



*Anchored*  
IN PERMANENCY

POLICIES TO STRENGTHEN  
BELONGING, STABILITY, AND FAMILY  
CONNECTIONS

CONGRESSIONAL COALITION ON ADOPTION INSTITUTE

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## FOREWORD FROM THE EXECUTIVE DIRECTOR

With more than 328,000 children and youth currently in foster care in the United States, the need for reform is urgent to guarantee that no child grows up without the lasting support, belonging, and connection that permanency can provide.

Recognizing the urgent need for reform, CCAI launched the Foster Youth Internship Program® (FYI) in 2003 to bridge the gap between lived experience and federal policymaking. The program was designed to ensure that those most directly impacted by the foster care system have a voice in shaping the policies that affect their lives. Through the FYI Program, leaders with firsthand experience in foster care are empowered to engage with Congress, share critical insights, and advocate for policy solutions that promote permanency, safety, and stability.



As we mark the 24th year of the program, CCAI is proud to introduce ten extraordinary leaders - the authors of this report - to Congress, the Administration, and broader child welfare community. Drawing from months of in-depth research and their own lived experience, these leaders have developed thoughtful federal policy recommendations to advance meaningful foster care reform. Their proposals address critical issues across the full continuum of care, including enhancing reunification, improving equity in kinship care benefits, establishing trauma-informed training standards for foster parents, preventing sibling separation, reforming access to mental health services, reducing the overuse of psychotropic medications, addressing workforce shortages in the child welfare system, advancing higher education access through institutional support and federal policy, and strengthening relational permanency.

Fia, Lily, Miles, Serenity, Alexia, Layla, Alex, Hana, Shalise, and Aria — thank you for the dedication, insight, and heart you have brought to Washington this summer. This year's title, *Anchored in Permanency*, captures something essential: that stability is most meaningful when it is grounded in lasting relationships and a true sense of belonging. Your recommendations offer a clear and compelling vision for how federal policy can better support those navigating the child welfare system.

We have sincere gratitude for the leadership from our Board of Directors, Advisory Council, and support from many faithful partners who help make this work possible. We give special thanks to: American Council of Life Insurers, Annie E. Casey Foundation, Apollo Global Management, Autumn H. and James W. VandeHei, Bloom Energy, Brownstein Hyatt Farber Schreck, Conrad N. Hilton Foundation, Constellation Energy, Dave Thomas Foundation for Adoption, Duke Energy, Retail Orphan Initiative, Sara and Joel Fagen, Sharon and Bill Bailey, and the Walter S. Johnson Foundation.

We are pleased to introduce the Congressional Coalition on Adoption Institute's 2026 Foster Youth Internship Program® federal policy report, *Anchored in Permanency: Policies to Strengthen Belonging, Stability, and Family Connections*. We hope you are inspired by the ideas and solutions for change.

A handwritten signature in black ink that reads "Kate McLean". The signature is fluid and cursive.

Kate McLean  
Executive Director

## ABOUT CCAI



### MISSION

The Congressional Coalition on Adoption Institute is dedicated to raising awareness about the millions of children around the world in need of permanent, safe, and nurturing families and to eliminating the barriers that hinder these children from realizing their basic right to a family.

### VISION

Our vision is a world in which every child knows the love and support of a family.

### HISTORY

CCAI was founded in 2001 by advocates of children in the U.S. and around the world in need of safe and nurturing families. In founding CCAI, these advocates sought to match the commitment of the Members of Congress' Adoption Caucus, the Congressional Coalition on Adoption (CCA), with the information and resources needed to make the dream of a family a reality for every child through the creation of CCAI. As a convener, CCAI brings together voices of experience and expertise to the U.S. Congress. CCAI believes every child deserves a family and every family deserves a caring community.

Although the Adoption Caucus (CCA) and CCAI are distinct entities, they are closely linked in partnership. Over 135 Members of the 119th Congress have joined and are actively engaged in supporting legislation and policy that improves the lives of children and families in the United States and around the world. Both the CCA and CCAI are deeply committed to bipartisanship, strengthening families, and permanency.

CCAI is unique in that each of our programs brings together policymakers and individuals with direct foster care or adoption experience. When Members of Congress hear direct experiences of those affected by child welfare systems, they become engaged in this issue and work to bring about legislative improvements to ensure each child's right to a family is realized.

## ABOUT THE PROGRAM



CCAI's Foster Youth Internship (FYI) Program® is a congressional internship for individuals who have experienced the foster care system to raise awareness to federal policymakers about permanency, foster care, child welfare, financing, abuse, and neglect. Since 2003, the FYI Program provided the Foster Youth Interns (FYIs) the opportunity to intern in a congressional office on Capitol Hill — both exposing the FYIs to the policymaking process as well as raising awareness to federal policymakers about the needs and unique perspectives of those who have experienced foster care.

For the past 18 years, since 2008, the FYI Program has offered the FYIs the opportunity to use their newfound understanding of Capitol Hill and federal policy to research and write a policy report. The interns focus on topics they are personally passionate about, generally linked to their own experience in foster care, and make policy recommendations to improve the U.S. child welfare system for children who are currently in foster care. This report and its recommendations are disseminated across the country and presented by the interns in briefings to the U.S. Congress, White House Domestic Policy Council, and beginning in 2019, at two additional briefings to industry leaders in the private sector and U.S. Department of Health and Human Services (HHS). Many of these policy recommendations have been passed into law.

After their time on Capitol Hill, CCAI's FYIs have gone on to work in the U.S. Senate and House of Representatives, White House, Federal Bureau of Investigation, U.S. Department of Veteran's Affairs, community banks, law firms, counseling groups, national child welfare organizations, and state child welfare agencies. Many FYIs also pursue degrees of higher education after obtaining undergraduate degrees. Moreover, the FYIs leave Washington, D.C. with experience and skills that continue to bolster their careers and provide a foundation for them to become lifelong advocates for youth in foster care.

*Note: The opinions, findings, and conclusions presented in the Foster Youth Internship Program® Policy Report are the authors' own and do not necessarily reflect the view of CCAI including leadership, donors, and partners.*

2026  
FOSTER  
YOUTH  
INTERN  
POLICY  
REPORTS



# ADVANCING HIGHER EDUCATION ACCESS THROUGH INSTITUTIONAL SUPPORT AND FEDERAL POLICY

By Fia Ewers, LMSW

## EXECUTIVE SUMMARY

Research finds that only 3 to 4% of youth who transition out of the foster care system will obtain a four-year college degree, with less than 1% earning a master's degree; a disparity driven by financial barriers, inadequate educational support, and systemic instability (Watt, et al., 2019). To expand higher education access for students with foster care experience, Congress should 1) Direct the U.S. Department of Education to establish and fund a grant program for the implementation, development, and expansion of campus-based support programs for students with foster care experience, including academic, financial, and mentorship services and, 2) Amend Title IV-E of the Social Security Act to increase transparency in higher education tuition waiver programs by mandating state reporting of standardized, accessible information on eligibility, benefits, and cost-of-attendance (COA) coverage for students with foster care experience.

## PERSONAL REFLECTION

After aging out of the Nevada foster care system, I faced significant challenges in my transition to higher education, including systemic barriers and limited access to consistent support. Gaps in information, resources, and mentorship made it difficult to fully prioritize academic responsibilities, as I was often focused on making ends meet. These experiences have driven my passion for child welfare advocacy, leading with my lived experience to inform and influence policy, particularly regarding access to higher education for students with foster care experience. Through advocacy work at both the state and federal levels, I have seen firsthand the critical role that coordinated support systems play in student success. At the same time, I have observed how inconsistencies in tuition waiver policies and limited transparency in available supports can create confusion and reinforce systemic distrust among students with foster care experience. My lived and professional experience has shaped my commitment to advancing access to higher education for students with foster care experience by strengthening support systems and improving access to clear, reliable information.

## THE PROBLEM & CURRENT LAW

Higher education is widely associated with improved educational attainment, career outcomes, and personal development. Although often not due to lack of ambition, youth in foster care experience significantly lower rates

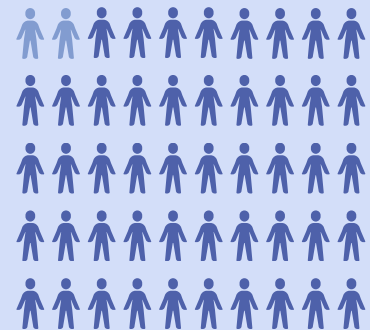
## THE PROBLEM & CURRENT LAW (CONTINUED)

of college enrollment and degree completion compared to their peers. Research indicates “...84% of 17 to 18-year-old youth in foster care want to go to college – but only 20% follow through on their ambitions... Other research finds that only 3 to 4% of youth who transition out of foster care will obtain a four-year college degree” (Boykin, 2025). These disparities demonstrate systemic and structural barriers, including financial constraints and limited access to consistent academic and social support. These challenges are further exacerbated by insufficient communication and awareness regarding available resources, including tuition waiver programs and campus-based support designed to support students with foster care experience.

For students transitioning to higher education, support is critical to the longevity and success of their academic studies. Campus-based support programs have emerged to bridge this gap, through utilization of mentorship, increased access to resources, and wrap-around services designed to support academic, financial, and social needs. However, just over half of states have specific campus-based support programs for students with foster care experience, leaving a significant gap in educational access in numerous states (Loudenback, 2018). Federal policy leadership through the U.S. Department of Education plays an important role in addressing these disparities by supporting the expansion of campus-based support programs nationwide. An example of a comprehensive campus-based support model is California’s approach to supporting students with foster care experience in higher education, including programs such as the Guardian Scholars Program. These programs provide students with resources such as priority enrollment, priority on-campus housing, and access to a foster youth liaison trained to support students in navigating academic systems (CDSS, 2026). California’s model demonstrates how coordinated, campus-based supports can increase student success rates by addressing both academic and non-academic barriers. Implementation, development, and expansion of campus-based support programs is essential to strengthening support systems and ensuring that students with foster care experience receive the accessible resources needed to succeed academically.

For students with foster care experience, the financial burden of higher education can be overwhelming, and is further exacerbated by state tuition waivers not being available across all states. “As of 2023, there are 35 states that have some type of statewide postsecondary education tuition waiver or scholarship program for students who have been in foster care” (University of Washington, 2019), leaving 15 states without any dedicated statewide tuition support beyond Chafee Education and Training Vouchers (ETV). Additionally, among the 35 states with programs, eligibility criteria, age limits, and award amounts vary widely, resulting in inconsistent access to benefits across states. Research indicates “youth who have been in foster care take longer to attain degrees than their non-foster

Only 3 to 4% of youth who transition out of foster care will obtain a four-year college degree”



## THE PROBLEM & CURRENT LAW (CONTINUED)

care peers; time limits connected to these financial aid programs should be informed by this research” (Geiger, 2018).

Additionally, research states “the [foster youth tuition waiver] is not used by 40% of the youth who are eligible to use it” (Watt, et al., 2020), a disparity driven by limited awareness and inaccessible information regarding eligibility, benefits, and application processes. These findings demonstrate the need to amend Title IV-E of the Social Security Act to increase transparency in higher education tuition waiver programs by requiring states to publicly report standardized, accessible information on eligibility, benefits, and cost-of-attendance (COA) coverage for students with foster care experience. Establishing this federal transparency requirement is critical to ensuring that students with foster care experience have access to clear and reliable information and are able to fully utilize the supports available to them.

## POLICY RECOMMENDATIONS

To advance higher education access for students with foster care experience, Congress should:

- **Direct the U.S. Department of Education to establish and fund a grant program for the implementation, development, and expansion of campus-based support programs** for students with foster care experience, including academic, financial, and mentorship services.
- **Amend Title IV-E of the Social Security Act to increase transparency in higher education tuition waiver programs** by mandating state reporting of standardized, accessible information on eligibility, benefits, and cost-of-attendance (COA) coverage for students with foster care experience.

# IMPROVING EQUITY IN KINSHIP BENEFITS UNDER P.L. 110-351 FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT (2008)

*By Lily Ford*

## EXECUTIVE SUMMARY

Although the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) sought to improve permanency outcomes for youth in foster care, gaps in eligibility rules and inconsistent state implementation continue to leave many youth in guardianship placements without access to critical financial and transitional supports. These disparities undermine long-term stability and may unintentionally discourage permanency. This report recommends expanding the John H. Chafee Foster Care Program for Successful Transition to Adulthood (“Chafee”) eligibility to all youth exiting to guardianship, extending Guardianship Assistance Program (GAP) payments until 21, streamlining kinship licensing through federal technical assistance, and eliminating birth-family income requirements from GAP reimbursements.

## PERSONAL REFLECTION

My family has directly experienced how eligibility rules tied to legal status and age can create unequal outcomes. My grandparents stepped in to raise my brother and me, yet we had very different outcomes despite being raised in the same household. While my grandparents received guardianship assistance for my brother, our access to transitional and educational support differed significantly. I aged out of foster care and was able to access critical support, both at the state-level and through the Chafee program, including tuition assistance, help maintaining car insurance, financial literacy education, and independent living services that eased my transition into adulthood (Children’s Bureau, 2025).

My brother, however, entered Title IV-E guardianship at age 15, just before turning 16, which made him ineligible for the same benefits. Because he entered guardianship before age 16, the guardianship assistance my grandparents receive on his behalf will end when he turns 18, rather than being eligible for extension until age 21 if permanency had been achieved after age 16. As he prepares to graduate from high school, he and my grandparents face uncertainty about his next steps without access to the financial and transitional assistance that I relied on.

## PERSONAL REFLECTION (CONTINUED)

This experience highlights a fundamental gap in policy design: eligibility for supportive services is determined not by need, but by the timing and legal classification of a youth's exit from foster care. My family's experience is not unique and demonstrates how rigid eligibility thresholds can unintentionally disadvantage youth in kinship care, undermining opportunities during the transition to adulthood.

## THE PROBLEM & CURRENT LAW

In 2024, approximately 44% of children in foster care living with kin were placed with unlicensed caregivers (Grandfamilies & Kinship Support Network, 2026). Historically, states have generally applied the same licensing standards to both kinship and non-kin foster placements, despite kin caregivers often stepping in under urgent and unplanned circumstances. Although 2023 federal regulations gave states the option to create more flexible licensing standards for kin caregivers, implementation remains optional, and fewer than half of states have implemented these reforms (Administration for Children and Families, n.d.). As a result, many kinship caregivers are unable to meet strict licensing standards, leading children to either remain in unlicensed arrangements or be placed with strangers. In many states, kin caregivers must also remain fully licensed foster care parents for a designated period, often six months, before qualifying for the Guardianship Assistance Program (GAP), a threshold many are unable to meet. Because unlicensed caregivers are ineligible for foster care subsidies, families often absorb the costs of care without support, limiting resources available for a child's development, well-being, and future opportunities (Generations United, 2025).

Lack of licensure also makes caregivers ineligible for subsidized guardianship through Guardianship Assistance Program (GAP). A key provision of the law, GAP, provides financial support to licensed kinship caregivers who assume legal guardianship of children exiting foster care, promoting permanency by allowing children to remain with relatives without requiring adoption and ensuring children benefit from the stability and belonging of a lifelong family connection. Supporting children through adoption or guardianship costs approximately \$10,000 per child annually, compared to \$60,000 per child in foster care (Assistant Secretary for Planning and Evaluation, 2017). Expanding and standardizing kinship support would improve consistency, strengthen permanency outcomes, and reduce overall system costs.

Because GAP is optional under federal law, states vary widely in implementation. As a result, access to GAP is inconsistent across states, with variation in eligibility requirements, benefit levels, and overall availability (Casey Family Programs, 2018). Barriers to state uptake and effective implementation of GAP stem from both federal eligibility rules and state-level policy choices. One major barrier is that federal GAP reimbursement remains tied to outdated income standards based on a child's birth family income prior to removal. While adoption assistance was delinked from requirements under the same law that established GAP, guardianship assistance remains subject to

## THE PROBLEM & CURRENT LAW (CONTINUED)

them, making GAP more costly and less financially feasible for states to expand.

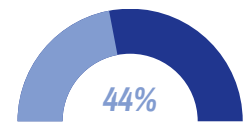
Further inequities arise from age-based eligibility rules. Youth who enter guardianship and begin receiving GAP before age 16, payments generally continue only until age 18. In contrast, if a youth enters guardianship after age 16, states have the option to extend GAP subsidies until age 21 if they are in school or working, mirroring extended foster care. This creates unequal outcomes based solely on the timing of permanency, despite similar developmental needs.

These disparities are paralleled in Chafee benefits, where youth who exit foster care to guardianship at age 16 or older remain eligible for pivotal transition services, while those who exit before 16 are excluded. Taken together, these structural barriers force kinship families to make trade-offs between achieving permanency and maintaining access to critical financial and transitional support.

## POLICY RECOMMENDATIONS

To improve equity in kinship benefits, Congress should:

- **Expand Chafee Eligibility to all Youth Who Exited Foster Care to Guardianship.** States receiving Chafee funding should be required to provide services to all eligible youth who achieved permanency through guardianship placements and verify guardianship status through existing child welfare records. States should report outcomes such as educational attainment and housing stability to evaluate effectiveness. Expanding access to Chafee-funded supports would reduce disincentives to permanency and better promote successful transitions to adulthood.
- **Extend Guardianship Assistance Program Payments Until Age 21.** Amend Title IV-E to require states participating in GAP to extend guardianship subsidies until age 21 for all eligible youth, regardless of the age at which guardianship was established. Eligibility would require youth to be enrolled in school or working full-time which would be verified through monthly meetings with a caseworker and appropriate documentation. This reform would eliminate inequitable age-based distinctions and reduce disincentives that may delay permanency.



**In 2024, approximately 44% of children in foster care living with kin were placed with unlicensed caregivers**



**Although 2023 federal regulations gave states the option to create more flexible licensing standards for kin caregivers, implementation remains optional, and fewer than half of states have implemented these reforms**

**POLICY RECOMMENDATIONS (CONTINUED)**

- **Promote Implementation of 2023 Kinship Licensing Reforms.** Federal technical assistance should support states in implementing the more flexible kinship-specific licensing standards. Assistance should focus on reducing barriers related to paperwork, home inspection requirements, background checks, and lengthy approval timelines while maintaining child safety standards. Expanding these reforms would increase access to federal benefits and allow more kinship caregivers to qualify for GAP. These changes would also allow more children to remain with relatives, improving placement stability and long-term outcomes for youth in kinship care.
- **Decouple Guardianship Assistance Program Reimbursements from Birth Family Income.** Adjust federal eligibility rules to ensure guardianship caregivers are not disqualified from receiving benefits based on the income of a child's birth family. Removing this outdated requirement would expand access to support, improve equity across kinship placements, and strengthen long-term placement stability. This reform would also align GAP with adoption assistance, which was decoupled from income eligibility under Fostering Connections, the same law that established Title IV-E guardianship assistance.

# REFORMING ACCESS TO MENTAL HEALTH FOR ALL FOSTER YOUTH

*By Miles Marquez, EMT*

## EXECUTIVE SUMMARY

There are more than 400,000 children under the care of child welfare agencies, and over 80% of them have experienced a mental health crisis (Mental and Behavioral, 2021), compared to 18–22% of the general population (Mental Health, 2019). Mental and behavioral health needs are among the most consistently unmet needs for foster youth across the country, driven by insufficient access to providers, administrative burdens, and limited oversight of Medicaid-managed care systems (Mental and Behavioral, 2021). To ensure current and former foster youth receive the care they need, Congress should strengthen provider participation and retention, leverage Title IV-E funds to expand and recruit the behavioral health workforce, and establish national guidance requiring states to design dedicated managed care approaches that are explicitly responsive to the complex mental health needs of foster youth.

## PERSONAL REFLECTION

During my time in foster care, I experienced significant barriers in accessing equitable and sustained mental health services. After an emergency removal from my home at 16, it took over three months before I was able to access mental health care, and even then, I only received a limited number of sessions that were insufficient to meet my needs. These services fell far short of what was necessary for meaningful stabilization, and once treatment ended, my mental health needs became even more acute. It took over a year of sustained advocacy from my foster mom and me before I was connected with a more appropriate therapist. After turning 18, access to a licensed and specialized counselor became even more limited, as the extended foster care program allowed only one youth referral every six months. I wrote letters requesting that my referral be renewed by social workers, the agency, and the court, and at one point was directed to Medicaid for California (Medi-Cal) and told to independently search for a therapist, yet I found very few accessible options, and even fewer providers with the specialized training modalities required to meet my needs.

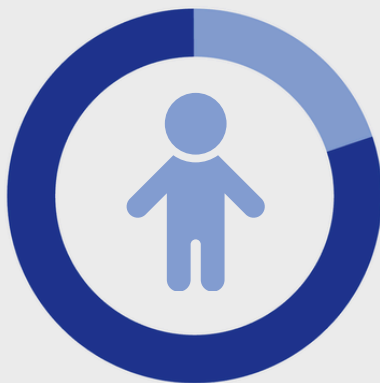
## THE PROBLEM & CURRENT LAW

Currently, in the United States, over 400,000 children are under the care of child welfare agencies, and more than 80 percent (approximately 320,000) experience a mental health crisis (Mental and Behavioral Health, 2021), far

### THE PROBLEM & CURRENT LAW (CONTINUED)

exceeding rates among peers outside the system. Yet access to mental health care remains one of the most consistently unmet needs for foster youth nationwide (Mental and Behavioral Health, 2021). This gap is driven in part by a shortage of specialty-trained providers equipped to meet the complex needs of youth in or at risk of foster care, who experience trauma at rates including Post-Traumatic Stress Disorder (PTSD) two times higher than war veterans (Greeno et al., 2018). Despite Medicaid being the largest payer of mental health services in the United States (Counts, 2023), its payment structure, administrative complexity, and low reimbursement rates, with Medicaid paying on average 56 percent of private insurance rates (Dayaratna, 2012), contribute to persistent provider shortages and weak retention (Chatterjee, 2024).

Although federal law requires states to provide medically necessary care under Medicaid, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for youth under 21, these requirements do not specify enforceable standards for provider capacity, network adequacy, or workforce recruitment. As a result, enforcement is inconsistent and access remains limited. In practice, stakeholders report delays in behavioral health access driven by workforce shortages and insufficient provider supply (Reynolds, 2025). Provider scarcity is significant, with only 3.1 providers per 1,000 enrollees in many counties (Chatterjee, 2024), and over a quarter of providers reporting wait times of 30 days or more for new patients (Availability of Surveyed, 2025).



UP TO

**80% OF CHILDREN  
IN FOSTER CARE**

HAVE SIGNIFICANT **MENTAL HEALTH**  
NEEDS COMPARED TO 18% TO 20% OF  
THE GENERAL POPULATION

*ACF/CB FY 2005 data*

## THE PROBLEM & CURRENT LAW (CONTINUED)

There is also no federal requirement for Medicaid agencies to coordinate directly with child welfare systems in designing care models for foster youth (Reynolds, 2025). Some states have developed targeted approaches such as Texas's STAR Health program, which provides foster youth specific Medicaid managed care with tailored behavioral health services (Thompson, 2021), and federal guidance now identifies foster focused managed care as a best practice aligned with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) compliance (Tsai, 2024). However, implementation remains uneven nationwide. Workforce focused initiatives, such as California's Medi-Cal Behavioral Health Student Loan Repayment Program, attempt to address shortages by incentivizing providers to serve Medicaid populations, but these efforts are not yet scaled nationally.

Other federal and state policies similarly fall short. While California requires coordination between its Department of Social Services and Department of Health Care Services, enforcement and implementation mechanisms remain unclear, limiting effectiveness. The Families First Prevention Services Act (FFPSA or "Family First") of 2018 allows Title IV-E funding for preventive behavioral health services but does not address the underlying shortage of qualified providers or how funding should be integrated with broader workforce strategies (New Law, 2018). As a result, states are left to identify and sustain provider networks independently, limiting the law's effectiveness in practice (Cohen, 2024). This gap is particularly consequential because parental mental health crises are a leading driver of child welfare involvement (Tiano & Anderson, 2026).

Taken together, these structural gaps demonstrate that despite multiple federal and state policy tools, there is no coordinated or enforceable system ensuring adequate provider capacity, workforce retention, or integrated care design for foster youth. The research is clear. Youth in foster care require timely access to specialized, trauma informed mental health services from trained providers (Mental and Behavioral Health, 2021). Strengthening access to these services is directly linked to improved permanency outcomes (Salazar et al., 2018) and more stable transitions to adulthood.

## POLICY RECOMMENDATIONS

In order to ensure foster youth receive reputable and timely mental health services, Congress should:

- **Direct the federal and state governments to establish programs that can incentivize mental health providers to become enrolled as providers in Medicaid plans.**
  - Amend Title IV-E Act to reallocate funding for providers who choose to serve Medicaid-eligible individuals, specifically former and current foster youth populations. These providers must be required to complete modality training through programs such as the National Adoption Competency Mental Health Training Initiative (National Adoption, 2024).

**POLICY RECOMMENDATIONS (CONTINUED)**

- Create a federal guideline for states to follow, similar to California's Pilot Program, that tailors scholarships to mental health professionals who commit to serving child welfare communities in exchange for student loan repayment (Medi-Cal Behavioral, 2026)
- **Direct the US Department of Health and Human Services to establish a national guideline that requires states to create managed care plans** like Texas STAR Health program or Florida's Sunshine Health, that are designed to meet the unique needs of foster youth and have trained mental health providers. Practices should be aligned with streamlined application platforms to attract and retain providers and reduce administrative burden.
- **Amend the Family First Prevention Services Act (FFPSA or "Family First") to strengthen the mental health prevention workforce** by allowing states to use Family First funds for provider recruitment and retention strategies, including loan repayment, expanded eligibility for paraprofessional and telehealth providers, and incentives for service delivery in underserved communities, like higher reimbursement rates.

## PREVENTING SIBLING SEPARATION

By Serenity Miller

### EXECUTIVE SUMMARY

Sibling separation remains a prevalent issue in the U.S. foster care system, with an estimated 53% to 80% of siblings placed apart despite federal mandates encouraging joint placement or visitation (Griffin, 2023). Research shows that maintaining sibling relationships significantly improves children’s mental health, academic performance, placement stability, and overall permanency, while separation increases risks of anxiety, depression, and developmental challenges (Shafi et al, 2023). To address this gap, this proposal recommends the passage of the Protecting Sibling Relationships in Foster Care Act (H.R. 8566). The program would identify successful foster home characteristics, examine systemic barriers such as licensing requirements that limit sibling co-placement and evaluate outcomes for siblings placed together. Additionally, it would authorize greater flexibility in foster parent licensing standards. These recommendations aim to prioritize sibling unity as a core component of child well-being and permanency.

### PERSONAL REFLECTION

My older brother entered the foster care system and was adopted before my sister and I were ever placed in foster care. Even though the community-based care agency knew we existed, we learned there was no meaningful effort to bring us together. It is hard not to wonder how different our lives could have been if someone had made that a priority, if we had been given the chance to grow up side-by-side instead of as strangers.

We lost more than just time. We lost shared memories, everyday moments, and the comfort of having each other during one of the most difficult periods of our lives. Because of that separation, my brother missed out on a bond that could have supported his emotional growth, sense of identity, and stability. That absence is not just a policy failure; it’s a deeply personal loss that highlights why keeping siblings together should never be an afterthought.

“

*Siblings also tend to experience **fewer placement changes** individually if placed together due to better behavior.*

*Furthermore, children who are placed with their siblings tend to experience **improved mental health outcomes** and demonstrate **stronger academic performance**.*

”

## THE PROBLEM & CURRENT LAW

The separation of siblings can have significant consequences for children’s developmental growth and overall well-being. Foster youth often remember their entry into care as a time of worry, guilt, confusion, and identity loss (Shafi et al., 2023). Therefore, having a sibling can make the process of entering the foster care system seem less daunting. Research from the Children’s Bureau has shown that youth who experience sibling separation are more likely to exhibit internalizing behaviors, including anxiety and depression (Child Welfare Information Gateway, n.d.). Siblings also tend to experience fewer placement changes individually if placed together due to better behavior (Shafi et al., 2023). Furthermore, children who are placed with their siblings tend to experience improved mental health outcomes and demonstrate stronger academic performance (Child Welfare Information Gateway, n.d.). Siblings who are placed together also have a better chance of adjustment to their new placement, to their new placement and foster parents (Shafi et al., 2023). Keeping siblings together will strengthen their overall emotional stability, allowing them to better cope with the challenges of foster care.

Although the emotional impact of sibling separation remains a critical consideration, increasing the availability of foster homes for large sibling groups may require targeted changes to the licensing process. One significant barrier to keeping siblings together in foster care is the complexity and rigidity of foster parent licensure. When foster homes are not licensed to accommodate larger groups of children, sibling groups are often separated and placed into multiple households. As noted by Court Appointed Special Advocates (CASA) of Yellowstone County, “if a home is not licensed for large groups of children, sibling groups may end up being split into small numbers and divided among several foster homes” (CASA of Yellowstone County, n.d.). Kinship caregivers face similar barriers, many of which have been addressed through increased flexibility in licensure standards. Applying similar flexibility to licensing standards for larger sibling groups could also be beneficial. A new federal rule from the Administration for Children and Families now allows Title IV-E agencies to create separate licensing or approval standards for kinship caregivers (Chapin Hall, 2025). This policy shift highlights an opportunity to rethink how licensing standards are structured more broadly. Aligning foster care licensing more closely with federal baseline requirements, particularly those related to background checks, while granting agencies greater discretion to modify or waive less critical criteria, could reduce barriers for prospective foster parents. Such adjustments may be especially impactful for those willing to care for larger sibling groups. By revising licensing standards in this way, child welfare systems could improve placement stability and increase permanency outcomes for siblings in care. Overall, implementing more flexible and responsive licensing approaches has the potential to expand the pool of foster homes able to care for sibling groups and better meet the needs of youth in foster care.

## POLICY RECOMMENDATIONS

In order to preserve sibling relationships, Congress should:

- **Pass the Protecting Siblings in Foster Care Act (H.R.8566) reintroduced on April 29, 2026.** As currently written, this legislation would provide \$10 million in federal funding over five years to create a competitive pilot grant program administered by the U.S. Department of Health and Human Services (HHS). The program would support specialized foster care approaches for large sibling groups, siblings with significant age differences, and children with complex needs. Up to five grants could be awarded to eligible state, tribal, local, faith-based, and nonprofit organizations to help develop or expand programs focused on keeping siblings placed together and maintaining those relationships while in foster care. Grant recipients would also be required to track and report placement data and outcomes to help guide future child welfare policies and practices at the federal and state levels.
- **Direct the U.S. Department of Health and Human Services, as part of the implementation of the Protecting Siblings in Foster Care Act, to evaluate and address licensing and placement barriers that prevent foster families from accepting and maintaining large sibling groups.** This could include a structured review of foster parent licensure requirements, placement standards, and approval processes that may accidentally limit capacity for sibling group placements. HHS should require participating agencies to assess how licensing flexibilities and regulatory adjustments affect recruitment, retention, and placement stability for foster families willing to care for larger sibling groups. The goal would be to identify evidence-based changes that improve the ability of foster care systems to keep siblings together and strengthen placement stability and permanency outcomes.

# STRENGTHENING RELATIONAL PERMANENCY FOR YOUTH IN FOSTER CARE THROUGH MENTORSHIP

*By Alexia Nechayev*

## EXECUTIVE SUMMARY

Youth in foster care often lack consistent, supportive adult relationships critical to long-term stability and success. While federal child welfare policy prioritizes legal permanency outcomes such as reunification, adoption, and guardianship, it does not adequately support relational permanency, defined as enduring, trusted connections with caring adults. Research shows that mentorship improves placement stability, mental health, and long-term outcomes for youth in foster care (Administration for Children and Families, 2019; Taussig et al., 2012; Poon et al., 2021). However, access to mentorship remains inconsistent because of the absence of dedicated federal funding and national standards. To address this gap, Congress should pass the Foster Youth Mentoring Act of 2025, expand federal research and implementation guidance for trauma-informed mentoring programs, and make mentorship part of permanency planning for youth ages 12 and older. Strengthening relational permanency will improve outcomes for youth and reduce long-term public costs associated with placement instability, incarceration, and declining mental health.

## PERSONAL REFLECTION

This issue is deeply personal to me because of my lived experience in the foster care system. Growing up, I experienced multiple placements and changing caregivers, yet what was missing most was not stability in housing, but stability in relationships. Over time, the instability and trauma I experienced both before and during foster care left me feeling hopeless. I stopped believing in my future, gave up on many of my dreams, and struggled to trust people because so many relationships in my life had been temporary. I witnessed firsthand how the system prioritizes placement outcomes over long-term connections. Case plans focused primarily on where I would live rather than who would consistently support me. When placements changed, the few relationships I had often ended as well, reinforcing the belief that support was temporary and that I had to navigate challenges alone.

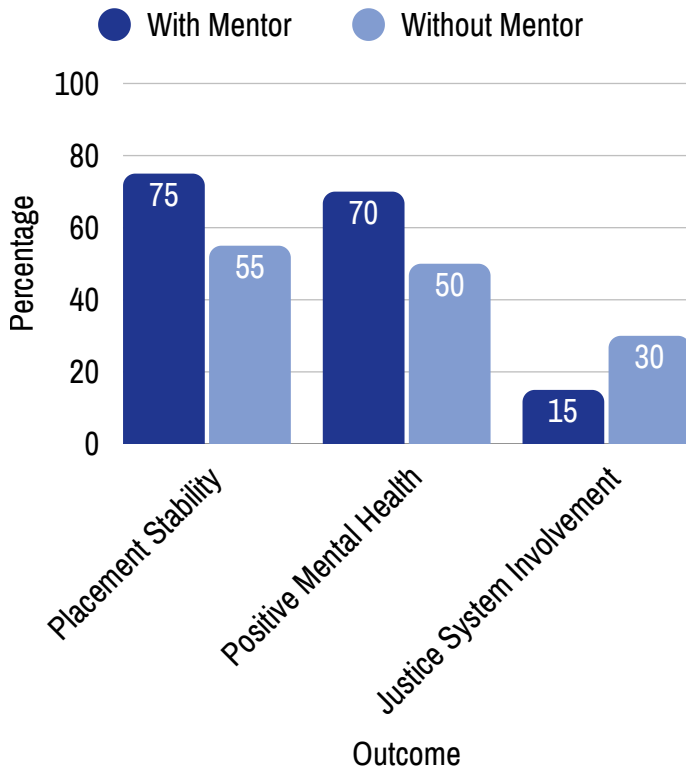
My perspective began to change when I met my mentor. For the first time, I had someone who consistently believed in me, even when I did not believe in myself. Their guidance and support helped me reconnect with my

**PERSONAL REFLECTION (CONTINUED)**

goals, rebuild trust, and believe that my future could be different. Because of that mentorship, I was able to obtain my dream job, gain admission to my dream law school, and secure the internship that allows me to present this policy brief to Congress today. Through both my own experiences and those of my peers, I have seen how differently outcomes can unfold when a young person has even one supportive adult who remains involved in their life. Youth with mentors are often more confident, emotionally stable, and better able to navigate challenges. In contrast, many youth without those relationships struggle not because they lack potential, but because they lack consistent support.

This is why mentorship matters. It addresses a gap the current system often overlooks. By strengthening policies that support relational permanency, policymakers can help ensure that youth are not only placed in homes but also connected to caring adults who remain in their lives long term.

**Mentorship Improves Outcomes for Youth in Foster Care**



**THE PROBLEM & CURRENT LAW**

Youth in foster care frequently experience instability, trauma, and disrupted relationships with caregivers and supportive adults. While federal policy emphasizes legal permanency, it often overlooks relational permanency: consistent, supportive relationships that help youth build trust, resilience, and long-term stability. These challenges often intensify during adolescence, when youth begin preparing for adulthood and permanency planning becomes increasingly important. Older youth in foster care are more likely to experience frequent placement transitions, emotional isolation, and poor transition outcomes. Research shows that older adolescents in foster care experience frequent placement disruptions, making stable adult relationships especially critical during this stage (Nesmith, 2024). Supportive adult connections can improve stability and help youth develop the trust and skills needed for adulthood.

## THE PROBLEM & CURRENT LAW (CONTINUED)

Research consistently demonstrates that having at least one stable adult connection improves outcomes for youth in foster care. Youth with supportive relationships experience greater placement stability and stronger transitions into adulthood (Administration for Children and Families, 2019). A randomized controlled trial of the Fostering Healthy Futures program found that mentored youth experienced fewer placement disruptions and improved permanency outcomes compared to their peers (Taussig et al., 2012). Additionally, a meta-analysis found that mentoring is associated with improvements in mental health, social relationships, and behavioral outcomes (Poon et al., 2021), while other research links mentoring to reduced involvement in the criminal justice system (Blakeslee & Keller, 2018). Although mentoring is not commonly framed as prevention, it can help prevent many of the behavioral and emotional challenges associated with placement instability and trauma.

Despite this evidence, federal child welfare policy does not consistently prioritize mentorship or relational permanency. Title IV-E of the Social Security Act primarily funds foster care maintenance, administration, and training, but does not explicitly support mentorship services. The Family First Prevention Services Act (FFPSA or “Family First”) expanded funding for prevention services, yet mentoring is still not widely implemented as an evidence-informed practice across states. Similarly, the John H. Chafee Foster Care Program for Successful Transition to Adulthood (“Chafee”) provides independent living services for older youth, but mentorship remains optional and inconsistent depending on state resources and nonprofit capacity.

As a result, access to mentorship often depends on geography, local funding, and nonprofit capacity rather than a national standard. This gap has contributed to growing federal attention on mentoring supports in foster care, including legislative efforts such as the Foster Youth Mentoring Act of 2025, while systemic barriers continue to drive poor long-term outcomes. Approximately 20% of youth who age out of foster care experience homelessness, and a similar percentage become involved in the criminal justice system within two years (Silver Lining Mentoring, 2023). These outcomes reflect a misalignment between current policy priorities and what youth need most: consistent, supportive relationships.

## POLICY RECOMMENDATIONS

In order to strengthen relational permanency, Congress should:

- **Pass the Foster Youth Mentoring Act of 2025 (H.R. 4769) to expand federal support for mentoring programs for youth in foster care and strengthen access to supportive adult relationships.**

**POLICY RECOMMENDATIONS (CONTINUED)**

- **Direct the Administration for Children and Families to expand research and implementation guidance for trauma-informed mentoring programs under FFPSA**, including mentor screening, training, supervision, and strategies to address mentor shortages through phased implementation, community partnerships, and peer or group mentoring models.
- **Require that youth ages 12 and older be connected with a mentor as part of their case plan and permanency process** to ensure consistent access to supportive adult relationships regardless of geography.

# REDUCING THE OVERUSE OF PSYCHOTROPIC MEDICATIONS FOR CHILDREN IN FOSTER CARE

*By Layla Nytes*

## EXECUTIVE SUMMARY

Children in foster care are prescribed psychotropic medications at significantly higher rates than other children, raising concerns about how these medications are being used and monitored. While medication can help treat serious mental health conditions, it should not replace trauma-informed care, stable support, or meaningful oversight. This report focuses on reducing inappropriate prescribing and unnecessary polypharmacy while ensuring foster youth still receive the treatment they need. To address this issue, Congress should strengthen oversight of higher-risk psychotropic prescribing, expand trauma-informed training for medical providers, and increase access to non-medication mental health services.

## PERSONAL REFLECTION

I am passionate about this issue because I spent much of my childhood in the foster care system and experienced many of the same practices discussed in this report. When I entered care, my sisters and I immediately underwent psychiatric evaluations, were prescribed multiple medications, and received several behavioral diagnoses. Looking back, I believe medication was often used to treat behaviors that were actually trauma responses related to entering the foster care system. Like many children in foster care, I experienced separation from family, placement changes, and instability. Instead of receiving consistent support, the focus was often on managing behavior through medication.

## THE PROBLEM & CURRENT LAW

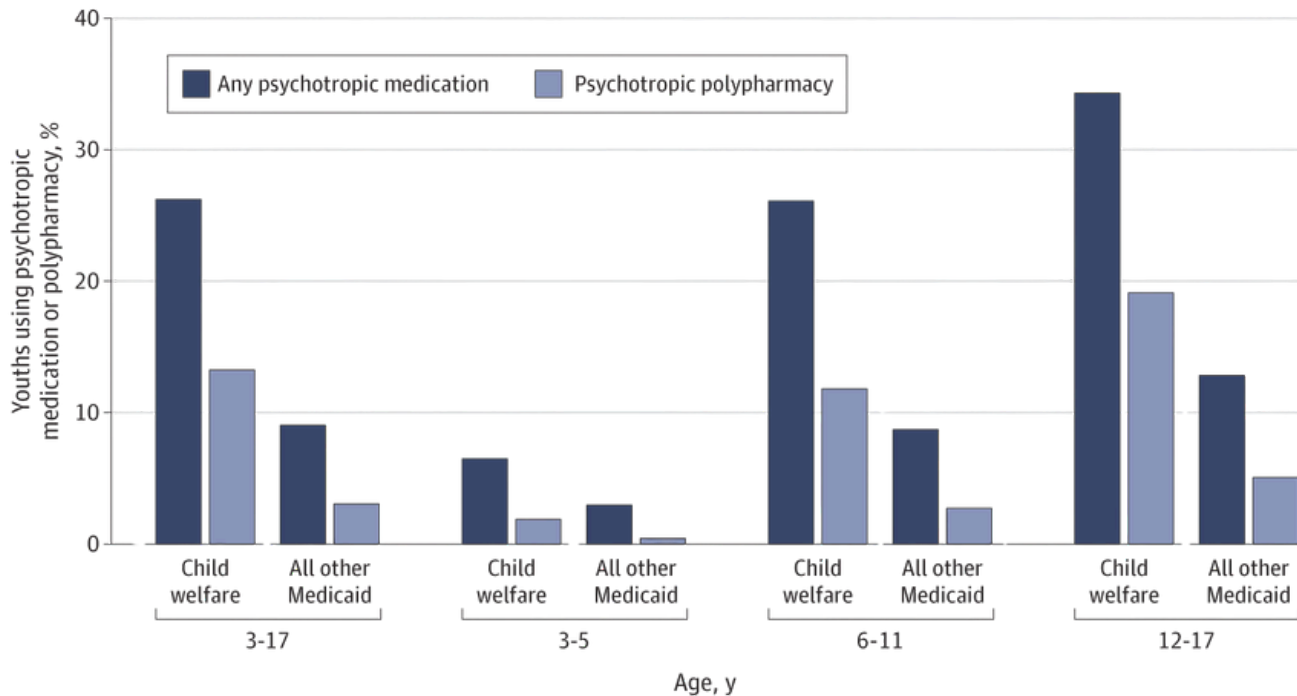
Mental health treatment for children in foster care often begins with diagnoses and prescription medication. In some cases, children are prescribed psychotropic medications, which can affect mood, behavior, or mental functioning and include antidepressants, antipsychotics, and stimulants. These medications can be appropriate for diagnosed conditions such as depression, anxiety, Attention-Deficit/Hyperactivity Disorder (ADHD), or other serious emotional and behavioral challenges. However, the high rate of psychotropic medication use among foster youth raises concerns that medication is sometimes being used too quickly or without sufficient trauma-informed support.

## THE PROBLEM & CURRENT LAW (CONTINUED)

A study in *JAMA Pediatrics* found that 26.25% of children in the child welfare system were prescribed psychotropic medication, compared with 9.06% of other youth enrolled in Medicaid (Radel et al., 2023). This comparison is useful because nearly all children in foster care receive Medicaid coverage. The same study found that 13.27% of foster youth were prescribed multiple psychotropic medications at once, compared with 3.11% of other Medicaid-enrolled youth (Radel et al., 2023), meaning foster youth are nearly three times as likely to experience psychotropic polypharmacy. Former foster youth Kory Gonzales described being prescribed up to 16 pills a day and feeling “like a zombie,” while still experiencing unresolved emotional pain from abuse and abandonment (Henry, 2025). While not representative of all cases, these data and experiences raise concern about the need for consistent review when multiple medications are prescribed.

System fragmentation often prevents consistent medication review, as high caseloads, staff turnover, limited provider access, and poor coordination between child welfare and healthcare systems leave no single party with full oversight of a child’s history and treatment needs. These gaps increase the risk that providers focus on visible behavior without fully understanding the underlying trauma. Psychiatrist Dr. Petra Steinbuchel explains providers should do a “deeper dive” to understand “what’s driving them and not just use medication to treat behaviors” (Henry, 2025) and emphasizes that medication should be paired with therapy and environmental stability.

These patterns reflect a broader systemic issue. Foster youth behaviors are often shaped by trauma and instability but are frequently misinterpreted due to system inconsistency. Oversight is therefore inconsistent when children change placements or providers. The Child and Family Services Improvement and Innovation Act of 2011 requires states to monitor psychotropic medication use and establish oversight protocols, but leaves implementation largely to states, and no national standards exist. Some states have implemented stronger oversight. Texas uses Psychotropic Medication Utilization Parameters, and California requires judicial authorization for certain psychotropic medications (Texas Health and Human Services, 2026; California Courts Judicial Branch of California, n.d.). However, protections remain uneven. The Office of Inspector General of the U.S. Department of Health & Human Services found that in five states, one in three foster children on psychotropic medications did not receive required monitoring or treatment planning (HHS OIG, 2018). This highlights the need for consistent national standards; without stronger federal guidance, protections depend on geography.



## POLICY RECOMMENDATIONS

To help address the overuse of psychotropic medication in treating children in foster care, Congress should:

- Encourage states to require independent psychiatric reviews for foster youth prescribed higher-risk combinations of psychotropic medications, such as multiple medications, unusually high dosages, or medication without a clear diagnosis and treatment plan.** Independent reviews should be done by a licensed psychiatrist or qualified psychiatric specialist not involved in the child's treatment and should be triggered when a child is prescribed multiple psychotropic medications, dosages above U.S. Food and Drug Administration (FDA) pediatric guidelines, psychotropic medication at very young ages, or medication without a documented diagnosis and treatment plan. This recommendation builds on approaches already used in states like California and Texas and would help ensure more consistent oversight. States should track and publicly report psychotropic prescribing rates and high-risk medication combinations to improve transparency and accountability.
- Require states receiving Title IV-E funding to expand trauma-informed training requirements to include medical providers treating foster youth.** Most existing trauma-informed child welfare training is directed towards caseworkers, foster parents, and child welfare staff rather than medical providers making prescribing decisions. Training should focus on recognizing trauma-related behaviors, understanding how

## POLICY RECOMMENDATIONS (CONTINUED)

trauma can affect child development, recognizing risks and signs of overprescribing psychotropic medications, and considering alternatives to medication when appropriate. The federal government should establish baseline standards, while allowing states flexibility in implementation. Compliance could be tied to Title IV-E and Medicaid participation requirements, with training completed upon initial participation and renewed every two years to ensure providers remain informed on best practices for treating foster youth.

- **Increase funding for trauma-informed, non-medication mental health services for foster youth through Substance Abuse and Mental Health Services Administration (SAMHSA) grants, Medicaid behavioral health programs, and Title IV-E prevention services.** A portion of SAMHSA grant funding should be specifically directed toward expanding services in rural and under-resourced areas through telehealth programs, community mental health partnerships, and increased Medicaid provider participation. Funding should support services such as trauma-focused cognitive behavioral therapy (TF-CBT), family-based therapy, peer support programs, school-based counseling, and other community-based behavioral health services.

# REDUCING RELIANCE ON CONGREGATE CARE DRIVEN BY PLACEMENT SHORTAGES

*By Alexander Robinson, NREMT*

## EXECUTIVE SUMMARY

The use of institutional care for youth in the child welfare system, particularly psychiatric residential treatment services (PRTS), often occurs when family-based placements are unavailable. Although the Family First Prevention Services Act (FFPSA or “Family First”) was intended to reduce congregate care and expand family-based alternatives, significant gaps remain (Bipartisan Budget Act of 2018, 2018). Medicaid and privately funded placements fall outside Family First oversight, allowing institutional care to function as a default rather than a medically necessary intervention (Government Accountability Office, 2026). This report recommends expanding oversight to all placements regardless of funding source, strengthening clinical assessment requirements, establishing independent review mechanisms for residential care, and increasing investment in family and community-based alternatives. These reforms would limit residential treatment to medically necessary use and the shortest appropriate duration while prioritizing less restrictive settings for youth in foster care.

## PERSONAL REFLECTION

My interest in this issue stems from both personal experience and policy analysis. I have seen how easily institutional care becomes a default rather than a last resort, especially when appropriate placements are unavailable or caregivers decline placement. In these situations, youth are often placed in psychiatric residential treatment facilities even when they no longer meet the clinical criteria for that level of care (Engler et al., 2022). These experiences shape my perspective on how policy decisions directly affect youth in the foster system. While legislation such as Family First was intended to reduce unnecessary institutionalization, its restriction to Title IV-E funding allows youth to remain in institutional settings longer than necessary or outside of federal oversight. This gap highlights the need for more comprehensive oversight across all placement types.

## THE PROBLEM & CURRENT LAW

Inappropriate institutionalization and extended use of residential treatment remain persistent issues in the child welfare system (Engler et al., 2022). When family-based placements are unavailable or declined, youth often have no safe discharge option, leading agencies to default to congregate care (Fathallah & Sullivan, 2021). This

## THE PROBLEM & CURRENT LAW (CONTINUED)

is reinforced by structural incentives: emergency hotel placements are costly and resource-intensive, while institutional care is more readily reimbursed through Medicaid or state funding and externally staffed, reducing administrative burden on child welfare agencies (Government Accountability Office, 2026).

Federal and state policies have not sufficiently limited the use of Psychiatric Residential Treatment Services (PRTS). The Family First legislation established important safeguards, but its protections apply only to placements funded through Title IV-E (Family First Prevention Services Act, 2018). Because many placements are funded through Medicaid or private insurance, these cases fall outside Family First oversight (Government Accountability Office, 2026).

Under Family First, a qualified individual must complete an assessment within 30 days of placement in a Qualified Residential Treatment Program (Q RTP) to determine whether residential care is necessary or a less restrictive placement would better meet the child's needs. Within 60 days, the placement must be approved by a court or authorized body for Title IV-E reimbursement to continue. Agencies must also demonstrate ongoing medical necessity and active efforts to transition the child to a family-based setting. However, these protections apply only to Title IV-E-funded placements, leaving Medicaid and privately funded placements outside this oversight framework (Family First Prevention Services Act, 2018).

At the state level, most legislation provides guidance rather than enforceable limits. States such as California, Colorado, Minnesota, New Hampshire, and Vermont outline placement criteria and duration standards, but these remain flexible (2022 Colorado Code; 2025 New Hampshire Revised Statutes; Vermont Laws, n.d.; Legalfina, n.d.). This creates a risk that historical diagnoses or past behaviors may be weighted more heavily than a youth's current clinical presentation. Best practice would prioritize current symptoms, current risk, and demonstrated failure of less restrictive interventions, with historical information used only as context (Trubey et al., 2024).

Michigan offers a stronger model. Its policies limit residential placement and require ongoing justification, including formal attestations that continued care is necessary. These measures have contributed to reductions in institutional placements. In 2024, 423 youth (4.4% of the foster care population) were in residential care, down from 444 in 2023, despite overall system growth (National Council for Adoption, 2025). This suggests stronger oversight can reduce reliance on congregate care.

Oregon similarly prioritizes family-based placements. In 2024, 6,799 children were served, with most in foster care (3,261) or kinship care (1,764), and only 173 in institutional settings. Additionally, 52.8% of youth exiting care were reunified (National Council for Adoption, 2025). While this reflects strong use of family-based placements, nearly half of youth still are not reunified, underscoring persistent system gaps.

“ *When family-based placements are unavailable or declined, youth often have no safe discharge option, leading agencies to default to congregate care. This is reinforced by structural incentives: emergency hotel placements are costly and resource-intensive, while institutional care is more readily reimbursed through Medicaid or state funding.* ”

### THE PROBLEM & CURRENT LAW (CONTINUED)

While residential treatment settings are intended to provide short-term stabilization during periods of acute need, extended stays can inadvertently disrupt normal adolescent development and limit opportunities for community integration. Youth placed in congregate care often experience reduced access to consistent family relationships, school continuity, and community-based supports that are essential for developing independence. In many facilities, programming prioritizes behavioral stabilization over skill-building in areas such as financial literacy, housing readiness, employment preparation, and self-directed care. As a result, young people may exit care without the independent living skills or stable support networks necessary for successful transition into adulthood.

### POLICY RECOMMENDATIONS

In order to reduce reliance on congregate care driven by placement shortages, Congress should:

- **Amend Title IV-E of the Social Security Act to create a dedicated funding stream for family-based placement capacity**, including recruitment and retention of therapeutic foster care providers, minimum foster care maintenance payments sufficient to sustain kinship and therapeutic care, and mandatory respite and wraparound services.
- **Direct the U.S. Department of Health and Human Services to issue guidance requiring states to apply Family First residential placement oversight standards to all children under state supervision, regardless of funding source.** These standards should include clinical assessments within 30 days of placement, judicial or administrative review within 60 days, documented medical necessity, and ongoing reassessment to ensure placements remain clinically appropriate and focused current needs rather than historical diagnoses or system constraints. Currently, these protections apply primarily to Title IV-E placements, leaving Medicaid- and state-funded placements without consistent oversight or timely review. HHS should further clarify that compliance will be evaluated through the Child and Family Services Reviews (CFSRs), to strengthen accountability and incentivize reduced use of residential care.

**POLICY RECOMMENDATIONS (CONTINUED)**

- **Mandate the U.S. Department of Health and Human Services issue guidance encouraging states to establish independent oversight mechanisms**, such as review boards or ombuds offices, to monitor residential placements, evaluate length of stay, and assess continued medical necessity, while also supporting expansion of kinship, foster, and therapeutic foster care through increased provider support, targeted incentives, and broader use of federal funding mechanisms.

# TOO FEW TO CARE: WORKFORCE SHORTAGE IN THE CHILD WELFARE SYSTEM

*By Hana Ramirez Thomas*

## EXECUTIVE SUMMARY

High worker turnover within the child welfare system leads to increased workloads for remaining staff, higher costs to taxpayers, greater risks to child safety and well-being, and longer wait times for children seeking permanency. One way to reduce these harmful effects is to link federal funding to agency retention rates and implement corrective action when turnover becomes excessive. A child cannot be removed from an abusive or neglectful environment only to be placed into another unstable system and still be expected to heal, build trust, or believe in a secure future.

## PERSONAL REFLECTION

Since June 2025, I have been working at Rite of Passage, a nonprofit group home dedicated to helping foster youth feel safe enough to learn, grow, and develop into responsible young adults. In that time, I have seen more than 10 coworkers quit, stop showing up, or walk off the job because of the cognitive overload and emotional strain this work creates. Each departure disrupts nearly every aspect of care, increases demands on the staff who remain, and deepens instability within the program. When staffing is inadequate, children's needs go unmet. When I first applied for this job, I was excited to use my lived experience to improve the lives of youth who have faced similar trauma. I wanted to be someone they could rely on, a consistent, safe adult they could turn to. Almost a year later, after many shifts, I find myself needing to decompress in my car, feeling defeated and replaying every moment I did not have time for, every child I had to rush past, and every need I could not meet. Most days, there simply is not enough of me to give. These children need consistent attention, structure, and emotional support to grow into capable adults, and we cannot provide that without adequate staffing. I am tired of seeing children feel forgotten by the very system designed to protect them. Change is needed.

## THE PROBLEM & CURRENT LAW

High worker turnover in child welfare services remains a persistent national issue. While a turnover rate of 12% or lower is considered ideal, many agencies report rates between 20% and 40% (Lushin et al., 2021). This instability

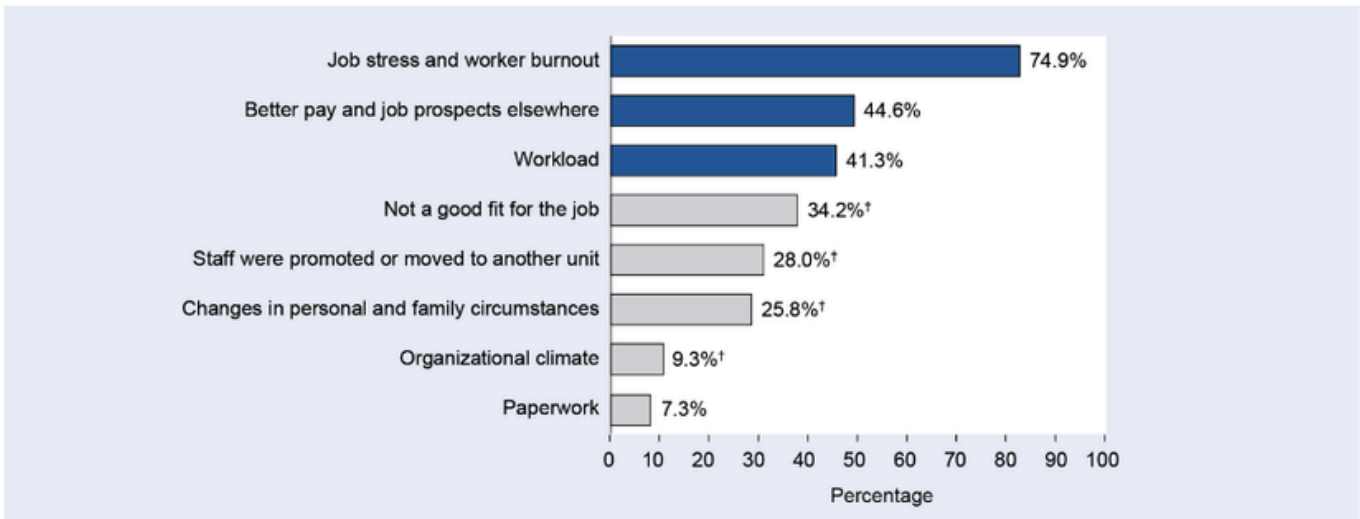
**THE PROBLEM & CURRENT LAW (CONTINUED)**

increases risk of neglect, raises public costs, and places significant strain on remaining staff. As workloads concentrate on fewer workers, stress and burnout rise, further slowing children's path to permanency and reinforcing a harmful cycle of turnover.

The National Survey of Child and Adolescent Well-Being (NSCAW) III Child Welfare Workforce Study, which analyzed 61 nationally representative agencies, found that the leading cause of turnover was intense stress and burnout, cited by 74.9% of supervisors (Elgin et al., 2025). Workers are also exposed to secondary traumatic stress, defined as the emotional burden of absorbing the trauma experienced by children and families they serve (Molnar et al.). Symptoms can mirror PTSD and impair both job performance and functioning outside of work (Molnar et al.). Beyond burnout, 44.6% of respondents cited better pay in other fields, and 41.3% cited workload and hours as primary drivers of departure (Elgin et al., 2025). In California, the average child welfare worker salary is \$35,971, roughly \$17 per hour in a high cost-of-living state (Child Welfare Worker Salary in California, 2020).

When staff leave, their caseloads do not disappear; they are redistributed, increasing pressure on those who remain and deepening the cycle of burnout. The Child Welfare League of America recommends caseloads of 12–17 families, yet many workers exceed this range, limiting their ability to provide adequate support (CWLA). Research shows that excessive workload and staffing shortages directly contribute to higher turnover, reinforcing the systemic nature of the problem (Yamatani et al.). Turnover also has direct consequences for children's outcomes. A review of private agency workforce turnover found a strong negative association between caseworker turnover and permanency achievement (MacLochlainn et al., 2026).

**Figure 1. Top 3 Reasons Why Staff Left in the Past 2 Years, as Reported by Supervisors (n = 59)**



## THE PROBLEM & CURRENT LAW (CONTINUED)

Children who remained with the same caseworker achieved permanency at a rate of 74.5%, compared to significantly lower rates when caseworkers changed, with outcomes declining further with each transition (MacLochlainn et al., 2026). Turnover disrupts relationships, slows reunification, adoption, and kinship placement processes, and increases the likelihood of youth aging out of care. One in five youth who age out experience homelessness by age 19 and face elevated risks of incarceration and unemployment (Courtney et al., 2023).

The financial impact is also substantial. California reportedly loses 578 social workers annually, costing an estimated \$2.3 billion (RetailROI, n.d.). Nationally, replacing a single residential childcare worker costs over \$54,000 due to recruitment, training, and lost productivity (Edwards and Wildeman, 2018). These funds could otherwise support services that stabilize families and improve child safety. Investing in retention also produces long-term savings. A RAND Corporation report (2017) found that stronger family preservation and kinship care programs reduce substance abuse (0.4%–9.8%), criminal convictions (3.6%–11.2%), homelessness (2%–8.6%), and underemployment (0.2%–3.9%), yielding up to \$12.3 billion in savings. Strengthening the workforce is therefore both a child welfare and fiscal imperative.

Finally, turnover directly impacts child safety. High turnover reduces supervision, slows crisis response, and limits individualized attention, increasing the likelihood of youth running away (AWOL) (Latzman and Gibbs, 2020). Runaway episodes expose youth to violence, homelessness, trafficking, and exploitation. Research by Dr. Reid at the University of South Florida's Human Trafficking Risk to Resilience Research Lab found that AWOL is the most common pathway into sex trafficking, affecting 44% of foster youth in the studied sample (Latzman and Gibbs, 2020). When systems are understaffed, children are left more vulnerable to harm the system is meant to prevent.

## POLICY RECOMMENDATIONS

In order to accomplish a decline in worker turnover within the Child Welfare System, Congress should:

- **Establish Federal Workforce Retention Monitoring and Required Corrective Action Planning.** Congress should direct the Administration for Children and Families (ACF), through the Children's Bureau at the U.S. Department of Health & Human Services (HHS), to track and report child welfare workforce retention as a core system measure, including turnover rates, average tenure, and vacancy duration using existing reporting systems.

## POLICY RECOMMENDATIONS (CONTINUED)

There is currently no federal standard for workforce retention, staffing levels, or caseload size, though the Child Welfare League of America offers widely used but non-binding guidance. ACF should flag states with persistently high turnover and require Workforce Stabilization and Corrective Action Plans addressing staffing, supervision, and workload distribution. Retention should also be added to the Child and Family Services Reviews (CFSRs). HHS should support workforce wellbeing resources, including mental health services and decompression time, to address burnout and secondary traumatic stress.

- **Establish National Child Welfare Workforce Capacity Standards and Staffing Benchmarks.** Congress should direct HHS, through ACF and the Children’s Bureau, to establish national workforce capacity standards defining adequate staffing in child welfare systems. These standards should be implemented through federal guidance and integrated into existing reporting and Child and Family Services Review (CFSR) processes. HHS should set benchmarks for caseload ranges, staffing and supervisory ratios, vacancy thresholds, and time-to-fill expectations. This would create a federal baseline for workforce adequacy and allow assessment of whether agencies are sufficiently staffed to safely serve children and families.

# ENHANCING REUNIFICATION THROUGH MULTIDISCIPLINARY LEGAL REPRESENTATION

*By Shalise Truxler*

## EXECUTIVE SUMMARY

This report identifies systemic gaps in the U.S. child welfare system that delay reunification and prolong foster care placements. Although reunification is a federal priority, many parents lack legal representation and coordinated support to navigate case requirements, resulting in extended and often avoidable family separation. Federal law does not guarantee parents access to counsel, requiring only that states inform them of available attorneys. Parents also lack consistent access to multidisciplinary supports, including social work, mental health, and advocacy services that address underlying needs. These barriers are compounded by strict timelines, service delays, poverty-related constraints, and uneven access to resources. This report recommends expanding access to legal representation and strengthening family support systems by requiring or incentivizing counsel at all stages, authorizing Title IV-E reimbursement for legal services, and expanding Title IV-B to support multidisciplinary legal teams and concrete services. These reforms are intended to reduce time in foster care and improve reunification outcomes.

## PERSONAL REFLECTION

I am deeply passionate about this issue because too many children spend extended time in the foster care system waiting for reunification while their parents navigate complex and often ineffective requirements. Parents are frequently forced to jump through hoops, face systemic barriers, and participate in services that fail to address the root causes of their involvement with child welfare or their family's unique needs. My siblings and I spent two and a half years in foster care, despite my father's immediate and unwavering commitment to reunification. There were no substantiated allegations against him, yet we were not returned home to his care until the system had exhausted other placement options. From the beginning, he faced bias from the family case manager, court scheduling that ultimately cost him his job, and the financial strain of traveling from out of state for frequent hearings. He had no legal representation, no advocate, and no support system to guide him through the process. Meanwhile, my mother was court-mandated into a substance use treatment facility, but the support she received did not address the full scope of her barriers to reunification.

Although we were ultimately reunited with our father, I am left questioning what delayed that outcome, why he did not receive meaningful support or legal representation, and how the system can be reformed to prevent similar

## PERSONAL REFLECTION (CONTINUED)

experiences for other families. I am committed to identifying and advancing solutions that ensure families receive the support they need to reunify safely and efficiently. Children deserve confidence that their parents are supported on a clear path toward reunification, and parents deserve access to multidisciplinary teams that provide guidance, advocacy, and representation throughout the process. With the right support, parents can address underlying challenges, remain actively involved in their children's lives, and be fully considered as permanency options. Without these interventions, barriers compound, delaying or even preventing reunification. Systemic gaps should not result in prolonged trauma for children. Child welfare systems must instead prioritize intentional, comprehensive support that strengthens families and promotes timely reunification.



***Multidisciplinary legal models that integrate attorneys, social workers, and parent advocates are widely recognized as a best-practice approach in preventive legal advocacy yet remain limited to select jurisdictions and pilot programs rather than serving as a national standard.***



## THE PROBLEM & CURRENT LAW

Providing multidisciplinary legal representation to parents is key to improving family reunification outcomes. This model is strongly supported by the U.S. Department of Health and Human Services and the Children's Bureau, which emphasize the importance of high-quality legal representation in child welfare cases and highlight multidisciplinary teams as a means to prevent unnecessary foster care placement. They further encourage jurisdictions to ensure high-quality legal representation for all parties at all stages of child welfare proceedings (U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2017).

Currently, the Supporting America's Children and Families Act of 2025 requires states to inform parents about available independent legal representation but does not require that counsel be provided or funded (Children's Bureau, 2025). It also does not require notification of multidisciplinary representation, leaving families without access to coordinated legal and wraparound services unless they can independently secure them. As a result, access to legal representation and supportive services varies widely, and many parents navigate complex systems without adequate guidance, undermining timely reunification and prolonging time to permanency. Multidisciplinary legal models that integrate attorneys, social workers, and parent advocates are widely recognized as a best-practice approach in preventive legal advocacy yet remain limited to select jurisdictions and pilot programs rather than serving as a national standard (Casey Family Programs, 2024). Expanding both legal and multidisciplinary representation has been identified as a key mechanism for improving reunification outcomes (Family Justice Initiative, n.d.).

## THE PROBLEM & CURRENT LAW (CONTINUED)

Research consistently shows that legal representation alone is insufficient to ensure timely reunification, as families require coordinated, multidisciplinary services to address the complex drivers of system involvement. Successful reunification depends on integrated support across legal, child welfare, and community systems, including access to mental health care, housing assistance, and social services (Bai et al., 2023). Families frequently face overlapping barriers such as poverty, mental health needs, substance use, and housing instability, which are difficult to resolve in isolation (Bai et al., 2023; Urban Institute, n.d.).

However, current service systems are fragmented and under-resourced. “Reasonable efforts” requirements are inconsistently implemented, often underfunded, and poorly aligned with families’ needs, particularly in addressing structural poverty (Child Welfare Information Gateway, 2019). These challenges are compounded by high caseloads, limited resources, and insufficient training for caseworkers. Together, these conditions contribute to delayed or insufficient intervention, prolonging foster care stays and increasing the likelihood of termination and adoption rather than family preservation. These findings consistently demonstrate that intersecting barriers, including substance use, mental health needs, housing instability, and poverty, are best addressed through early, comprehensive multidisciplinary intervention (Bai et al., 2023; U.S. Department of Health and Human Services, 2020), underscoring the need for integrated legal and social service teams as a core component of child welfare reform.

## POLICY RECOMMENDATIONS

In order to enhance reunification efforts for children and youth in foster care, Congress should:

- **Enact federal legislation requiring states to provide legal representation to parents when their children are at risk of removal, throughout all child welfare proceedings, and at termination proceedings.** To ensure consistent implementation across states, Congress should amend Title IV-E of the Social Security Act to explicitly define legal representation for parents and children as a mandatory, federally reimbursable child welfare service, rather than an optional administrative cost, thereby establishing stable and uniform funding for access to counsel nationwide.
- **Amend Title IV-B of the Social Security Act to include funding for state-run multidisciplinary legal teams.** These teams should include attorneys, parent advocates, and social workers or case coordinators, integrating legal representation with social services and advocacy supports. Congress can further incentivize adoption by creating targeted grant programs, establishing a dedicated funding stream, and increasing the federal match rate for legal and multidisciplinary representation.

**POLICY RECOMMENDATIONS (CONTINUED)**

- **Congress should allow states to use Title IV-B funds for concrete, family support services such as housing assistance, transportation, visitation support, treatment access, and other reunification-related services, separate from multidisciplinary legal team funding.** These supports will fill gaps that delay reunification, promote parental engagement, and reduce barriers to timely permanency.

# ESTABLISHING A NATIONAL TRAUMA-INFORMED TRAINING STANDARD FOR FOSTER PARENTS THROUGH TITLE IV-E

*By Aria Williams*

## EXECUTIVE SUMMARY

The foster care system in the United States serves over 400,000 children annually, many of whom have experienced abuse, neglect, and instability. While increasing the number of foster homes remains a national priority, the quality and consistency of foster parent training are equally critical. Currently, foster parent training requirements vary widely across states, resulting in inconsistent caregiver preparedness and outcomes for children. This report recommends establishing a federal minimum training standard under Title IV-E of the Social Security Act to ensure all foster parents receive comprehensive, trauma-informed training. Standardizing training requirements, expanding access to evidence-based curricula, and strengthening federal oversight would improve placement stability, reduce caregiver burnout, and promote better experiences and long-term outcomes for youth in foster care.

## PERSONAL REFLECTION

My three siblings and I lived in over 20 foster homes during our time in care, including two failed adoptive placements. The instability we experienced contributed to anxiety, attachment difficulties, and challenges in achieving permanency. Many of the foster homes we were placed in were not equipped to meet our needs, and in some cases, the environments were harmful. As a sibling group of four, we were often separated, which compounded our collective trauma. Even in placements where we were kept together, caregivers frequently lacked the training and resources necessary to manage our behaviors and support our emotional needs. This often resulted in placement disruptions. Reflecting on these experiences, it is clear that improved foster parent training could have made a significant difference. Caregivers who are equipped with trauma-informed knowledge and skills are better prepared to provide stable, supportive environments that promote healing and long-term well-being.

## THE PROBLEM & CURRENT LAW

In the United States, the foster care system served more than 400,000 children in 2024, many of whom had experienced trauma prior to entering care (U.S. Department of Health and Human Services, Administration for

## THE PROBLEM & CURRENT LAW (CONTINUED)

Children and Families, Children’s Bureau, 2025). After placement, children often continue experiencing instability through multiple moves, school disruptions, and sibling separation, contributing to complex emotional and developmental needs.

Foster parents play a key role in addressing these needs, yet training requirements vary significantly across states. Pre-service training ranges from as few as four hours to over 30 hours, depending on jurisdiction (Dorsey et al., 2008), while some states require little or no annual continuing education (Buchanan, 2021). This variation stems from federal policy. Title IV-E provides funding for foster care services but does not set national training standards, leaving states to determine licensing and training requirements. As a result, training quality differs widely across jurisdictions and agencies (Buchanan, 2021).

Even when states adopt evidence-based models, implementation is inconsistent. However, standardized approaches such as the National Training and Development Curriculum (NTDC), developed by the Children’s Bureau, incorporate trauma-informed care and lived-experience perspectives (Vanderwill et al., 2023). Other models, including TIPS-MAPP and PRIDE, show improved caregiver preparedness and retention (Redlich Horwitz Foundation & Child Focus, 2017).

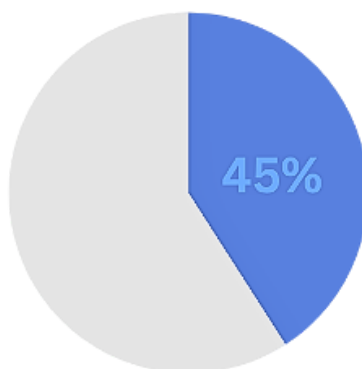
## POLICY RECOMMENDATIONS

To establish a national trauma-informed training standard for foster parents through Title IV-E, Congress should take the following actions:

- **Establish a Federal Minimum Training Standard for Foster Parents.** Congress should amend Title IV-E of the Social Security Act to require a national baseline of at least 30 hours of pre-service training for foster parent licensure, including trauma-informed care. While Title IV-E currently allows for federal reimbursement for training costs, it does not require a minimum number of hours. (Social Security Act, Title IV-E, 42 U.S.C. § 670 et seq.). Establishing a baseline requirement would ensure that all foster parents receive adequate preparation before caring for children.
- **Require Trauma-Informed Care Training.** Federal law should mandate that all foster parent training programs include trauma-informed care education aligned with evidence-based guidance from the Administration for Children and Families. Training should focus on understanding the impact of trauma on child and adolescent development and implementing strategies to support emotional regulation and healing.

## POLICY RECOMMENDATIONS (CONTINUED)

- **Standardize Core Training Competencies Nationwide.** The U.S. Department of Health and Human Services should define national competencies, including trauma-informed care, cultural competency, adoption competency, disability awareness, child development, system navigation, and behavioral de-escalation. Cultural competency and disability awareness are especially important in reducing placement disruptions (Buchanan, 2021).
- **Expand Federal Funding for Evidence-Based Training Programs.** Title IV-E already allows federal reimbursement for foster parents' training, but access to high-quality evidence-based programs remains uneven. Congress should increase federal funding to support the implementation of evidence-based training models such as the National Training and Development Curriculum (NTDC). These programs integrate research-based practices and lived experience, improving their effectiveness (Vanderwill et al., 2023). Congress should also provide targeted grants to states to adopt standardization curricula and maintain existing funding while expanding access and quality.
- **Create Ongoing Continuing Education Requirements.** Most states require annual training, but requirements are inconsistent and sometimes minimal. Federal policy should require a minimum of 15 hours of annual continuing education for licensed foster parents as a condition of maintaining licensure. Ongoing training allows caregivers to build skills over time and stay informed on best practices.
- **Improve Federal Oversight and Data Collection.** Currently, there is no consistent and meaningful tracking of foster parent training. The Administration for Children and Families should collect and publish national data on foster parent training requirements, completion rates, and outcomes such as placement stability and foster parent retention. Improved data collection would support evidence-based policymaking.



Foster parents who complete 20+ hours of training are 45% more likely to stay in the role long-term

## MEET THE AUTHORS

*Since 2003, the program has provided individuals who have experienced the U.S. foster care system the opportunity to intern in a congressional office on Capitol Hill and publish a federal policy report on ways the United States can reform the foster care system. Meet the talented 2026 cohort of the Foster Youth Internship (FYI) Program®.*



LinkedIn:



### Fia Ewers, LMSW (NV)

Fia Ewers is a licensed Master of Social Work and advocate with lived experience, having earned both her Bachelor of Social Work and Master of Social Work degrees from the University of Nevada, Reno. Throughout her professional career, Fia has dedicated her efforts to child welfare advocacy. She previously served as the Peer and Community Educator for the Nevada System of Higher Education (NSHE) Fostering Success Initiative, supporting all seven Nevada degree-granting institutions. In this role, she co-planned and co-facilitated multiple statewide retreats, presented at conferences focused on foster youth success, and authored guides addressing barriers to higher education. Additionally, Fia participated in the National Foster Youth Institute's (NFYI) Congressional Leadership Academy as a Nevada delegate, where she strengthened her skills in national advocacy by shadowing Congresswoman Gwen Moore. Driven by both her professional expertise and lived experience, Fia is committed to advancing educational equity and shaping policies and systems that better support students with foster care experience.



LinkedIn:



### Lily Ford (RI)

Lily Ford is a senior at the University of Rhode Island pursuing a Bachelor of Arts in political science and criminology, where she maintains a 3.93 GPA. She began advocating for child welfare reform at age sixteen and has since spent over four years working at the state, regional, and national levels to improve outcomes for youth in foster care. Some of Lily's key accomplishments include testifying at the Rhode Island State House, leading the state's Transition Subcommittee, and organizing Rhode Island's first Youth Summit. Her work also includes advocating for policy initiatives that support youth independence, such as expanding access to funded driving lessons and reinstating the Teen Grant. Most recently, Lily is working with the Annie E. Casey Foundation to support the implementation of the SOUL Family Permanency option in Rhode Island. Above all, Lily is driven by the belief that the child welfare system should leave every young person feeling connected, prepared, and valued, and she is committed to helping create a system that truly supports youth as they transition into adulthood.



LinkedIn:



## Miles Marquez, EMT (CA)

Miles Marquez is a former foster youth and current dual-enrollment nursing student at Golden West College and California State University, Fullerton in Orange County, California. He previously earned an Associate of Science in natural science from Orange Coast College. In addition to his studies, Miles works as a licensed Emergency Medical Technician (EMT) and serves as an Emergency Department Technician in a Level 1 pediatric trauma emergency room in Orange County, California. Miles's commitment to advocacy began in high school, where he participated in Youth and Government, Associated Student Body (ASB), and served as a Link Crew Captain, mentoring new students. As he transitioned to college, Miles continued his advocacy efforts by leading several initiatives during a nursing study-abroad internship program in Arusha, Tanzania, where he conducted workshops addressing community health issues. Building on these experiences, Miles served as Mentorship Director at his nursing school, supporting and guiding incoming nursing students, where he will now continue this work as Vice President of the California Student Nursing Association club. His work as an EMT further fuels his passion for advocating on behalf of vulnerable patients and strengthening equitable access to care.



LinkedIn:



## Serenity Miller (TX)

Serenity Miller is a driven undergraduate student at the University of North Florida (UNF), pursuing a Bachelor of Arts in political science and Spanish. Serenity's commitment to language and global engagement led her to earn a Certification in Spanish as a Foreign Language from the University of Burgos in Spain. Passionate about advocacy and youth empowerment, Serenity serves as the Legislative Chair for Florida Youth SHINE, a statewide nonprofit focused on improving outcomes for youth in foster care. In this role, she collaborates with organizational leadership to shape legislative priorities, trains constituents on policy updates, and amplifies community concerns across Florida. On campus, Serenity is an active leader. She is the Vice Chair of the Student Athletic Advisory Committee, representing student-athletes and fostering community engagement. As a Senator in Student Government, she champions student initiatives and campus programming. Beyond UNF, Serenity is the President of the Jacksonville Chapter of Fostering Connections, where she creates enriching opportunities for foster youth in her local community. With a strong foundation in public service, cross-cultural communication, and legislative advocacy, Serenity Miller is poised to make a lasting impact in law, policy, and youth development.



## Alexia Nechayev

Alexia Nechayev has earned a Bachelor of Arts in psychology from Florida International University and is a dedicated advocate for youth with lived experience in foster care and homelessness. Originally from Miami, Florida, she entered foster care at a young age and experienced firsthand the stigma and systemic barriers facing youth in care, particularly the lack of support for self-advocacy. These experiences shaped her commitment to ensuring that others have access to the tools, resources, and protections she once lacked. Following her graduation, Alexia worked with the Florida Department of Children and Families as a Hope Navigator II, assisting clients through individualized care plans and deepening her dedication to serving marginalized youth. She has also contributed to statewide policy efforts that aided in the formulation and passing of several child welfare laws for the betterment of foster youth and homeless youth in the state of Florida. Currently, Alexia serves as an Independent Living Consultant with the Legal Aid Society of Palm Beach County, a role created to support her work at the intersection of policy, legislation, and youth advocacy. In this position, she collaborates closely with attorneys, youth, and community partners, and she is scheduled to engage in legislative advocacy at the Florida State Capitol in the coming year. Alexia has recently been accepted to the University of Michigan Law School and plans to attend next fall to pursue a legal career focused on public interest, policy, and advocacy.

LinkedIn:



## Layla Nytes (MS)

Layla Nytes is a current junior at Jackson State University working towards a Bachelor of Arts in political science with a concentration in legal studies. Layla has aspirations of pursuing a career in law and public policy focused on child welfare reform and youth advocacy. As a former foster youth, her academic and professional goals are deeply shaped by her lived experience within the child welfare system. Layla currently serves as Vice Chair of Mississippi Youth Voice, a statewide organization composed of current and former foster youth advocating for foster care reform in Mississippi. In this role, she works alongside other young leaders to elevate youth voices, inform policy discussions, and promote systemic change. Layla is also a Jim Casey Fellow through the Annie E. Casey Foundation, where she engages in leadership development and advocacy efforts focused on improving outcomes for young people impacted by foster care. Layla has held various positions at the Mississippi State Capitol, which have provided her with firsthand exposure to legislative processes, public service, and policy development. Through her coursework, internships, and advocacy work, Layla is committed to advancing equitable, youth-centered policies and contributing to systems that better support children and families.

LinkedIn:





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## Alexander Robinson, NREMT (OR)

Alexander Robinson is currently pursuing a Bachelor of Science in psychology at Portland State University, with an academic focus on trauma-informed policy, youth equity, and systemic reform. He is a former foster youth and advocate with over five years of lived experience in Oregon's foster care system. During and after his time in care, Alexander became deeply engaged in efforts to improve outcomes for foster youth by ensuring their voices are meaningfully represented in policy and decision-making spaces. He currently serves on the Oregon Youth Advisory Council under the Higher Education Coordinating Commission (HECC), where he contributes lived experience and policy insight to initiatives focused on youth disconnection, educational access, and systems accountability. Alexander also serves as a member of the Board of Advisors for C3 Oregon, a private nonprofit organization focused on advancing equity and opportunity for youth. Through this role, he collaborates with educators, counselors, and community partners to address barriers facing foster-involved students and to translate youth perspectives into actionable recommendations. In addition to his advocacy work, Alexander is a nationally certified Emergency Medical Technician (EMT) and registered adult mental health peer support specialist, grounding his policy interests in frontline experience with crisis response and public systems.



LinkedIn:



## Hana Ramirez Thomas (CA)

Hana Ramirez Thomas is an emerging professional and dedicated student currently pursuing a Bachelor of Arts in psychology at the University of California, San Diego. A graduate of Ramona High School, she began her higher education at a local community college, where she earned her Associate of Arts before transferring to UC San Diego to continue advancing her academic and career goals. In addition to her studies, Hana works part-time as a child care worker supporting adolescent teenagers in the California child welfare system. As a proud Mexican American woman, Hana draws motivation from gratitude for the opportunities she has been afforded, and, inspired by her father's sacrifices to immigrate to the United States, she is determined to honor his perseverance through her own academic achievement and professional success.



LinkedIn:



## Shalise Truxler (IN)

Shalise Truxler is a current junior at Ball State University pursuing a Bachelor of Arts degree in social work with a minor in public and nonprofit administration. She is deeply interested in advocacy, policy, legislation, and program development, with the goal of earning a master's degree in social work and pursuing a macro-level career in policy that supports foster youth and families. Shalise has served on youth-led boards, including the Indiana Foster Youth Alliance, and has advocated for foster youth at the Indiana Statehouse. She has also hosted community engagement events focused on bringing people together, raising awareness, and sharing resources. Her advocacy centers on strengthening systems that impact vulnerable populations and ensuring youth and families have a voice in the policies that affect their lives. She is passionate about raising the foundation—or standard of living—so that people are able to pursue happiness, self-actualization, and long-term goals that are often made inaccessible by poverty. Outside of her academic and advocacy work, Shalise enjoys studying at libraries, reading fantasy novels, playing video games, wrestling with her three dogs, and refining her cooking skills. She also enjoys travel, meeting new people, and embracing community.



LinkedIn:



## Aria Williams (NV)

Aria Williams is a child welfare professional and public speaker with extensive experience in child welfare, public speaking, and foster youth advocacy. She holds a Master of Public Administration and a Bachelor of Music in music performance, bringing both analytical and communication strengths to her work in the child welfare system. She regularly speaks in her community, advocating for older foster youth, and works directly with young people to help them find the lifelong supports they need. Aria is a member of the AdoptUSKids Speakers Bureau, where she has engaged in national advocacy and public speaking to elevate youth voices and lived experience in child welfare. She has spoken at a National Adoption Month event and is a recipient of an Adoption Excellence Award. Having spent eight years in foster care herself, Aria's work is informed by her lived experience, and she brings that perspective into her policy analysis, systems reform, and youth-centered advocacy.

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We have immense gratitude for the leadership from our Board of Directors, Advisory Council, and support from many faithful partners who help make this work possible. We give special thanks to: American Council of Life Insurers, Annie E. Casey Foundation, Apollo Global Management, Autumn H. and James W. VandeHei, Bloom Energy, Brownstein Hyatt Farber Schreck, Conrad N. Hilton Foundation, Constellation Energy, Dave Thomas Foundation for Adoption, Duke Energy, Retail Orphan Initiative, Sara and Joel Fagen, Sharon and Bill Bailey, and the Walter S. Johnson Foundation.

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