

## Focus Group Survey - Supervisors and Workers - RURAL

### Question 1: What do you want to know about youth transitioning into IL?

- To be able to educate foster parents, front line workers and myself in being able to show how much greater our outcomes can be if we utilize existing programs
- Foster children that age out of FC or recommit utilize ongoing IL skills
- Once a youth turns 18 and emancipated, what specifically can the cabinet do to assist in the transition? Is there a monetary figure that is allotted for each youth? Is the caseworker responsible for assisting with housing? Transportation?
- What programs are available to youth turning 18 and above? Where do I find these?
- What types of IL residential programs for 18+ for youth who recommit are available?
- What programs are available for youth who "age out" and are 18+ who choose not to remain committed to the Cabinet?
- Can children who are committed for status offenses be recommitted once turning 18?
- Specifically, what skills do they need?
- What skills have they been successful in maintaining?
- How will they learn best, i.e. observation, practice, reading, etc?
- Everything - most of the state's foster youth leave state's custody with nothing - those that do transition to IL do so from a facility.
- Need to know/understand feelings of fear, inadequacy, and indecision that most teens have, especially those facing IL.
- What will they learn - how well are they learning?
- What are their most common pitfalls? How many are successful with mentors? If they are getting into the workforce, how can we support them?
- Very little. The youth needs to develop the skills to be able to function effectively when he/she becomes an adult.

### Question 2: What are some of the strengths of the current Child Welfare system to assist youth in transitioning to IL?

- Having a coordinator for each region that is very insightful about the program
- Tuition for higher education is paid

- Keeping Medicaid until age 19 if worker will assist with family support office details
- Dedicated IL coordinator
- IL classes
- Monetary incentive to complete IL classes
- IL program - 16 and older
- Soft IL skills for under 16
- Most children transition to IL from PCCs, not from foster homes (barrier?)
- Policy guidelines
- IL staff and programs
- The Independent Living classes that we currently are goof for the kids. I think we need to do this at age 17 - closer to the time they need it most. We have assistance for those going to school, but fall short on others.
- Soft skills - but foster parents appear resistant to work on the blue folder

Question 3: What are the most effective ways to teach case managers this information?

- "Learn by doing" is the best way to train/teach skills
- Teach Chaffee Act to some in region - then they can help when the need arises (rural caseloads not as varied as urban caseloads)
- Trainings (brought to worker's counties and offices)
- Websites or special links on CHFS page with info accessible to SW, children, or public
- A contact person
- Informational brochures with specific details and resources/contacts that are available
- Power points would save time of travel and time out of the office (most workers are too overwhelmed to learn new information when dealing with routine overload).
- Participate in some IL activity - training
- By exploring the pitfalls that these kids experience when they leave foster care. What are the major obstacles for them? How can we prepare them for these? Use examples and solutions or possible solutions.
- Regional trainings to provide the information that research shows is the most effective.

Question 4: How would you involve youth in trainings for case managers in this area of practice?

- I would start with foster parents, case managers, teachers, counselors and so on. Public service announcements could be used as well as billboards. Foster/adoptive parents and birth parents should also have it explained so the word would get out
- Tell them about it
- Directly involve youth and ask them what they need and what is helpful - they may not know statistics and standards, but they know what their barriers are.
- IL coordinators should train youth in this area
- R & C workers should be thoroughly trained
- Periodic trainings given by R&C workers to foster parents and youth of IL ages to inform them of their service options
- Mentoring program
- I would ask youth who have done this what they needed that they didn't get.
- Voluntary for youth
- Let them tell us of the problems that they had the most difficulty with - transportation, housing, budgeting, etc.
- Share their successes and provide insight to adjusting to the adult world
- Youth can report what helped and did not help. How they would change the system to help them more.

Question 5: What supports do you need to be able to work most effectively?

- There should be a buy-in from all areas of child welfare programming. If we had more encouragement from the top, we could achieve better outcomes for the efforts
- Supervision support
- RESOURCES
- Qualified professionals that are knowledgeable in working with teens
- More complete and detailed information about services available to youth
- How to obtain services available in terms of contact people, address, and phone numbers.
- Knowledge of what criteria youth need to meet in order to be placed in certain programs
- Knowledgeable contact person to reach regarding specific questions regarding IL issues.
- Appropriate staff/client ration

- Materials
- Finances
- Resources for those youth aging out without family or others to rely on
- The right equipment - someone in Frankfort who understands social work practice
- Time is important for these kids - the more we can counsel and mentor them, the better they will do.
- Funding to assist them with large start-up expenses like we do kinship care
- Knowledge - research, FSOS, Co-Workers

Question 6: What are some of the barriers in the work that you do?

- Communication
- Lack of funds/money to do things to help youth improve their situations
- Lack of emphasis in rural areas in regard to resources (as compared to urban areas)
- Lack of transportation, poverty
- Lack of information/education in needed areas
- Lack of resources, lack of time to devote solely to one or two individuals - no time to wholly assist with college, housing, applications, etc.
- Resources for rural areas where number of youth is not enough to have programs available to them
- High case loads
- So many IL youth abusing drugs and relapsing after treatment
- Parents who do not support positive behaviors
- Lack of motivation by youth
- Foster youth have no medical coverage after age 19 even if still in high school.
- Foster youth are able to get driver's licenses, but state provides no way for foster youth to have insurance.
- The budget, current administration, not enough time for large case loads, not enough resources for mental health/substance abuse treatment
- Money, time after a child is 18 and doesn't re-commit then they are on their own. **It takes most foster kids 2-3 years to catch up to their peers because they make no decisions on their own, we make them for them. Most learn best from mistakes and they have no support to pick them back up.**
- No time to research what others found to be most effective

- Problems increasing with no more time to address everything that needs to be addressed in families.

### Comments

- It could be beneficial for the resource workers in the school systems to have training in this area as well. Other school staff such as school counselors may benefit from the training. These people often refer to colleges and assist children with occupational goals. It would benefit for them to know about all service options and to have an understanding about what the real options are.

### Suggestions

- Each region to have an IL coordinator who is a so-called "expert" in this area. This person could be the one who workers use as a contact person with questions and could also make referrals and assist in providing IL age youth with services they need to thrive. This person could make a huge difference because he/she would have time/resources/information to make individualized referrals in reference to a specific IL-aged youth. That could make the difference between the child becoming a healthy functioning adult or not.