



## Toolkit for Improving Long-Term Quality of Life Outcomes for Foster Youth and Families

Prepared by **Annette Bell, MD**, underdog DREAMS  
 Prepared by **Slyving Bourdeau, LCSW**, underdog DREAMS  
 Prepared by **Asha Davis, MD**, underdog DREAMS  
 Prepared by **Catherine Drew, PhD**, underdog DREAMS  
 Prepared by **Derrick Stephens, LCSW, MBA**, underdog DREAMS

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### ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF’s Leadership for Better Health programs by visiting [rwjf.org/leadershipforbetterhealth](http://rwjf.org/leadershipforbetterhealth).

### ABOUT THE TOOLKIT

This toolkit can be used by providers and administrators who are working with youth and families engaged with the foster care system. It may also provide helpful information for anyone working with children with adverse childhood experiences. For more information, contact: [dstephens@underdogdreams.com](mailto:dstephens@underdogdreams.com)

*Photography Credit: Derrick Stephens, Founder of underdog DREAMS*

# Toolkit for Improving Long-Term Quality of Life Outcomes for Foster Youth and Families

More than 400,000 children are living in foster care in the United States with another 7.5 million being involved in reports to child protective services. As of July 2019, 23,374 children and youth were residing in Florida's foster care system. Foster care includes all children who have been removed from their homes due to neglect, drug abuse and many other contributing factors.

Studies have shown that more than 90% of foster youth in the child welfare system experience trauma compared to 70% of children and youth nationally. Trauma-exposed children and youth are at higher risk for experiencing a host of difficulties throughout life. Kaiser Permanente's Adverse Childhood Experiences (ACE) study found a strong relationship between exposure to abuse or household dysfunction during childhood and multiple health risk factors later in life.

In 2016, the Child and Family Services Review (CFSR) for the state of Florida Department of Children and Families found that the state was not in substantial conformity with meeting the educational, physical and mental health needs of children being served in Florida.

## Evidence-based interventions to improve outcomes

Florida is one of two states that have fully privatized their states welfare systems. 13 years after fully implemented statewide privatization, Florida's child welfare system is still plagued with large caseloads, child death, poor physical and mental health, and dismal educational outcomes.

With lead agencies (CBC) contracting out services and managing more than 500 sub-contractors, services as well as the converging systems involved (courts, schools, etc.) are often siloed. Additionally, foster parents, child welfare professionals, judges, teachers, mental health providers and mentors are often inadequately prepared to provide evidenced based interventions needed to improve outcomes and promote resiliency among foster youth and families.



The Florida foster care system is stretched too thin and unable to fully support those who need it most, when they need it most. For too many in the community, the foster experience is so separate and removed from day-to-day concerns and priorities that the default is to ignore its realities.

The needs of foster children and youth are no different than those of any other child's – consistent care for mind and body; a safe space to call their own, no matter how small; a reliable means to get to places; an environment where they can live, learn and play; and a community they can turn to and trust.

## Planning

The idea to form the team came from our team captain Derrick Stephens, a licensed clinical social worker (LCSW). Having been through the foster care system in his youth, he was uniquely able to bridge the lived experience with those of us wanting to make a change to the current foster care system approach and outcomes.

### KEY SKILL SETS

Derrick knew that the best approach would be to form a multidisciplinary team to adequately tackle this Wicked Problem from multiple dimensions. Therefore, he recruited his colleague Slyving Bourdeau, LCSW with direct social work and accounting experience, as well as clinicians directly equipped for working with youth experiencing trauma. This included Asha Davis, MD, a child and adolescent psychiatrist and telemedicine practitioner; Annette Bell, MD, a family medicine physician with emergency room expertise; and Catherine Drew, PhD, a psychologist already utilizing the use of telehealth to reach those with less mental health accessibility.

### FUNDING

The team applied for Clinical Scholars, a program of the Robert Wood Johnson Foundation (RWJF), and was awarded \$525,000 over 3 years to identify, implement, and confirm how engagement and intervention in the lives of foster youth can improve real-life, long-term quality of life outcomes for them. Additional funding has been provided by various organizations including Foster Care Month Celebration and Fundraiser and Microsoft Hackathon “Best Pitch”.

### PROJECT TIMELINE



### TEAM COMPOSITION

- Annette Bell, MD
- Slyving Bourdeau, LCSW
- Asha Davis, MD
- Catherine Drew, PhD
- Derrick Stephens, LCSW, MBA

### ADDITIONAL LINKS

- [underdog DREAMS](#)
- [Clinical Scholars Project Page](#)
- [Florida's Child Welfare Statistics At-a-Glance](#)
- [Casey Family Programs](#)

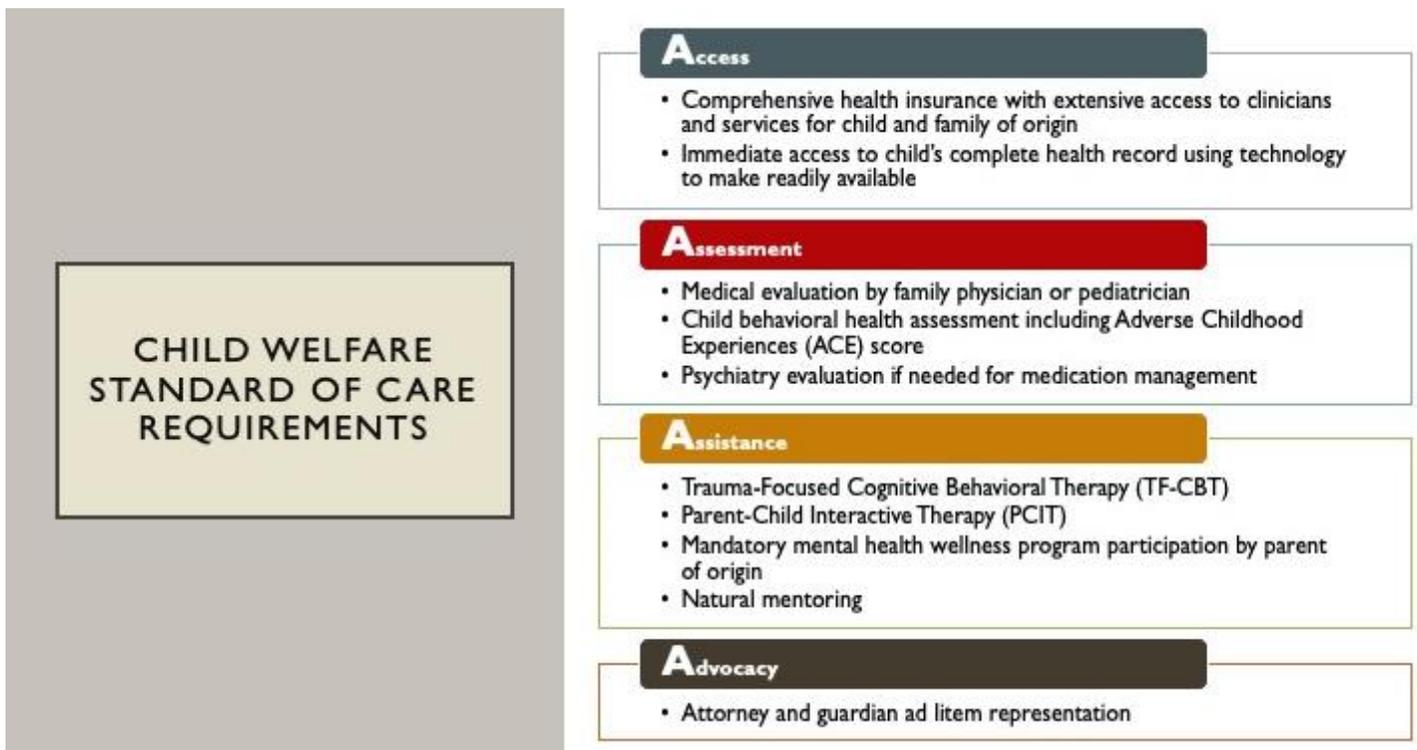
## Project work

underdog DREAMS is a team of healthcare professionals who united in a commitment to achieve a goal of improving long-term outcomes for Florida’s foster youth and families. We exist to provide foster youth, some of the most vulnerable members of our society, the opportunity to imagine the possibilities, see a future filled with purpose, and live with intention.

We do everything we can to meet foster youth where they are –from psychosocial education to experiential learning activities; from virtual reality to physical activity programs.

### STRATEGIC PLANNING: LOOK, LISTEN & LEARN

Although our team had the benefit of first-hand knowledge of the foster care system through Derrick’s lived experience, we spent the first year of our project in what we called the *Look, Listen & Learn* phase where we spent our time researching the question “Who is getting it right in child welfare?” We searched local, state, national and international sources and gathered what we felt were the best practices in child welfare. Through this we were able to create what we consider the Standard of Care practice for caring for children in the child welfare system. Our goal is to publish and disseminate this information to begin to influence change and provide consistent quality care for children in the foster care system.



Much time and focus were placed on identifying our community partners as Underdog Dreams knows that affecting change of the magnitude to which we aspire can only be done when we create a collaborative community all working together. We also became intentional with our messaging and created various ways in which to communicate that to those partners and the public. Although there are varied ways in which the lives of foster youth can be impacted, after our research, we ultimately decided to land on three strategies which are mental and physical wellness, education and technology. It is through these foci and efforts in each that we feel we can make the greatest impact.

## OPERATIONALIZATION OF STRATEGIC PLAN

Our efforts revolved around specific projects linked to our strategic initiatives:

- Formalized memorandum of understanding (MOU) with community partners; First Star Central Florida Academy (FSCFA), University of Central Florida (UCF) and Community Based Care of Central Florida (CBCCF).
- Hosted Foster Care Month Celebration & Fundraiser Event at Topgolf Orlando which highlighted the \$42,000 sponsorship of underdog DREAMS to FSCFA.
- Worked with Florida State College of Medicine to train approximately 400 Child Protective Investigators on Behavioral Health / Substance Abuse and provided ongoing reflective supervision.
- Facilitated four (4) Poverty Simulations with UCF College of Education and Human Performance and City Year Orlando.
- Presented at the National Council on Family Relations Conference, UCF Urban Education Leadership Summit, Florida Public Health Association Conference (Most Innovative award) and Valencia College.
- Facilitated experiential learning trips to Washington, DC, North Carolina and Puerto Rico with FSCFA foster youth. Activities ranged from educating Florida representatives to Congress, attending structural inequality workshops, and completing community service projects.
- Created and facilitated the underdog DREAMS Job Readiness & Leadership Boot Camp, a preparatory program for CBC Central Florida foster youth who were embarking on a summer employment opportunity.
- Partnered with Florida Psychological Associates, LLC to implement an evidence-based standard of care protocol rooted in trauma-informed CBT, utilizing telepsychiatry to ensure continuity of care and access to child and adolescent psychiatry.
- Successfully launched First Step Care, LLC in Orlando, FL to expand the above model of care to foster youth in the Central Florida region and beyond.
- Used technology to partner with remote professionals such as those at CRD Associates, 120 Design Studio and Armstrong, Fleming & Moore to deliver innovative and engaging curriculum to youth.
- Formalized MOU with Move Live Learn to conduct a research study, underdog DREAMS: A physical activity program focused on life skills and social emotional health for deserving youth in foster care.
- Spoke to attendees at the 2019 National County and City Health Officials (NACCHO) Annual Conference as part of the Exhibitor TED Talks



## COMMUNITY PARTNERSHIP

**First Star Central Florida Academy** is a national non-profit housed at the University of Central Florida in Orlando, Florida. Led by Dr. Deshawn Chapman, FSCFA is dedicated to improving lives of foster youth by partnering with child welfare agencies, universities, and school districts to ensure foster youth have the academic, life skills, and adult supports needed to successfully transition to higher education and adulthood.

Realizing the importance of partnerships in achieving shared goals, underdog DREAMS established an MOU with FSCFA in March 2017. This allowed us to gain valuable insight into the needs of our foster youth and how best to serve them.

# First Star Central Florida Academy



**Program Mission:** To cultivate pathways to career and college through academic support, life skills development, and caregiver engagement.

**Program Objectives:**

1. Keep participating youth on track for high school graduation
2. Provide youth with resources and supports to transition to post-secondary education
3. Ensure youth have the skills and access to resources needed to prepare them for independence and adulthood.
4. Engage caregivers and other adults who can provide long-term support for youth as they transition to post-secondary education and independence.

**Program Participants:** In 2015, a cohort of 20 youth began the program during the summer prior to their ninth-grade year. Youth were in licensed care with foster families, in group homes, in relative/kinship care, or in non-relative caregiver settings.

**Saturday Academies:** One Saturday each month youth visit UCF, vocational schools, and businesses throughout Central Florida for an all-day session including guest speakers, team-building activities, interactions with mentors, and homework assistance.

**Summer Academy:** The academic year culminates with a three-week summer residential experience, hosted on the campus of the University of Central Florida. Students live in on-campus residence halls and participate in daily academic and life skills sessions, as well as a career-focused internship. Youth also participate in field trips to area college campuses, community service opportunities, and cultural and social excursions.

*According to Casey Family Programs, 70% of youth in foster care desire to attend college, yet only 2-9% earn a bachelor's degree.*

**1.88** Average GPA of youth at the end of their 2nd school year in the program, 2016-2017.  
Average GPA of 10th graders in foster care attending school in Orange county and not participating in First Star is 1.76.

**10.3** Average number of credits earned by youth at end of their 2nd school year in the program, 2016-2017.  
Average number of credits for 10th graders in foster care attending school in Orange county and not participating First Star is 8.20.

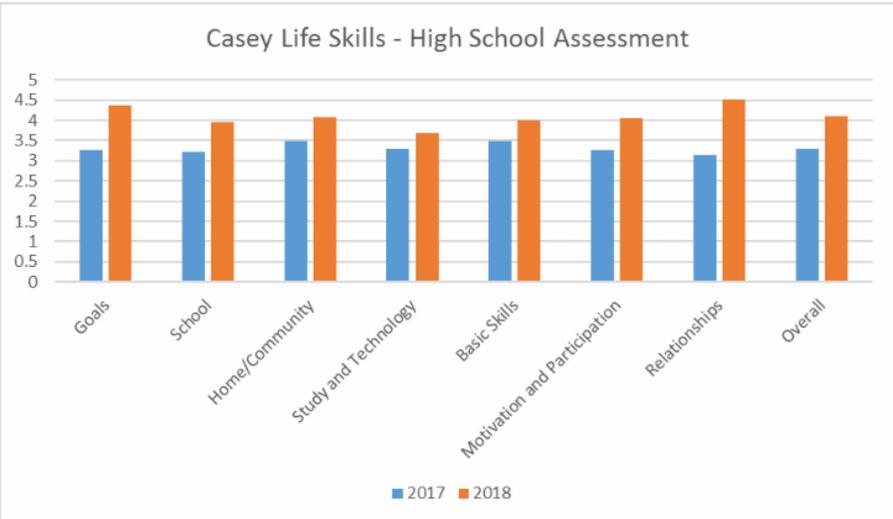
Youth report that since joining First Star,

**100% of participants:**

- ⇒ Work harder in school
- ⇒ Are more interested in attending college
- ⇒ Dream bigger
- ⇒ Have more stability and confidence to succeed

**90% of participants:**

- ⇒ Feel more optimistic about the future, supported, hopeful, and appreciated
- ⇒ Have a plan for the future



\* Overall, youths' knowledge, skills, and abilities related to life skills needed to successfully complete high school increased .79 of a point. Greatest increases occurred in Relationships (1.37) and Goals (1.12).

## Evaluation and dissemination

Youth in foster care are at significantly elevated risk for a host of emotional, cognitive, behavioral, and physical health problems as compared to their peers. One risk factor for poor outcomes is lack of access to consistent and prevention-focused services, as healthcare in the foster system is often siloed and crisis-oriented. Programs that provide these young people with skills and strategies to improve their health and wellbeing can mitigate the risk of chronic physical and mental illness.

Underdog Dreams partnered with Move Live Learn to conduct an 8-week (24-session) course for children living in group foster care housing, designed to improve physical activity levels, healthy eating behaviors, practical life skills, social-emotional skills, and understanding of how to make choices that enhance wellness. With IRB approval for this research study, we performed assessments before and after the program to evaluate the hypothesis that these sessions will improve the participants' health status. The objective of this research was to evaluate the hypothesis that an evidence-based program—consisting of 24 sessions designed to improve physical activity levels and perceptions of physical activity, functional life skills (i.e., communication, nutrition education), and social emotional learning skills (i.e., coping strategies, decision making)—will improve the sense of community and health status of youth living in a residential foster care setting.

### Summary of Assessments Used:

1. Quantitative measure - Life Skills Assessment Scale (completed by residential staff and program facilitators)
2. Quantitative measure - Youth Experience Survey - Sport (completed by youth in the program who volunteer to participate in the research)
3. Google Form questionnaire (completed by youth in the program who volunteer to participate in the research)
4. Optional focus group (for youth who participate in the program and research on an opt-in basis)
5. Exit slips (formative cognitive assessments) completed by all youth who participate in the quality physical activity program

### GUIDING PRINCIPLES

1. We believe in the value that every foster child and youth brings to any community they are a part of.
2. We believe that every foster child and youth deserve a thorough and thoughtful approach to their physical and mental health care.
3. We believe technology is an enabler that allows us to reach children. Underdog DREAMS focus on three strategic categories to impact the lives of foster youth in the state of Florida: Education, Mental and Physical Wellness and Technology.



### MOVE LIVE LEARN

Led by Dr. Amanda Stanec, Move Live Learn is committed to helping people live healthier lives. Move Live Learn removes health, education, and sport sectors from individual silos, and brings them to the same table to determine comprehensive solutions to offset current sedentary norms.

*“Welcome to a new movement. Where social justice for physical education, health and sport is as integrated as the advocates who share it.”*

## Challenges, successes, and lessons learned

- Logistical Challenges:** With our team spread across the state of Florida and all team members working in different healthcare environments, we sometimes struggled with communication and finding time to work on our project as a team. We utilized a tool called *Doodle Poll* to identify dates and times that worked for all or most team members to meet then utilized other tools such as video conference software, Office 365 and Google applications to work together from afar. We also traveled across the state and held day-long team retreats periodically. The biannual on-site retreats organized by Clinical Scholars and the RWJF Annual Leadership Institute provided time for in-person teamwork.
- Systemic Challenges:** One of our greatest challenges was convincing those working in the child welfare space of the importance of implementing and supporting interventions based on the research on adverse childhood experiences. For example, our research project required group home directors to bring the foster youth participants to sessions three times a week for eight weeks. This proved to be a problem for various reasons, one being that group home directors used the opportunity to participate as leverage for good behavior and in turn, used the inability to attend as punishment for poor behavior. We know that the poor behavior of foster youth is due to their high adverse childhood experiences and our research program curriculum offered treatment for ACEs. Attendance should have been a high priority but wasn't. Derrick used this as an opportunity to educate group home directors on the effects and treatment of high ACEs and going forward with future program, we plan to make this pre-program education part of our curriculum.
- Personal and Interpersonal Challenges:** Recognizing the challenges and opportunities faced by one of our most important stakeholders, the Florida Department of Children and Families, and being transparent about those while at the same time, building a trusting relationship was important and necessary. Insight into how best to accomplish this came from our study of their 2016 Annual Performance Report which identified one of their three objectives as well-being. With this common goal of physical and mental well-being of foster youth in mind, we were able to communicate how we can be partners in achieving this outcome.



### LESSONS LEARNED

Some initiatives proved to be more work than originally anticipated. There were no failures, but our expectations needed to be reevaluated along the way. Our overwhelming belief is that no work was wasted through the course of this project. There is no doubt that it will all become useful in one way or another. It is important to be aware that there are times when original plans may need to be put on hold.

Another important thing to note, is that people are busy! Those working at the highest levels to better the system can be overwhelmed with their own work, outside of the team project. Understanding and appreciating this and factoring it in to your timeline will be helpful to map out how much time to devote to your Wicked Problem.

### SHIFTS IN THINKING

From day one, we were encouraged to “think outside the box” when faced with such a daunting challenge as that of our project. We really weren't sure how we could make an impact on long-term quality of life in just the three years of our project grant. We embraced the personality styles and thinking profiles of each of our teammates and allowed for much creativity in the beginning. We explored such innovations as virtual and augmented reality and how those technologies might be impactful. We briefly ventured into the world of neurology and looked at the role of cortisol on the teenage brain. Interestingly, we would come back to this in year three but at the time weren't sure how it would fit with our project.

We then considered repeating the 2014 Child Welfare Gap Analysis but this time with the voices of the foster youth included. We abandoned this plan when we learned of the National Youth in Transition Database which surveys foster youth on important issues on an annual basis.

We developed the beginnings of a Standard of Care Manual for the treatment of children in the child welfare system. This is advocacy work that we hope to continue in the future. We also spent time and financial resources on focused and impactful communication.

We ultimately considered centering our research project on trauma-focused cognitive behavioral therapy. However, upon learning about adverse childhood experiences and the prevalence in the foster care population, we identified the path we would finally take which was to develop and test a wellness curriculum for foster youth.

## SUCCESSSES

- **Relationships:** One of our greatest successes was the development of relationships with the key stakeholders in our movement to improve the long-term quality of life of Florida's foster youth and families. Of all relationships, that with the foster youth was most pivotal. Through our transparency and accountability along with hard work and dedication to this project, we have established our team as trustworthy, knowledgeable and team-players in this common goal.
- **Learning:** Not only did we learn much about Florida's child welfare system and where and how we can make an impact, but through the Clinical Scholars program, we have become equipped with tools and strategies to continue and broaden our work. Our in-depth knowledge of adverse childhood experiences has impacted the way we think about toxic stress for everyone in our society.
- **Advocacy:** Although this hasn't yet been fully realized, we have initiated an effort to increase awareness among family physicians of the role they play in the lives of foster youth and families. The success to date is in the realization that no such initiative exists but that one is needed.
- **Wellness Curriculum:** When deciding how best to provide treatment for ACEs to foster youth, we sought advice from experts in the field. By teaming up with Move Live Learn, we now have a first-rate curriculum that can be shared with foster youth across the state.

## Recommendations

- Do not underestimate the time commitment. If your project is not a part of your daily work, be sure to set aside an appropriate amount of time to devote to the project. It helps to set aside time on a weekly basis so as to continue forward motion.
- Avoid rushing in or committing to too many initiatives. The excitement of making an impact for a Wicked Problem can lead to a tendency to want to address several things at once. Our team had so many great ideas of how we



## EXPERIENTIAL LEARNING

Two participants of First Star Central Florida Academy and underdog DREAMS, Kevin Vando-Sanchez and Dawnasia Coleman, came together in Washington, D.C. They spoke with Members of Congress and congressional staff about foster care programs in Florida and the work underdog DREAMS and First Star Academy Central Florida are accomplishing.

The group met with Congresswoman Val Demings, a former social worker and Orlando Chief of Police, for an impactful meeting. The two days provided youth with first-hand experience of the legislative process in action and demonstrated the importance of sharing their stories with our nation's leaders.

would impact the foster care system, but we began to get lost in a sense of never being able to accomplish all that we wanted. However, once we dove in on the most pressing issue, other opportunities presented themselves more naturally.

- Identify stakeholders and develop a relationship early. Your most important stakeholders will be your foster youth. Their voice is vital. We performed a stakeholder analysis.
- Transparency and accountability among members of a team is vital. Establishing those as shared values and expectations prior to selecting your team would be best. However, once the team is formed, including them in your team charter and prioritizing time to revisit this covenant will prove to be time well spent.
- “Assume good intentions.” This means that all members have opinions, and so everyone should be able to freely vocalize their thoughts without fear of attack or retribution. By assuming that the intent is to be positive, even if someone has an opinion that is a dissension from the group, it will be welcomed. People can disagree without having a malicious intent.

### GETTING STARTED

- First, identify the problem you wish to address and state that problem as clearly and concisely as possible. There is so much yet to do and you can’t do it all. Realizing your strengths and talents and identifying how you can best utilize those in your work should help you determine your problem. You should also keep your project scope as reasonable and doable as possible.
- Prior to deciding on your project focus, engage your greatest resource, (in our case this was the foster youth), to help you identify the greatest needs. Those with lived experience will always be our greatest asset.
- Spend time in your “Look, Listen, and Learn” phase. Research to find resources, such as this toolkit, to learn from those who have come before you. Those who truly care about the well-being of foster youth, will be willing to share their knowledge.

### BEST PRACTICES

- Establishing a reputation of trustworthiness will go a long way in fostering and strengthening the important relationships you will need to create.
- Be organized! We utilized OneNote, a Microsoft Office application, to organize our files and notes.
- Designate roles for each member of the team. For example, have one person be primarily responsible for communication. Another member will need to be the one who drives movement forward. Note-taking responsibilities can be shared but ensure one team member is always on the job. Another team member may be responsible for managing the budget and bookkeeping. Of course, professionals will need to be hired as consultants for some of this work, e.g., accountant for tax reports and an attorney for legal work.



### DISMANTLING STRUCTURAL INEQUALITIES

Through Clinical Scholars and Community-Campus Partnerships for Health (CCPH), our team attended a two-day experience designed to provide individuals and communities with a historic understanding regarding structural inequality and skills needed to work in partnerships to address these issues.

The team was able to bring along two foster youth, Emmanuel and Roderick, and community partners. The impact this experience had on these youth is still very apparent years after the workshop.

*“I feel empowered now to have conversations about structural inequalities.”*

– Emmanuel

## Appendix

### FAMILY MEDICINE NEEDS A FOSTER CARE INITIATIVE: ANNETTE DAVIDSON BELL, MD

Dean M. is a thirty-six-year-old male who presents to your office for follow-up two weeks after an acute myocardial infarction and placement of coronary artery stents. He is a divorced, long-distance truck driver who was last seen by you for a physical 12 months ago. Prior to his recent MI, he had no significant past medical and no known family history of heart disease or stroke. He is now on several appropriate cardiac medications but was not taking any medications previously. He continues to smoke ½ pack per day, drinks a 12-pack of beer on the weekends and denies illicit drug use.

“Thirty-six years old!” You ask yourself, why does this patient have coronary artery disease? What should I recommend for secondary prevention? Do I treat this patient differently than my typical cardiac patient? You do a complete social history and learn that Dean entered the child welfare system at age 9 and aged-out at age 18. Is this significant? Research suggests that it is.

Chronic or complex stress, often referred to as toxic stress, caused by adverse childhood experiences (ACEs) leads to physiological changes in the immune, endocrine, and neurological systems and can even cause changes in the expression of our DNA.<sup>1,2</sup> Medical experts have identified ten **ACEs** that have been shown to impact both physical and mental health and numerous studies on ACEs and their relationship to diseases have been done to date. Exposure to four or more ACEs significantly increases the incidence of adverse health outcomes including but not limited to coronary artery disease, COPD, hepatitis, cancer, suicide, and HIV.<sup>1</sup>

ACEs screening studies suggest that over 50% of children in foster care have four or more ACEs compared to only 13% outside of foster care.<sup>5,6,7,8,9</sup>

Alumni of the child welfare system frequently suffer health-related effects that persist through adulthood. As family physicians, we are called to care for people of all ages and through all stages of their lives. With more than 600,000 people served annually by the foster care system in this country, chances are you have a child or adult alumnus of the foster care system in your practice that more likely than not, has a high ACEs score and needs you to be educated and prepared to care for them.<sup>10</sup>

At the age of 18, foster youth transition not only from the child welfare system but from their pediatrician’s practice. Approximately 7% of foster youth age-out of care each year.<sup>11</sup> At this vulnerable time, foster youth need support in many areas of their lives. Ideally, a relationship with a physician who can not only support them during this time of transition but continue that support long-term is best, making the family physician the ideal healthcare specialist for this population.

The treatment for high ACEs includes healthy living habits and relationships as well as occupational and mental health therapy.<sup>2</sup> Family physicians routinely recommend interventions around healthy eating, sleep habits and regular exercise. We encourage therapy, mindfulness and attention to healthy relationships and when appropriate, refer to our healthcare colleagues to provide therapies within their specialties. As a result, we are already experts in providing the care needed for this vulnerable population.

For these reasons, it is time that the discipline of family medicine introduces an initiative to address the special needs of the child-welfare population. Our colleagues in Pediatrics have led the way with their Healthy Foster Care America program.<sup>11</sup> It is time the American Academy of Family Physicians developed and implemented a curriculum to educate its members on the importance of screening for ACEs and increased resources for family physicians on how to address the special healthcare needs of the child welfare population.

*Annette Bell, MD, FAAFP is family physician in Northeast, Florida. With the support of the Robert Wood Johnson Foundation Clinical Scholars program, she is performing research on the Florida Child Welfare system and how to improve long-term quality of life outcomes for Florida’s foster youth and families.*

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