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STATE MENTAL HEALTH LAWMAKERS' DIGEST

Transitioning out of the Foster Care System

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In late spring, most high school seniors are graduating and looking forward to college or a new job. Many are moving in with friends and pursuing relationships. Those who leave home to attend college may return at the end of the year to find a summer job and live rent free.

All these milestones are compromised when a youth does not have a stable home life. Without the emotional and financial support of parents, it is much more difficult to pursue higher education, employment, meaningful relationships and independence. For youth who are aging out of the foster care system, this transition can be very difficult, and is compounded when a youth has mental health needs.

Due to the extreme challenges of their upbringing, some say that up to 90 percent of youth in the foster care system have some type of mental health disorder; most do not receive treatment. A national study found that 35 percent of those aging out have significant mental health needs, and 50 percent have used drugs. More than half have not completed high school. Having mental health needs further impairs an individual's ability to perform daily activities.

Foster youth with mental health needs who are aging out of the system have greater instances of difficulty in school, largely due to an inconsistent educational history, difficulty forming relationships and developing a social circle, and feelings of instability due to the lack of a permanent home and parents upon whom to rely. They have difficulty finding and holding a job, taking medications and attending appointments to manage their illness, and finding housing.

Many programs and policies are taking a holistic approach to addressing the needs of these youth. Mental health treatment is only one component of their lives, and making health care—including mental health services—available is paramount, in addition to employment, education, and housing is important to the overall success of youth in transition to adulthood.

Although most individuals between the ages of 18 and 24 (and older) have parental support to pay for housing, education, health care and other basic necessities, former foster children do not have this support, which has led to a high prevalence of homelessness among this population. Twenty-four percent or more will experience homelessness in the first 18 months out of state care, and 41 percent of homeless youth have been involved with the child welfare system.

States have responded by establishing housing programs for youth who are making the transition from the foster care system. In 1986, PL 99-272 established the Federal Independent Living Program to help states provide for older youth in the foster care system.

Many young adults receive health insurance through their parent's plan (or not at all), but children in the foster care system do not have the option of a parent's plan. When they are in need of mental health treatment and medications, going without health insurance is a greater threat to their well-being. An amendment to the Federal Independent Living Act, the Foster Care Independence Act of 1999, established the John Chafee Foster Care Program to allow states more funding for this population and to extend Medicaid to former foster children until they reach age 21. Seventeen states have taken advantage of the Chafee Option and five more plan to do so, recognizing the need to insure this population.

Other states have used Medicaid 1115 waivers, State Children's Health Insurance Program (S-CHIP), and other state funding to provide coverage. In total, 28 states provide coverage to former foster care youth, although not all provide coverage to age 21.

Making the transition from the foster care system—where almost all children receive some type of mental health treatment—to independence may be difficult for youth with serious mental health needs. Programs that help the youth transfer or continue to receive benefits and find new doctors, social workers, and mental health programs in the adult mental health system can make the transition easier. In addition, many adult mental health programs have begun to recognize that younger adults have different needs and interests, and are tailoring aspects of their programming to that population. The likelihood that the transitioning youth will be successful in a program depends largely upon on whether the program is designed to meet the specific needs of the individual.

Transitioning youth with mental illness may not participate in mental health treatment for two reasons. First, it is not available to them because programs do not exist or the individual does not have health coverage.

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WHAT WORKS: PROGRAMS WITH PROMISE

The First Place Fund for Youth

The First Place Fund for Youth is an Oakland, California-based nonprofit organization designed to assuage the lack of services available to youth who are making the transition from foster care to independent living. Founded in 1991, First Place's mission is to support youth between the ages of 16 and 23 in their transition from foster care to successful adulthood by promoting choices and strengthening individual and community resources. This goal is accomplished through three programs: the Supported Housing Program, the Emancipation Training Center and the Emancipation Specialist Program. The programs provide services such as housing assistance, life skills training, budget management and goal setting workshops, health advocacy, and job and educational resources.

First Place cares for youth with mental health needs by ensuring they receive SSI advocacy, connecting them to mental health professionals, and providing intensive case management to ensure they have adequate resources and support systems. If the housing the program offered is too unstructured for young people due to their mental health status, staff will work to find appropriate housing and will refer youth to more intensive housing programs.

Funds for First Place programs and activities are provided by a mix of foundations, corporations, government agencies, and individual community members. First Place is active within the Legislature—staff make frequent trips to Sacramento, sometimes with young people from their programs to provide testimonials at the state capitol. Strong advocates include Assembly members Carol Bass and Mark Leno, and Senator Carol Midgen.

The First Place model seems to have a positive effect on the lives of former foster youth. Compared to the general population of former foster youth 12 to 18 months after discharge from foster care, First Place youth are six times less likely to be arrested or incarcerated, four times less likely to be homeless, three times less likely to receive public assistance, and 50 percent more likely to be employed.

California is home to one of every five of the nation's foster children; 104,000 leave the system each year statewide. "Services to assist former foster youth are virtually nonexistent," said Amy Lemley, director of First Place. "It's horrific to know these youth entered the foster care system because of a home life filled with physical and emotional abuse, severe neglect and abandonment. When they leave the system at age 18, they come back full circle to where they started from—abandoned without guidance and financial support, but this time as young adults." For more information, go to <http://www.firstplacefund.org/>.

North Carolina LINKS

The purpose of North Carolina LINKS is "...to build a network of relevant services with youth so they will have ongoing connections with family, friends, mentors, the community, employment, education, financial assistance, skills training, and other resources to facilitate the transition to adulthood."

The NC LINKS program provides services to all youth in foster care between the ages of 16 and 18, to young adults between the ages of 18 and 21 who chose to be in care, and to young adults who aged out of foster care at age 18. Youth may be eligible for one or more of these funds:

- The trust fund, which can be used for nonhousing costs that might be barriers to a youth's transition to adulthood.
- The transitional housing fund, which provides up to \$1,500 per year to help with room and board expenses.
- Extremely high-risk funds, which provide up to \$1,500 per year to youth determined to be at high risk (which is up to each county's discretion).
- Scholarship/conference funds, which can be used toward conference attendance involving foster youth or as educational incentives.

Although the LINKS program lacks a component to deal specifically with mental illness, it refers youth with mental health needs to services outside the program.

North Carolina's diverse counties led to creation of the LINKS program, which accommodates the needs of young people who are aging out of the system, regardless of their geographic location. Eighty percent of the funding for the NC LINKS program comes from the federal government, through the Foster Care Independence Act; the remainder is allocated by the state.

The program counts several members of the Legislature among its allies, including Senator Larry Shaw, a member of the mental health/youth services committee, and Representative Tricia Katham.

Although experts in the field contend that not enough data exists to label this or any similar program an evidence-based practice, some survey data show the results that NC LINKS has achieved. In 2006, 84.1 percent of aged-out youth were in safe and stable housing, 67.4 percent had a personal support network (five or more individuals) outside the public welfare system, and 31.2 percent had stable employment (six or more months in the same job in the previous year). For more information, go to http://www.dhhs.state.nc.us/dss/c_srv/csrv_ind.htm.

Curtis McMillen is Associate Director of the [Center for Mental Health Services](#) at the George Warren Brown School of Social Work at Washington University in St. Louis. His current research examines issues related to the quality of mental health services received by child welfare clients, quality improvement and assurance in mental health organizations and the service use of older youth as they leave the foster care system.

His primary research partner is the Missouri Children's Division. His interests and past experiences as a foster care worker are reflected in the courses he teaches: Child Welfare Practice and Foundations of Social Work Practice with Individuals, Families and Groups.

What are the most common mental health problems among youth who are making the transition from foster care?

There are two primary mental health problems for kids leaving the foster care system. The first includes kids who had conduct disorder problems while they were in the system, such as trouble with the law, impulse control or making bad decisions. The second is depression. In our research in Missouri, about 10 percent of kids who have left care can qualify for a diagnosis of major depression

How much of a stigma exists in the foster care system toward children with mental health problems? Does this pose challenges for treatment?

The stigma about mental health treatment is different among kids in the foster care system than it is among kids in general. Kids in general may equate the use of psychotropic medications, seeing a psychiatrist or seeing a mental health professional with being crazy. Kids in the foster care system don't have that same association with mental health treatment. They've grown up in the foster care system and lived in group home environments where everyone was in mental health treatment and half the people they know have had an inpatient psychiatric hospitalization.

But there still is a stigma associated with mental health treatment and there is some resistance to being involved in treatment. What young people who are leaving the foster care system want and talk about all the time is being free of the system and all the adults to whom they have to answer. I'll sidetrack for a minute. The kids in the foster care system have a lot of adults to answer to in their lives. Their caregiver who is either a residential provider or a foster care provider, a foster care case manager and a case manager supervisor. They may have a case volunteer and they have a judge. They have a lot of adults, any of whom may disagree with something that they want to do and cause them problems and anguish in their life. They have a lot of people to answer to. So a mental health provider to them represents

yet another adult to whom they must answer. For them, mental health treatment is something of a threat to their own independence. Mental health treatment is something they associate with foster care, not with being crazy, and they want to escape all the trappings of foster care.

What challenges do youth with mental health needs face when they "age out" of the foster care system?

Youth with serious mental health needs face all the other immense challenges that youth with lesser mental health needs face when they leave the foster care system. Primary among them is "how do I make enough money from the jobs I'm qualified to have to be able to afford to live, especially in expensive urban areas?" Almost none of the jobs that youth in the foster care system get when they leave care pay what any of us think would be a livable wage. There have been several studies that show the median income of kids who are working who leave the foster care system is around \$5,000 or less. So their first challenge is just making enough money to survive living somewhere—anywhere—without having to resort to illegal means to live.

The second thing that goes along with that is finding an affordable place to live. Because if you're making minimum wage and working part-time—as most of these kids are—then you have very little money to play with to find a place to live and people who are stable to live with. Add to that a youth with a substantial mental health problem—who has no money, few tangible skills and not much financial or emotional support from family—and he or she has some additional burdens. As you know, very few states are participating in the federal Medicaid option to provide coverage for kids 18-21 who are leaving the foster care system. So kids with mental health needs are usually on psychotropic medication that they need to keep them stable and so they must to figure out a way to pay for their medications and to pay for any other mental health treatment that may be going along with that.

What are the components of a program that makes transition more successful?

We aren't even to the point where we can ask that question. The question presupposes that we have programs that we know work, and we don't have any programs that we know that work. I challenge anybody that you talk to for this brief who says they have a program they know that works – show some numbers showing that it works and give some comparisons. So we have programs people like, but we don't have any programs that we know work, and without knowing any programs that work, we can't ask the question about what elements makes them work.

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Are there specific examples of statewide efforts or programs that focus on youth in transition that you like?

That’s a broad question, so I’m going to rephrase it a little bit. The only evidence out there of anything that we think works is evidence that kids who stay in care longer tend to fare better, at least while they’re still receiving their foster care services. The only policy intervention that we know is really going to help is to remove the artificial leaving age of 18 and raise it to at least 21—that’s one thing state legislators can do. The second thing state legislators can do is participate in the state Medicaid option [for these kids] to receive Medicaid if they’ve left foster care and are not yet 21.

Other programs that seem to be important are the different housing programs that give kids a place to live and subsidize them for a while as they leave the foster care system. There are hundreds of scattered site apartment programs or transitional living programs across the country, none of which have any data that show they really make a difference in young people’s lives, but they at least provide concrete services for what these young people struggle with the most

– having a place to live. Kids lose eligibility for these programs when they leave the foster care system either because they have aged out, or more often than not, because there is some complication to remaining in care and the child chooses to leave care or the state asks him or her to leave prematurely. ☹

Recent publications by Curtis McMillen

Lee, B., Munson, M.R., Ware, N.C., Ollie, M. T., Scott, L.D. & **McMillen, J. C.** (2006). Voices of Foster Care Youths: Consumer Views of Mental Health Services. *Psychiatric Services, 57*, 487-492.

McMillen, J.C., Proctor, E. K., Megivern, D., Striley, C., Cabassa, L., Munson, M. & Dickey, B. (2005). Quality of care in the social services: Research agenda and methods. *Social Work Research, 29*, 181-191.

Elze, D.E., Auslander, W.F. Stiffman, A.R., & **McMillen, C.** (2005). Educational needs of youth in foster care. In G.P. Mallon & P.M. Hess (Eds.), *Child welfare for the twenty-first century: A handbook of practices, policies, and programs* (pp. 185-204). New York: Columbia University Press.

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The second barrier—that many youth see mental health treatment as a hindrance to independence —may be more difficult to remedy. Youth would like to leave the restrictions of their life under state care and move to adulthood, where they are not required to participate in mental health treatment.

For many youth who are aging out of the foster care system, the only jobs available to them pay minimum wage, and do not provide enough to buy the basic necessities to live independently. Therefore, some states are providing cash assistance programs, many of which are contingent upon the

component, attending vocational training, maintaining a job or remaining in school.

Although many states have established programs that they believe are successful, as yet there are no evidence-based practices for this specific population. The lack of evidence about programs that best help this population, combined with the fact that budget cuts may force many child welfare agencies to reduce these programs for transitioning youth, make it difficult to help these youth make the transition from foster care to independence. ☹

TABLE 1. STUDY FINDINGS ON MENTAL HEALTH STATUS OF YOUTH IN FOSTER CARE

STUDY	FINDINGS
Adoption and Foster Care Reporting and Analysis System (AFCARS), 2003	80% of youth in foster care have received services for mental health issues during placement.
Pecora, P.J., Williams, J., O’Brien, K., Downs, A.C., English, D., White, J., Hiripi, E., White, C.R., Wiggins, T., and Holmes, K.E. (2003). <i>Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study</i> . Seattle, WA: Casey Family Programs.	54% have a mental health diagnosis after leaving care (n=659).
Courtney, M.E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., and Bost, N. (2005). <i>Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at age 19</i> . Chicago, IL: Chapin Hall Center for Children, University of Chicago.	12% and 10% had a lifetime diagnosis of Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder, respectively (n=321).
Needell, B., Cuccaro-Alamin, S., Brookhart, A., Jackman, W., and Shlonsky, A. (2002). <i>Youth Emancipating from Foster Care in California: Findings Using Linked Administrative Data</i> . Berkeley, CA: Center for Social Services Research.	62% had received mental health services prior to emancipation (n=10,228).

Mental Health Need and Access to Mental Health Services by Youths Involved With Child Welfare: A National Survey

Study and results: This study looked at the need for mental health treatment among a nationally representative sample of children ages 2 to 14 who were investigated by child welfare agencies after reported maltreatment. Maltreatment includes neglect, physical abuse, sexual abuse and emotional abuse. Children who are maltreated also are likely exposed to poverty, domestic violence and parental substance abuse. All are risk factors for the development of emotional and behavioral problems.

The results show that almost half the youths (47.9 percent) with completed child welfare investigations had clinically significant emotional or behavioral problems. For younger children ages 2 to 5 this percentage increased if the reported maltreatment was sexual abuse. Of the youths in the study with clinical mental health needs, only one-fourth received mental health care in the previous 12 months. For African-American youth living at home, the chance of receiving services was significantly reduced, and adolescents living at home also were less likely to receive services. If the child lived with a parent who has severe mental illness, the likelihood of receiving services increased.

What's important: This study shows the importance of routine screening of children when they are first introduced into the child welfare system to assess the need for mental health services. It also shows the need for collaboration between the child mental health and child welfare systems to accomplish this and provide effective services.

Find this study: Burns, Barbara, et al. "Mental Health Need and Access to Mental Health Services by Youths Involved With Child Welfare: A National Survey." *Journal of the American Academy of Child and Adolescent Psychiatry* 43, no. 8 (August 2004).

State Child Mental Health Efforts to Support Youth in Transition to Adulthood

Study and results: This study was conducted to determine what services are available in state mental health systems to help adolescents in the foster care system make the transition to adulthood. Interviews were conducted with the members of the Children, Youth and Families Division of the National Association of State Mental Health Directors or their designees for all 50 states and the District of Columbia.

As the interviews were conducted, it became clear to researchers that the study would be limited in its ability to accurately compile information regarding transition services if a state has a decentralized child mental health system or if the state has a Medicaid-funded child mental health system operated through a private managed care behavioral health care organization. In both cases, the interviewee's knowledge of some transition services would be limited. These limitations were addressed by conducting a systematic assessment of the configurations of the states to determine the administration of the states where this was an issue.

The results of this study show that the availability of state services that provide transition support is limited and that, nationally, the continuity of services for adolescents moving into adulthood is impeded by the separate child and adult mental health systems. Most adolescents have access to few or no transition services and no state has found a way to provide continued mental health services for all the adolescents who are making the transition to adulthood. *What's important:* Adolescents have difficulty accessing services that will help them learn to function as an adult. State mental health systems would need to examine how they provide and prioritize transition services in order to make improvements in the system.

Find this study: Davis and Sondheimer. "State child mental health efforts to support youth in transition to adulthood." *Journal of Behavioral Health Services and Research*, 32, No. 1 (January 2005): 27-42.

Prevalence of Psychiatric Disorders Among Older Youths in the Foster Care System

Study and results: This study examined the rates of psychiatric disorders in older youths in the foster care system, assessed the onset of disorders relative to the entry into the foster care system, and examined how the rates varied by gender, race, child maltreatment histories and living situation. This study interviewed 373 17-years-olds in one state's foster care system. The results showed that 61 percent of youths had at least one psychiatric disorder during their lifetime and 37 percent met the criteria for a psychiatric disorder within the past year. It indicated that 62 percent reported the onset of the disorder before entering the foster care system. The study also showed no difference in the rates of psychiatric disorders for adolescents in kinship care and those in non-kin foster families. The greatest predictor of a psychiatric disorder was the number of types of maltreatment reported.

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What's important: Youths in the foster care system have disproportionately high rates of psychiatric disorders in their lifetime and in the past year. This finding supports the need for an initial mental health assessment when a child enters the foster care system and for periodic assessments thereafter. The study also shows the need for continuing mental health services when youth move out of the foster care system.

Find this study: McMillen, J.C. et al. "Prevalence of Psychiatric Disorders Among Older Youths in the Foster Care System." *Journal of the American Academy of Child and Adolescent Psychiatry*. 44, No. 1, January 2005: 88-95.

Improving Foster Care, Findings from the Northwest Foster Care Alumni Study

Study and results: This study examined the outcomes of 659 adults between the ages of 20 and 33 who were placed in foster care as children. All study participants, called alumni, had been in the Casey Family Programs or the Washington or Oregon state child welfare agencies. The study found that the alumni were experiencing significant problems in relation to mental health issues, education, and employment and finances. A high percentage of the alumni—54.4 percent—had at least one clinical mental health problem within the past 12 months. And nearly 20 percent (19.9 percent) had three or more mental health problems. These rates are much higher than the general population for the same age group.


The rates of post traumatic stress disorder in the group were twice that of U.S. war veterans. Although the alumni face

recovery rates for these disorders were about the same as that for the general population.

The study found that the alumni completed high school at a high rate and many (28.5 percent) used GED testing to do it. The rates for postsecondary education were low, however, with the rate for completion of a bachelor's degree of higher education (1.8 percent) significantly lower than that for the general population of the same age (24 percent).

The study found that the employment rate for this group was 80 percent which is lower than that of the general population for the same age group (95 percent). It also found that one-third of the alumni had household income at or below the poverty level, which is three times the national poverty rate. The rate of those with no health insurance was 33 percent, which is almost double the national average. More than 20 percent of the alumni also reported homelessness after leaving the foster care system.

What's important: Given the high prevalence of mental health issues among the alumni, it is important to increase access for those who are making the transition out of the foster care system. Minimizing and treating mental health issues early can improve educational outcome; also this, in turn, can improve financial outcomes. Providing resources to these youth can improve educational outcomes. Life skills and independent living preparation can provide alumni with valuable skills that can improve housing and financial situations.

Find this study: Pecora, P.J. et al. "Improving Foster Care, Findings from the Northwest Foster Care Alumni Study." Casey Family Foundation (March 2005). 

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ON THE HORIZON: EMERGING PROGRAMS

The Opportunity Passport: Helping Young People after Foster Care

The Jim Casey Opportunities Initiative is a foundation that helps youth in foster care make a successful transition to adulthood. One Initiative program, the Opportunity Passport, teaches financial management and provides not only opportunities related to education, employment and training, but also resources to help participants with health care, housing and recreation. The program requires participants to take a financial literacy training course before enrolling and provides experience with the banking system.

The Opportunity Passport has three main components. Participants are provided with a personal debit account to use for short-term expenses. The matched savings account, known as an "Individual Development Account," has a match of 1 to 1 or 1 to 4, depending on the site and purpose for which the savings will be used. The matched savings money may be used only for specific purposes, including business development, education, housing, transportation, health care and investments. The program also provides opportunities such as low-cost health insurance, job training, education opportunities and mentors. Examples of these opportunities include preapproval for registration for community college and expedited access to job training.

Youth between the ages of 14 and 23 who were in foster care after their 14th birthday are eligible to participate. The youth are recruited by community partners who are supported by the Initiative. The program currently operates at 10 sites serving approximately 2,000 young people. The programs and opportunities vary from site to site, although some have additional partners and foundations that can enhance the match for the savings account or provide additional resources and opportunities. In Atlanta, for example, participants are eligible to purchase low-cost health insurance from Kaiser and are allowed to use their savings account to do so. In Detroit and Nashville, programs provide financial advisors to help participants plan financial investments with their matched savings.

The Initiative collects information from Passport program participants, who are asked to fill out on-line surveys. The initiative is able to collect demographic information and track how the young people use their savings and how participants are faring in their personal lives. The information also is used to inform the Initiative's work. 🏠

Table 2. Sites that have Opportunity Passport programs

Atlanta, Ga.	Michigan (Detroit and 10 northern counties)
Denver, Colo.	Nashville, Tenn.
Des Moines, Iowa	Providence, R.I.
Hartford/Bridgeport, Conn.	San Diego, Calif.
Maine	Tampa, Fla.

DIGGING DEEPER

The **Child Welfare League of America** (www.cwla.org) identified programs and resources for youth around the country who are aging out of foster care. The list includes programs that address housing, education, general transition support, youth engagement, and employment and career development.

The **American Public Human Services Association** released a report in 2007 entitled *Medicaid Access for Youth Aging Out of Foster Care* (<http://www.aphsa.org/Home/Doc/Medicaid-Access-for-Youth-Aging-Out-of-Foster-Care-Rpt.pdf>), which was funded by the Jim Casey Youth Opportunities Initiative.

The mission of the **Jim Casey Youth Opportunities Initiative** (www.jimcaseyyouth.org) is to help youth in foster care successfully make the transition to adulthood.

The **Forum for Youth Investment** (www.forumforyouthinvestment.org) is a nonprofit organization working to help all children successfully make the transition to adulthood.

For more information on the **Coordinated State Leadership for Better Mental Health**, NCSL's mental health project funded by the John D. and Catherine T. MacArthur Foundation, go to www.ncsl.org. 🏠