

# Embracing Our Past, Empowering Their Future

Why Child Welfare Reform Matters



Congressional Coalition on Adoption Institute  
2015 Foster Youth Internship Program™ Report

## History

The Congressional Coalition on Adoption Institute (CCAI) is a non-profit organization that works to raise awareness about the needs of children without families and to remove policy barriers that hinder them from knowing the love and support a family provides. CCAI is unique in that each of our programs brings together policymakers and individuals with direct foster care or adoption experience. We have found that when policymakers hear direct experiences of those affected by child welfare policy, they become engaged in this issue and work to bring about legislative improvements in an effort to ensure each child has their right to a family realized.

CCAI was founded in 2001 by advocates of the world's orphaned and foster youth. In founding CCAI, these advocates sought to match the commitment of members of Congress' Adoption Caucus, the Congressional Coalition on Adoption, with the information and resources needed to make the dream of a family a reality for every child.

## Mission Statement

The Congressional Coalition on Adoption Institute is a non-profit, non-partisan organization dedicated to raising awareness about the millions of children around the world in need of permanent, safe, and loving homes and to eliminating the barriers that hinder them from realizing their basic right of a family.

## Foster Youth Internship Program™

CCAI's Foster Youth Internship (FYI) Program™ is a highly esteemed Congressional Internship for young adults who spent time in the United State's foster care system. The FYI program began in 2003 as an effort to raise awareness to federal policymakers about the needs and unique perspectives of those who spent time in foster care. As part of the program, CCAI organizes retreats, advocacy trainings and various networking opportunities with experts in the child welfare field. Throughout the summer, the interns spend time researching about policy issues affecting foster children across the country. These experiences allow them to create a policy report that is presented at a Congressional briefing and released to child welfare advocates across the country.

As a result of the program, federal policymakers are shown firsthand the experiences of youth in foster care, and use their new knowledge to inspire legislative change. Interns participating in this program benefit both personally and professionally, gaining experience and skills that will bolster their careers for years to come and developing the foundation to be lifelong advocates for improving the foster care system.

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# FOREWORD

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Every summer, twelve extraordinary young leaders—alumni of U.S. foster care—travel from across the nation to Capitol Hill. They come not just to intern for congressional offices and committees, but with the shared goal of combining their childhood experiences in foster care to inspire change. With their growing knowledge of federal law and child welfare policy, these motivated interns offer federal lawmakers creative solutions to policy barriers and challenges faced by children in foster care across the nation.

Their willingness to embrace both the past difficulties and successes they experienced in foster care, dig deep into research and writing, and author this report is a testimony to their commitment to empower the 400,000 children currently experiencing foster care across the nation.

The result is this report, a labor of love, filled with ideas waiting for champions to take them up and improve the lives of children and youth in foster care.

To the authors of this report, Angelique, Ashley, Brianne, Cierrena, Destiny, Erik, Jennessa, Kenya, Keri, Lindsey, Marcia and Matthew: by now you all know how much the CCAI staff believe in you, your ideas and your ability to change the world. What you may not realize is how many Members of Congress, congressional staff and child welfare professionals nationwide care about your experiences and ideas in this report. Always remember: “You might only have one match, but you can make an explosion.”

And now, it is with great pleasure that I introduce the Congressional Coalition on Adoption Institute’s 2015 Foster Youth Internship Program™ Report, *Embracing Our Past, Empowering Their Future: Why Child Welfare Reform Matters*.

A handwritten signature in blue ink that reads 'Becky Weichhand'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Becky Weichhand  
Executive Director  
Congressional Coalition on Adoption Institute

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# TABLE OF CONTENTS

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## 2 FOREWORD

## 4 INDIVIDUAL FOSTER YOUTH INTERN REPORTS

*This section is a collection of individual policy reports written by the 2015 Class of Foster Youth Internship Program™ Interns (FYIs) They have each chosen a topic relevant to foster care or child welfare about which they are passionate and provided research, unique insight and policy recommendations with respect to the topic.*

- p. 4: Foster Children of Parents with Serious Mental Illness: A Forgotten Population  
*Cierrena Spataro-Haynes*
- p. 8: Collecting Relevant Information to Address Adoption Disruption and Dissolution: It's Not Just About the Numbers  
*Destiny Reid*
- p. 12: Increasing Positive Outcomes for African-American Males in the Foster Care System through Adoption  
*Lindsey Harrington*
- p. 16: Addressing the Overuse of Psychotropic Medication Among Foster Children  
*Matthew Broderick*
- p. 20: Every Life Matters: Trauma-Informed Training and Peer-to-Peer Support Groups to Prevent Foster Youth and Alumni Suicide  
*Brianne Lyn Nagamine*
- p. 25: Family Group Homes: A Chance at Normalcy for "Hard-to-Place" Teens  
*Erik Barrus*
- p. 30: Redefining Homeless: Improving the Outcomes for Aged Out Foster Youth  
*Marcia Hopkins*
- p. 34: Closing the Educational Gap: Addressing the Need for Educational-Vocational Specialists  
*Angelique Marie Salizan*
- p. 38: Fostering a Culture of Silence: The Need to Improve Reporting of Sexual Abuse in Foster Care  
*Ashley D. Williams*
- p. 42: Investing in Foster Youth's Futures: Improving Access to Extracurricular Activities and Supportive Relationships  
*Keri Richmond*
- p. 46: Reaching Higher Goals: Improving Educational Outcomes for Foster Youth  
*Kenya Adeola*
- p. 50: Mental Health for Foster Children: Creating Consistency Among States  
*Jennessa Ahline*

## 56 ABOUT THE INTERNS

## 60 ACKNOWLEDGEMENTS

## 61 OUR PARTNERS

## 63 REFERENCES



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# Foster Children of Parents with Serious Mental Illness: A Forgotten Population

Cierrena Spataro-Haynes

## Executive Summary

There is an incredible lack of data and research, and therefore a lack of evidence-based practices for children of parents with Serious Mental Illness(es) (“SMI”) in general, and even less for foster children. With evidence-based practices, foster children have the potential to reduce their likelihood of developing a mental illness, and can effectively manage their illnesses if they do develop them, in order to lead productive lives. Due to this lack of data, research and evidence-based practices, 24 states simply expedite the termination of rights when a parent has a SMI (U.S Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, Children's Bureau [HHS], 2013). Foster children of parents with SMI are a uniquely vulnerable subset of foster children. Research shows that women with SMI are as likely or more likely to be parents than their peers, and also that 70-80% of mothers with SMI lose custody of their children (Kohl, Jonson-Reid, & Drake, 2011). Access to services based on evidence of best practice will lead to better outcomes for this very vulnerable category of foster children. Without congressional action, foster children of parents with SMI will continue to be a forgotten population.

## Personal Reflection

I was not prepared for my experience in court-ordered supervised visitation with my biological mother who suffers from paranoid schizophrenia, one of the primary categories of SMI. The little preparation my sister and I received included our social worker saying, “Once you do this, you can’t go back.” At seven years old, I had to make sense of the symptoms of my biological mother’s illness without specialized support. Initially, I felt confused and afraid. As a teen I felt angry and isolated, and feared that I would develop a mental illness. To this day, many children of parents with an SMI like schizophrenia have no support from the child welfare system for the unique issues they face, despite facing double the risk of developing schizophrenia than the general population (Rasic, Hajek, Alda, & Uher, 2013).

After working in a child protective services agency, I realized that due to large caseloads and a lack of resources it is impractical for social workers to be able to meet the specialized needs of foster children coping with parents who have a SMI. One seasoned social worker looked to me—an intern—to help her understand SMI after learning about my childhood experience. Social workers need evidence-based practices to help foster children through the process of interacting with their parent, and to develop a greater understanding of SMI to objectively assess families. Yet the data, research and evidence-based practices do not exist and so social workers and these foster children are left unsupported.



*Embracing Our Past, Empowering Their Future: Why Child Welfare Reform Matters*  
Congressional Coalition on Adoption Institute

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## Recommendations

The first key step is to identify the scope of the need for services and address this need. Congress should:

***Request a Government Accountability Office (“GAO”) report that will capture efforts of both state mental health and child welfare agencies that address the needs of foster children of parents with SMI, including:***

- Data states are currently collecting relating to foster children of parents with SMI and/or parents with SMI;***
- Research or studies agencies have commissioned or are aware of, including experts, in their state relating to foster children of parents with SMI and/or parents with SMI;***
- Any programs or services, including evidence-based practices, supporting foster children of parents with SMI and/or parents with SMI.***

*Based on the results of this GAO report Congress should:*

- Create a grant through the Substance Abuse and Mental Health Services Administration (“SAMHSA”) to develop data and research for the creation of evidence-based practices to serve the unique needs of foster children of parents with serious mental illness.***

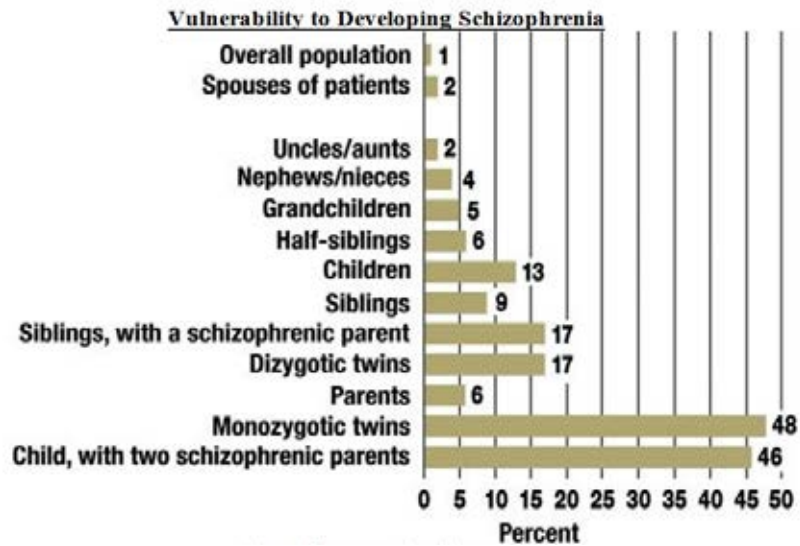
## The Problem

The prevalence of serious mental illness (“SMI”) in the United States is one in 17 adults, or about 13.6 million people (National Alliance for Mental Illness, 2013). For perspective, compare this number to the 1.2 million individuals in the United States that live with HIV (Center for Disease Control and Prevention, 2014). Children of parents with SMI are at increased risk of developing a SMI, and are at an even greater risk of developing other mental health issues. One study suggests that children of parents with SMI have a 30% chance of developing a SMI, and a 55% chance of developing any mental illness (Rasic et al., 2013). Consider this when 70-80% of mothers with SMI lose custody of their children (Kohl et al., 2011). With an astonishing lack of data, research and evidence-based practices to provide specialized services, 24 states currently expedite the termination of rights when the parent has a mental illness (Kaiser, 2011; HHS, 2013). A great many of these children end up in foster care.

### Serious Mental Illness (“SMI”) Defined

“Adults with a serious mental illness are persons: (1) age 18 and over, (2) who currently or at any time during the past year, (3) have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM)-III-R, (4) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities...All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.”

*Federal Register Volume 58 No. 96 published Thursday May 20, 1993, pages 29422-29425 (Incel, 2013).*



Mattejet, Remschmidt, 2008

Foster children of parents with SMI require specialized services, and at the very least a social worker competent in mental health (Siegenthaler, Munder, & Egger, 2012). Every expert interviewed while researching this report stated that resources or trainings for social workers to be competent in working successfully with these families, or that specifically support these foster children in dealing with the behaviors of their parents are extremely scarce. Clearly foster children of parents with SMI are a high risk population in need of evidence-based interventions. Sadly, currently there are no identified evidence-based practices to support this vulnerable population or the caregivers and professionals in their lives.

In addition, cross-system collaboration between child welfare and mental health agencies for this population does not exist, and foster children and parents with SMI are left with fragmented services that do not fit their needs (Ackerson, 2003; White, 2009). Without congressional action, the little data and research that exist for professionals to develop evidence-based practices will continue to date itself, and more generations of foster children with parents with SMI will enter and languish in foster care.

## Current Law

In 1992, Congress restructured federal mental health services and created SAMHSA to address the needs of Americans with mental health problems (Pub. L. 102-321). Later in 2000, the *Children's Health Act* introduced grants to states to integrate child welfare and mental health services (Pub. L. 106-310), but these funds are no longer available (Redhead, 2010). In 2014, SAMHSA created the System of Care Expansion and Sustainability Cooperative Agreements, as well as Statewide Family Network Grants. Professionals from SAMHSA explained that although foster children may be helped through these grants, there are no existing programs or grants at SAMHSA with the goal of specifically targeting foster children, or specifically foster children of parents with SMI. The *Helping*



*Embracing Our Past, Empowering Their Future: Why Child Welfare Reform Matters*  
**Congressional Coalition on Adoption Institute**

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*Families in Mental Health Crisis Act of 2015*, a bill introduced by Representative Tim Murphy (R-PA), would begin to address the needs families facing SMI, but it does not address foster children's specific needs or the high rate of custody loss among mothers with SMI.

Several experts in the field of child welfare and mental health confirmed the research: there is a lack of mental health services for children in foster care and their parents with SMI. Congress should address this gap in data and research related to foster children of parents who experience SMI in order to develop evidence-based practices to help foster children cope with the unique circumstance when their parent has a SMI.

## Analysis

The issue of foster children who have parents with SMI is not on the radar of the public and nonprofit sectors, locally or nationally. No federal entity is leading the effort to specifically identify the scope of the issue and target the needs of foster children of parents with SMI. As a result, these children are left at least twice as likely to develop mental illness as their peers (Rasic et al., 2013). Congressional action is needed on behalf of these vulnerable foster children.

## Recommendations

- ***Request a Government Accountability Office (“GAO”) report that will capture efforts of both state mental health and child welfare agencies that address the needs of foster children of parents with SMI, including:***
  - *Data states are currently collecting relating to foster children of parents with SMI and/or parents with SMI,*
  - *Research or studies agencies have commissioned or are aware of, including experts, in their state relating to foster children of parents with SMI and/or parents with SMI,*
  - *Any programs or services, including evidence-based practices, supporting foster children of parents with SMI and/or parents with SMI.*

This would allow Congress to determine how agencies are supporting foster children of parents with SMI. The GAO report should be designed as a national survey and analyze all states, in order to create an understanding of the prevalence of the issue, a research base, as well as to spotlight evidence-based practices in which Congress can invest. Resources and experts should be identified in the GAO report to create future trainings and programs for foster children, their parents and foster parents, child welfare, mental health and education professionals.

- ***Create a grant through the Substance Abuse and Mental Health Services Administration (“SAMHSA”) to develop data and research for the creation of evidence-based practices to serve the unique needs of foster children of parents with serious mental illness.***



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# Collecting Relevant Information to Address Adoption Disruption and Dissolution: It's Not Just About the Numbers

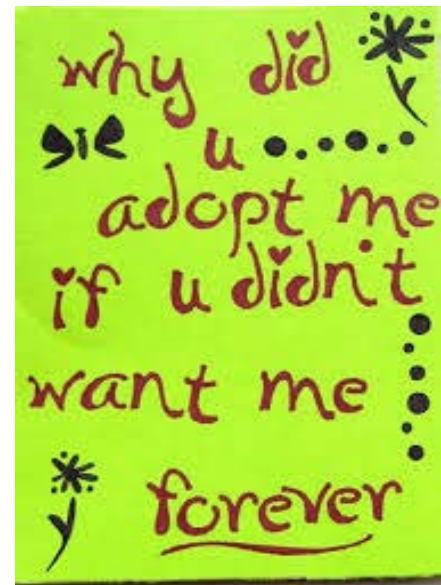
Destiny Reid

## Executive Summary

Adoption disruption and dissolution have a profound impact on children and youth. The term disruption is used to describe an adoption that ends before it is legally finalized, while dissolution is used to describe an adoption that ends after it is legally finalized (Child Welfare Information Gateway, 2012a). Congress needs to better understand adoption disruption and dissolution to protect future adopted children from the trauma I faced in a dissolved adoption. Congress should amend the recently passed *Preventing Sex Trafficking and Strengthening Families Act of 2014* to require states to report the number of dissolved adoptions as well as relevant information pertaining to the dissolution.

## Personal Reflection

At the age of nine, my two brothers and I were taken from our loved and trusted foster parents because our social worker had found a “forever” home for us. Despite my hesitancy to leave my loving foster home, the social workers never asked if I wanted to be adopted into the new family. I had only met the new family a few times before moving in with them. The social workers never offered post-adoption support to my family after we were settled into our new home, and I never felt like I could share my concerns about the placement. After the “honeymoon” stage of our adoption, things started to fall apart. The people that I was told would be my “forever” family began to abuse me and my brothers, and I had no one to turn to for help. Unfortunately, since the adoption was already finalized, I felt trapped in a horrible situation that I was going to have to live in for the rest of my life.



(Human Trafficking Search, 2013).

Eventually, one of the other 12 children placed in the home decided to take action and told a teacher about the abuse we were experiencing. I will never forget the day that we were removed from our adoptive home. I was in the car getting a hamburger for dinner and I came home to find several cars awaiting me and my siblings. All of us were separated and put into different foster homes. Sadly, although my two brothers were able to stay together, I was sent to a different foster home with one



*Embracing Our Past, Empowering Their Future: Why Child Welfare Reform Matters*  
Congressional Coalition on Adoption Institute

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of the girls from our adoptive home. Congress needs to better understand adoption disruption and dissolution in order to protect future adopted children from the trauma I faced during and after my dissolved adoption.

Adoption disruption and dissolution can cause a child extreme trauma after the child is removed from the home. The term disruption is used to describe an adoption that ends before it is legally finalized, while dissolution is used to describe an adoption that ends after it is legally finalized (Child Welfare Information Gateway, 2012a). According to the federal government, 10 to 25% of adoptions disrupt. The rate of adoption dissolution is between 1% and 5% (Child Welfare Information Gateway, 2012a). At this time, no national studies on adoption disruption or dissolution have been conducted, so we have to rely on local and population-specific data (Kelly, 2014). In a 2002 study of adoption dissolutions in North Carolina, three conditions were used to define dissolution: “1) date of entry into out-of-home placement occurring at least 90 days after final adoption decree date; 2) adoption assistance was no longer being received after this placement; and 3) if permanency was achieved at this placement, it was achieved with someone other than the primary caregiver” (Gibbs, Siebenaler & Barth, 2002). In this research, 31% of placements in adoptive homes studied were disrupted due to changed adoption plans (Gibbs et al., 2002). Making steps toward comprehensive national data on adoption disruption and dissolution is vital for Congress to fully understand the scope of the problem (Gibbs et al, 2002).

## Recommendation

- *Congress should amend the Preventing Sex Trafficking and Strengthening Families Act of 2014 to further require states to report the reason for dissolution, how long it took for the adoption to finalize, the length of the adoptive placement, the agency that is responsible for the placement, whether or not the child has siblings, and the status of the child after the dissolved adoption (Pub. L. 113-183).*

## The Problem

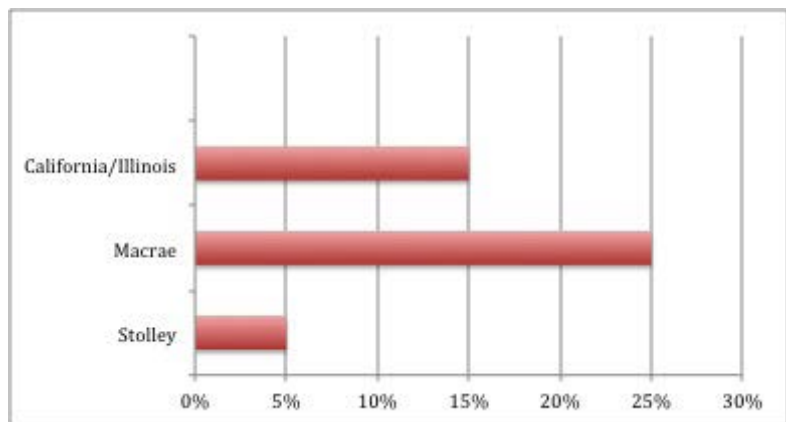
Adoption disruption and dissolution has a profound impact on the child who is removed from their adoptive home (Drabold, 2014). When first being considered for adoption, children are usually told that they are going to a “forever home” where they will have a “forever family.” The promise of a “forever family” allows children to let their guard down, and the child begins to trust and grow attached to the potential family members. Not only does re-entering the foster care system cost tax-payers a significant amount of money, it also harms the child’s ability to trust and grow attached to future potential adoption placements (Center for Family Representation, 2012). Currently, more than 400,000 children are living in the foster care system and it costs \$29,000 per child in foster care per year (Center for Family Representation, 2012). Investing in data tracking that pinpoints reasons for adoption dissolution would allow Congress and the Administration to analyze and improve federal law, increase successful adoptions, prevent further trauma to children in care and decrease the cost to taxpayers when a child re-enters foster care.

In order to adequately address adoption disruption and dissolution, Congress needs data that includes the number of failed adoptions, the reasons adoptions dissolve, and the age of the children when adoptions dissolve. This data would help Congress, the Administration and states implement programs to lower the rate of adoption disruption and dissolution nationwide. While some states are already collecting this data, it is “often collected and stored in unrelated data systems” (Gibbs et al., 2002).

Dissolved adoptions are not usually disclosed to the public due to confidentiality requirements, and the potential for dissolved adoptions are not always explained to people who are interested in adopting a child. In fact, many states are unable to track dissolved adoptions because when the adoption finalizes, the case is closed and the child’s name is often changed (Kelly, 2014). Furthermore, “disruption is not a topic of general conversation-possibly because no one wants to anticipate the failure of an adoption, or because it seems to imply that the people involved (agencies, parents, and professionals) have failed a child” (It Takes an Ohana, 2011). In order to see if these programs are effective, the government needs adequate data on the amount of failed adoptions and what makes an adoption more susceptible to disruption. “It is critical that we obtain more information about the dissolution process and its impact on children and families, so that we can develop better practices for situations in which it becomes imminent” (Bergeron, Jr & Pennington, 2013).

## Data

There have been many private and small-scale studies that show that adoption disruption and dissolution is a problem that needs to be addressed, but no national survey or data collection has occurred to date (Kelly, 2014). The problem is further exaggerated by the fact that many studies that have been done on failed adoptions were done 20 years ago (Kelly, 2014). A 1993 study states that disruptions can range from 3-5%” (Stolley, 1993). Another study, by Sheena Macrae in 2006, found that 10 to 25% of adoptions disrupt before finalization, a number more than twice as high as the findings in Stolley’s study (Macrae, 2006). Two studies done in California and Illinois in the 1980s and the 1990s found that 15% of adoptions disrupt (Kelly, 2014). If you apply the 15% disruption rate to the 670,000 foster care adoptions that have taken place since the year 2000, approximately 105,000 adoptions have failed between 2000 and 2014 (Kelly, 2014).



*Extreme Variance in Current Adoption Disruption Statistics*



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## Legislative History

In 2013, Senator Hatch, Chairman of the Senate Committee on Finance, introduced the *Supporting At-Risk Children Act*, to require information to be collected and reported on children who re-enter foster care. The bill clearly stated that “regulations would further **need to provide** for state reporting of additional illustrative, supplemental or descriptive material elaborating on reasons for disruptions and dissolutions of adoptions or foster child guardianship, as well as use of pre- and post-adoptive services to lower rates of disruption and dissolution” (*Supporting At Risk Children Act*, 2013) (emphasis added).

## Current Law

Although the *Supporting At Risk Children Act* did not advance in the 113th Congress, the need for data collection on adoption disruption and dissolution was incorporated into the *Preventing Sex Trafficking and Strengthening Families Act of 2014*. This law requires states to report the “number of children who enter foster care under supervision of the State after finalization of an adoption or legal guardianship” (Pub. L. 113-183). However, this law is not adequate to address the problem because it does not **require** states to report the reason for dissolution, the age of the child at dissolution, or the agency that was involved in the placement, which are vital to creating policy to lower adoption disruption and dissolution rates. Instead, the law directs the Secretary of Health and Human Services (HHS) to promulgate a regulation that **may** include that information, but does not **require** information other than the number of dissolutions (Pub. L. 113-183). While the regulations required by this law are still forthcoming and have not been finalized, Congress should ensure that the regulation **requires** all the relevant information on adoption dissolution to be reported by the states.

## Recommendation

- *Congress should amend the Preventing Sex Trafficking and Strengthening Families Act of 2014 to require the Secretary of HHS to promulgate regulations that require states to report the reason for dissolution, how long it took for the adoption to finalize, the length of the adoptive placement, the agency that is responsible for the placement, whether or not the child has siblings, and the status of the child after the dissolved adoption. This will provide the relevant information about adoption disruption and dissolution necessary to assist Congress, the Administration, and states in analyzing and lowering the rate of adoption disruption and dissolution.*



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# Increasing Positive Outcomes for African-American Males in the Foster Care System through Adoption

Lindsey Harrington

## Executive Summary

Adoption needs to be prioritized for African-American males in the foster care system. Not only is this population over-represented in the system, but African-American males are also far more likely to age out without a permanent family. Prioritizing these children is an important step toward addressing the racial inequality in the child welfare system.

## Personal Reflection

As a biracial child growing up in foster care, the impact of race was apparent to me even at an early age. My mother is white, and of all of her children, I am the only one whose father is black. When I was 12, I officially entered foster care and primarily lived in a kinship arrangement with my maternal grandmother. Though many odds were against me, I managed to leave foster care as a high school graduate and will soon graduate from college. I am grateful for the success I have achieved, yet I cannot forget where I came from. Race may be a social construct, but it impacts our daily lives, whether we choose to acknowledge it or not. My background has enabled me to empathize not only with issues pertaining to race, but also with the desire to be wanted by a family. African-American males in the U.S. foster care system need lawmakers to stand up for them, come alongside them and do an overall better job of taking care of them.

## Recommendations

Congress can play a significant role in ensuring that African-American males in foster care are given the same opportunities as others who are adopted. With this in mind, I recommend that Congress enact the following policy changes:

- *Require federal data and analysis that provides for the intersection of race, gender and age.*
- *Require the enforcement of the Inter-Ethnic Placement Act (IEPA) (Pub. L. 104-88) to diligently recruit adoptive parents that reflect the demographics of children in care.*
- *Call for a public service announcement (“PSA”) campaign to help change public opinion and the negative narrative regarding African-American males in foster care in need of adoptive families.*



*Embracing Our Past, Empowering Their Future: Why Child Welfare Reform Matters*  
Congressional Coalition on Adoption Institute

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## The Problem

Congress must recognize that if African-American males in foster care, whose parental rights have been terminated, do not find secure placements in loving families, the likelihood of them suffering homelessness or incarceration greatly increases. A 2014 Center for Social Policy report addressed the issue of African-American males in the child welfare system, one of the only studies to do so.

The experiences of African American males in the child welfare system are similar to those of African American males within the broader society. They are more likely to attend underperforming schools, are at increased risk of entry into the juvenile justice system and are less likely to live in communities with opportunities and institutional investments that promote child and adolescent wellbeing (and thus successful preparation for adulthood). What distinguishes this group of African American males is that the child welfare system is designed to provide for their safety, permanence and well-being, yet it frequently fails them by not understanding and responding to their cumulative life experiences; especially the unique influences of race, racism and culture. (Miller, Farrow, Meltzer, & Notkin, 2014)

The report goes on to state, “the [foster care] placement experiences of African American males are troubling, with greater use of congregate care (21 percent in group homes and other institutional settings in 2010 compared with 15 percent of all children) and more frequent placement moves.” Additionally, African-American males in the foster care system are less likely to find permanent families. From 2001 to 2010, the percentage of African-American males who aged out of the foster care system nearly doubled from 7% to 13%, which was higher than all other racial/ethnic groups combined (Miller et al., 2014). If this extremely vulnerable population is not invested in on the front end, it has been repeatedly demonstrated that everyone will pay the price on the back end.

According to the Dave Thomas Foundation (2013), 43% of African-American adults reported they would distinctly prefer to adopt African-American children over other races, whereas 1% of Caucasian and 8% of Hispanic adults surveyed expressed a preference to adopt an African-American child. This identifies the African-American community as having strong potential for adoptive recruitment efforts for African-American males in foster care, and it should, therefore, be heavily cultivated. An absence of strategic recruitment efforts only leads to more African-American males languishing in the foster care system at disproportionate rates. Investing in the African-American community should not distract from transracial adoption efforts. It is, however, needed to provide more adoption opportunities for a population that is overrepresented in the foster care system.

Another barrier to adoption is explained by Kathy Ledesma, National Project Director for AdoptUSKids: “The single biggest fear prospective adoptive parents have is failing a child who has already experienced failure” (personal communication, July 14, 2015). These difficulties can easily be remedied through adoption recruitment, education, training and support.

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Several adoption experts interviewed stated that a lack of concrete data on this issue has also contributed to the problem, leaving society and many in Congress unaware of the severity of the issue. Oronde Miller, a Senior Associate at the Center for the Study of Social Policy, stated, “This is not just about adoption, it is much more about system reform. Agencies have to account for who is not being adopted and why and develop strategies to change that outcome” (personal



communication, July 6, 2015). Yet, a loving family is all that most children in foster care desire. Robert Parsons, an adopted African-American male, says of his adoption, “I value my family because of the love that they provided me. It’s a human need to be loved, supported and to feel like you are in a safe and stable environment. That’s why adoption should be the primary focus for children who were just like me” (personal communication, July 14, 2015).

## Current Law

Some federal adoption programs and laws exist to address the issues of disproportionality and adoption of minorities, but they are not targeted specifically toward African-American males. For example, the *Child Abuse Prevention, Adoption, and Family Services Act of 1988* (Pub. L. 100-294) expanded the Adoption Opportunities Program “to increase the number of minority children placed in adoptive families, with an emphasis on recruitment of and placement with minority families” (Child Welfare Information Gateway, 2012a).

The *Multi-Ethnic Placement Act* (“MEPA”) (Pub. L. 103-82) was created in an effort to address race and ethnicity practices in the child welfare system and, although well-intentioned, it encouraged colorblind practices that impeded the ability to fully support the needs of minority children. The *Inter-Ethnic Placement Act of 1994* (“IEPA”) (Pub.L. 104-188) amended various MEPA policies. Specifically, IEPA required the development of recruitment plans by states for foster and adoptive families that are reflective of the child’s ethnic and racial diversity. Although IEPA requires states to have a targeted racial and ethnic recruitment effort, only 21 of 52 states and territories sufficiently recruit minority families, and one of the greatest hurdles states experienced was the recruitment of minority adoptive parents (U.S. Government Accountability Office, 2008).

The recently launched *My Brother’s Keeper* initiative, that supports and empowers young men of color, demonstrates that the Administration is focused on this vulnerable population, though it does not specifically focus on those in foster care. A congressional emphasis on federal policy for African-American males in the child welfare system could greatly benefit these young men by remedying their need for permanency. However, experts interviewed for this report could not identify any targeted federal or state laws that specifically promote the adoption of African-American males.



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## Recommendations

- ***Require federal data and analysis that provides for the intersection of race, gender and age.***

Robust data on this issue is an essential tool in assessing the scope of this problem. It works as a guide, highlighting where systems might be failing and providing a way to track the effectiveness of solutions. The federal government's Adoption and Foster Care Analysis and Reporting System (AFCARS) must require states to gather, analyze and publish child welfare data that accounts for a multitude of intersectional demographics and categorical variables. Currently, the lack of data on the intersection of gender, race and age hinders the government's and child welfare community's ability to meet the specific needs of children, including adoption efforts, by lumping them all into one category.

- ***Require the enforcement of the Inter-Ethnic Placement Act (IEPA) (Pub. L. 104-88) to diligently recruit adoptive parents that reflect the demographics of children in care.***

African-American adults are more likely to adopt African-American children, but many minority recruitment efforts have failed. Congress needs to request an in-depth Government Accountability Office (GAO) report on the status of how the *IEPA* diligent recruitment requirement has been performed by states, particularly as implemented in the African-American community. The most recent GAO report that generally addressed this issue was performed in 2008 and since that time, recruiting African-American adoptive families has not improved. Based on the GAO report findings, the federal government needs to mandate that states adhere to this law in order to receive their full federal child welfare funding.

- ***Call for a public service announcement ("PSA") campaign to help change public opinion and the negative narrative regarding African-American males in foster care in need of adoptive families.***

In 2009, the federally-funded AdoptUSKids campaign focused on increasing adoption for African-American children broadly. A focus specifically on African-American males in their campaign could be the launching force that brings this issue to the national forefront. Members of Congress should require the U.S. Health and Human Services Children's Bureau to increase efforts to achieve permanency, through adoption, for hard-to-place African-American males in the U.S. foster care system.



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# Addressing the Overuse of Psychotropic Medication Among Foster Children

Matthew Broderick

## Executive Summary

When foster children exhibit behavioral issues, an overused and often dangerous response is to prescribe them one or more psychotropic medications. Before prescribing a psychotropic medication to a foster child, a comprehensive treatment plan should be developed and an independent agent should review the prescription to verify that the psychotropic medication is necessary and appropriate for the child.

## Personal Reflection

My sister and I were born and raised in a strict religious cult where physical and mental abuse was a way of life. The FBI later raided the cult, removed all the children and placed us into various foster homes. My younger sister was placed in a very strict group home that did not allow children to have much freedom to be 'normal.' Dealing with this major life transition and past trauma, and separated from her siblings, the environment led my sister (who was generally very outgoing and jovial) into depression. Because of her depression, she was prescribed psychotropic medication that completely altered her personality and caused her to be in a constantly sad, zombie-like state with suppressed emotions. Sadly, my sister is far from alone. Children in restrictive placements such as group homes are prescribed psychotropic medications more often than children in any other placement setting (U.S. Department of Health and Human Services Administration on Children, Youth and Families, Children's Bureau [HHS], 2012).

When I first heard that my little sister had 'acted out' and been placed on psychotropic medication, I thought she must have gone crazy or developed serious mental issues. I visited her and saw her morbid state. She was so different; it was frightening. She actually seemed more depressed after taking the medication, and cared little about what was happening around her. It was only after she stopped taking the medication and slowly came back to her normal, jovial self that it became apparent the medication only had negative effects. In reality, my siblings and I just needed help understanding the situation we were in, placement in a loving family, and to have time to adapt to our new living situation.

## Recommendations

- *Congress should require the development of a comprehensive treatment plan before the prescription of psychotropic medications to foster children. This comprehensive*



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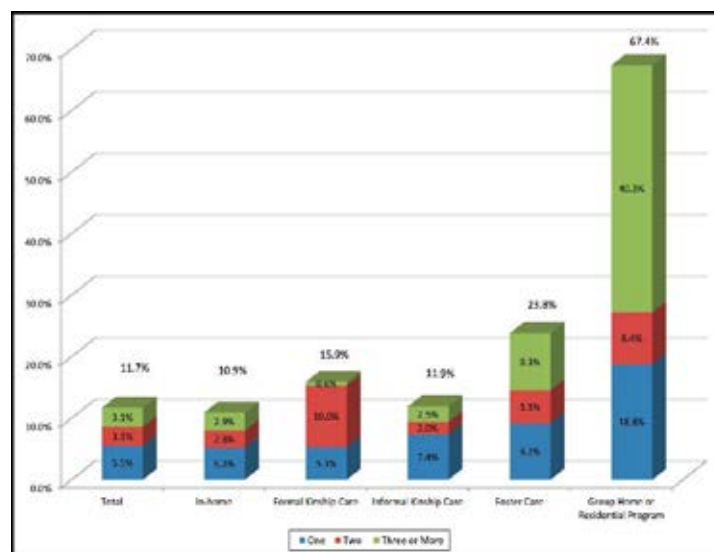
*treatment plan must consider therapeutic treatments first, before medication, and must also be communicated between the youth, guardian, welfare agency and trauma-informed healthcare experts.*

- *Congress should require that if a psychotropic medication is determined to be in the best interest of a foster child and prescribed, the prescription must undergo secondary review by an independent agent in the state to verify that the prescription is appropriate.*

## The Problem

Every year, approximately 641,000 children spend time in foster care. Of these children, “[a]s many as one-half to three-fourths show behavioral or social competency problems that may warrant mental health services” (Stoltzfus, Baumrucker, Fernandes-Alcantara, & Fernandez, 2014). This is around 481,000 foster children. As one of those children, the process of placement into and moving around in foster care after the FBI raid of the cult in which we were raised was intense. Some of the doctors and counselors working with us had never dealt with a situation like ours. My doctor told me directly that she had never had a case like mine and did not know how to deal with my situation. Health care professionals may not be aware of an individual foster child’s trauma background and also may not be trained or equipped to treat a foster child who experienced extensive trauma (HHS, 2012). As a result, psychotropic medications are too often relied upon as the primary solution for behavioral issues, without a proper screening or comprehensive treatment plan. A 2011 Government Accountability Office report showed that children in foster care were prescribed psychotropic medications at about nine times the rate of the general population (Fernandes-Alcantara, Caldwell, & Stoltzfus, 2014).

**Current Use of Psychotropic Medication by All Children Who Come Into Contact with Child Welfare Services, by Placement Type, and Number of Psychotropic Medications**



Source: Stoltzfus, Baumrucker, Fernandez-Alcantara, & Fernandez, 2014, p. 10

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A Drug Utilization Review (“DUR”) process does exist under Medicaid. However, the DUR does not require an independent reviewing body (U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, 2012).

Polypharmacy is “the use of multiple classes of medications in combination” (Matone, Zlotnik, Miller, Kreider, Rubin, & Noonan, 2015). Of children in foster care prescribed psychotropic medication, 49% are prescribed two or more in the same year (Center for Health Care Strategies, 2014a), often times, concurrently.

### **Current Law**

Federal law currently only offers minimal federal guidance to address this problem, but does not elaborate on how this should be accomplished. Specifically, Section 422(b)(15) of the *Social Security Act* requires,

that the State will develop, [...] a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health [...] and shall include an outline of [...] the oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

The Federal Administration for Children and Families issued an Information Memorandum to state, tribal and territorial agencies in April, 2012 on developing protocols to monitor psychotropic medications among foster children. This resource “encourages” but does not require “access to clinically appropriate screening, assessment and evidence-based interventions” for foster children. (HHS, 2012).

With such high rates of children in foster care prescribed psychotropic medications, Congress should create a federal standard for all states that protects foster children from the over-prescription of psychotropic medications. Some state models highlight important considerations for federal policy. For example, the California Department of Social Services and Department of Health Care Services developed guidelines that state:

Psychotropic medication should only be prescribed to the children and youth in California’s care as part of a comprehensive Treatment Plan, except under emergent conditions or as described above in this Plan. Such a comprehensive Treatment Plan includes evidence-based or best practice non-pharmacological interventions that are linguistically, culturally, and developmentally appropriate for the child or youth’s needs and symptoms. (Foster Care Quality Improvement Project, 2014, p. 8).



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Similarly, the Texas Department of Family Protective Services issued guidelines that require a comprehensive evaluation prior to psychotropic treatment and also notes a number of situations that warrant secondary review, including instances in which two or more medications are prescribed prior to the prescription of a single medication (Texas Department of Family Protective Services, 2013).

In Illinois, the Department of Children and Family Services ("DCFS") contracted with a university to provide independent review of all psychotropic medication requests. This independent agent monitors medication use, and notifies a DCFS agent when provider patterns raise red flags (Center for Health Care Strategies, 2014).

Pennsylvania is addressing the need for more thorough documentation and reporting of the prescription of psychotropic medications to foster youth by creating an "electronic dashboard" to help the child welfare agency monitors these prescriptions. Summary reports will be made available to the public (Pennsylvania Department of Human Service, 2015).

Although some states are taking steps in the right direction to limit the over-prescription of psychotropic medications, with a lack of clear federal standards or reporting mechanisms the results of these state policies cannot be measured and no one is held accountable.

## Recommendations

My sister was a victim of an all too common, unfortunate circumstance. Rather than receiving comprehensive therapeutic support, she was treated like a problem in need of medication. Congressional action is needed in order for appropriate and personalized treatment to better equip foster children like my sister for their future, instead of simply over-medicating them with dangerous and harmful drugs.

- *Congress should require the development of a comprehensive treatment plan before the prescriptions of psychotropic medications to foster children. This comprehensive treatment plan must consider therapeutic treatments first, before medication, and must also be communicated between the youth, guardian, welfare agency and trauma- informed healthcare experts.*
- *Congress should require that if a psychotropic medication is determined to be in the best interest of a foster child and prescribed, the prescription must undergo secondary review by an independent agent in the state to verify that the prescription is appropriate.*



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# Every Life Matters: Trauma-Informed Training and Peer-to-Peer Support Groups to Prevent Foster Youth and Alumni Suicide

Brianne Lyn Nagamine

## Executive Summary

Every year, approximately 157,000 youth ages 10 to 24 are treated in emergency rooms across the country for self-harm injuries, and approximately 4,600 youth in the same age group take their own lives (Center for Disease Control and Prevention ["CDC"], "Suicide Prevention," 2015a). It is unknown how many foster youth commit suicide annually because this data is not reported. However, studies have found that children and youth with a history of time spent in foster care are two to six times more likely than their peers to attempt or follow through with committing suicide (Taussig, Harpin, & Maguire, 2014). By offering an age-appropriate, trauma-informed curriculum that includes suicide prevention through the services provided by the John H. Chafee Foster Care Independence Program ("CFCIP"), the federal government would be better preparing youth for a successful transition out of foster care. This curriculum, coupled with ongoing peer-to-peer support groups, would equip foster youth with the tools they need to understand trauma and start the healing process that will guide them as they transition to adulthood.

## Personal Reflection

Growing up I frequently witnessed domestic violence and the abuse of drugs and alcohol. I was 13 years old when my four siblings and I entered foster care. My mother had abandoned me, and I did not have a father figure to turn to because he committed suicide when I was three years old. I began to grieve for all the loss I experienced in my life, and I turned to drinking alcohol and self-harm to cope with my pain. For a long time I felt hopeless and lonely, until I was introduced to the Hawaii Foster Youth Coalition ("HFYC"). They became my Ohana (the Hawaiian word for family). I was offered trauma-informed trainings that taught me about the daily triggers associated with experiencing trauma and how to use healthy coping mechanisms to start the healing process. The skills I learned helped me successfully transition into adulthood. I never believed a successful future was an option for me, but now I am proud to say that I am attending college and pursuing a degree in social work.

From 2010 to 2013 in Hawaii, 29% of youth ages 15-24 committed suicide, making it the second leading cause of death in the state for this age group (CDC, "Web-based Injury Statistics," 2015b). Tragically, Erwin Celes was among them. After spending 14 years of his life in foster care, at age 19 he aged-out of care and six months later he hung himself. The "released redacted case files" describe Erwin's suicidal risk factors, which included his frequent moves, separation from his siblings, the multiple fights he was involved in at school and his use of drugs (Drouin, 2011).



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## Recommendations

- *Congress should amend the John H. Chafee Foster Care Independence Program (CFCIP) to include services for foster youth transitioning toward independence that focus specifically on suicide prevention:*
  1. *Congress should amend Section 477(a)(1) of the Social Security Act (Title IV-E) to require as a part of CFCIP “preventative activities” an age appropriate, trauma-informed curriculum that addresses: 1) basic concepts of trauma, 2) risk factors for self-harm and suicidal ideation and 3) protective factors that can reduce the risk of self-harm and suicidal ideation.*
  2. *Congress should amend Section 477(a)(4) of the Social Security Act (Title IV-E) to acknowledge the value of a supportive peer network and encourage peer-to-peer support groups as an additional source of CFCIP “personal and emotional support” for transitioning youth.*

## The Problem

Suicide is a complex public health problem that results in the death of 4,600 youth ages 10 to 24 years old nationwide each year. An even greater number of U.S. youth in this age group turn to self-harm, with approximately 157,000 youth treated in emergency rooms every year (CDC, “Suicide Prevention,” 2015a). The number of foster youth who commit suicide each year is unknown because this data is not reported. Yet studies have found that children and youth with a history of time spent in foster care are two to six times more likely than their peers to attempt or follow through with committing suicide (Taussig et al., 2014).

Children entering foster care have often encountered physical abuse, sexual abuse, neglect, violence or loss of a loved one (Klain & White, 2013). According to the National Traumatic Stress Network, one study of 2,251 foster youth revealed that 70% experienced at least two types of complex trauma (Geeson, Briggers, Kisiel, Layne, Ake, Ko, & Fairbank, 2011). The “loss, isolation, and lack of social support” associated with entering foster care are all risk factors for suicide (Suicide Prevention Resource Center, 2013, p. 1). One survey of 719 foster youth in California who were transitioning into adulthood, revealed that 40% reported thinking about committing suicide and 25% admitted to attempting suicide in the past (Courtney, Charles, Okpych, Napolitano, Halstead, 2014). The prevalence of traumatic experiences in the foster youth population make it imperative that federal law address the critical issue of past trauma and suicide prevention for transitioning foster youth.

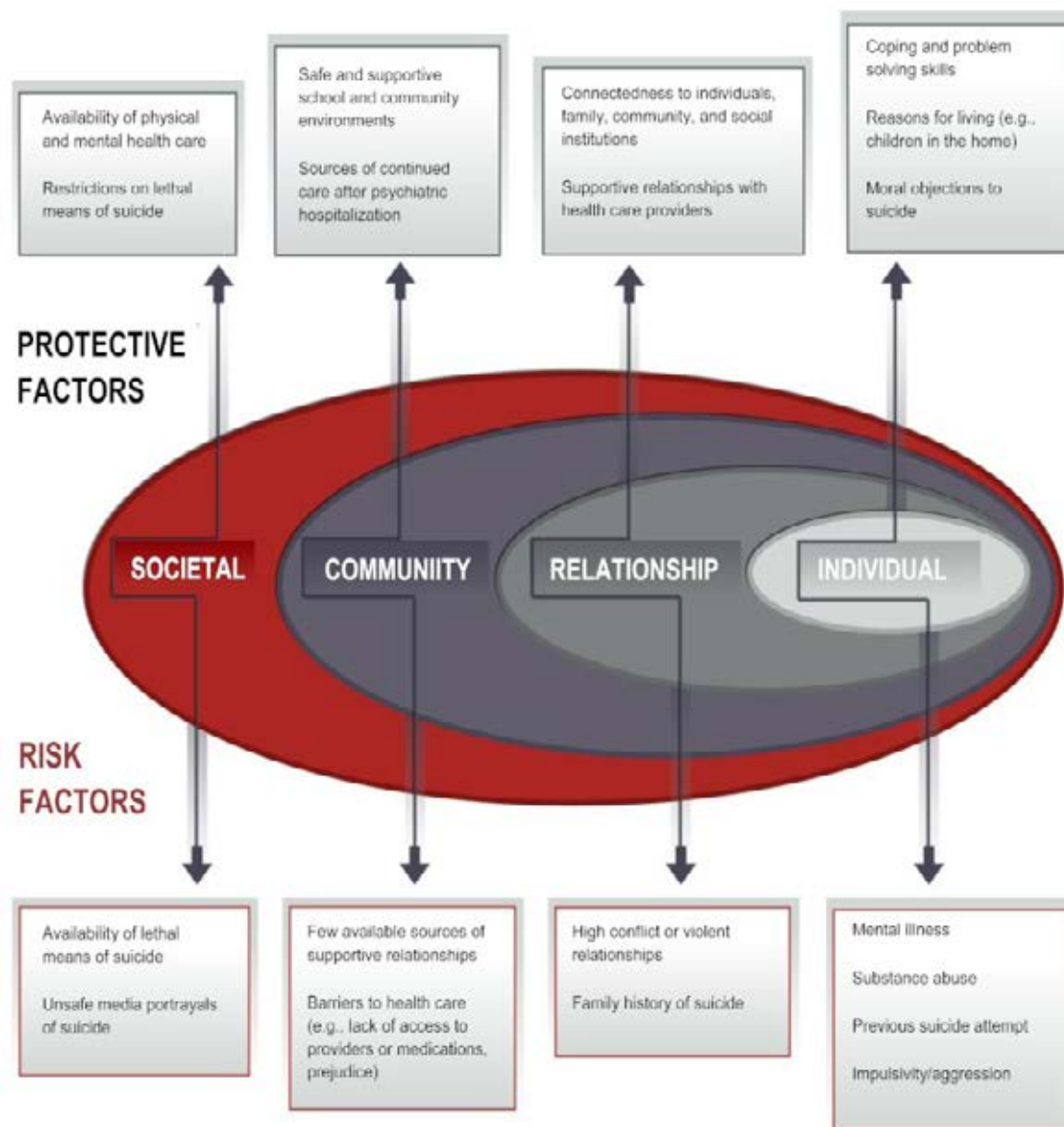
## Current Law

Through the John H. Chafee Foster Care Independence Program (“CFCIP”) (*Title IV-E of the Social Security Act Section 477*), states receive funding to help older foster youth make a “successful

transition from foster care into adulthood” (Stoltzfus, 2015a, p. 17). Through CFCIP, states must offer “supportive services” to prepare foster youth to be self-sufficient by focusing on areas such as employment, higher education and healthy lifestyles. For example, states are required to offer “preventative health activities” focusing on topics such as smoking avoidance, nutrition education and pregnancy prevention (Fernandes-Alcantara, 2014).

Although these focus areas are important for independent living, foster youth need to have a foundation that also includes a trauma-informed curriculum. By understanding their past trauma, healthy coping skills and the link between trauma and suicide, foster youth can better cope with their painful memories in positive ways.

### *Examples of Risk and Protective Factors in a Social Ecological Model*



Source: U.S. Surgeon General and the National Action Alliance for Suicide Prevention, 2012.



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CFCIP also provides foster youth with “personal and emotional support through mentoring or other connections with dedicated adults” (Fernandes-Alcantara, 2014). While positive adult interactions and mentoring opportunities are important, peer-to-peer support is also a powerful source of personal and emotional support for foster youth. Peer support groups serve as a protective factor, ensuring “connectedness” that can decrease the likelihood of developing suicidal behaviors and reduce the risk of suicide (U.S. Surgeon General and National Action Alliance for Suicide Prevention, 2012). It is easier for peers with similar experiences to relate to each other. They can listen and offer support during critical times (Money, Moore, Brown, Kasper, Roeder, Bartone, & Bates, 2011).

**“Not Bound By Blood”**  
*The Hawaii Foster Youth Coalition Motto*



*Photo Credit: Hiro Ito*

In Hawaii, two public non-profit organizations, Hawaii Foster Youth Coalition (“HFYC”) and Kids Hurt Too Hawaii (“KHTH”), work together to address the emotional needs of local foster youth. HFYC is a youth-led organization for foster youth ages 13 to 26. They participate in activities, workshops, trainings and peer-to-peer support groups. They use their experiences to help each other successfully transition to adulthood by offering assistance with everything from filling out college applications to finding affordable housing. KHTH offers grief and trauma-informed training to professionals, foster parents and foster youth who are at least 16-years-old. Foster youth who are involved with HFYC can become trauma-informed, peer-to-peer support group facilitators through KHTH’s training.

This model helps foster youth build healthy relationships and allows them to process memories together in a safe environment. The peer-to-peer support groups inform them about the impact of trauma and provide them with alternative culturally-based activities, such as surfing and working in the taro garden (loi), to aid the healing process. Both of these organizations are funded primarily by donations. Consequently, due to lack of funding, many children and youth miss out on the opportunity to participate in these programs.



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## Recommendations

Congress is in a position to promote a more successful transition into adulthood for foster youth using the CFCIP program. Foster youth who are transitioning into adulthood must be trauma-informed. Understanding their trauma and utilizing protective factors can reduce their risk of negative outcomes. Foster youth also need to have access to a network of peers who can serve as a source of support during this critical time in their lives.

- *Congress should amend the John H. Chafee Foster Care Independence Program (CFCIP) to include services for foster youth transitioning toward independence that focus specifically on suicide prevention:*
  1. *Congress should amend Section 477(a)(1) of the Social Security Act (Title IV-E) to require as a part of CFCIP “preventative activities” an age appropriate, trauma-informed curriculum that addresses: 1) basic concepts of trauma, 2) risk factors for self-harm and suicidal ideation and 3) protective factors that can reduce the risk of self-harm and suicidal ideation.*
  2. *Congress should amend Section 477(a)(4) of the Social Security Act (Title IV-E) to acknowledge the value of a supportive peer network and encourage peer-to-peer support groups as an additional source of CFCIP “personal and emotional support” for transitioning youth.*



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# Family Group Homes: A Chance at Normalcy for “Hard-to-Place” Teens

Erik Barrus

## Executive Summary

When foster youth are placed in large group homes or institutions, they are surrounded by numerous youth who have also experienced trauma, and they are not given the appropriate love, individual attention and consistent support that is essential for healthy child development. “Group homes,” “group care,” “institutions” and “congregate care” are collectively used to describe non-family foster care settings that may serve anywhere from seven to hundreds of children at a time.

In contrast, “*family group homes*” can provide children with a better sense of normalcy and belonging. Normalcy has been described as “truly achieved when children and youth learn skills, take advantage of opportunities, and develop relationships while growing up in a stable, loving family and a supportive community that allows them to develop as one should” (Pokempner, Mordecai, Rosado, & Subrahmanyam, 2015).

I believe family group homes should be considered family-based care, although this is not the current standard. Congress should continue its efforts to reduce group home placements by further restricting federal child welfare funding for group homes and institutions, while making a meaningful exception for family group homes as a family-based placement option. Older youth, including “hard-to-place” teen boys in group homes or institutions, should be able to experience family group homes as they make the difficult transition to becoming independent adults.

## Personal Reflection

I lived in group homes for the four years that I was in foster care, from age 15 to age 19, when I graduated from high school. I was placed into foster care because my biological mother and stepfather were abusive drug dealers and addicts. Before I entered foster care, I experienced abuse of almost every kind: physical, emotional, verbal and psychological. Initially, I was placed in group homes that were nothing more than warehouses for children. They housed approximately 16 to 30 children at a time, which felt overwhelming, unwelcoming, harsh and institutional. With the constant transition and turnover of staff, it was next to impossible to learn to trust and build relationships with staff and my peers. These group homes used level systems for “privileges” for simple things like walking outside. This made me feel like I was being punished just for being in foster care.

In stark contrast, the final group home I was placed in was, exactly that, a *home*. It is an independent family group home called Open Gate Ranch (“the Ranch”), which has no more than eight teen boys

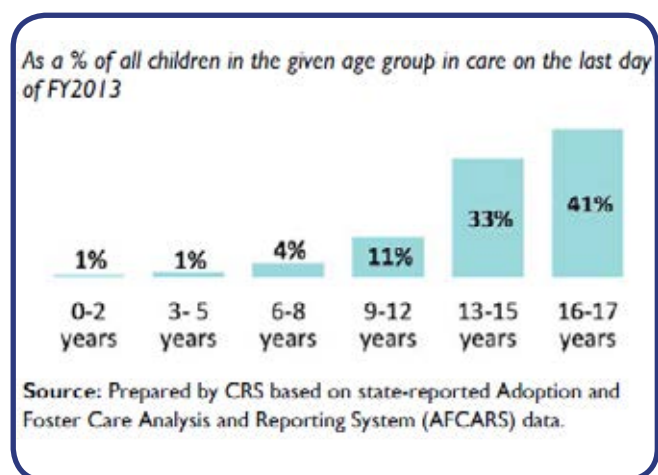
at a time. We have weekly family nights, celebrate holidays together, take family vacations, go camping and fishing, and mark special occasions with trips to a nearby theme park. The parents live in the home 24/7, which creates a loving and accepting environment where there are opportunities to develop trust, build relationships and be part of the family. They also take an active role in making every teen feel special by attending their extracurricular activities; teaching them to drive or helping them attain a driver's license; and celebrating birthdays, graduations and other milestones. Most importantly, the parents have a disarming sense of humor that is a catalyst for building bonds. After giving me a place that I can always call home, they adopted me (and they have adopted five other boys over the last 20 years).

## Recommendations

- *Responsibly encourage family group home placements and require accountability through funding requirements of Title IV-E of the Social Security Act (SSA)*
- *Allow Title IV-E reimbursement for outcomes-based contracts with family group homes that serve teen boys who are likely to age out of care*
- *Ensure that states categorize family group homes on provider lists as a preferred placement option over non-family group home and institutional placements for “hard-to-place” teen boys*

## The Problem

There are nearly 56,000 or 14% of foster youth in congregate care: 32,000 children in institutions and 23,000 children in group homes (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau [AFCARS], 2014). Under federal law, “institutions” house more than 12 children and “group homes” house 12 or fewer children (Children's Bureau, 2011). Of the children who are in institutions and group homes,



the overwhelming majority - approximately 74% - are teens between the ages of 13 and 17 years (AFCARS, 2014), and boys are 29% more likely than girls to be in group homes (Wulczyn, Alpert, Martinez, & Weiss, 2015). However, family group homes are not currently counted as a placement (separate from group homes) for federal data reporting purposes. Therefore, it is unknown how many of these children live in family group homes and whether their outcomes are better than their group home peers.



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Small, family group homes like the Ranch serve youth who have often been in multiple failed placements and who no longer have the option of reunification with their biological family. Congress should consider the long-term impact of large group homes and institutions on teen boys. An extensive study found that youth in group care were 2.4 times more likely to be arrested than their foster youth peers who were not in group care (Ryan, Marshall, Herz, & Hernandez, 2008). These at-risk youth need help to become a positive contribution rather than a burden to society through future dependence on public assistance, homelessness, substance abuse and incarceration. Ensuring that these family group homes are available as a preferred placement option over group homes and institutions could help keep more at-risk youth out of trouble.

### **Current Law and Analysis**

According to Title IV-E of the SSA, a public or private “child care institution” may be eligible for federal reimbursement if they house 25 or fewer children (42 U.S.C. § 622, 1935). Currently, there are both federal and state efforts to reduce congregate care because of the negative outcomes associated with non-family group placements and the higher cost compared to family foster homes. Policymakers have made significant strides in the last 10 years to reduce the use of congregate care. Nationally, from 2004-2013, the use of congregate care dropped by 37% (Children’s Bureau, 2015a). Key Members of Congress have also demonstrated strong interest in reforming congregate care (Kelly, 2015). For example, Senator Orrin Hatch, Chairman of the Senate Finance Committee, recently held a hearing on group home reform, and two years ago, he introduced legislation that would “cut off federal Title IV-E dollars after 15 days for children under age 13 who are placed in congregate care” (Kelly, 2015). The President’s current budget also expresses the Administration’s strong commitment to reducing the use of group homes. It recommends amending Title IV-E to “promote specialized family-based care as an alternative to congregate care for children with behavioral health needs, and provide oversight when congregate placements are used” (No Place to Grow Up, 2015).

However, with a “chronic shortage of foster and adoptive families” across the country, states are struggling to find appropriate family placements for foster youth (Howell-Moroney, 2013). Family group homes could provide a stable family-based setting for our country’s “hard-to-place” teen boys.

With regard to fiscal concerns, family group homes may cost more than family foster care, but they may be necessary for “hard-to-place” teen boys who have experienced trauma and have been through failed family foster home placements. Montana provides approximately \$30 per day for specialized family foster care for youth ages 13 to 25 and \$80 per day for Level IV group care (The Interstate Compact on the Placement of Children, 2011). The Ranch receives Title IV-E reimbursement as a Level IV group home, which provides 24/7 direct care above and beyond what specialized family foster care can provide, and they do so in a compassionate, individualized manner. This includes 24/7 structured supervision and support, additional staff support for the parents, activities and supervision based on individual needs, and administrative support. The higher cost of family group

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care is warranted for these at-risk teen boys, especially if we want to decrease the likelihood of their future dependence on public assistance, homelessness, substance abuse and incarceration. Family group homes should remain available for teen boys who do not have the option of reunification with their biological family, or living in a relative family or family foster home placement.

## Recommendations

- ***Congress should responsibly encourage family group home placements over large group homes and institutions, and require states to have accountability measures in place.***

This could be achieved through Title IV-E reimbursement requirements such as: (1) justification for family group home placement through a diagnostic assessment that family foster home placements have failed in the past; (2) continued mental health services equivalent to those provided in family foster care; (3) continued monitoring of the youth's progress in the family group home; and (4) continued biological family reunification efforts, where parental rights have not been terminated, or continued family foster home placement efforts if the youth is not progressing in the family group home. These accountability measures would ensure that the family group home placement is not only appropriate, but truly in the youth's best interest.

- ***Building on the placement accountability measures above, Congress should allow Title IV-E reimbursement for outcomes-based contracts with family group homes that serve teen boys who are likely to age out of care.***

The outcomes could be gauged by areas that need improvement among our nation's foster youth who are likely to age out of care, including: (1) high school graduation rates; (2) Independent Living Program (ILP) completion rates; (3) participation in postsecondary education; (4) secured employment within six months of exiting care; and (5) positive evaluations by youth (during their stay and upon their exit). For example, all of the boys who have stayed at the Ranch through their senior year have graduated from high school, and the overwhelming majority of the young men go on to complete the local ILP, secure employment, enroll in postsecondary education, or enlist in the military.

- ***Congress should also ensure that states categorize family group homes on provider lists as a preferred placement option over non-family group home and institutional placements for "hard-to-place" teen boys.***

Family group homes that can demonstrate improved outcomes for youth should have priority over group homes and institutions on state provider lists. These lists are used by judges, public agency attorneys, Court Appointed Special Advocates (CASA), Guardians Ad Litem, caseworkers and others to make important placement decisions.





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As congregate care reform efforts advance at the federal and state levels, small family group homes like the Ranch should continue to be invested in by policymakers. Eliminating or penalizing all group homes without regard to the benefits of small family group homes would be contrary to the federal goal of placing children in family settings when the number of eligible family settings is already low (Howell-Moroney, 2013).

I thank God that I was finally given my chance at normalcy through my placement at Open Gate Ranch and ultimately, my adoption, and I believe that other older foster youth across the country could also benefit from the normalcy that family group homes have to offer.



*Erik Barrus with his parents on the day he was adopted.*

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# Redefining Homeless: Improving the Outcomes for Aged Out Foster Youth

Marcia Hopkins

## Executive Summary

The U.S. Interagency Council on Homelessness (2010) estimated that one quarter of foster youth will experience homelessness within the first four years of leaving care. Astonishing as this number may be, Congress can make a significant impact on the long-term outcomes of youth aging out of foster care who are currently facing countless barriers. Homelessness makes it difficult for foster youth to pursue education, gain employment and become self-sufficient adults. As a result, homeless foster youth often feel alone and abandoned by society and the agency responsible for foster care, which may increase the youth's potential for incarceration and substance abuse. No young person under the responsibility of the state should have to face homelessness when they leave care. Federal policy must incorporate clear steps to reduce homelessness among youth aging out of foster care and redefine how the United States identifies and supports foster youth experiencing homelessness.

## Personal Reflection

“When I turned 21, I was no longer eligible for the transitional living program. I became homeless because I did not have a plan B,” revealed Jackie, a former foster youth (personal communication, June 17, 2015). Jackie grew up in foster care and did not find permanency or a family before aging out. Her story is just one of the many from older foster youth who age out of care and face the realities of homelessness due to the lack of resources and support systems. With her belongings in hand, Jackie was forced to enter into adulthood without housing, employment, education or guidance. As a former foster youth and a transitioning young adult, I am well aware of these difficulties. During my studies as a graduate intern, I was able to recognize the many challenges youth face when transitioning from care. Unlike Jackie, I was fortunate to be placed with a loving foster family for eight years and reunified with my biological parent by the age of 12. However, at the age of 24, I too faced housing insecurity. Because of my graduate studies, I could no longer accept full-time employment, so I decided to take a low-wage job. Due to having limited work hours and receiving minimum wage, I was unable to pay my bills and secure housing on my own. As a result, I relied heavily on my family for financial assistance and housing. Because of my support system, I obtained housing and received my Master's degree in Social Work at the age of 26. While my story would be seen as a success, Jackie and others like her who struggle in placements should also have the opportunity to succeed. Instead, due to the inability to gain secure, safe and stable placements, many foster youth transition from care without guidance and face homelessness, incarceration and substance abuse.



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## Recommendations

- *Congress should pass the Homeless Children and Youth Act of 2015 (H.R. 576), which would amend the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, to redefine “homeless,” “homeless individual” and “homeless person.”*
- *Congress should amend the Fostering Connections to Success and Increasing Adoption Act of 2008 to require child welfare agencies to provide a detailed “housing plan” and a specific transition strategy for securing housing for foster youth aging out of care.*

## Current Law

Under the U.S. Department of Housing and Urban Development’s (HUD) definition of homelessness, homeless persons are referred to as those living on the street or places not meant for human habitation (National Health Care for the Homeless Council, n.d.). The current federal definition does not include persons living with friends, “doubling up” or “couch surfing,” which research suggests is very common among youth today. Because of this dated definition, states and agencies are unable to accurately identify and provide resources for foster youth aging out of the system. This is partly because many homeless youth do not stay in shelters or live on the street, as this increases their risk of being victimized. Research from the U.S. Interagency Council on Homelessness (2010) also suggests that homeless youth are at an increased risk for depression, suicide, mental health disorders, substance abuse and physical health problems. While several states are addressing the issue of youth experiencing homelessness, targeted outreach across both federal and state systems is desperately needed.

The *McKinney-Vento Homeless Assistance Act* is making progress in accurately identifying this “at risk” population. Specifically, it includes a broader definition of homelessness, and as a result 1,258,182 youth, in public schools alone, were identified as homeless during the 2012-2013 school year (U.S. Interagency Council on Homelessness, 2015). The Point-in-Time Count, which identifies homeless persons (sheltered and unsheltered) across the nation on a single night, is a required HUD initiative for communities to receive federal funding. However, despite the growing number of homeless youth in America and the state’s efforts to expand their definitions to provide services, HUD’s definition excludes the majority of aged-out youth in need of services. By updating the federal definition, homeless young adults would be considered “homeless” for the purposes of receiving services through HUD’s programs that prevent and address youth homelessness.

According to the *Federal Adoption Foster Care Analysis and Reporting System* report (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, Children’s Bureau [AFCARS], 2014), approximately 23,000 young people in 2013 were emancipated from foster care. The *Fostering Connections to Success and Increasing Adoption Act* requires child welfare agencies to develop a transition plan before youth leave foster care. In

the 90 day period before a youth turns 18, social service agencies and caseworkers must develop a transition plan, outlining options for “housing, health insurance, education, local opportunities for mentors and continuing support services, workforce supports and employment services, and is as detailed as the child may elect” (Child Welfare Information Gateway, 2013). However, crucial elements of the housing plan are not required. In addition, the *Foster Care Independence Act of 1999* allows for states to use 30% of Chafee funds to provide transitional housing for foster care youth until age 21 (Dworsky & Courtney, 2010). Unfortunately, today there are still thousands of youth aging out of the child welfare system and many do not have stable housing.

## The Midwest Study

In 2009, President Obama issued a call to end homelessness, stating, “It is simply unacceptable for individuals, children, families and our nation’s Veterans to be faced with homelessness in this country” (U.S. Interagency Council on Homelessness, 2010). Since then, many studies have emerged across the nation to understand homelessness for vulnerable populations. For example, the “Adult Functioning of Former Foster Youth” (Dworsky & Courtney, 2010) examined a cohort of 732 former foster youth from Iowa, Wisconsin and Illinois. The study found that almost 30% of the former foster youth reported being homeless at least one time after leaving care, with nearly 98% of that group experiencing homelessness within the first 30 months of leaving care. The study was conducted after the *Fostering Connections to Success and Increasing Adoption Act (2008)*, finding that extending care after age 21 did not serve as a preventative method for foster youth homelessness. Foster youth who left care at age 21 continued to experience homelessness at the same rate as youth who left care at age 18. One theme that emerged from the *Midwest Study* and other studies examining foster youth homelessness was the cost associated with the poor outcomes of youth aging out of care. Youth who leave care each year are at an increased risk for utilizing public assistance and incarceration. The *Jim Casey Youth Initiative* estimates the costs associated with these outcomes total \$8 billion dollars.

*If young people transitioning from foster care in a single year were involved in the criminal justice system at the much lower rate of the general population, it would produce savings in excess of \$5 billion over their lifetimes.*

### SUMMARY OF ESTIMATED COSTS

One cohort year graduating at the rate of the general population would increase earnings over a working life . . . . .	\$1,867,000,000
and increase taxes paid by . . . . .	\$430,000,000
One cohort year unplanned, too early childbearing . . . . .	\$250,000,000
One cohort year criminal justice costs for a criminal career. . . . .	\$5,236,000,000

**Total for academic failure, unplanned pregnancy and criminal involvement for each cohort year: . . . . . \$7, 783,000,000**

In the past decade over 300,000 youth have left foster care without the supports needed to successfully transition from adolescence to adulthood. Using the methodologies in this brief, we estimate the cost of their less than average outcomes in academic achievement, too early pregnancy and involvement in the criminal justice system at \$226 billion or just under a quarter of a trillion dollars.

Source: Jim Casey Youth Opportunity Initiative (2013)



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## Recommendations

- ***Congress should pass the Homeless Children and Youth Act of 2015 (H.R. 576), which would amend the McKinney-Vento Homeless Assistance Act, to redefine “homeless,” “homeless individual” and “homeless person.”***

The revised definition should include economic hardship, “doubling up”, persons lacking a regular nighttime residence and residents who are facing imminent housing loss.

- ***Congress should amend the Fostering Connections to Success and Increasing Adoption Act of 2008 to require child welfare agencies to provide a detailed “housing plan” and a specific transition strategy for securing housing for foster youth aging out”of care.***

The housing plan should contain, at minimum, where the youth will live upon discharge, and how the housing will be funded and sustained for at least six months. The law should also eliminate the phrase “having shelter” as an acceptable housing plan, as this can include shelters or institutions.

In conclusion, no young person should ever have to experience homelessness, especially former foster youth. For Jackie, aging out without the necessary resources and guidance contributed to her becoming homeless for one year. It is because of Jackie and the thousands of foster youth like her that I am asking Congress to continue its efforts to ensure foster youth no longer leave care without safe housing and the resources necessary to successfully transition into adulthood.



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# Closing the Educational Gap: Addressing the Need for Educational-Vocational Specialists

Angelique Marie Salizan

## Executive Summary

In order to improve transparency and the communication between child welfare and education agencies, the federal government must ensure that the educational needs of foster youth are met. There is a crucial need for increased oversight. There are “approximately 250,000 school age children in the foster care system; only 50% will graduate from high school, and of them only 3% of former foster youth will attain a bachelor’s degree” (Promise2Kids, 2013). Child welfare and local education agencies (“LEA”) must collaborate to remove the gaps that hinder foster youth from meeting their educational milestones. Designating an *Educational-Vocational Specialist* in each child welfare agency who can assess the individual challenges youth face will enable higher success rates throughout a foster youth’s academic career. Learning a vocational skill or earning an associate’s or bachelor’s degree are critical components to closing the educational gap between foster youth and their non-foster youth peers.

## Personal Reflection

During my time in foster care, I had to mature faster than my non-foster youth peers. Without the educational guidance I received as I was growing up, I would have fallen victim to a flawed system. At Good Shepherds Services in New York City, the private agency that took me under its wing, I was introduced to an *Educational-Vocational Specialist*, Elise Gelbman, who assisted me through my academic career from middle school throughout college completion. Ms. Gelbman was the one source of stability I had throughout my education. We weighed the pros and cons of the various life choices in regard to my education when I did not know what to do. Because Ms. Gelbman advocated on my behalf, the school district, counselors and teachers were well-informed of my situation and in constant communication with each other. The district was able to cater to my academic and emotional needs during major life events, such as both of my parents passing away while I was in high school. Ms. Gelbman was responsible for collecting my attendance, progress reports and test scores, while communicating with my guidance counselors, and assisting me through college. These collaborative efforts were vital to my academic success.

## Recommendations

- ***Amend the Fostering Connections to Success and Increasing Adoptions Act of 2008, (Pub. L. 110-351) to require one Educational-Vocational Specialist (“EVS”) per child welfare agency to serve as a foster youth’s designated point of contact***

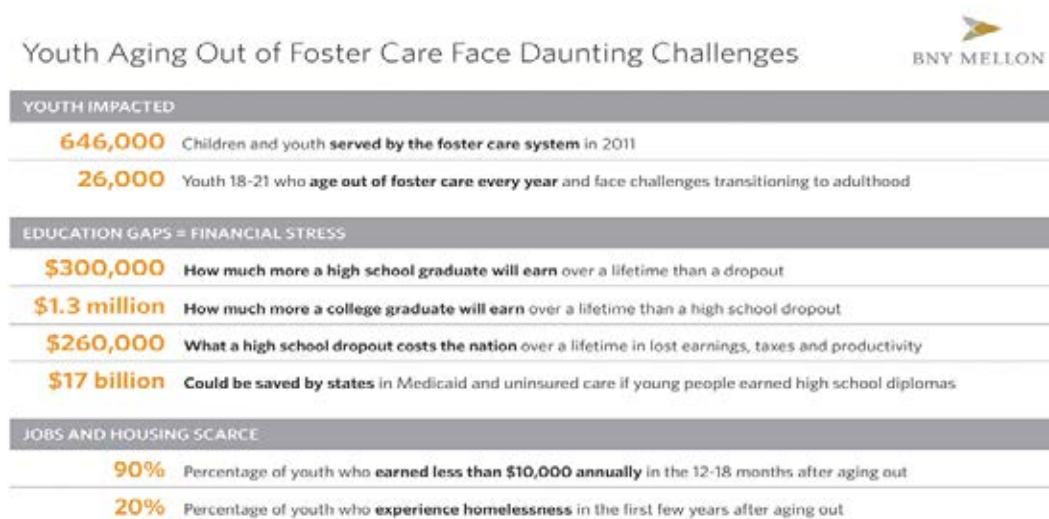


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- *As a condition to receive federal child welfare reimbursements under Title IV-E, require states to designate one EVS in each child welfare agency*

## The Problem

Research has demonstrated that, “trauma has been shown to significantly compromise cognitive development” (Steele, 2008). However, “educational success can help children and youth overcome some of the effects of any abuse, neglect, separation and impermanence they may have experienced being in foster care” (Nowak, 2013). Despite this understanding, child welfare agencies in charge of case plans are not intervening fast enough in order to respond to students’ academic challenges resulting from social, emotional and physical strains within their home lives. This is because caseworkers are often stretched too thin with heavy caseloads, fieldwork and paperwork. In addition to having the responsibility of dealing with a youth’s academic future, they often times do not know what education-related resources are available to foster youth. According to the Vera Institute, “caseworkers often are not aware of academic progress, focusing instead on the frequent crises that characterize foster care. School staff usually have little knowledge of a child’s foster care background and how bureaucratic demands of the system might explain missed tests or assignments. No one acknowledges primary responsibility for the educational progress of these children” (Finkelstein, Wamsley, & Miranda, 2002). If there is someone who is solely accountable for ensuring that foster youth education is a priority, fewer foster youth would fall through the cracks and their educational outcomes would dramatically improve over time.



Source: PR Newswire, 2012

## Federal Legislation

The *Fostering Connections to Success and Increasing Adoptions Act of 2008*, (Pub. L. 110-351) focuses on decreasing disruptions in educational placements and improving the transfer of academic records of foster youth. The goals are to ensure that foster youth do not repeatedly have to transfer

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from school to school, transportation is provided, enrollment into schools of transfer is speedy, and records are readily available. Although great strides have been made through implementation, they still do not assess the academic challenges a youth faces.

In July of 2015, the Senate passed the reauthorization of the *Elementary and Secondary Education Act of 1965 (ESEA)*, which included a foster care amendment (Sect. 1016) to address the need for a direct point of contact in the LEA who is in correspondence with the child welfare agency. While this is a step in the right direction, the responsibility needs to be placed on child welfare agencies to enforce educational stability. Holding child welfare agencies accountable is fundamental for assessing the educational and individual needs of the foster youth and informing educational agencies of what services are needed.

### State Laws

New York and California are leading the way by taking a deeper look into this exact need by conducting education evaluations and providing educational and vocational services for foster youth. The state of California has “education rights holders” (ERH) who “have the legal authority to make education decisions and access education records” (Alliance for Children’s Rights, n.d.). The law requires that an education evaluation be conducted “to identify areas of concern for a youth” (Cal. Educ. Code 48853.5(e)(8)). The ERH is involved in the decision-making and educational evaluations of foster youth. They are also the point of contact for the youth, caseworker and school district.

The state of New York focuses on appropriate educational and vocational services. The *2005 New York Permanency Act (SB 5805, Chap. 3)* “requires the local social service district to submit permanency hearing reports to the court before each permanency hearing. The report includes an update on the youth’s educational progress and documents the steps taken to enable the prompt delivery of appropriate educational and vocational services to the youth” (New York State Permanent Judicial Commission on Justice for Children, n.d.). Although states are making significant changes, the provision of an EVS in each state must be addressed by the federal government to guarantee education stability for foster youth.

### Recommendations

I propose that Congress considers the following recommendations with a sense of priority and urgency:

- ***Amend the Fostering Connections to Success and Increasing Adoptions Act of 2008, (Pub. L. 110-351) to require one Educational-Vocational Specialist (EVS) per child welfare agency to serve as a foster youth’s designated point of contact.***
- ***As a condition to receive federal child welfare reimbursements under Title IV-E, require states to designate one EVS in each child welfare agency.***



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## Analysis

The benefits of having a postsecondary education in our society, “include a productive workforce, increased tax revenue, and less demand for selected public services” (U.S. Department of Education, 2010). The lack of coordinated educational resources in the child welfare system poses a threat to foster youth, given the growing need to “produce workers with the skills to master new technologies and adapt to the complexities of a global economy” (Leachman & Mai, 2014). Without an education to adequately prepare foster youth to be an asset to the future workforce, we as a nation run the risk of having more people depend on federally-funded assistance, as opposed to increasing the tax revenue of the country and not furthering our national debt. It is necessary that an EVS is based in the child welfare agencies to facilitate a complete understanding of the youth and their education as well as to serve as a direct point of contact for the foster youth. I believe that educational stability for foster youth is not an impossible goal. If child welfare and education systems collectively work together, the future of foster youth can and will be a promising one.



*Angelique Salizan on her college graduation day with her Educational-Vocational Specialist, Elise Gelbman*

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# Fostering a Culture of Silence: The Need to Improve Reporting of Sexual Abuse in Foster Care

Ashley D. Williams

## Executive Summary

The United States child welfare system is designed to provide safety to children who have experienced maltreatment. Sometimes, the very children the country promised to protect experience abuse after entering foster care. Many youth who experience sexual abuse while in foster care do not report the abuse due to fear of placement repercussions, additional harm or because they are not aware of the avenues available for reporting the abuse. Congress should improve existing reporting options for foster youth in order to better provide for their safety.

## Personal Reflection

Prior to entering the foster care system, my mother's numerous girlfriends and their sons sexually abused me. After I entered care, I believed I would be in a safe environment. This was not the case. I was sexually abused by various foster family members. When I reported the abuse to my caseworker, I was accused of wearing clothing that provoked my abusers to behave that way.

During my eight years in foster care, I bounced between 36 different homes and I was molested throughout my time in care. The system designed to protect me from sexual abuse failed to provide me with ways to report the further sexual abuse in foster care.

## Recommendations

- *Improve existing avenues for reporting sexual abuse of foster youth*
- *Require that every foster youth, upon entry, receive age-appropriate training on sexual education and available reporting options*

## The Problem

Staggering statistics illustrate the rampant abuse of children in the child welfare system. In "2013 alone, 144,012 children placed in foster care were victims of one or more types of maltreatment, including sexual abuse. Additionally, 2,752 children reported having been sexually abused while in foster care" (U.S. Department of Health and Human Services, Administration of Children and Families [HHS], 2015). Forty-nine states reported that 3,022 children were reported to have been victims of one or more forms of maltreatment by a foster parent, legal guardian, or group home,



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or polyvictimized (HHS, 2015). According to the Child and Adolescent Psychiatry and Mental Health study, polyvictimization is “the study of the impact of multiple types of victimization” (Collin-Vezina, Daigeneault, & Herbert, 2013, p.5). Polyvictimization has an enormous impact, both on the abused individual as well as on society, with “cumulative experiences of victimizations being more detrimental to the child’s well-being than are any single experiences” (Collin-Vezina et al., 2013).

The failure to recognize the need for reporting sexual abuse of foster youth continues to place kids at risk of continued abuse. The people that are supposed to protect foster youth, such as caseworkers, foster parents or residential staff, sometimes intimidate foster youth from reporting abuse. The National Child Trauma Stress Network has found that children do not report sexual abuse because of the fear of being removed from the home, the fear of not being believed, threats of bodily harm if they report, and feelings of shame or guilt (The National Child Trauma Stress Network, 2009).

The barrier to reporting sexual abuse in the foster care system needs to be removed to ensure the safety of foster youth. Knowing when and where abuse is occurring is necessary to provide safe homes and to protect these already vulnerable youth. If consistent data is not tracked on reported abuse, or easily accessible options are not made available, how can foster children, who have already experienced the trauma of being removed from their homes because of maltreatment, be protected from experiencing further abuse in foster care?

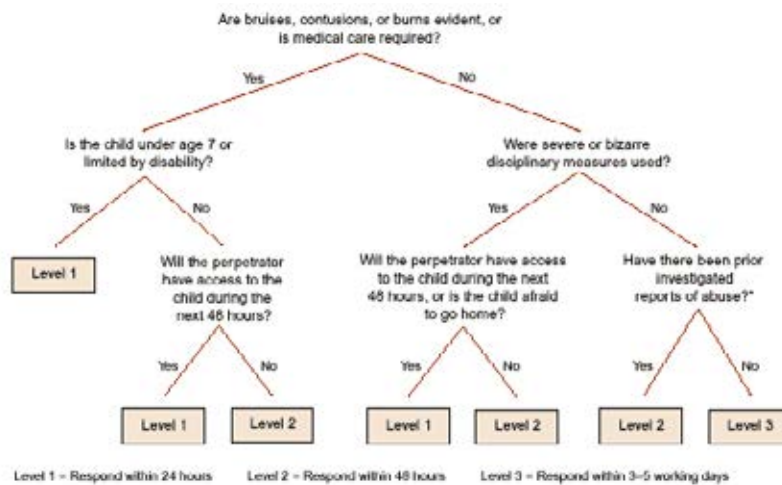
### **Current Law**

The *Child Abuse Prevention and Treatment Act (CAPTA)*, provides funds to states in support of prevention, assessment, investigation, prosecution and treatment activities for child abuse and neglect. CAPTA was most recently reauthorized and amended in 2010 to add the requirement of data collection (42 U.S.C. §5106a).

Although CAPTA requires data collection, there is no national standard for what is reported. In addition, the data that is reported by the states is done voluntarily, which contributes to a misunderstanding of the true scope of abuse. Each of the 50 states has a different definition of “maltreatment” as well as a different process for documenting child sexual abuse. For example, in 20 states, once a mandated reporter submits an oral report, the reporter must document it in writing. In contrast, eight states require written documentation only when requested (Child Welfare Information Gateway, 2013).

The initial screening decisions that determine the criteria for a “substantiated” and “non-substantiated” report are also part of the problem. The lack of consistent evaluation criteria leads to inconsistent reporting of and responses to sexual abuse allegations. This means that not every allegation of abuse is being thoroughly documented or investigated (Child Welfare Information Gateway, 2013).

The chart below provides one example of a chart used to determine the response to sexual abuse allegations of a foster youth.



Source: (Office of Juvenile Justice and Delinquency Prevention, 2001)

In addition to inconsistent reporting criteria, the victims are also falling silent. As illustrated in the latest Child Maltreatment Report, the number of self-reporting cases by alleged victims decreased by roughly 4,000 allegations from the previous year (Children’s Bureau, 2013). However, the overall number of professionals reporting sexual abuse increased between 2009 and 2013. Although it should not be the victim’s responsibility to report sexual abuse, children should feel able to report abuse and trust that appropriate action will be taken.

There are a number of states making progress in improving reporting methods, but there is still much to be done. As of 2013, “twenty states require that a centralized telephone line remain open 24 hours a day, seven days a week specifically for the reporting of child maltreatment” (Child Welfare Information Gateway, 2013, p. 2). There are also 36 states that have a “Foster Youth Ombudsman” available for reporting, whose duty is to “create an avenue for foster children...to file complaints regarding their placement, care and services without fear of retribution from those who provide their care and services” (California Department of Social Services, n.d.). There are also organizations that assist with reporting child sexual abuse via websites, but many foster youth do not know these reporting avenues exist. The reporting options that do exist tend to vary between states.

## Recommendations

- ***Improve existing avenues for reporting sexual abuse of foster youth***

Foster youth should have easy access to report sexual abuse. There are three things Congress should address in order to improve existing reporting avenues. First, youth must have access to an autonomous “Foster Youth Ombudsman.” Second, youth must be aware of all available 24/7 hotlines and anonymous reporting options. Finally, we must create standardized reporting and criteria for review of sexual abuse allegations.



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As of 2014, “approximately twenty-two states have established a Children’s Ombudsman or Office of the Child Advocate with duties and purposes specifically related to children’s services. Another five states have a statewide Ombudsman program, which address the concerns of all governmental agencies, including children’s services. Nine states have related Ombudsman services, program specific services, or county run programs” (Nowak, 2014). This only accounts for 36 states, so it is unknown whether the other 14 states are providing any Ombudsman services. Furthermore, these services vary as “the office may be run by the government, or a non-profit organization under government contract” (Bedard, 2015). Children must have the ability and knowledge that they can report abuse to an individual outside the system in which the abuse is occurring.

Having another dedicated anonymous reporting avenue, such as a phone line or website, could also help. Only a handful of states have the option available of a 24/7 hotline and the opportunity to report the abuse anonymously. Despite being available in some states, this hotline should be available to every child in every state. If youth were aware of the options for reporting sexual abuse, without being identified and without repercussions by foster parents and caseworkers, self-reporting would likely increase.

Congress can further create safe and effective avenues for foster youth to report sexual abuse by requiring states to standardize reporting. Congress should mandate standardized sexual abuse reporting for foster youth by tying CAPTA funding to existing reporting requirements and to how that data is being collected. All 50 states could also be provided with standardized criteria to establish baseline procedures concerning child sexual abuse reports.

- ***Require that every foster youth, upon entry, receive age-appropriate training on sexual education and available reporting options***

Age-appropriate sexual education is important because it gives children the tools they need to understand what abuse is and how to protect themselves. Congress has already acknowledged sexual education importance through H.R. 3067, the *Child Sexual Abuse Awareness and Prevention Act* (2015), which amends and includes provisions requiring local education agencies and schools to carry out child sexual abuse awareness and prevention programs or activities. Studies have shown that elementary school prevention programs are effective at building children’s knowledge about sexual abuse and their preventive skills (Collin-Vezina et al., 2013). Providing sexual abuse awareness programs or activities to foster youth, upon entry, could help raise awareness of their reporting options.

Although there are improvements to reporting abuse, much more can be done at the federal level. Congress must be proactive in addressing foster youth maltreatment data collection, reporting and sexual education in order to better protect foster youth from further trauma.

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# Investing in Foster Youth's Futures: Improving Access to Extracurricular Activities and Supportive Relationships

Keri Richmond

## Executive Summary

During the important developmental stages of childhood and adolescence, children need adult support to help them navigate life's transitions and go on to be productive adults. All children need this support, especially foster children. Foster youth often do not have supportive adults in their lives to provide the necessary guidance during this critical time (Jim Casey Youth Opportunities Initiative, 2013), and are often not given the same opportunities as their non-foster youth peers. For example, foster youth have continually experienced challenges in their attempts to participate in extracurricular activities that would give them access to supportive adults. This adult support could lead to relationships that would encourage foster youth, guide them and help build their self-esteem. One hurdle that still keeps foster children from participating in extracurricular activities is a lack of funds. Making extracurricular activities readily available to foster children at a young age is likely to have a significant impact on improving outcomes.

## Personal Reflection

I spent the first five years of my life in and out of the foster care system. During this time, I experienced abuse from my biological family and then my adoptive family. Shortly after my adoption, my parents got divorced and members of my adopted family struggled with drug abuse. I chose not to report the abuse that took place in my adoptive home because I was afraid of being placed back into foster care.

When I started school, I became involved with extracurricular activities and found mentors in clubs, organizations and sports. Although I experienced difficult circumstances early on, participating in these activities gave me a sense of belonging and access to supportive adults who constantly encouraged me. My involvement in extracurricular activities helped me build significant and supportive relationships with peers and adults while also building my self-esteem. Without these experiences and relationships, I would not be where I am today. I am now a twenty-one-year-old college student moving toward success, and I know it is because of the mentors who encouraged me, supported me, and helped me to believe in myself. I am so thankful to have had these opportunities, but I will not be satisfied until all foster youth also have access to supportive adults and opportunities to grow through extracurricular activities.

The statistics for foster youth's success after they exit care are disheartening. Foster youth, in comparison with their peers, on average are "less likely to have a high school diploma, less likely



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**Congressional Coalition on Adoption Institute**

to be pursuing higher education, less likely to be earning a living wage, more likely to have experienced economic hardships, more likely to have had a child outside of wedlock, and more likely to become involved with the criminal justice system” (Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007, p. 18). These outcomes affect federal spending on Medicaid and welfare programs, adding up to approximately \$300,000 per foster youth who ages out of the foster system (Jim Casey Youth Opportunities Initiative, 2013). I believe the federal government should invest in foster youth while they are in foster care, rather than spend far greater sums for foster youth who “age out” and experience negative outcomes.



Jim Casey Youth Opportunities Initiative, 2013.

## Recommendations

- *Members of Congress should send a letter encouraging their states/districts to allocate funds specifically for foster children to participate in extracurricular activities and to raise awareness of available funds.*
- *Congress should amend Social Impact Partnership Act, (S. 1089, 2015; H.R. 1336, 2015), to include programs and organizations that improve outcomes as a result of healthy adult relationships through age-appropriate and extracurricular activities for foster youth.*

## The Problem

Many of America’s foster youth struggle with challenges such as early pregnancy, incarceration, and substance abuse (Jim Casey Youth Opportunities Initiative, 2013). This may be attributed to the lack of consistent, supportive relationships foster youth have with trusted adults. These supportive relationships can come from foster parents, as well as from informal mentors, such as coaches, organizational group leaders, and other adults who work within the community (Fernandes-Alcantara, 2012). In my personal experience, my involvement in extracurricular activities was the primary reason I was able to develop supportive relationships with both adults and peers. Many benefits can be attributed to foster youth developing strong relationships with trusted adults. Research on the effects of mentoring found that at-risk youth who have a strong relationship with a trusted adult, in comparison to those who lack such a relationship, are more likely to finish secondary schooling and go on to postsecondary education (Bruce & Bridgeland, 2014). One study found that youth in out-of-home care who participate in activities may experience enhanced social skills, reduced



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loneliness and a decreased risk of drug abuse and depression (Conn, Calais, Szilagyi, Baldwin, & Jee, 2014). The same study indicated that participation in activities may offer “opportunities for healthy development for this high-risk population.” Participation in extracurricular activities translates “into the higher self-esteem and self-confidence that are necessary traits for youth to engage in teamwork and community work, and to be successful in life” (Bruce & Bridgeland, 2014, p. 3). Encouraging these supportive relationships through extracurricular activities is a common sense way to prevent many of the social problems that are affecting foster children and our nation.

## Current Law

Due to liability concerns, foster children have not always been allowed to participate in extracurricular and age-appropriate activities without prior approval from a caseworker. In September 2014, the *Preventing Sex Trafficking and Strengthening Families Act*, Pub. L. 113-183, was enacted, in part, to eliminate “overly burdensome requirements by making reforms to allow foster youth to be treated more like other youth - allowing participation in age-appropriate activities such as sports and extracurricular events” (Children’s Defense Fund et al., 2015, p.18). This law requires states to implement a reasonable and prudent parent standard, which gives foster parents the freedom to make decisions to allow foster youth to participate in activities that are deemed safe and age appropriate. This law also has a provision that provides increased funds beginning in 2020 through Title IV-E Independent Living Program to ensure that children who are likely to age out of the foster care system have the opportunity to participate in age-appropriate activities.

While important strides are being made toward achieving normalcy for foster children, there are still gaps to be filled, such as making sure funds are available for all age groups to participate in extracurricular activities (Children’s Defense Fund et al., 2015). For example, Colorado schools waive all fees “for participation in in-school or extracurricular activities, and fees for before-school or after-school programs” (Colo. Rev. Stat. § 22-32-138). Federal law currently allows Title IV-E foster care maintenance payments to be used for a child’s “personal incidentals,” which includes “fees related to activities” and miscellaneous items (Children’s Bureau, 2005). A report on each state’s foster care reimbursement rate to foster families shows how some states have designated funds to be used by foster families specifically for a child’s extracurricular activities, but it does not show whether every state has designated funds specifically for extracurricular activities (DeVooght, Blazey, & Child Trends, 2013). Additionally, foster families may not be aware of the available funding for extracurricular activities.

Another approach to make extracurricular activities accessible to foster youth may be through collaboration with the private sector. The *Social Impact Partnership Act* (S. 1089, 2015; H.R. 1336, 2015) has been introduced this Congress to encourage partnerships between the public and private sectors to improve our nation’s social programs. This legislation would enable states, non-profits and the federal government to partner with the private sector to utilize philanthropic and other investments to improve certain outcomes. The government would only pay these investors when certain social and public health outcomes are achieved.



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In order to qualify for a social impact partnership project under the *Social Impact Partnership Act*, “a project must produce a measurable, clearly defined outcome that results in social benefit and federal savings” (S.1089, 2015; H.R. 1336, 2015). Currently, the legislation has provisions for partnerships that increase permanency for foster youth and for partnerships that reduce non-family foster care. The legislation should be amended to include partnerships that improve outcomes for foster youth as a result of healthy adult relationships through extracurricular activities. Because each project must be evaluated with evidence-based methodologies to show improved outcomes, these partnerships would also provide research on the effectiveness of mentoring relationships developed through activities in correlation to the social costs associated with negative foster youth outcomes.

## Recommendations

- ***Members of Congress should send a letter encouraging their states/districts to allocate funds specifically for foster children to participate in extracurricular activities and to raise awareness of available funds.***

The letter should indicate what federal funds are available to the states for extracurricular activities and encourage states to raise awareness among child welfare agencies and foster parents of the available funds. States should be encouraged to allocate funds to foster parents to be specifically used for extracurricular activities so that all foster youth are given the same opportunities as their non-foster youth peers to build supportive relationships with trusted adults.

- ***Congress should amend Social Impact Partnership Act, (S. 1089, 2015; H.R. 1336, 2015), to include programs and organizations that improve outcomes as a result of healthy adult relationships through age-appropriate and extracurricular activities for foster youth.***

If enacted, this legislation would highlight projects that are effective in reducing many of the social problems affecting our nation. Amending the legislation to include the above provision would allow for additional opportunities for foster youth to participate in extracurricular activities and provide research on the effectiveness of mentoring relationships in extracurricular activities through evidence-based evaluations.

The cost of implementing these recommendations would be an investment in the future of foster youth. I believe that giving foster youth access to supportive adults and opportunities to grow through extracurricular activities would increase positive outcomes among our nation’s foster youth. I can personally attest, because of my positive experiences with extracurricular activities, that the real cost of providing extracurricular opportunities for this country’s foster youth is priceless.

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# Reaching Higher Goals: Improving Educational Outcomes for Foster Youth

Kenya Adeola

## Executive Summary

Foster youth who earn a bachelor's degree are estimated to make almost \$500,000 dollars more during their lifetime than those who do not receive a college education (Peters et al, 2009, p. 6). The difference in income alone is significant and can prevent former foster youth from living in poverty. Statistics show that more than 80% of foster youth desire to attend college (National Working Group on Foster Care and Education, 2014, p. 1), but only 10% enroll, and less than 3% graduate (Promises2Kids, 2013). Foster youth often do not succeed in graduating college because of financial limitations (Dworsky & Pérez, 2009, p. 3). In order to limit, and in some cases prevent, long-term economic reliance on welfare programs, it is important that youth aging out of the foster care system receive additional financial assistance to obtain a bachelor's degree. Understanding that the age of emancipation for foster youth varies by state, for the purposes of this report the references to foster youth students or former foster youth students encompass all foster youth, either emancipated or not, that are currently pursuing collegiate level education.

## Personal Reflection

It took me six years of continuous college courses to graduate with a bachelor's degree. Prior to college, I performed well in school; therefore, I never anticipated that it would take more the 4 years to earn a bachelor's degree. College was difficult for me because it felt impossible to maintain a healthy balance between working and studying. In order to cover my tuition costs, I worked over 40 hours each week during my six years as a full-time undergraduate student to supplement the \$5,000 Educational Training Voucher ("ETV"). Even with this voucher and full time employment, I was not able to fully cover all my education and living costs.

I struggled because I lacked the support that I needed as a foster youth without a forever family. I had no one to turn to when I was in need of mental, emotional and financial support. At times, I felt as if my best option was to drop out of college due to the lack of support. Had I received more financial assistance, I would have focused more on my studies and I likely would have graduated in four years and saved a significant amount of money.

## Recommendations

- *Congress should offer partial reimbursement for states that provide full tuition waivers for foster youth, and that demonstrate improved foster youth graduation rates.*



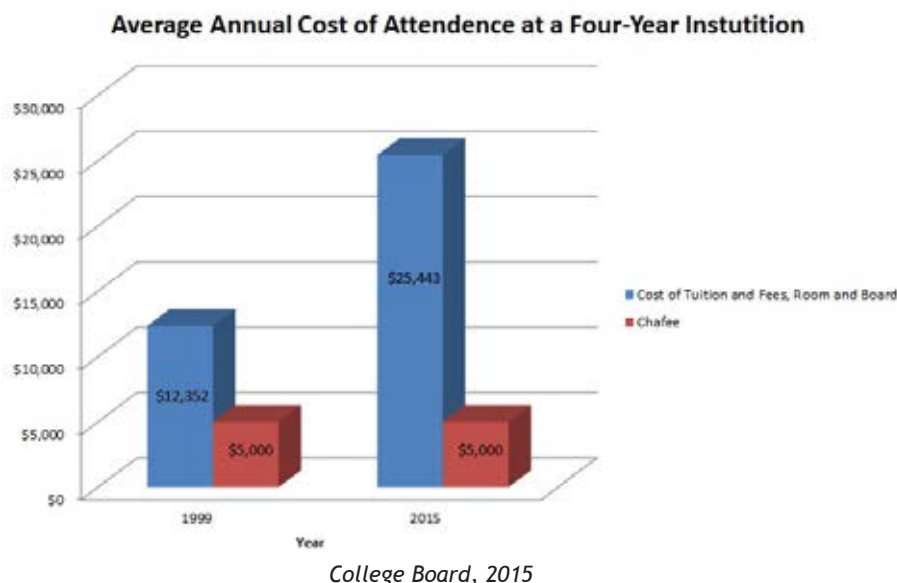
*Embracing Our Past, Empowering Their Future: Why Child Welfare Reform Matters*  
Congressional Coalition on Adoption Institute

- *Congress should increase the amount of funding per year for the ETV Program from \$5,000 to \$15,000 for each foster youth completing a bachelor's degree to help supplement college related expenses such as housing and books.*

## The Problem

Earning a bachelor's degree is not necessarily easy for anyone, but it is especially difficult for foster youth who lack the support of their families during the transition period between adolescence and adulthood. Most foster youth cite this lack of support as their reason for not enrolling in a post-secondary education program or for dropping out of college (Dworsky & Pérez, 2009, p. 3). In contrast, the majority of college students receive some financial support from their families (Goudreau, 2011).

The mere cost of an undergraduate education is a major hurdle for most foster youth wishing to earn a degree. The cost of attending an undergraduate institution has rapidly increased, faster than the rate of inflation, since the implementation of the ETV Program (College Board, 2015). The amount of funding awarded through the ETV Program, however, has not increased to account for the substantial rise in tuition costs (42 U.S.C. §677, 2015). This means the remainder of tuition must be covered by the foster youth who are already disadvantaged. Unfortunately, 47% of former foster youth are unemployed at the age of 26, and more than 71% of former foster youth earn less than \$25,000 a year (Children's Rights, 2013). Therefore, paying undergraduate tuition may be unrealistic for foster youth.



Another complication that keeps many foster youth and former foster youth from achieving their educational goals is maintaining stable living accommodations. The Midwest Evaluation of the Adult Functioning of Former Foster Youth study found that approximately 31% of foster youth experience homelessness after emancipation (Courtney et al., 2011, p. 12). According to the U.S.

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Department of Housing and Urban Development, the homeless population represents only 0.2% of the overall population, which means former foster youth are largely overrepresented (Henry, Meghan, Cortes, Alvaro, & Morris, 2013). Former foster youth often face homelessness during school intermissions, making them more vulnerable to post-traumatic stress disorder, mental and physical health problems, and substance abuse (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011). These factors make foster youth less likely to complete their education.

The current ETV funding level does not provide adequate financial funding to help foster youth earn a bachelor's degree. Addressing college affordability is essential for the success and stability of former foster youth.

### Current Law

Under current law, federal funding for foster youth is allocated through the ETV Program of the John H. Chafee Foster Care Independence Program (CFCIP) (42 U.S.C. §677, 2015). The ETV Program provides states with funding to be used for education and job training in the amount of \$5,000 for each eligible foster youth per year up until the age of 21. Foster youth are eligible if they are “likely to remain in foster care until 18 years of age” or are “aging out of foster care” (42 U.S.C. §677, 2015). Additionally, youth are eligible for the program if they left foster care at the age of 16 or older because they were adopted or were placed in kinship care (42 U.S.C. §677, 2015). Youth are eligible to receive funding until age 23 if they are making satisfactory academic progress.

Senator Grassley introduced the *Foster Youth Independence Act of 2015* that would extend eligibility for foster youth to remain in foster care until the age of 23 in states that provide federal or state-funded foster care through ages 19, 20 or 21 (S. 1439). This bill would not affect ETV eligibility or funding, but it would help offset other living expenses for foster youth students.

Several states have adopted their own programs in order to better support foster youth and former foster youth students. For example, in Massachusetts foster youth students are granted tuition waivers to attend any of the 29 colleges and universities within the state (Massachusetts Department of Health and Human Services, 2015). This tuition program, which was created in 1981, was established to counteract the rise in tuition as well as the decline in federal dollars received (Massachusetts Assistance Student Success Program [MASSP], 2013, p. 1). In 2008, the law was amended to support the full tuition and fee waivers after the ETV was exhausted (MASSP, 2013, p. 25). Similarly, Florida's foster youth are granted full-tuition waivers (Fla. Stat. §1001.706(1)(c)).

Connecticut also offers full tuition waivers to emancipated foster youth to any public or out of state public institution (Jim Casey Youth Opportunities Initiative [JCYOI], n.d.). In addition to tuition waivers, the state also extends its support beyond scholarships and grants to cover all





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costs associated with room and board, including food, rent expenses and the cost of utilities (JCYOI, n.d.). The success of Connecticut's program is demonstrated by the college graduation rates of their foster youth, which is double the national average (Gateway Community College, 2012).

## Recommendations

- ***Congress should offer partial reimbursement for states that provide full tuition waivers for foster youth, and that demonstrate improved foster youth graduation rates.***

Full college tuition waivers help eliminate financial insecurity, which has played a large part in consistently low college graduation rates of foster youth. Massachusetts, Florida and Connecticut serve as great models for successful full tuition waiver programs. These programs have resulted in an increase in the number of foster youth enrolling in and graduating from undergraduate institutions (Gateway Community College, 2012). The state of Massachusetts reported in 2008 that 17% of foster youth enrolled in college and 83% attended college full time (Benedetto, 2008). During the same year, California, which did not have a waiver, reported that only 2.4% of foster youth enrolled in undergraduate institutions (Benedetto, 2008).

By encouraging states to offer tuition waivers for foster youth, Congress will help former foster youth achieve more successful educational outcomes, and will reduce the number of former foster youth living in poverty (Peters et al, 2009, p. 6).

- ***Congress should increase the amount of funding per year for the ETV from \$5,000 to \$15,000 for each foster youth completing a bachelor's degree to help supplement college related expenses such as housing costs and books.***

After youth receive tuition waivers, they still face the difficulty of paying for living expenses. The average cost of a college dormitory at public and private undergraduate institutions is approximately \$9,800 and the average cost of books is \$1,300 per year (College Board, 2013). The current ETV funding level does not even cover half of this amount.

Increasing the amount of the ETV would allow foster youth students to afford housing fees and college materials, and would therefore better position them to complete their undergraduate degree. Housing stability is perhaps the most important issue for foster youth students because they are predisposed to seemingly insurmountable negative outcomes that may impede them from earning their degree (SAMHSA, 2011, p. 9).

I am proud that I earned my bachelor's degree and I intend to continue my educational path toward my law degree. My hope is for Congress to make college more affordable for all eligible foster youth so they too can reach their higher education goals.

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# Mental Health for Foster Children: Creating Consistency Among States

Jennessa Ahline

## Executive Summary

Mental health services are repeatedly identified as a critical need for foster children. This population has experienced multiple disruptions and instability during their lives. As a result, almost half of children in foster care are diagnosed with mental health disorders compared to just 10.9% of children outside of foster care (Center for Mental Health Services and Center for Substance Abuse Treatment, 2013). Not surprisingly, the American Academy of Pediatrics (“AAP”) found foster children have special health care needs because of the high prevalence of physical, mental, developmental, educational and family relationship problems (AAP, n.d). The Congressional Research Service reports that, “one-half to three-fourths [of foster children] show behavioral or social competency issues that may warrant mental health services” (Baumrucker, Fernandez-Alcantara, Stoltzfus, & Fernandez, 2012, p. 2).

## Personal Reflection

Foster children experience traumatic pasts before they enter foster care that could be mitigated with early assessment and treatment. When I was in foster care, I refused mental health services due to fear, stigma and a lack of understanding of how such services could help me. As a result, I experienced depression, anxiety and obsessive-compulsive disorder. I also experienced social anxiety, which prevented me from living to my fullest potential. In my case, these conditions led to unemployment, legal issues and homelessness. Any one of these problems could hinder a young adult's efforts to build a successful life. When left untreated, chronic health conditions, including mental health issues, can extend into adulthood.

Later, as I left for college, I felt unprepared, unmotivated, lonely, depressed and anxious. I lacked support and community when I needed it the most. I did not know how to make the most of resources around me because of my inability to trust people and my fear of asking for help. It took a tragedy during my sophomore year of college to motivate me to see a counselor. Fortunately, mental health services—specifically, therapeutic counseling—allowed me to thrive by introducing me to healthy habits, structure and stability. Sound mental health provides an essential foundation of stability that supports all other aspects of human development including the foundation of relationships, the ability to cope with adversity and the achievement of success for future endeavors. Prevention is needed.



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## Recommendations

- *Amend Section 422(b)(15) of the Social Security Act to ensure children receive initial mental health screenings within 30 days of entering the foster care system.*
- *Amend Section 422(b)(15) of the Social Security Act to ensure that states develop a care plan for children that requires that the children receive the recommended mental health services within 30 days of the initial mental health screening.*
- *Amend Section 422(b)(15) of the Social Security Act to ensure children receive comprehensive mental health screenings within 90 days of entering the foster care system and then once each year while the child is in care.*

## The Problem

Foster children that have aged out of the system often still experience the effects of their early childhood trauma later in life. This is unnecessary as it can be prevented with early assessment and treatment. Unfortunately, the U.S. Department of Health and Human Services (“HHS”) estimated in 2012 that 75-80% of children were not receiving necessary mental health services because states were out of compliance with current requirements for screenings (Masi & Cooper, 2006). Foster children are not receiving initial and comprehensive mental health screenings upon entering care, and states are not following through with current federal guidelines for screenings and treatment. These children deserve the chance to learn how to take control of their lives and respond to challenging life situations while learning necessary coping skills.

National studies have documented the long-term consequences of unmet health care needs in this high-risk population, including serious and persistent mental illness, substance misuse and chronic health care conditions that extend into adulthood (Pecora, Kessler, Williams, O’Brien, Downs, English, et al, 2005). A significant number of emancipated foster children experience challenging roadblocks resulting from a lack of counsel and guidance while in care. The American Psychological Association (“APA”) affirms, “Mental health problems in young people, which have not been treated, can lead to tragic consequences including suicide, substance abuse, inability to live independently, involvement with the correctional system, failure to complete high school, and major health problems” (American Psychological Association [APA], n.d., p. 9).

It is critical for foster children to have access to appropriate mental health screenings and treatment. The majority of this population does not have the benefit of a stable caregiver who is familiar with their personal history. Therefore, it is imperative that child welfare agencies ensure the coordination of a treatment plan to provide foster children with the services they need. A Government Accountability Office (“GAO”) report states that 30% of children in foster care are not receiving necessary mental health care services (U.S. Governmental Accountability Office [GAO], 2012). The earlier in life foster children receive appropriate interventions, the

more likely they are to achieve long-term, positive outcomes that will lead to productive futures. Children and teens in foster care that experienced trauma are negatively impacted by not having the opportunity to work through their painful memories. Even the most resilient child or teen would have trouble dealing with separation from family, ongoing losses and the uncertainty of foster care. Foster children need timely mental health evaluations and treatment. Timelines are necessary because, despite current federal laws, some states are not ensuring access to assessments, thereby preventing timely treatment.

## Current Law

Although each state is required under the *Social Security Act* to establish a plan of “ongoing oversight and coordination” (Social Security Act, 2008), too many foster children are not receiving necessary mental health screenings and treatment. These state plans should establish a schedule for initial and periodic screenings for every foster child. Screenings may include medical, mental and other health assessments. The Administration for Children and Families within HHS is responsible for monitoring state's foster care programs to ensure these requirements are met (Administration for Children and Families, 2012). However, a March 2015 Office of Inspector General report found that not all children in foster care are receiving required health screenings. This report also found that nearly one-third of foster children who were enrolled in Medicaid did not receive at least one required health screening. Additionally, more than 25% of foster children received their required screenings after current state-required deadlines (U.S. Department of Health and Human Services: Office of Inspector General, 2015).

State child welfare agencies are supposed to work with Medicaid to establish and coordinate a strategy to address the health care needs for children in foster care. Medicaid’s Early, Periodic, Screening, Diagnostic and Treatment Program covers mental health screenings and medically necessary treatment for foster children, but states are not ensuring children receive them (Baumrucker, Fernandez-Alcantara, Stoltzfus, & Fernandez, 2012). Receiving mental health screenings is the first step to identifying any possible mental health or behavioral issues from which children may be suffering upon entering foster care. However, with no federal standard or time limitation, states’ different ways of establishing these requirements has created a patchwork of coverage (See Figure 1 below).

STATE	INITIAL SCREENING	COMPREHENSIVE SCREENING
Illinois	1	45
Tennessee	5	As Needed
Oklahoma	90	60
California	Not Required	As Needed
Alabama	30	Not Required

**Figure 1: Five States Selected as Examples of Inconsistency with Screenings, (CHCS, 2010)**



The Center for Health Care Strategies (“CHCS”) conducted a 50 state survey to understand state timelines of screenings and assessments after a child enters foster care (Allen, 2010). This report notes the Council on Accreditation recommendation that children receive an “initial screening from a qualified medical practitioner within 72 hours of a child’s entry into foster care to identify the need for immediate medical or mental health care, as well as, follow-up assessments within 30 days of foster care entry” (Allen, 2010, p. 2). In 13 states, there is either no requirement or no time frame for an initial behavioral health screening. The table below shows a large variance of time frames for providing initial behavioral health screenings and a majority of states take much longer than 72 hours to provide this service to foster children (See Figure 2 below)

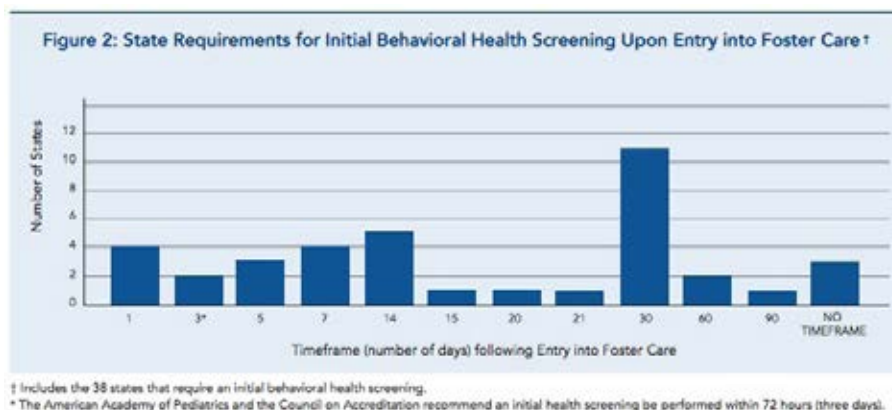


Figure 2: State Requirements for Initial Behavioral Health Screening Upon Entry into Foster Care, (Allen, 2010, p. 3).

The AAP recommends that “within 30 days of foster care placement, children should have a detailed, comprehensive evaluation of mental health” (AAP, n.d.). The table below shows that only 52% of states require an in-depth behavioral health screening within 30 days of entering foster care (See Figure 3).

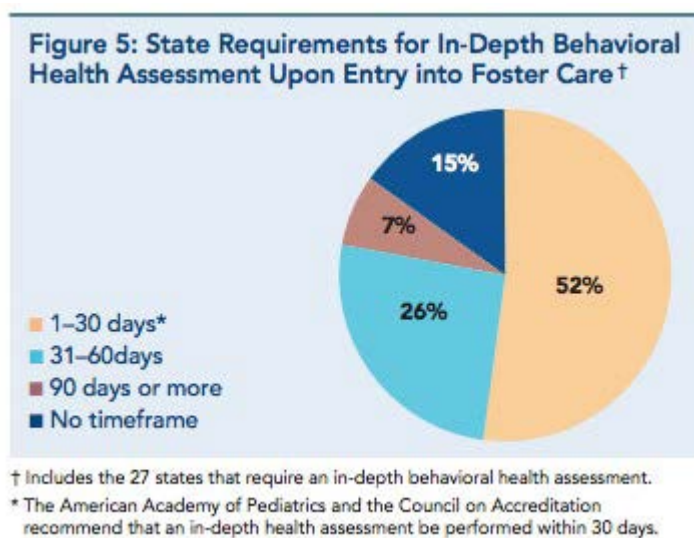


Figure 3: State Requirements for In-Depth Behavioral Health Assessment Upon Entry into Foster Care, (Allen, 2010, p. 4).



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Unfortunately, state mandated time frames for initial and comprehensive screenings vary significantly and do not consistently reflect these nationally recognized guidelines. Despite state mandated timelines and Medicaid coverage of mental health services, children cannot be treated if they are not screened.

The *Fostering Connections to Success and Increasing Adoptions Act of 2008*, (“*Fostering Connections Act*”) requires all states to implement a health oversight and coordination plan, in order to ensure that the mental health needs of foster children are being both documented and treated (Pub. L. 110-351). The *Fostering Connections Act* requires states to create a schedule for initial and follow-up health screenings and then determine how the health needs will be treated after being identified through those screenings. It does not, however, lay out timelines for screenings or treatment.

Some states have taken an interest in ensuring foster children are receiving appropriate services and care. For example, Wisconsin recently piloted a joint effort with the Children’s Hospital of Wisconsin so that foster children receive a treatment plan to address their specific health care needs. The Care4Kids Program creates a “medical home team” for children in foster care. As a result, the state expects the children will have improved mental and physical health and improved resiliency which will also result in long-term savings to the state (Wisconsin Department of Health Services, 2014).

## Analysis

States are failing to provide adequate mental health services to foster children. Though the *Fostering Connections Act* has been in place since 2008, there is still an obvious gap in the provision and timeliness of mental health screenings, and the amount of children receiving mental health services. A study completed 20 years ago shows state child welfare systems have long been unable to ensure appropriate health screenings in a timely manner, and states, to this day, have difficulty monitoring the extent to which identified needs were addressed across the range of foster care placements (U.S. Government Accountability Office, 1995).

The health care needs of foster children are complex, and access to and coverage of comprehensive, timely, and appropriate health care services remain key issues for children in foster care nationwide. Yet despite these glaring statistics, scores of foster children still lack access to mental health care. It is time for these issues to be examined and addressed at a federal level.

## Recommendations

State child welfare agencies are required to coordinate efforts to ensure mental health needs of foster children are being met; however, research has shown this is not happening. To improve,



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this Congress needs to ensure children are receiving mental health screenings and appropriate mental health services within a specific time frame. Children entering foster care have just left a traumatic situation. Timely screenings to determine what services are most applicable to them is, therefore, essential.

Congress should:

- ***Amend Section 422(b)(15) of the Social Security Act to ensure children receive initial mental health screenings within 30 days of entering the foster care system.***

Children should receive an initial mental health screening within 30 days upon entering care to put them on the right path from the beginning. This requirement enables children to understand their mental state, the trauma they may have experienced, and the resources available to them.

- ***Amend Section 422(b)(15) of the Social Security Act to ensure that states develop a care plan for children that requires that the children receive the recommended mental health services within 30 days of the initial mental health screening.***

Many foster children are not receiving the mental health services they need in order to live happy and productive lives. Congress should ensure that states establish a coordinated strategy to identify and respond to the mental health care needs of foster children. Once children receive their initial mental health screening, they should have access to mental health services within 30 days. These services would allow children to have stability and learn important life skills such as commitment, trust, and coping skills. Additionally, these services can provide children the tools they need to live a successful and productive life.

- ***Amend Section 422(b)(15) of the Social Security Act to ensure children receive comprehensive mental health screenings within 90 days of entering the foster care system and then once each year while the child is in care.***

After children receive the initial mental health screenings, it is imperative they receive a comprehensive screening, no later than 90 days after entering care. Comprehensive screenings are more thorough and ensure that all aspects of their mental health are addressed. It is possible children could show no signs of mental health problems upon entering care, but have issues that arise within a few weeks or months.

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## ABOUT THE INTERNS

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### **Kenya Adeola**

Hometown: Livingston, NJ

Age: 23

School: Florida International

Major: Spanish

Graduation: May 2015

Years in care: 8

Status: Emancipated at age 20

Favorite quote: "Be the change you want to see in the world." - Ghandi

Aspirations: To decide what is best for right now and to continue moving forward in hopes of a great future. I would like to be fully functioning in at least five languages and work for a governmental organization, preferably the United Nations, to promote effective change.



### **Jennessa Ahline**

Hometown: Nashville, TN

Age: 23

School: Middle Tennessee State University

Major: Communications and Leadership

Graduation: May 2017

Years in care: 2

Status: Emancipated

Favorite quote: Ephesians 3:20 "He is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us!"

Aspirations: To begin a ministry, write a book, travel the world, hike the Appalachian trail, graduate from GWU, and make a difference.



### **Erik Barrus**

Hometown: Trout Creek, MT

Age: 29

School: Brigham Young University Idaho

Major: Social Work

Graduation: April 2015

Years in care: 5

Status: Adopted

Favorite quote: "Before I do anything I ask myself, would an idiot do that? And if the answer is yes, I do not do that thing." - Dwight Kurt Schrute

Aspirations: To get my Masters in Social Work emphasizing in research. I would also love to be a father and raise some children. I also want to bike across the United States and hike the entirety of the Pacific Crest Trail.



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## ABOUT THE INTERNS

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### **Matthew Broderick**

Hometown: Little Rock, AR

Age: 22

School: University of Arkansas at Little Rock

Major: Criminal Justice

Graduation: May 2018

Years in care: 4.5

Status: Emancipated

Favorite quote: "It's no use saying, 'we are doing our best.' You have got to succeed in doing what is necessary." - Winston Churchill

Aspirations: Graduating from Law School.



### **Lindsey Harrington**

Hometown: Lowell, MA

Age: 21

School: Gordon College

Major: Social Work and Sociology

Graduation: December 2015

Years in care: 4

Status: Kinship Guardianship (Maternal Grandmother)

Favorite quote: "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." - Maya Angelou

Aspirations: To learn, to travel, to be a part of systematic change.



### **Marcia Hopkins**

Hometown: Philadelphia, PA

Age: 26

School: Temple University

Major: Masters in Social Work

Graduation: May 2015

Years in care: 8

Status: Reunified with biological parent

Favorite quote: "Never mind searching for yourself, search for the person you aspire to be." - Robert Brault

Aspirations: To advocate and help create policy and societal changes through advocacy and research, and to further improve the lives of youth in the child welfare and juvenile justice system.



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## ABOUT THE INTERNS

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### **Brianne Lyn Nagamine**

Hometown: Kauai, Hanapepe, HI

Age: 20

School: University of Hawaii at Manoa

Major: Social Work

Graduation: May 2017

Years in care: 4

Status: Adopted

Favorite quote: "If you believe you can achieve in order to succeed."

Aspirations: To pursue a Masters degree in Social Work, conduct community reserach to address the needs for my community, and to start up my own non profit.



### **Destiny Reid**

Hometown: Graham, NC

Age: 19

School: East Carolina University

Major: Business Management, concentration in International Business

Graduation: May 2017

Years in care: 13

Status: Foster Child

Favorite quote: "How easy it was to lie to strangers, to create with strangers the versions of our lives we imagined." - Chimamanda Ngozi Adichie, Americanah

Aspirations: To be happy and successful.



### **Keri Richmond**

Hometown: South Bend, IN

Age: 21

School: Kent State University

Major: Public Relations

Graduation: May 2017

Years in care: 4

Status: Adopted

Favorite quote: "Love is the only rational act."

Aspirations: To start a nonprofit, write a book, do a Ted Talk.



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## ABOUT THE INTERNS

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### **Angelique Salizan**

Hometown: Brentwood, NY

Age: 23

School: Binghamton University

Major: Psychology

Graduation: December 2014

Years in care: 16 years

Status: Kinship

Favorite quote: “There are two kinds of people in this world the givers and the takers. The takers may eat better but the givers sleep better!”

Aspirations: Be an influential advocate of Social Justice/Child Welfare and Education Reform.



### **Cierrena Spataro-Haynes**

Hometown: Madison, WI

Age: 24

School: University of Wisconsin Madison

Major: Masters in Social Work

Graduation: May 2015

Years in care: 14 years

Status: Adopted

Favorite quote: “Affirm a world of moral seriousness where everyday things are sacred to you.” - John Gatto

Aspirations: Child Welfare Policy Reform, possibly a member of Congress one day, but still a social worker at heart for life!



### **Ashley Williams**

Hometown: Los Angeles, CA

Age: 25

School: Southwestern Law School

Major: Law Student

Graduation: May 2017

Years in care: 8 years

Status: Emancipated

Favorite quote: “Our deepest fear is not that we are inadequate, but that we are powerful beyond measure.”

Aspirations: To become a judge for juvenile dependency court.



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