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Creating a "Picture of a Life" for Transitioning Youth with DD in Foster Care
ABSTRACT

The Sonoran University Center for Excellence in Developmental Disabilities (UCEDD) has been asked by the AZ Department of Economic Security/Division of Developmental Disabilities (DDD) to partner with DDD on a project to improve outcomes for foster youth with developmental disabilities (DD). DDD has approached AZ DD Planning Council staff about funding a person-centered planning project for these youth and the current proposal is submitted as a result of that discussion. Our vision is that young people with developmental disabilities in foster care moving to adult living will be knowledgeable about the full range of choices available to them for successful adult living and will be able to exercise that choice as part of a person-centered planning process incorporating informal support and community networks as well as paid service providers. Currently, in Arizona there are 405 children in Child Protective Services (CPS) custody eligible for services from DDD. Youth with developmental disabilities in Arizona aging out of foster care have had no special planning to prepare for adult life and typically remained in the same funded group home or foster home setting in which they had lived while in foster care. There has been no organized emphasis on transition planning for this vulnerable population; and with current funding issues, many of these youth may no longer have housing or other supports once they turn 21.

Creating a "Picture of a Life" for Transitioning Youth with DD in Foster Care will focus on training experienced person-centered planning facilitators in using "Essential Lifestyle Planning" (ELP) and "Picture of a Life" (POL) tools to develop life plans with community involvement and PCP implementation for foster youth with DD ages 16 – 17 to plan and mobilize services to meet their individual needs. The age group chosen for the program mirrors the planning period for youth transitioning out of the foster care system when they age out at age 18.

Creating a "Picture of a Life" has three major components:

- Create a cadre of 10-15 Person-Centered Planning facilitators who will be trained in ELP and POL by Michael Smull in order to develop system capacity and expertise in person-centered planning for foster youth with DD who will be transitioning out of Child Protective Services.
- Develop PCPs for 20 foster youth with DD ages 16-17 where their preferences are elicited and informal supports are utilized. DDD will identify up to 30 targeted youth with preference to youth who are not supported by ALTCS funding as they are at risk of losing residential support from DES after the age of 21.
- Develop and implement project evaluation which assesses satisfaction with the PCP process and PCP outcomes of participating youth and facilitators.

The goal of the project is to prepare youth with DD who are about to exit foster care to exercise choice, promote the use of informal and community supports and to make knowledgeable decisions on community living and work. In doing so, the project intends to improve transition outcomes for these youth, which include the following desired outcomes: a safe and stable home, self-determination and self-advocacy, framing a vision for their future, a support system to help with decision making, an ongoing circle of natural/informal support, and employment exploration and opportunities. Ultimately, the project will help to improve services for individuals with DD exiting foster care in Arizona by offering a mechanism for youth to exercise meaningful choice about their living arrangements, work life, social networks and services.

Creating a "Picture of a Life" for Transitioning Youth with DD in Foster Care Sonoran UCEDD

Introduction

The goal for all youth is to live healthy, happy lives and to become self-sufficient, contributing members of society in adulthood. However, there are subsets of youth who cannot reach these goals with ease. These youth need additional supports to assist them in their journey toward a healthy adulthood, as they are more vulnerable than the "average" youth to fall through the cracks during this journey. Youth with disabilities who are also in the foster care system are one of the most vulnerable populations in the United States, yet little attention is focused on the unique challenges they face as they negotiate their way through multiple systems to adulthood.¹

Currently, there is no one federal or state system responsible for youth with disabilities in the foster care system. Instead, separate systems are working toward separate goals with many different procedures. Person-Centered Planning is a process that can help bridge the gap to better coordinate services comprehensively across systems for these young people by bringing together systems' professionals and other important people in their lives such as health and behavioral health care workers, case managers, educators, advocates, biological and/or foster family members, and significant others to work towards a viable transition plan.

As of June 30, 2011, the Arizona Department of Economic Security, Division of Developmental Disabilities (DDD) provides services and programs to 31,320 people with developmental disabilities statewide.² There are 405 children (Northern AZ – 26 children; Maricopa/Pinal – 272 children; Southern AZ – 107 children) in Child Protective Services (CPS) custody currently eligible for DDD services. Of that, 262 children are eligible for Arizona Long Term Care Services (ALTCS) funding and 148 children are supported through state funds. The children have a CPS case manager to provide permanency planning – family reunification, adoption or another permanent family; a DDD support coordinator; and possibly behavioral health and vocational rehabilitative support. The majority of the children live in child developmental foster homes, CPS foster homes, or licensed group homes.

Historically, youth with developmental disabilities in Arizona aging out of foster care have had no special planning to prepare for adult life and typically remained in the same funded group home or foster home setting in which they had lived while in foster care. There has been no organized emphasis on transition planning for this group; and with current funding issues, some youth may no longer have housing or other supports once they turn 18. Currently, 94 children are of the age to implement transition planning (youth ages 16 to 18 years old), 78 of whom are eligible for ALTCS. Creating a "Picture of a Life" for Transitioning Youth with DD in Foster Care will target this vulnerable subset, with preference to the 16 youth who are not supported by ALTCS funding (as this group is at risk of losing residential support from DES after the age of 21), and serve at least 20 foster youth with DD ages 16 – 17 by developing person-centered plans to help the youth and their circle of support prepare for a future based on individual preference and needs while utilizing individualized and comprehensive supports for successful adult life.

Target Population

At any given point in time in the United States, approximately 500,000 youth are in the foster care system, although nearly 800,000 youth are served by this system per year. Between 20 and 60 percent of children entering foster care have developmental disabilities or delays, compared with about 10 percent of the general population. These include cerebral palsy, developmental delays, learning disabilities, mental and emotional health issues, and speech, hearing, and vision impairments.ⁱⁱⁱ

Youth with disabilities in foster care are at a severe disadvantage in moving toward healthy adulthood for a wide range of reasons, not the least of which may be the disability itself. Having a disability, compounded by the fact that foster care youth may lack a supportive adult network to help them develop personal attributes and abilities and to navigate through some extremely complex systems, impedes their efforts to develop the educational, occupational, social, personal, and life skills for success.^{iv}

Outcomes: Outcomes for most youth with disabilities in foster care regarding educational attainment, economic sufficiency, and health are overwhelmingly negative. During adolescence, youth in the foster care system with and without disabilities experience more undesirable situations than the "average" youth. As a group, they are more likely to drop out of school and less likely to attain a postsecondary education, more likely to come into contact with the juvenile justice system, more likely to get pregnant earlier, and more likely to experience homelessness. By the age of 19, nearly 50 percent of young women in foster care have been pregnant, compared to 20 percent of their non-foster care peers^v, and 38 percent have been arrested, compared to the national average of about 7 percent^{vi}. Other studies have estimated that about 22 percent of former foster youth experience homelessness, 33 percent have no health insurance^{vii}, and only 43 percent are employed and of those, a full 47 percent were earning wages below the poverty line^{viii}. All rates that are much lower than the national averages. As youth transition out of the foster care system via emancipation, these serious issues seldom disappear and are indeed more often exacerbated.

Needs of Youth Transitioning to Adulthood: A healthy transition to adulthood for all youth should be the primary concern for all, as far too many negative implications are associated with youth not becoming healthy, productive, economically sufficient adults. Unfortunately, a large number of youth with disabilities transitioning out of foster care end up disconnecting with society and are unable to reconnect for one reason or another.^{ix}

Transition is a daunting experience for youth with disabilities in the foster care system. They often need more services than average youth, require the support of more caring adults in their lives, and must also understand a whole host of laws, regulations, and policies with which most youth usually do not come in contact. They need to know when their Medicaid benefits expire, how to access independent living skills programs, and whether they are eligible for housing, among many other rules and processes. Some youth with disabilities also need to rely on others to help them perform basic functions like eating, bathing, and getting around.

Services after high school for young adults with developmental disabilities are limited, and transition services offered through schools or state service programs are often not adequate in creating possibilities for housing, education and employment outside of the formal disability service system. Similarly, the Chafee Foster Care Independence Program's Educational and Training Vouchers Program (ETV) has helped greatly, but not all youth who need these services receive them due to limited funding.

Person-centered planning provides an excellent tool for discovering and implementing the dreams of these young people as they face the challenges of adulthood and a landscape that provides very limited resources that address needs not only related to their disabilities, but also issues specific to aging out of the foster care system.

Person-Centered Planning

As foster youth with disabilities age out of the child welfare system, coordination of transition planning among key agencies and systems is imperative. Transition planning has evolved from a systems-driven approach to the current best practice of youth-driven, strengths-based transition planning.^x The Child Welfare League of America's (CWLA) recently-released transition standards compliment requirements within IDEA: youth involvement, healthy and safe environments, healthy relationships, learning by doing, creating community partnerships, interdependence, and feedback and self-assessment.^{xi} In addition, the National Resource Center for Youth Development has identified four core principles for successful transition from foster care that also align with and enhance IDEA and CWLA standards: 1) positive youth development promoting self-determination, communication, and problem-solving skills; 2) collaboration that includes functional linkages among child welfare systems, schools, medical/mental health services, foster care providers, and other human service and community agencies; 3) cultural competence that extends beyond race and ethnicity to disability, sexual orientation, religion, and gender and reflects diverse backgrounds, strengths, unique cultural issues, and traditions of youth and their families; and 4) family and community connections that are maintained and strengthened through participation in the transition planning process.^{xii} Foster youth with disabilities aging out of care require careful, coordinated planning that aligns the IEP with the National Resource Center for Youth Development's four core principles and CWLA Standards of Excellence. Youth must learn self-determination skills through formal goals on their plan and be actively engaged as leaders in the planning process.^{xiii} Person-Centered Planning (PCP) is a tool, particularly useful during times of life transitions, that is aligned with all of the above standards, specifically, encouraging collaboration across systems as well as fostering natural/informal supports and self-determination.

Person-Centered Planning has emerged out of a desire to serve the best interests of individuals with disabilities by first changing the way we think about disability. Person-Centered Thinking is the foundational philosophy of PCP. It is choosing to think about and focus on the strengths, abilities and aspirations of the person with the disability rather than making decisions that are focused on an individual's problems, and guided by an accounting of deficiencies and impairments.

A Person-Centered Plan is an individualized approach that helps the person with a developmental disability discover what he or she really wants. A Person-Centered Plan is transformational,

moving from an approach geared towards fixing or solving problems, to one focused on providing opportunities, avenues for self-actualization, personal freedom, meaningful interdependence, and community involvement.

Person-centered planning can serve a variety of functions and can address any and/or all aspects of a person's life. More importantly, a PCP can function as a foundational plan that can be used to easily formulate a variety of other service plans - Individual Education Plans (IEP), Individual Support Plans (ISP), and Individual Plan for Employment (IPE). In gathering valuable input from the focus person and his/her circle of supports, the result is a document that lays out how best to support the individual to achieve his/her goals and dreams based on preferences and strengths while remaining safe and healthy. For example, a PCP can be referenced when matching support staff or finding a roommate, or introducing the focus person to new staff, teachers, doctors, and others in addition to creating a path to accomplish specific goals related to housing, employment, health care and independent living.

PCP facilitators help organize and facilitate the planning process, offering an impartial yet encouraging environment that allows all parties to voice their opinions. They are trained to utilize specific tools and communication strategies to work diligently and creatively to help the focus person give shape to their dreams and discover capacities that they have. Facilitators are also able to identify community resources and engage and work with community members and organizations. A facilitator is there to coordinate the discussion and work with the focus person to lead and/or actively participate in their own PCP process, not to make decisions for the person or any other participant. The primary goal of planning meetings is to identify what can be accomplished and put a plan into action, for example:

- Identify ongoing events that are likely to affect the person's life, such as conditions that promote or negatively affect health.
- Share visions for the future: Through brainstorming, imagine ways to increase opportunities.
- Identify obstacles and opportunities that give the vision a real-life context.
- Identify strategies and action steps for implementing the vision.
- Create an action plan. Action plans identify what is to be done, who will do it, when the action will take place, and preferably identify action steps that can be completed within a short period of time.

There are three major aspects necessary for a successful Person-Centered Plan and overall planning process:

1. **Participation in the Planning Process:** It is essential for the focus person to actively participate in the planning meetings. Active participation means being present and engaged, utilizing whatever means of communication (verbal or non-verbal) is preferred by the focus person.
2. **Developing Natural Supports:** Professionals and service providers are important members of Person-Centered Planning teams; however, it is also essential to include individuals who are familiar with the abilities, interests, and needs of the focus person. They can be foster

family members, friends, neighbors, former teachers, or other caring and knowledgeable individuals who know the focus person. Team members may also change over time in order to provide support for the person as his or her goals evolve and change. The more people involved the better. This can lighten the support load for each person, while at the same time, expands the social network of the focus person.

3. Taking Action and Follow-up: A plan is just a piece of paper until it is put into action. The team should meet as often as needed to find out if progress is being made, challenges are being addressed, and the person's goals are being achieved.

It is important to remember that a Person-Centered Plan is a starting point in a process intended to promote self-guided positive change. PCP and its presiding tenets promote a constructive avenue for foster youth with DD and their circle of support to tackle the specific issues and needs necessary for successful transition to adulthood and increasing positive outcomes as they exit the child welfare system.

Organizational Capacity & Collaboration

Sonoran UCEDD

The Sonoran UCEDD, located within the University of Arizona, College of Medicine, Department of Family and Community Medicine, has extensive experience in project development, management and evaluation. Devoted to disability related research, model service programs, education and information dissemination, the UCEDD coordinated a Center for Medicare and Medicaid Services (CMS) Real Choice Systems Change Grant from 2007-2011 targeting youth in Southern Arizona with DD for person-centered planning and increased community connection in partnership with DDD. Through this project, UCEDD staff have gained expertise in training facilitators and families in person-centered thinking, planning and practice as well as managing the complexities of facilitating, tracking and implementing plans. Additionally, UCEDD staff created a community tools curriculum, *PERSON-CENTERED PLANNING: Pathways to Your Future – A toolkit for anyone interested in Person-Centered Planning*, as well as a statewide website dedicated to person-centered planning and practices, *A Person-Centered Arizona* (www.person-centeredaz.org). If funded, the Sonoran UCEDD will identify and recruit PCP facilitators, make arrangements with consultant, Michael Smull, coordinate all PCP facilitator training and sessions, match facilitators with identified youth, and perform all follow-up functions for the implementation of the project. The Sonoran UCEDD will also evaluate the effectiveness of the PCP process in increasing life satisfaction and improving outcomes for foster youth with disabilities as they age out of the child welfare system.

Lynne Tomasa, PhD, (0.05 FTE) will serve as the Principle Investigator for this project and assume overall responsibility for the project. She will work closely with the Project Director in developing the evaluation plan and implementing the project. Dr. Tomasa is experienced at program development and implementation, including extensive research experience. She has worked with older families with developmental disabilities on issues of transition, housing and legal options. Dr. Tomasa also served as the lead in program evaluation for the CMS Real Systems Change Person-Centered Planning grant, and is well versed in person-centered practices and evaluation of PCP processes.

Jacy Farkas, MA, (0.25 FTE) will serve as Project Director and will be directly responsible for all program activities. Specifically, she will identify and recruit the project facilitators; coordinate all training sessions with Michael Smull; match the facilitators with participating youth; track planning progress by routinely following up with facilitators; and assist Dr. Tomasa in developing and implementing program evaluation. Mrs. Farkas has expertise in person-centered planning and practices, as well as experience in project implementation and evaluation. Mrs. Farkas was the program coordinator for the CMS person-centered planning project for youth previously mentioned. She has experience in person-centered planning group sessions; facilitation; family support and developing programs.

Arizona Department of Economic Security, Division of Developmental Disabilities (DDD)

The State DD Agency has provided input on project design and will collaborate with agency and community partners to provide person-centered planning to youth transitioning from Child Protective Services custody to "adult" life. DDD is particularly interested in improving outcomes for youth with DD exiting the foster care system by utilizing the person-centered planning process. DDD has agreed to assist the project through regularly scheduled consultations on strategy for achieving goals; staff participation in training events; assisting the project in recruiting and engaging up to 30 targeted youth and their circles of support to participate in the project; and developing a memorandum of understanding (MOU) with the AZ Developmental Disabilities Planning Council on the role of the Division with this project.

Michael Smull, Consultant

Mr. Smull has been working with people with disabilities for the past 40 years. He has had extensive experience in nearly all aspects of developing community services and in changing current practice. Michael Smull is the Chair of The Learning Community for Person Centered Practices (TLC-PCP), and a partner in Support Development Associates (SDA). He is the co-developer of essential lifestyle planning and has worked in 47 states, and 6 countries outside the US. He has helped found 3 community agencies, assisted existing agencies to convert from programs to supports, and states, regions, and counties to change their structures to support self-determination. He has helped people leave institutions in the US and the UK. Mr. Smull has written extensively on issues relating to supporting people with challenging behaviors, person-centered planning, and the challenge of changing our system to one that will support self-determination. From 1982 through 1997 he was at the University of Maryland. When he left he was a Research Assistant Professor with the Department of Counseling and Personnel Services at the College Park Campus and a Clinical Assistant Professor with the Department of Pediatrics, at the University of Maryland School of Medicine. Mr. Smull works with agencies, regions and states on learning the skills that underlie good person-centered practices and making the changes needed within organizations and systems to support people and have self-directed lives. He is the recipient of the 2006 AAIDD service award. Michael Smull and Mary Lou Bourne are the co-designers of efforts to develop person-centered systems. This work is taking place in over 40 agencies and 10 states. If funded, Michael Smull has committed to providing a two day in-person facilitator training which will equip project facilitators with the skills to effectively plan with foster youth with DD, as well as provide three remote follow-up training sessions via video web-

conferencing with facilitators throughout the project year to address any challenges and provide technical assistance.

Strategy

Creating a "Picture of a Life" has three major components:

- Create a cadre of 10-15 Person-Centered Planning facilitators who will be trained ELP and POL by Michael Smull in order to develop system capacity and expertise in person-centered planning for foster youth with DD who will be transitioning out of Child Protective Services.
- Develop PCPs for 20 foster youth with DD ages 16-17 where their preferences are elicited and informal supports are utilized. DDD will identify up to 30 targeted youth with preference to youth who are not supported by ALTCS funding as they are at risk of losing residential support from DES after the age of 21.
- Develop and implement project evaluation which assesses satisfaction with the PCP process and PCP outcomes of participating youth and facilitators.

The goal of the project is to prepare youth with DD who are about to exit foster care to exercise choice, promote the use of informal and community supports and to make knowledgeable decisions on community living and work. In doing so, the project intends to improve transition outcomes for these youth, which include the following desired outcomes:

- A safe and stable home
- Self-determination and self-advocacy
- Framing a vision for their future
- A support system to help with decision making
- An ongoing circle of natural/informal support
- Employment exploration and opportunities

Ultimately, the project will help to improve services for individuals with DD in foster care in Arizona by offering a mechanism for youth to exercise meaningful choice about their living arrangements, work life, social networks and services.

Methodology

Sonoran UCEDD proposes to perform the following work in the 12 months period:

1. The Project Director will identify and recruit 10 – 15 of the most effective and reliable experienced PCP facilitators throughout the state from the cadre of trained facilitators created during the Sonoran UCEDD's CMS Real Change Systems PCP grant. Each participating facilitator will be required to commit to developing 2 plans over the course of the project. The recruited facilitators will receive all training sessions free of charge, as well as a copy of *PERSON-CENTERED PLANNING: Pathways to Your Future – A toolkit for anyone interested in Person-Centered Planning*. In order to instill professional value for the service and ensure that the facilitators are fully vested, it is important to provide some compensation for plan

- facilitation. Facilitators will receive a stipend of \$200 per completed plan which will cover the facilitator's travel and time and increase the commitment/professionalism of the process.
2. Train experienced PCP facilitators in using the "Essential Lifestyle Planning" (ELP) and "Picture of a Life" (POL) tools to effectively plan with foster youth with DD. Developed by Michael Smull and Susie Harrison, ELP is a guided process for learning how someone wants to live and for developing a plan to help make it happen. An ELP is developed through a process of asking, listening and mapping. The plan should reflect a balance between competing desires, needs, choice and safety and rely heavily on informal and community network supports. Developed by Mr. Smull and Bob Sattler, POL is a tool that can be combined with ELP that guides the transition process and can be a checklist of how services are developed and delivered. The five main components that are explored include *Home, Meaningful & Productive Day, Community Involvement, Professional Services, and Supports Needed for Success*. Michael Smull will perform a two-day training for recruited facilitators on ELP & POL as it pertains to foster youth, as well as three 2-hour remote video web-conferencing sessions to address challenges and provide technical assistance throughout the year.
 3. DDD will identify up to 30 youth eligible for DDD services, ages 16-17, to participate in the project, along with their current circle of support. Targeted youth will be recruited from throughout the state, but it is expected that the majority of the participants will come from Maricopa/Pinal area as this location has the greater percentage of youth who receive services from both DDD and CPS (Northern AZ -- 6%; Maricopa/Pinal -- 67%; Southern AZ -- 26%). Their circle of support may include birth or biological family; current foster parents; behavioral health, vocational rehabilitation, developmental disabilities, and child protective services case managers; teachers, other service providers, and significant others in their lives. Each participating youth will receive a copy of *PERSON-CENTERED PLANNING: Pathways to Your Future -- A toolkit for anyone interested in Person-Centered Planning*.
 4. Develop 20 Person-Centered Plans for foster youth with DD. Utilizing the ELP model and POL tool, the project will complete the PCP process with at least 20 targeted foster youth with DD. PCPs will be coordinated by the cadre of facilitators trained in the process who will bring to the table caregivers and informal and formal community network members. The Project Director will match the youth with an appropriate facilitator based on geographical proximity and communication needs of participants (i.e. youth may need a facilitator who is fluent in Spanish or American Sign Language). During the PCP process, utilizing the ELP & POL tools, youth preferences will be elicited by the facilitators using a mapping process that documents the answers to questions such as: "Who the people are in my life; what I enjoy doing every day; what I want to do in the future; what support I need to do that; and how to support me." All the people involved in the targeted youth's life can offer information at a PCP meeting or in separate interviews. The answers to these questions along with the individualized POL, form an action plan for present and future services and other supports. Connections to the youth's community network will be systematically included during the mapping process and by updates during follow-up sessions. Facilitators will be required to complete one follow-up planning session at minimum after the initial plan is written to check on the progress of plan implementation. Each PCP should be completed in 10 hours or less over a two month period. This includes information gathering, meetings with the youth and circle of support, and writing of the plan. Follow-up sessions should occur within 3 months of initial plan completion.

5. The Project Director will follow up with facilitators on a monthly basis to determine implementation effectiveness and to monitor "bumps" in the road in carrying out the plan. The Project Director will be available to the facilitators for on-going support and questions between Mr. Smull's web-conferencing sessions and throughout the planning process.
6. Project evaluation will occur as outlined below at designated intervals.

The objectives are measureable through targeted tasks and benchmarks identified in our Implementation Plan Timeline (see Attachment A). The timeline is realistic based on past experience in the implementation of the CMS Reals Systems Change PCP grant.

Evaluation

Given the time allotted for this project, the outcome evaluation will examine activities, outputs and outcomes that are short-term. A quantitative and qualitative approach will allow for both formative as well as summative feedback. Positive outcomes of Creating a "Picture of a Life" are expected to include increased choice in life planning for youth; expansion of youth's informal community network; and creation of plans that can provide a blueprint for successful adult living. Anticipated measureable outcomes include:

1. 30% of the person-centered plans will have concrete steps for obtaining permanent living arrangements
2. 50% of the person-centered plans will have concrete steps to plan for future employment incorporating job exploration and post-secondary education opportunities
3. 75% of the youth will be better prepared for life after high school

All survey instruments and methods will be reviewed by the project staff at the Sonoran UCEDD and approved by the University of Arizona Human Subjects Office Institutional Review Board prior to use. Youth and facilitator satisfaction with the process will be gauged through surveys administered to each at two different intervals: before the PCP process begins and at the end of the PCP process and follow-up session. The surveys administered to the facilitators will assess at minimum: 1) satisfaction with the planning process, 2) satisfaction with the facilitator training and web sessions conducted by Mr. Smull, 3) the ease in facilitating a plan for this particular population, 4) the facilitators' perception of how well services were coordinated across multiple systems, and 5) whether plan implementation progressed. The initial written survey for the youth administered before the PCP process will assess both satisfaction with current services as well as general life satisfaction. At the end of the plan development, a written survey will be administered that will again assess: 1) service satisfaction, 2) general life satisfaction, 3) whether the youth input into the plan was valued by the professional staff, 4) whether that input was incorporated into the plan, 5) whether plan implementation progressed and, 6) whether the youth's needs were met by the plan. All surveys will be short and simple utilizing alternative formats as necessary to provide access for individuals with a wide range of disabilities. All surveys will be administered and results tallied by the project staff. The evaluation will examine whether the youth's life and service satisfaction has improved; whether the plan itself has been implemented at all; and how the process has changed the participation of informal and community networks. Unfortunately, to measure the desired long term outcomes for each of the youth, participants would need to be

tracked and surveyed upon aging out of the system at age 18, which is beyond the scope of this twelve month project.

Lynne Tomasa, PhD, will be responsible for the evaluation plan. Mrs. Farkas will assist Dr. Tomasa in designing the surveys and data collection. Dr. Tomasa will analyze the data and provide a report at the end of the project to the Sonoran UCEDD project staff, DDD, the ADDPC, participants, and larger community. This evaluation will also inform the State as it moves forward to operationalize and institutionalize aspects of the project and form an organized emphasis on transition planning for youth with DD aging out of Child Protective Services. The information will also be used for future projects and for staff training as well as to inform the community on the needs, challenges and successes in transition planning for foster youth with DD in Arizona.

Sustainability

As children in Arizona aging out of foster care have had no special planning to prepare for adult life and there being no organized emphasis on transition planning for this vulnerable population, **Creating a "Picture of a Life"** will be the first step in the concerted effort to provide this service while pursuing sustainability through:

- *Systemic Change:* This project will serve as the template and foundation for the State as it looks to operationalize and institute a more formal transition planning process for foster youth with DD that lead to positive outcomes and appropriate allocation of resources upon aging out of the child welfare system.
- *Building Capacity:* System capacity will have grown as a result of this project through the development of a cadre of well-trained PCP facilitators with expertise in working with this specific population who will be able to continue providing this service in the future. It has been the experience of the Sonoran UCEDD through its CMS Real Systems Change PCP grant that facilitators are willing to continue planning for youth and staying connected to PCP initiatives in Arizona.
- *Information Dissemination:* Project training materials and reports will be available on the statewide PCP website, *A Person-Centered Arizona*, in the effort to bring awareness to the importance of effective planning for youth with DD in foster care, as well as showcasing preferred practices and strategies when planning with this particular population.

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- ⁱ National Council on Disability (2008). *Youth with Disabilities In the Foster Care System: Barriers to Success and Proposed Policy Solutions*.
- ⁱⁱ Arizona Department of Economic Security, Division of Developmental Disabilities (2011). Family Support Annual Report: July 1, 2010 - June 30, 2011.
- ⁱⁱⁱ National Collaborative on Workforce and Disability for Youth (2007). *Negotiating the Curves Toward Employment: A Guide About Youth Involved in the Foster Care System*.
- ^{iv} National Council on Disability (2008). *Youth with Disabilities In the Foster Care System: Barriers to Success and Proposed Policy Solutions*.
- ^v National Campaign to Prevent Teen Pregnancy (2006). Putting What Works to Work. *Science Says: Foster Care Youth*, (27).
- ^{vi} Office of Children's Administration Research (2004). *Foster Youth Transition to Independence Study*.
- ^{vii} Peter J. Pecora et al. (2003). *Assessing the Effects of Foster Care: Early Results from the Casey National Alumni Study*, Casey Family Programs.
- ^{viii} Office of Children's Administration Research (2004). *Foster Youth Transition to Independence Study*.
- ^{ix} National Council on Disability (2008). *Youth with Disabilities In the Foster Care System: Barriers to Success and Proposed Policy Solutions*.
- ^x Hill, K. & Stenhjem, P. (2006). Youth with Disabilities Aging Out of Foster Care: Issues and Support Strategies. *Impact: Feature Issue on Children with Disabilities in the Child Welfare System* 19(1).
- ^{xi} Child Welfare League of America (CWLA) (2005). *Standards of excellence for transition, independent living, and self-sufficiency services*. Washington, DC: Author.
- ^{xii} Kessler, M. (2004). *The transition years: serving current and former foster youth ages eighteen to twenty-one*. Tulsa, OK: The National Resource Center for Youth Services, University of Oklahoma.
- ^{xiii} Wehmeyer, M.L., Palmer, S., Agran, M., Mithaug, D., & Martin, J. (2000). Promoting causal agency: The Self-Determined Learning Model of Instruction. *Exceptional Children*, 66, 439-453.

Budget Request Form

Contractor Name: Arizona Board of Regents, University of Arizona

Contractor Address: 888 N. Euclid Room 510, P.O. Box 3308 Tucson AZ 85722-3308
Street Address City State Zip

Project Name: Creating a "Picture of a Life" for Transitioning Youth with DD in Foster Care

Budget Category	Requested ADDPC Funds	Non-Federal Cash Match	Non-Federal In-Kind Match	Total Program Cost
Personnel/Salaries	16,750	/		16,750
Fringe Benefits	4,992	/		4,992
Supplies / Operating Expenses	8,417	/		8,417
Travel	617	/		617
Rent or Cost of Space				-
Contracted Services / Professional Services	5,970	/		5,970
Administrative / Indirect Costs	4,082	/	14,842	18,924
Total Costs	40,828	/	14,842	55,670

It is understood that Non-Federal Funds identified in this budget will be used to match only ADDPC Federal Funds, and will not be used to match any other Federal Funds during the period of the ADDPC funded Project.

Additional description and background information shall be included as a budget narrative, including for match. The contractor agrees to submit additional background information to the ADDPC upon request.

Leslie P. Tolbert, Ph.D.
Senior Vice President
for Research

Name of Certifying Official

Title of Certifying Official

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ADDPC Creating a "Picture of a Life" for Transitioning Youth with DD In Foster Care Budget
Matching Support

ADDPC Creating a "Picture of a Life" for Transitioning Youth with DD In Foster Care
Matching Support
07/01/12 - 06/30/13

Forgone Indirects:

University of Arizona rate	51.50%
Stipulated rate per award	<u>11.11%</u>
IDC rate forgone	40.39%
Direct Costs	<u>36,746</u>
Forgone Indirect costs	<u>\$ 14,842</u>

Required match	<u>\$ 10,207</u>
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Total Requested	\$ 40,828	73%
Match	<u>\$ 14,842</u>	27% Required minimum of 25%
Total Program	<u>\$ 55,670</u>	

Budget Narrative and Justification*

Sonoran UCEDD – Creating a “Picture of a Life” for Transitioning Youth with DD in Foster Care

July 1, 2012 – June 30, 2013

Personnel

Lynne Tomasa, PhD, MSW (0.60 person months funded/.05 FTE \$4,750) will serve as Principal Investigator and assume overall responsibility for the project. She will work closely with Ms. Farkas in developing the evaluation plan and implementing the project. Dr. Tomasa is experienced at program development and implementation, including extensive research experience. She has worked with older families with developmental disabilities on issues of transition, housing and legal options.

Jacy Farkas, MA (3.0 person months funded/.25 FTE \$12,000) will serve as Project Director and will be directly responsible for all program activities. Mrs. Farkas has expertise in person-centered planning and practices, as well as experience in project implementation and evaluation.

Personnel salaries are based on university schedules and ranges for the positions. All percentages are based on a 12 month contract for the project.

Fringe Benefits (amounts for each individual on budget summary)

University fringe benefits rates are based on employee classification: Appointed personnel and regular faculty (29.8%).

Supplies

(\$1500) - Printing/copying of training materials and toolkits (\$950); folders, pens, paper, and general supplies for facilitators and staff (\$400); Postage – mailings to youth and facilitators for surveys (\$1 per mailing X 150 items = \$150)

Travel

In state (\$617) – it is anticipated that project staff will travel to the facilitator training and meetings in Phoenix (232 miles roundtrip) 4 trips X 232 miles X \$0.445 per mile = \$412.96

Accommodations (hotel \$150) and per diem (\$54 daily rate for meals) for project staff during 2day facilitator training – \$204

Other – (including Contracted/Professional Services)

Consultant (\$4,500) – Michael Smull, national expert in person-centered practices, will present all facilitator training and subsequent webinar sessions. For the 2 day in-person facilitator training: consultant fee \$1500/day x 2days = \$3000; transcontinental travel and accommodations \$1500.

Facilitator Stipends (\$6000) – compensation for plan facilitation – \$200 per completed plan. \$200 x 20 plans = \$4000 In addition to plan facilitation, reimbursement to cover facilitator travel and accommodation for the ability to participate in 2-day training. \$200 avg X 10 facilitators = \$2000

Spanish Language/ASL Interpretation & Translation (\$1470) – includes interpretation of planning sessions as necessary (some facilitators are fluent in Spanish and ASL); ASL interpreters and translation of materials into Spanish for participating youth (surveys and consents) (\$25 per hour for Spanish translation X 30 hours = \$750) (ASL Interpreters \$60 per hour X 12 hours = \$720)

Refreshments and Meeting Rooms (\$500) – meeting space at Disability Empowerment Center (\$50/day X 2 = \$100) and meals (\$400) for 2day facilitator training

Research computing service costs (\$288) have been included to cover general maintenance and upkeep of project computers, and to insure data security. Services/maintenance costs have been calculated proportionately, based on requested FTE and the departmental base rate (\$80/month maintenance fee * number of person months)

AdobeConnect Web-Conferencing Service (\$129) for the three remote video webinar sessions Michael Smull will conduct throughout the project year. \$42.90 per session X 3 sessions = \$128.70

Indirect Charges

Requesting Indirect Costs of 10% of the total project.

Match

The match required by DDPC is being met through foregone in-direct costs (difference between 10% indirect rate and university rate).

Authorized Signature:

*Mary Genow acting for
Leslie P. Tolbert*

Date:

5/10/12

Job Title:

Leslie P. Tolbert, Ph.D.
Senior Vice President
for Research