HELPING CASEWORKERS SUPPORTING FOSTER YOUTH'S MEANS OF ACHIEVING WELLNESS & PERMANENCY: MENTAL HEALTH CARE COORDINATION

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RECOMMENDATION SUMMARY

To accomplish the health and mental health coordination goals in current law, and to ensure Caseworkers have the skills to support Foster Youth in achieving Wellness & Permanency, Congress should 1) require Title IV-E state child welfare agencies to have designated mental healthcare professionals involved in compliance with the current law that requires state child welfare agencies to develop coordinated strategies with Medicaid to oversee and coordinate health care, and 2) establish a Federal Standard for comprehensive training mandated for caseworkers in direct care positions.

EXECUTIVE SUMMARY

A significant factor hindering transition-aged foster youth from achieving permanency and wellness is the nationwide adolescent mental health crisis and the accumulation of unmet mental health needs (AAP, 2021). The American Academy of Pediatrics (AAP) reports that up to 80% of children and adolescents who spend time in foster care have significant mental health needs. Caseworkers, despite their best efforts, are often overwhelmed by high caseloads and the complexity of these needs and are frequently unequipped to address them. States can support youth and caseworkers by ensuring that local child welfare agencies designate healthcare professionals to coordinate and manage healthcare tasks for youth, including mental health care. This would allow caseworkers to prioritize time with youth and focus on achieving permanency goals.

PERSONAL REFLECTION

My professional, educational, and lived experiences have given me a deep understanding of the complexities of mental health. As a licensed social worker who has worked with, studied, and personally faced mental health challenges, I understand the toll unaddressed issues take, especially on foster youth, who face unique barriers to permanency. Many foster youth experience significant, unmet mental health needs and lack a reliable support

PERSONAL REFLECTION *(CONTINUED)*

system. As a nation, we have not adequately addressed how to support these marginalized populations, who are isolated by design. In a society that values independence, we fail to recognize how unrealistic it is to expect foster youth to overcome these challenges alone.

When I was in foster care, I was fortunate to have been assigned a public healthcare worker. This healthcare professional, a nurse in my case, worked alongside my child welfare caseworker to ensure my medical needs, including mental health care, were prioritized. She helped me get to appointments, explained my healthcare coverage, and taught me to manage essential documents. More importantly, she shared responsibilities with my caseworker, helping us use our limited time more effectively. For instance, she coordinated logistics so my caseworker and I could focus on meaningful conversations about my goals during and after care. This support allowed my caseworker to concentrate on helping me explore paths to permanency through housing, employment, and education. Amid high caseworker turnover, she was the most consistent presence in my life who modeled reliability, advocacy, and the importance of caring for myself and my health.

> *When **mental health issues go unaddressed**, the consequences often include **unstable housing, unemployment, broken relationships,** and in too many cases, **homelessness, incarceration, or poverty.***

THE PROBLEM & CURRENT LAW

Across the nation, we are witnessing an adolescent mental health crisis (AAP, 2021). While recent attention has highlighted social media's harmful impact on youth mental health, less focus has been given to the longstanding, unmet needs of children and youth who have experienced significant trauma. For youth in foster care, these effects can be especially harmful, disrupting their ability to transition successfully into adulthood. Foster youth face higher rates of mental health challenges than their peers (NFYI, 2023) and encounter greater barriers to achieving permanency, as detailed in Appendix I. When mental health issues go unaddressed, the consequences often include unstable housing, unemployment, broken relationships, and in too many cases, homelessness, incarceration, or poverty.

The primary goal of foster care is to serve as a temporary arrangement until children can live in safe, permanent families (Annie E. Casey Foundation, 2014). Yet for Chafee-eligible youth aged 14 and older, nearly half will not be connected to permanency before turning 18 (AFCARS, 2022), and over 20,000 age out of care each year without it (Annie E. Casey Foundation, 2024). Many are left to navigate life on their own, expected to build lasting relationships, secure housing, and pursue education and employment, all while managing mental health challenges with minimal support.

THE PROBLEM & CURRENT LAW *(CONTINUED)*

Child protection workers are essential in bridging the gap to needed resources. A comprehensive assessment of individual needs is critical (NASW, 2023), but caseworkers face widespread burnout and limited training, leaving them underprepared for the complex mental health needs of youth. This burnout directly hinders youth's progress toward permanency and wellness.

To address this, Congress should clarify the law and improve care coordination and health protocols in child welfare. Under Title IV-B, states and tribes are required to develop a Health Care Oversight and Coordination Plan for children in foster care, including mental health care (42 U.S.C. § 622(b)(15)(A)). These provisions, created under the The Fostering Connections to Success and Increasing Adoptions Act of 2008 and expanded in the Protecting America's Children by Strengthening Families Act of 2024 (H.R. 9076), allow states to collaborate with health departments and utilize healthcare professionals to support and not replace caseworkers. This administrative support is reimbursable under Title IV-E and helps caseworkers better meet youth's health and permanency goals. Additionally, implementing mandatory trauma-informed training standards for caseworkers will ensure they are equipped to handle complex mental health needs and remain eligible for Title IV-E reimbursement (45 CFR §1356.60).

Utah offers a promising example. Since 1997, Utah's Division of Child and Family Services has partnered with the U.S. Department of Health and Human Services through the Fostering Healthy Children (FHC) program. Registered nurses serve as Healthcare Coordinators, ensuring that medical, dental, and mental health needs are met according to best practices. These nurses input data into the state's child welfare information system, provide consultations, educate DCFS staff, train out-of-home care providers, and participate in quality improvement efforts. By delegating healthcare coordination to professionals, Utah enables caseworkers to better focus on helping youth achieve lasting permanency.

POLICY RECOMMENDATIONS

To accomplish the health and mental health coordination goals in current law, and to ensure Caseworkers have the skills to support Foster Youth in achieving Wellness & Permanency, Congress should:

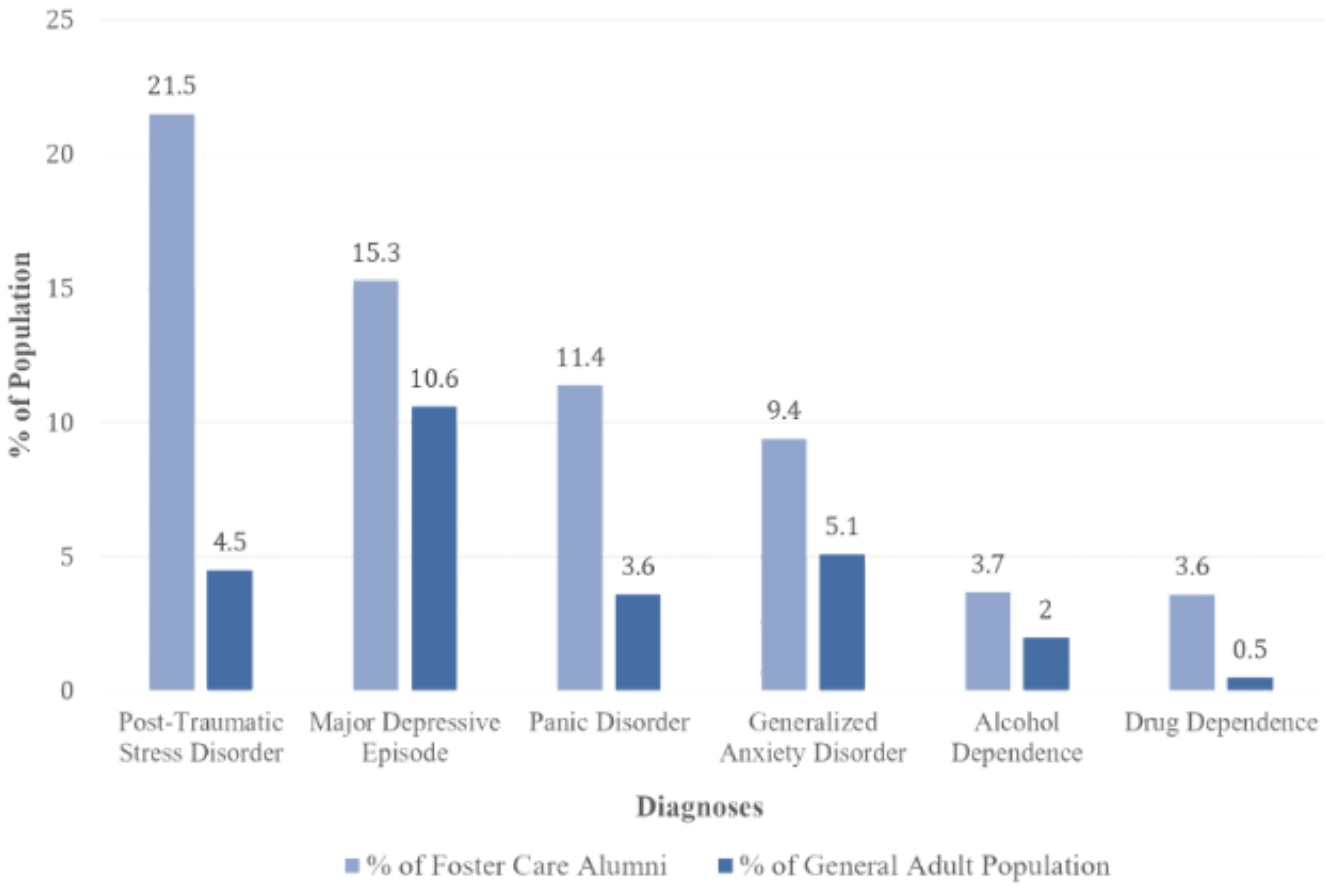
- **Require Title IV-E state child welfare agencies to have designated mental healthcare professionals involved in compliance with the current law that requires state child welfare agencies to develop coordinated strategies with Medicaid to oversee and coordinate health care.** These healthcare professionals would be Designated Healthcare Coordinators who work alongside caseworkers to monitor, manage, and coordinate healthcare services for children and youth in custody. This administrative support is reimbursable under Title IV-E.

POLICY RECOMMENDATIONS *(CONTINUED)*

- **Establish a Federal Standard for comprehensive training mandated for caseworkers in direct care positions.** Training would include NASW's comprehensive trauma-informed training series, cultural humility training, and any other training relevant to the field. Adopting this federal standard of training would incentivize State child welfare agencies to receive IV-E reimbursements.

APPENDIX

Appendix I. National Foster Youth Institute 2023



Appendix Continued

Appendix II. Caseworker Statistics Infographic