

FOSTER YOUTH SUICIDE PREVENTION

By Michael Anthony Miser

RECOMMENDATION SUMMARY

In order to prevent suicide among former and current foster youth, Congress should 1) amend Title IV-E of the Social Security Act to enable suicide prevention programs for foster youth to qualify for Enhanced Federal Financial Participation, and 2) request a Government Accountability Office (GAO) report focused on the effectiveness of Title IV-E mental health programs and other services for foster youth in preventing suicide.

EXECUTIVE SUMMARY

Current and former foster youth are four times more likely to die by suicide than their peers who were never in foster care. Despite this disparity, current federal and state systems lack scalable, funded models to implement preventive solutions to address this crisis. In 2018, Congress took a critical step forward by passing the Family First Prevention Services Act (FFPSA), allowing states to receive partial federal reimbursement for delivering preventive mental health services and training. The training and services that states can implement at these reimbursed rates are noted in the Title IV-E Clearinghouse. Despite the robust offerings in the Title IV-E Clearinghouse, there are none specifically focused on suicide prevention. Congress can take meaningful steps to eliminate preventable suicides by enhancing states' abilities to implement evidence-based suicide prevention programs at increased reimbursement rates. Congress can further bolster suicide prevention by supporting the development of effective prevention programs and funding Government Accountability Office (GAO) studies to further the cause.

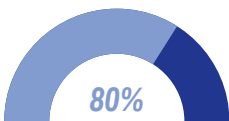
PERSONAL REFLECTION

As a Navy veteran and former foster youth, I have witnessed firsthand the mental health struggles that led to suicide among friends and peers. What stands out is that the Navy intentionally built systems to prevent suicide, while the foster care system lacks the same structure and focus. The difference is stark, given the similarities in trauma profiles for both populations. Death by suicide is a preventable tragedy that more lives can be saved by training individuals to recognize signs of suicidality in their peers and loved ones.

Suicide is the second leading cause of death amongst youth from ages 10 to 24 in the United States, with more than 6,500 young people dying each year from this preventable reality.



Adverse childhood experiences, also known as ACEs, are directly linked with suicidal ideations and attempts.



80% of foster youth experienced six or more adverse childhood experiences, a 65% increase in comparison to their peers in the general population, with only 15% experiencing six or more.

THE PROBLEM & CURRENT LAW

Young people are dying every day from preventable deaths in the United States, and unfortunately, foster youth are overrepresented in this reality. Suicide is the second leading cause of death amongst youth from ages 10 to 24 in the United States, with more than 6,500 young people dying each year from this preventable reality (CDC, 2025; NIMH, 2025). Adverse childhood experiences, also known as ACEs, are directly linked with suicidal ideations and attempts (Dube, 2001). An individual's ACE score is tracked by their experience in three areas: abuse, neglect, and household dysfunction. The higher an individual's ACE score is out of 10, the more experience they have with these forms of maltreatment. The greater the level of involvement with these forms of maltreatment, the higher the rates of suicidal ideations and attempts tend to be.

Foster youth are disproportionately exposed to mental illness because of early and ongoing trauma, abuse, neglect, and constant instability (Szilagyi et al., 2015). Without a stable and nurturing adult to help youth cope, these experiences can make it difficult to manage emotions, focus, and make decisions, increasing the risk of post-traumatic stress disorder (PTSD), depression, and anxiety which have all been shown to exacerbate the risk of suicide. The National Library of Medicine published research showing that 80% of foster youth experienced six or more adverse childhood experiences, a 65% increase in comparison to their peers in the general population, with only 15% experiencing six or more (Liming et al., 2021; Swedo et al., 2023). This increased level of trauma for our population directly ties into the dark reality that at the end of the day, foster youth are disproportionately affected by suicide, with rates over four times higher than those of their peers in the general population: 37.5 deaths per 10,000 vs. 8.3 deaths per 10,000 (Brown, 2020).

Through the Family First Prevention Services Act (FFPSA), Congress recognized the value of prevention services in improving the lives of system-impacted individuals. Just five years following the enactment of FFPSA, Chapin Hall Center for Children (2024) reported to the U.S. Senate that yearly entries into foster care fell from nearly 242,000 in 2018 to about 162,000 in 2023 a 30% decline in foster care entries. But despite this success, one crucial gap remains: suicide prevention. There is no federal effort specifically targeted to prevent foster youth suicide.

THE PROBLEM & CURRENT LAW (CONTINUED)

There are numerous supported and well-supported prevention programs that the Title IV-E Clearinghouse authorizes for helping foster youth combat anxiety, depression, and PTSD. The reality is that foster youth experience each of these conditions at exacerbated rates. Each of these mental health conditions goes on to largely contribute to the likelihood of suicidal ideations, attempts, and even deaths (Harmer et al., 2025). However, a clear gap remains in supported suicide prevention services for foster youth. In 2022, the U.S. Department of Defense (DOD) established the Suicide Prevention Response and Independent Review Committee, which reviewed the DOD's suicide prevention training. A key finding from their report was that gatekeeper training should be increased. This type of training teaches peers and members of communities to recognize signs that suicidal individuals display (U.S. Department of Defense, 2022).

The bottom line is that suicide remains a preventable death and is claiming the lives of far too many foster youth. Congress has taken meaningful strides in suicide prevention; we have yet to fully bridge the gap between prevention and permanency. Prevention doesn't just save lives, it saves families and reduces long-term costs. While every dollar spent on foster care results in a negative return on investment — costing up to \$9.55 for each \$1 spent — investments in prevention, such as economic supports and family resource centers, yield overwhelmingly positive returns (Chapin Hall, 2024; Puls et al., 2021; OMNI Institute, 2021). Prevention is an investment in keeping families together, promoting life, and investing in our future by reducing the debt burden on future generations. Congress should fund research to develop comprehensive suicide prevention training programs to help foster youth, and to incentivize states to implement suicide prevention programs by offering enhanced federal financial participation.

POLICY RECOMMENDATIONS

In order to prevent unnecessary suicide rates among former and current foster youth, Congress should:

- **Amend Title IV-E of the Social Security Act to enable suicide prevention programs for foster youth to qualify for Enhanced Federal Financial Participation.**
 - This expansion should include gatekeeper-style suicide prevention trainings for transition-aged youth (18-26), professionals who interact with youth in care, and adoptive parents.
 - The Administration must clarify this as an allowable administrative expense for training and case management, prior enacting new legislation.
- **Request a Government Accountability Office (GAO) report focused on the effectiveness of Title IV-E mental health programs and other services for foster youth in preventing suicide.**