Services, 2008). Children who have been abused or neglected are more likely to experience poor physical health throughout their life span (Wang and Holton, 2007).

An estimated one in every two children in foster care has chronic medical problems unrelated to behavioral concerns (Pecora et. al., 2009). Youth should be taught how to find health care providers who will work with

Medicaid clients if they continue to receive benefits after leaving care. If they no longer qualify for Medicaid, they need information about choosing other options, including affordable health insurance. Tax-supported health clinics and other medical care options available to low-income and non-insured individuals should also be identified.

PREVENTIVE CARE is critical and includes providing information about the importance of proper nutrition, exercise and pro-social recreational activities. Youth should be encouraged to get annual dental, primary care, and eye check-ups. This may help avoid more costly medical bills that may be incurred if medical conditions or illnesses are not noticed and treated early enough to avoid the need for more intensive treatments later.

Youth should be provided with information on how to find health care providers who work with Medicaid clients, and how to select affordable health plans, as applicable. Youth need to be educated on the importance of preventative care to include proper nutrition, exercise and pro-social recreational activities, and encouraged to have annual dental, primary care and eye check-ups. Curriculum materials need to be identified and utilized to inform youth of the dangers of drug use and address teen pregnancy prevention. Linkages should be provided to low cost dental care and sources of low cost or free eye care and glasses. Broward Department of Health (DOH) provides health services; for more information, see: **http://broward.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/dental-services/index.html**

PREGNANCY PREVENTION. The youth development approach has been shown to be effective in preventing pregnancy because it is a comprehensive model that emphasizes protective factors, e.g. skills development and building relationships with caring adults in the community. Since teen pregnancy and unplanned pregnancy are associated with many negative outcomes, proposals must include strategies and/or curriculum to address pregnancy prevention for teens age 15 to 18, and family planning for age 19 and older. Teen pregnancy and childbearing are affected by a multitude of factors and a multi-pronged approach is needed. Any single presentation or isolated curriculum is unlikely to yield long-term success. A growing number of experts are changing emphasis from simply preventing pregnancy to helping youth develop good decision-making skills involving a wide range of risk-taking behaviors. Teaching youth skills they need to handle relationships, resist peer pressure, and negotiate difficult situations is critical. Envisioning a positive future may also help them to delay childbearing and parenting.

Focus should be on addressing underlying causes. Researchers found that depression was associated with subsequent pregnancies among African American teen mothers (Anne E Casey, 2009). Foster youth alumni experience depression at twice the rate of the general population (White et al., 2009). Trauma/grief-informed staff should be able to recognize signs of depression and link these youth to appropriate counseling/therapy. Recent studies show that the impulsivity and risk-taking behaviors are linked to an area in the brain which does not reach maturity until early adulthood. Substance use/abuse should be addressed, as teens who drink or use drugs are more likely to have sex, to begin having sex at a younger age, to have more partners, and to not use contraceptives. Information about pregnancy and prevention should dispel common myths about pregnancy.

LGBTQ youth generally have an even higher rate of both pregnancy and STDs (including HIV) than heterosexual youth (CWLA). They may see getting pregnant or causing a pregnancy as a way to avoid harassment and discrimination. If sexual health education programs ignore LGBTQ youth issues, they may conclude that contraception and safer sexual practices are irrelevant to their lives. As a result, they may be unprepared for healthy decision-making when exploring opposite-gender sexual behavior. Another possible contributor to higher rates of teen pregnancy may be disparity in the levels of supportive resources for LGBTQ youth. Protective factors, e.g., connectedness to others or school have been linked to lower rates of pregnancy involvement among adolescents, yet many LGBTQ youth feel less connected than their heterosexual peers. Parenthood may be seen as a way to create a caring connection that is lacking in their lives (Saewyc et al., 2008). Effective strategies for preventing teen pregnancies for all youth include increasing protective factors and decreasing risk factors.

OIC of South Florida has the Project PAUSE program to address teen pregnancy in Broward County. This program, funded by the US Department of Health and Human Services, implements two evidence based curriculums to address this community concern for youth ages 12-19. These curriculums have proven effective among urban populations. Providers are encouraged to contact OIC office at 954 563-3535 or visit their website at http://www.oicofbrowardcounty.org/youth_and_family/project_pause_tpp.php for more information this program.

◆ Housing Opportunities for Older Youth

Life Coaches should ensure they make efforts to engage these youth in their homes to make objective observations associated with the youth's living environment. An ability to effectively manage living conditions can be invaluable to the goal of full independence. To improve the likelihood of success, the following components are recommended for inclusion in an independent living curriculum:

- Selection of housing
- Leases and rental agreements
- Budgeting and paying bills
- Dealing with landlords and roommates
- Routine household maintenance

◆ Counseling and Mental Health Services

Life coaches can provide informal counseling activities specifically aimed at preparing youth for adulthood and refer youth in need of more intensive counseling to either in-house or external mental health professionals. The Northwest Foster Care Alumni Study found that youth aging out of foster care experience posttraumatic stress disorder at comparable or higher levels than U.S. war veterans. Cognitive Behavior Therapy (CBT) is one of the most effective treatments for PSTD and trauma.

Gender identity distress is significantly predictive of psychological distress (Kelleher 2009). LGBTQ youth may need help with self-acceptance and coping skills related to harassment, discrimination and victimization associated with increased mental health symptoms and suicidality.

The Adverse Childhood Experiences (ACE) Study by the Centers for Disease Control (CDC) and Kaiser Permanente's Health Appraisal Clinic found traumatic stressors in childhood negatively impact later-life health and well-being. ACEs include emotional, physical or sexual abuse; neglect; mother treated violently; household substance abuse; household mental illness; parental separation or divorce; incarcerated household member. The higher the number of ACEs, the higher the incidence of health problems and/or risky behavior e.g. alcoholism, depression, sexually transmitted diseases, suicide attempts, unintended and adolescent pregnancies.

It is critical that youth with ACE and other risk factors for trauma to be assessed for their need for intensive counseling/trauma treatment and provided treatment through the required formal therapeutic component of the HYT programs.

Stakeholders at a 2015 TIL focus group said that an in-house clinical therapist would strengthen services to address high rates of trauma, maximizing already established trust with the provider. Difficulty trusting others is typical among trauma-impacted youth. While individual youth will be affected by trauma differently, common characteristics are constant concern for their own safety, difficulty managing and expressing their feelings and little belief in their own self-worth. Unaddressed trauma and posttraumatic stress disorder (PSTD) are highly correlated with delinquency and violent behavior. Staff must be knowledgeable about the signs and effects of trauma and the needs of youth who have experienced it.

Transitioning youth may have emotional issues that require therapeutic counseling which may be expressed in somatic and depressive symptoms, irritability, aggression, and academic problems. As unresolved trauma is not uncommon in these target populations, it is also important for provider staff to have trauma-informed training. The CSC periodically offers this type of trauma training, but there are other resources as well.

Trauma screening refers to a brief measure, test, instrument or tool that is universally administered to youth during initial program contact. Screening tools typically detect exposure to potentially traumatic events/experiences and/or endorsement of possible traumatic stress symptoms/reactions. They are not diagnostic, but are used to determine if a youth needs to be referred for further trauma assessment and or treatment.

Common traumatic events/experiences included in screening tools include physical abuse, sexual abuse, emotional abuse, exposure to domestic violence, war trauma, community violence, and natural/manmade disasters. Types of traumatic stress symptoms/ reactions typically screened for include hyperarousal, re-experiencing of the trauma and avoidance of reminders/triggers, hyper-vigilance, dissociation, and difficulties regulating emo-

tions, behaviors, or physiological responses. It is critical to screen for both experiences and reactions since not all youth who have experienced traumatic events will experience traumatic stress symptoms or responses.

Youth with substance abuse or suicide ideation must be referred to community providers that specialize in these types of treatment. Suicide is a complex behavior that is usually caused by a combination of factors in the absence of protective factors. Research shows that some types of suicide prevention strategies have proven to be counter-productive and have unintended negative effects. Due to the complexity and seriousness inherent in the issues of suicide and self-injury, interventions should be conducted by licensed clinicians who specialize in this area. Staff should be aware of anything that can increase what is referred to as suicide "contagion" (Otsuki et al., 2011). Youth are particularly influenced by exposure to suicide including media stories which have been found to increase the likelihood of copycat actions. Projects involving dedicating a tree, a plaque, or a yearbook as a memorial to a suicide victim are not recommended as it may cause suicide to be glorified and construed by some adolescents as a way to become immortalized. However, there are some ways for youth to acknowledge their grief for a friend or peer that psychologists consider appropriate, e.g., contributions to support suicide prevention (Lierberman and Cowan 2011). For more information, see the websites of the American Association of Suicidology and the American Foundation for Suicide Prevention (AFSP).

◆ ENRICHMENT ACTIVITIES

Enrichment activities should be incorporated in HYT proposals to provide opportunities for youth to be exposed to enjoyable and educationally stimulating group activities. Research finds that participation in cultural arts (music, visual arts, drama, dance, and creative writing) positively influences brain performance and improves academic and emotional development. These activities help reduce stress, improve learning outcomes, increase motivation, regulate brain chemistry, and literally rewire neural pathways. Participating in fine arts stimulates the functioning of the brain that develops capabilities in reading, math, and science, and is linked to stronger commitment to academic success, higher grade point averages and school attendance (Respress & Lutfi, 2006). Low-income families often lack the resources to experience cultural arts and enrichment activities, which limits their world view and values to what they experience in their immediate, impoverished surroundings.

In focus groups, youth have indicated their desire to go on field trips and participate in a variety of enrichment experiences. Transitioning youth have expressed the desire for more frequent teen group activities, as well as recreational activities with their families. Some teens would like a safe place they could regularly go to on evenings and weekends.

Value Added funds may be used to provide transitioning youth and families with enrichment activities that enhance their life experiences and increase family bonding. Proposals should describe any additional activities that will be offered and how they will be incorporated into the overall program design. Also, local entertainment businesses may be willing to donate tickets or services to support transitioning youth.

◆ ALUMNI SERVICES

Studies on aftercare programming indicate that adolescents who received follow-up services were statistically better than comparison groups in terms of lower educational dropout rates and higher employment stability. A qualitative study of teens in foster care concludes that aftercare is needed, lacking, and strongly recommended (Council on Accreditation, 2009). A longitudinal 15 year, ten cohort study of youth who receive intensive aftercare and long term follow-up found a low attrition rate, gains in employment experience and matched savings, and educational achievement. Those with at least two years in the five year program achieved a positive self-sufficiency trajectory.

Youth should receive follow-up services on an as-needed basis, which may include:

- Support from caring adults to help youth through times of insecurity and emotional turmoil;
- Peer support providing youth with an opportunity to talk to others who can understand what they are going through;
- Opportunities to share transition experiences with younger youth, which can be therapeutic for both the program graduate as well as the current program participants;

- Advocacy to help youth secure housing, healthcare, legal services, etc.;
- Crisis counseling so that youth have someone to talk to when they are having difficulty coping with personal problems;
- Information and referral to appropriate community resources;
- Job coaching to promote retention in employment and subsequent placements for those who become unemployed;
- An open door policy that allows youth to feel comfortable asking for assistance after they have left care;
- An area on the provider agency's website specifically for emancipated youth so that they may always feel connected; and,
- Use social media to help youth stay connected to program staff and each other.

Follow-up of youth after they have left the program is also important for outcome purposes. The Administration for Children & Families (ACF) of the US Department of Health & Human Services (DHHHS) acknowledges that former foster youth can be particularly difficult to track for many reasons e.g. they may experience frequent changes in their residence and employment, or leave the community to enroll in higher education or the military, become homeless or incarcerated or they may not be interested in maintaining contact with the child welfare agency. The ACF points out that there are many proven strategies for tracking youth who are no longer in the agency's care. Strategies that have been used successfully in longitudinal studies are outlined at **http://www.acf.hhs.gov/sites/default/files/cb/practical_strategies_nytd.pdf**

SPECIALIZED SERVICE PROVISION FOR TARGET POPULATIONS

◆ YOUTH AGING OUT OF FOSTER CARE

EDUCATION. The Jim Moran Foundation supports the FLITE Center's College Boost program, which provides educational services to TIL youth who have disconnected from the traditional school setting. Through this program, young adults are able to work toward either a GED or obtain their High School Diploma. The Education Coordinator provides educational assessment and ensures youth receive GED preparation, online career exploration and academic remediation if needed. For more information regarding this program and its eligibility requirements, please contact the Education Coordinator at 954 530-4686.

HOUSING. Top risk factors for future homelessness for TIL youth in Broward County were found to be: aging out instead of permanency, length of stay (LOS), and more than one placement (per The Predictive Analytic Approach to Achieving Youth Stability (PAAYS) preliminary report). Therefore, youth with these risk factors should be prioritized for housing assistance. There will be unique opportunities to assist older youth with skills directly associated with living on their own.

Providers will coordinate with the FLITE TIL Housing Coordinator whose role is to ensure that all Broward transitioning youth have a permanent, safe, and affordable home. The Housing Coordinator works with local housing authorities, campus housing administrators, leasing companies, and realtors to help youth identify potential housing options. The Coordinator prescreens youth for housing referrals and has helped to secure housing placements for hundreds of TIL youth. It is critical for TIL Life Coaches to work congruently with the Housing Coordinator and ChildNet caseworkers to ensure a smooth transition for youth's housing placement after they reach the age of 18. For more information, please contact The FLITE Center at 954 530-4686*.*

◆ YOUTH WITH DELINQUENCY INVOLVEMENT AND CROSSOVER YOUTH

"Juvenile justice-involved youths do not perceive their communities as a source of stability and support but see their neighborhoods as a trap, leading them down an inevitable pathway to incarceration" (Barnert et al. 2015).

Many of these youth feel parents and teachers have given up on them. They are looking for inspiration and guidance from other adults who can show them how to successfully make it out of socially disadvantaged neighborhoods, particularly those who themselves broke the cycle of incarceration (Barnert et al. 2015). "Successful interventions emulate the mentoring environments offered by successful families" (Heckman and Kautz, 2013). Delinquents as well as at-risk youth benefit from a mentoring relationship (Barmert. et al. 2015; Gaines et al. 2009). While mentors are typically considered to be volunteers, a mentor can be a paid position. This can help avoid the detrimental effect that occurs when an inexperienced mentor fails to follow through on his/her commitment, causing the mentee to feel further rejection and abandonment (The National Mentoring Partnership, 2015). A HYT Life Coach can fulfill the role of "mentor', providing advocacy and helping a youth feel that a positive future is attainable. Research has shown a positive focus on one's own future can effectively reduce involvement in violence, substance use, and other risky behaviors (Lindstrom Johnson et al. 2015). All of this makes a strong case for applying the Life Coach approach to delinquent youth.

COURT ADVOCACY/NAVIGATION. Guiding, advocating, and accompanying a youth through the court system by a Life Coach may avoid deeper juvenile justice system involvement for the youth. This is particularly important for juveniles with parents who have limited English proficiency, as research has shown that these parents may not attend important meetings and hearings nor be able to advocate for their youth, resulting in harsher placement options (Vera Institute, 2009). Once a youth is identified as demonstrating a delinquent behavior pattern, opportunities that can strengthen resiliency (e.g. education or employment) substantially decrease (Gaines et al. 2009). Life Coaches who prevent youth from getting deeper into the system through court advocacy may be instrumental in helping them avoid this negative trajectory.

BEHAVIORAL COACHING, as a behavior analytic intervention, targets specific behaviors for change with a highly flexible, strength-based approach with components of individualized assessment and intervention, a focus on self-regulation and pro-social skills, and measurement of intervention success. The overrepresentation of adolescents with diagnosed and undiagnosed behavioral health issues (50 – 75%) within the juvenile justice system has inspired a group of researchers to promote behavioral coaching for prevention of delinquency and recidivism (Gaines et al. 2008, 2009).

Education-oriented attempts to address specific risky behaviors e.g. unsafe sex, unsafe driving, substance use, anger management, etc., are sometimes court-ordered in the early stages of juvenile justice involvement, but are ineffective for this population. The use of educational approaches with the juvenile delinquent population is based upon the assumption that their behaviors are willful and decisive ("cold"). However, "hot" offenders, those with greater impulsivity and lack of self-control, tend to be the early onset and chronic offenders (Gaines et al. 2008, 2009). While adolescents are at a developmental stage of life where risk-taking is common, the degree of risky behavior is much higher for certain adolescents who tend to get into trouble with the law such as those with attention deficit hyperactivity disorder (ADHD) (Gaines et al. 2008, 2009).

Restorative Justice (RJ) is not a "program" but an approach that holds youth accountable for their actions, while avoiding formal court proceedings. The overall goal of RJ is to restore harm caused by the offense to the victim(s) and to the larger community, and to avoid recidivism by addressing any underlying issues of the youth that may be associated with offending (Bergseth & Bouffard, 2012). Restorative justice strategies are solution-based rather than problem-based. Juveniles who perpetrate crimes rarely consider its impact on others. From a developmental perspective, meeting one's victim can help the offender learn empathy, accountability, and compassion, and provides an opportunity to impact future behavior.

COGNITIVE-BEHAVIORAL THERAPY (CBT) has been found to be effective with juvenile and adult offenders, substance-abusing and violent offenders, and probationers, prisoners and parolees. A meta-analysis (Lipsey 2009) of 528 studies spanning over 30 years, compared the following seven approaches: counseling, deterrence, discipline, multiple coordinated services, restorative programs, skill building, and surveillance. Approaches based on counseling, skill building, and multiple services had the greatest impact in reducing further criminal behavior. Cognitive behavioral skill building approaches were more effective in reducing further crimi-

nal behavior than the other intervention approaches, and even more effective in reducing further criminal behavior when simultaneously provided with other support, such as, employment, education, and training, and other mental health counseling (NIJ 2010). The Cognitive Behavioral Therapy (CBT) approach has been used in many prepackaged, brand name programs, such as "Aggression Replacement Therapy," "Thinking for Change" and others which are considered effective or promising (National Institute of Justice NIJ, 2010).

CROSSOVER YOUTH are defined as youth with active involvement in both the Juvenile Justice and Child Welfare Systems. These youth have particular challenges associated with service coordination. Support of these youth includes court advocacy for directives that are viable for youth. Access to CSC's LAW program would be appropriate for youth with complicated cases. Selected Proposers will be expected to work within both systems to ensure youth needs are appropriately met and that services support the youth's compliance with any system generated mandates.

◆ LGBTQ YOUTH

While this RFP uses LGBTQ to reference this population, other designations are also found in the literature (LGB, LGBT, LGBTQ and LGBTQI2-S), it is the intent of this RFP to be as inclusive as possible in serving this population.

Youth who are LGBTQ, as well as a racial or ethnic minority, may face the potential for dual discrimination. This can prevent these youth from accessing needed resources. It is important for providers and staff to communicate that they welcome diversity and are LGBTQ-friendly. Displaying symbols of support (e.g. hanging rainbow flags or signs or "hate-free zone" posters) can help. It is important to respect the youth's decision as to whether they disclose their sexual orientation or gender identity – they should never feel forced. Staff should not make assumptions about a youth's sexual orientation/identity based on their appearance, mannerism, or behavior. Youth should not have to educate staff about their needs, preferences, and issues to receive effective therapeutic services, as these can become compromised if youth have to function in a teaching role rather than receiving the help they need (Poirier et al, 2008). LGBTQ youth commented in a 2015 CSC-hosted focus group that even some good therapists were not educated on LGBTQ issues.

FYSB has a free online training "Creating a Safe Space for LGBTQ Teens" (as well as "Introduction to Positive Youth Development"). It is free to create an online account to access these resources at http://ncfy-learn.jbsinternational.com/

The following are recommendations of the Gay, Lesbian and Straight Education Network (GLSEN):
- Implement comprehensive anti-bullying/harassment policies;
- Support Gay-Straight Alliances;
- Provide training for staff to better respond to LGBT harassment; and
- Increase student access to LGBT-inclusive curricular resources
  (For more information, please see www.glsen.org.)

The American Psychology Association recently made their 2015 guidelines for serving transgender and gender nonconforming available for free online at the following link
http://www.apa.org/practice/guidelines/transgender.pdf

JUVENILE JUSTICE. School exclusion, family rejection, homelessness and failed safety-net programs are risk factors that contribute to the disproportionate number of LGBT youth who come in contact with the juvenile justice system. A comprehensive 2015 report on LGBT youth in the Juvenile Justice System with relevant information for assisting LGBT youth is available at **http://www.aecf.org/resources/lesbian-gay-bisexual-and-transgender-youth-in-the-juvenile-justice-system/**

HOUSING. A free online guidebook "National Recommended Best Practices for Serving LGBT Homeless Youth" is available at **http://www.endhomelessness.org/library/entry/national-recommended-best-practices-for-serving-lgbt-homeless-youth**. It includes many tips that would apply to any agency serving LGBT youth. For example, it points out that youth are very aware of environmental cues and can make a quick assessment regarding whether program staff will be accepting of their gender expression. It is helpful when service providers:

- Display LGBT supportive images, e.g. rainbows, hate-free/safe zone stickers
- Demonstrate knowledge about LGBT youth issues and offer support and leadership in implementing LGBT competent services
- Use community outreach material that enforces program practices in welcoming LGBT youth and reassures them there is a safe space for the youth in the facility.
- Offer materials and accessible services to parents/guardians to learn about sexual orientation and gender expression.

COUNSELING. **Specialized Counseling for Families with LGBTQ youth and Family Engagement Activities-**There are only a handful of programs designed to target the specific needs of LGBT youths, and even fewer evaluations examining their effectiveness. Some research has begun to identify the importance of modifying treatment and services for LGBT youths. One therapeutic approach that has been adapted to address the specific treatment needs of LGBT youths is **Attachment-Based Family Therapy (ABFT**). ABFT is a treatment for adolescents ages 12 to 18, designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety. The model is based the theory that the quality of family relationships may precipitate, exacerbate, or prevent depression and suicidal ideation. ABFT aims to strengthen or repair parent–adolescent attachment bonds and improve family communication. The ABFT manual has a modified version to make it sensitive to the unique needs of LGB adolescents and their families, e.g. suggesting more alone time between youths and their parents to reconcile religious beliefs and address fears about disappointment and rejection. Preliminary findings showed that, over the course of treatment, there was a significant decrease in suicidal ideation and depressive symptoms. There was no significant impact on attachment-related anxiety or attachment-related avoidance. Results suggest that the LGBT-modified version of ABFT could address some of the mental health issues that LGB youths deal with as a result of a strained relationship with their parents, although more rigorous research is needed (SAMHSA NREPP Literature Review LGBT Youths, 2015). For more information:
http://www.nrepp.samhsa.gov/Docs/Literatures/NREPP%20Literature%20Review_LGBT%20Youths.pdf

A broader approach to helping families with LGBT children has been developed by the Family Acceptance Project (FAP): Research identifies that the critical role of family acceptance and rejection and earlier ages of coming out require a paradigm shift to serve LGBT children and adolescents in the context of their families. The overall objective in helping families learn to support their LGBT children does not require them to change their values or deeply-held beliefs. Instead, practitioners should meet parents, families, and caregivers "where they are"; to build an alliance to support their LGBT children; and to help them understand that family reactions experienced as rejection by their LGBT child negatively impact health, development, and well-being. Even families who were very rejecting can learn to modify their behavior and increase support for their LGBT children. This requires practitioners to provide education, guidance, and support in ways that resonate for them. Please see the free 2014 publication: *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014 available free of charge on the Family Acceptance Project website at **http://familyproject.sfsu.edu/sites/sites7.sfsu.edu.familyproject/files/FamilySupportForLGBTChildrenGuidance.pdf**

This new family-oriented approach includes providing accurate information on sexual orientation and gender identity for parents and caregivers early in their child's development; engaging, educating, counseling, and making appropriate referrals for families with LGBT children; and helping parents/caregivers understand that reacting to their LGBT children with ambivalence and/or rejection contribute to risks for their LGBT children.

Grounded in a strengths-based perspective, family's cultural values – including deeply-held beliefs – are viewed as strengths. Research findings are aligned with underlying values to help families understand that it is specific behaviors and communication patterns that contribute to both their LGBT child's risk and their well-being. Strategies include:
- Engage, approach, and connect with families and caregivers by meeting them "where they are," and view each family as an ally
- Give families respectful language to talk about sexual orientation and gender identity.

- Let parents and caregivers tell their story, express their concerns, needs and fears
- Educate families on how family rejecting behaviors affect their LGBT child

For additional multicultural family education materials; research-based family intervention videos; assessment tools; and intervention strategies see **http://familyproject.sfsu.edu/**
Additional sources of resources/information for LGBT youth:

- **http://www.aecf.org/resources/lesbian-gay-bisexual-and-transgender-youth-in-the-juvenile-justice-system/**
- **http://www.samhsa.gov/behavioral-health-equity/lgbt**
- **http://www.cdc.gov/lgbthealth/youth-resources.htm**
- **http://youth.gov/youth-topics/lgbtq-youth**

♦ GENDER-SPECIFIC SERVICES

Research has identified the following key areas that require gender-specific approaches:

- mental health;
- relationships and emotional safety;
- physical safety;
- health and hygiene;
- social and educational programming;
- program design and evaluation; and
- staff hiring and training.

Providing an emotionally safe, supportive environment is critical to serving female youth. This should occur through both individual counseling and throughout other program activities to help girls develop positive relationships, resolve conflict, and recover from trauma and victimization. Programs should teach relationship-building skills and promote positive relationships among girls and between girls and staff. Research indicates that specialized training of staff on gender-specific issues is necessary to adequately address the needs of girls in the system (Garcia & Lane, 2009). Staff should also be trained on how to work with the unique needs of non-heterosexual girls as they suffer from even higher rates of depression, chronic stress, and substance abuse due to family and societal rejection (The Equity Project, 2012); Himmelstein & Bruckner, 2010).   All HYT programs should ensure staff receive training in delivery of gender-specific transition programming.

ON-LINE RESOURCES

The list below provides information for transitioning youth, although it does not include the links referenced throughout other RFP sections. Please explore these websites as they have many helpful publications and links to additional resources.

American Youth Policy Forum www.aypf.org

Broward County Housing Authority— www.bchafl.org

Casey Family Programs - **www.caseylifeskills.org**

Child Welfare League of America—**www.cwla.o**rg

Florida Dept. of Health and Human Services— **http://www.myflorida.com/**

Florida Network of Youth and Family Services**-- www.floridanetwork.org**

Jim Casey Foundation – **www.jimcaseyyouth.org**

National Network on Youth Transition (NNYT) for Behavioral Health - **http://www.tipstars.org/**

National Independent Living Association— **www.nilausa.org**

National Youth Employment Coalition— **www.nyec.org**

Private-Public Ventures has ceased operations but their publications (many as recent as 2013) remain on this website **http://ppv.issuelab.org/home**

Secretary's Commission on Achieving Necessary Skills (SCANS) — **http://wdr.doleta.gov/SCANS/**

CareerSource Broward - **http://www.careersourcebroward.com/**

Youthhood - **http://www.youthhood.org** - Youthhood is provided by the National Center on Secondary Education and Transition (NCSET) at no charge as a resource and transition planning tool for teachers, community service providers, mentors, parents, guardians, youth with and without disabilities, who may benefit from utilizing this site to plan for the transition from high school to adult life.

Another excellent resource, written for transitioning youth but also helpful for staff is **On Your Own, But Not Alone, a Handbook to Empower Florida Youth Leaving Foster Care (2008) by The Bar-Youth Empowerment Project of the American Bar Association with Florida's Children First, Inc.** with information benefits, health, education, and employment; available for free online at **http://floridaschildrenfirst.org/pdf/ OnYourOwnFinal.pdf** or **https://www.dcf.state.fl.us/programs/ indliving/docs/OnYourOwnFinal.pdf**

The School Board has an advisory initiative known as Broward Advisors for Continuing Education Scholarship Fund (BRACE). **BRACE** advisors work with guidance counselors to provide students with information on Scholarships, Financial Aid and the College Application Process. Advisors can also provide information on Technical Schools, Military Options and Direct Workforce Entry. Coordination with BRACE advisors can be an effective strategy in assisting youth to establish and achieve educational goals, post-**secondary** training, financial aid, and employment. **http://www.broward.k12.fl.us/corecurriculum/guidance/brace/default.htm**

Florida Virtual Campus website at **www.FLVC.org** (formerly FACTS.org) website's FAQs, has a link to academic advising tools, degree and program information, transcript and record access, career planning, application and transfer information of FACTS.

PEL **grants** for further education when exiting high school **http://www2.ed.gov/programs/fpg/eligibility.html**.

Trauma Training. The CSC offers this type of training and The National Child Traumatic Stress Network (NCTS) provides an online resource for free webinars and online training for staff who work with young people suffering from trauma including those who experienced foster care. Currently, the website states that all Learning Center courses for continuing education credits are free. For more information: **http://www.nctsnet.org/**

GATHERING ESSENTIAL DOCUMENTS

The following websites are specific to helping youth obtain important documents. Since some documents, such as immunization records or Birth Certificates can be difficult to obtain, youth will often need assistance in writing to request documents or paying fees.

- ⇒ **Birth Certificate**: **http://www.cdc.gov/nchs/w2w.htm** and **http://www.cdc.gov/nchs/w2w/florida.htm**

- ⇒ **Social Security card**: **www.ssa.gov/**

- ⇒ **Photo Identification or driver's license:** **http://www.flhsmv.gov/**

- ⇒ **Immunizations:** **http://www.cdc.gov/vaccines/recs/immuniz-records.htm**

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