ADVANCING BEHAVIORAL HEALTH OPPORTUNITIES IN THE U.S. FOSTER CARE SYSTEM

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RECOMMENDATION SUMMARY

In order to accomplish a more equitable and healing-centered child welfare system, Congress should 1) mandate consistent, trauma-informed support systems that meet youth where they are; culturally, developmentally, and geographically, 2) amend Title IV-E and Chafee funding guidelines to recognize and reimburse non-clinical wellness services as legitimate behavioral health interventions, and 3) direct the U.S. Department of Health and Human Services to launch a national initiative that evaluates and scales culturally specific behavioral health programs.

EXECUTIVE SUMMARY

Behavioral health plays a critical role in the stability and long-term well-being of children in foster care. Despite growing national awareness of trauma's impact on children's development, attachment, and sense of safety, federal and state policies remain largely reactive and inconsistent in ensuring access to healing-centered, developmentally appropriate, and culturally responsive supports. While promising initiatives exist, many are limited in scale or target only younger children, leaving older youth especially underserved. Congress must strengthen behavioral wellness pathways — systems that provide continuous, holistic, and culturally rooted mental health care for youth in and transitioning from foster care — by expanding proactive, community-based models and ensuring continuity across placements and jurisdictions. This is especially critical given the frequent disruptions in foster care, which can compound trauma and delay recovery. Creating these conditions is essential not only to achieving permanency but to ensuring the possibility of a truly positive childhood.

PERSONAL REFLECTION

I was raised between households where emotional neglect, cultural indifference, and silence created an environment that made wellness feel out of reach. Vulnerability was not safe and was met with punishment or indifference rather than comfort or connection. My early cries for help were labeled as behavioral outbursts, which further jeopardized my placements rather than prompting support for a teen navigating a traumatic experience. I felt unseen by caregivers, educators, and caseworkers – not because they didn't care, but because they did not know how to care in ways that met me where I was.

PERSONAL REFLECTION *(CONTINUED)*

Like many foster youth, I wasn't guided toward healing; I was simply tolerated until I aged out of foster care. It was not until I aged out that I began to process my trauma, seek therapy and mentorship, and find healing through education and hobbies. This shift came after I was introduced to a campus support program for first-generation students, which encouraged therapy and self-reflection. If I had access to supports like mentorship, expressive arts, and consistent behavioral health services, my healing journey could have begun long before adulthood. Even then, I faced systemic barriers. Extracurricular activities were treated as luxuries rather than therapeutic outlets, and culturally relevant support was limited. These experiences taught me the power of preventative, intentional care over reactive responses. I want to ensure that youth in care do not have to wait until adulthood to begin healing, or worse, get punished for the pain they never had the tools to express. Advocating for building systems that uplift and prevent youth and families, not just intervene and respond, should be a top priority. My vision is a child welfare system that recognizes behavioral wellness as foundational to permanency and prioritizes joy, connection, and community as much as clinical care.

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THE PROBLEM & CURRENT LAW

Children in the child welfare system are at heightened risk for behavioral health challenges due to exposure to trauma during key developmental years. These challenges, including mental health conditions and substance use disorders, can arise prior to system involvement or emerge during placement transitions. Yet, these evolving needs often go unmet due to fragmented systems, inconsistent care, and limited access to culturally and developmentally responsive services.

In 2021, over 40% of Medicaid- and Children's Health Insurance Program (CHIP)-enrolled children aged 3 to 17 involved in child welfare were diagnosed with behavioral health conditions (HHS, 2023). Trauma significantly impacts cognitive development, emotional regulation, physical health, behavior, and relationships (Bartlett & Steber, 2019). Federally, Substance Abuse and Mental Health Services Administration's (SAMHSA)'s Fiscal Year 2023 System of Care Expansion and Sustainability Cooperative Agreements provided $31.5 million to improve behavioral outcomes, with $10.3 million directed to 13 communities serving children at risk of entering foster care with complex needs (SAMHSA, 2023). However, this investment remains a small, competitive, and geographically limited portion of national behavioral health funding.

THE PROBLEM & CURRENT LAW *(CONTINUED)*

States like California are taking proactive steps, using SAMHSA and other federal resources to address unmet needs. California defines "complex care" as cases with long-standing, multifaceted needs across behavioral health, education, and child welfare systems. The state's Positive Childhood Experiences (PCEs) programming delivers culturally competent, county-level training to agencies, including probation, behavioral health, and tribal partners (California Department of Social Services, n.d.). These efforts support emotional stability and healthier life outcomes, but similar programs are inconsistently available in other states and rarely tailored to older youth.

Programs that offer culturally relevant care face limited evaluation and funding, restricting their inclusion in federal evidence-based clearinghouses (Casey Family Programs, 2024). This highlights a broader need to invest in adaptable, community-rooted behavioral health services for older youth.

Recent legislative efforts emphasize early prevention over crisis response. Colorado's HB23-1249 (2023) requires counties to implement collaborative care plans for justice-involved youth ages 10–12 (Colorado General Assembly, 2023), while Florida's HB945 (2020) mandates coordinated support systems for children with repeated crisis stabilization visits (Florida Senate, 2020). These laws model the kind of cross-system, community-based interventions needed nationwide to improve behavioral health outcomes for foster youth.

POLICY RECOMMENDATIONS

In order to accomplish a more equitable and healing-centered child welfare system, Congress should:

- **Mandate consistent, trauma-informed support systems that meet youth where they are; culturally, developmentally, and geographically.** Congress should provide funding and technical assistance to support states in implementing Community Wellness Navigators as dedicated staff embedded in child welfare systems to ensure continuity of behavioral health care across placements and transitions. These navigators would serve as trusted, culturally competent advocates trained to recognize trauma responses, maintain youth-centered healing plans, and connect young people to non-clinical supports such as mentorship, spiritual spaces, expressive arts, and peer-led groups. California has pioneered promising work in this area through its Pathways to Mental Health Services initiative, which coordinates wraparound behavioral health services for children in foster care across agencies including child welfare, probation, and education. Under this model, youth receive individualized care planning through Interagency Placement Committees and Child and Family Teams, leading to more stable placements and improved emotional outcomes (California Department of Social Services, 2020). Congress should build on this model and require every state to establish a coordinated care approach to ensure behavioral wellness is not lost in system transitions.

POLICY RECOMMENDATIONS *(CONTINUED)*

- **Amend Title IV-E and Chafee funding guidelines to recognize and reimburse non-clinical wellness services as legitimate behavioral health interventions.** Currently, federal reimbursement structures focus narrowly on evidence-based clinical therapies, excluding many effective, community-rooted practices that many youth depend on. Services such as mentorship programs, culturally embedded healing rituals, expressive arts, and recreational outlets play a key role in managing trauma and supporting identity development. Quality can be assessed using trauma-informed care standards, youth and caregiver feedback, school engagement metrics, and data analysis about the number of youth experiencing a behavioral crisis or placement disruptions. By expanding the definition of behavioral health, federal policy can better reflect the full range of tools contributing to a healthy and stable upbringing.

- **Direct the U.S. Department of Health and Human Services to launch a national initiative that evaluates and scales culturally specific behavioral health programs.** Despite demonstrating effectiveness within their populations, many of these community-developed supports remain excluded from the Title IV-E Prevention Services Clearinghouse due to a lack of formal evaluations. Congress should fund pilot studies and long-term tracking for programs addressing racial identity, intergenerational trauma, and community belonging. A parallel evidence track should be considered within the Clearinghouse to capture better outcomes aligned with culturally grounded healing models. By elevating these interventions, the federal government can ensure foster youth have access to behavioral health care that reflects both their trauma and their cultural truths.