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Does the structure of the United States child welfare system possess the ability to adequately treat mental health concerns for foster care youth?

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DOES THE STRUCTURE OF THE UNITED STATES CHILD WELFARE
SYSTEM POSSESS THE ABILITY TO ADEQUATELY TREAT
MENTAL HEALTH CONCERNS FOR FOSTER CARE YOUTH?

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Introduction

Does the structure of the United States Child Welfare System possess the ability to adequately treat mental health concerns for foster care youth?

"We should dream of and plan for a day when fewer children require foster care. But until that day comes, we have a moral responsibility to prepare young people leaving foster care to become whole adults who can fulfill their potential and build bright and promising futures." - President Jimmy Carter (scmaa.org, 2014)

The nature of the United States child welfare system (CWS) is delicate, and deserves more attention than it's given. One could say that the lack of implementation of mental health services is the reason children are unable to make a successful transition. A transition can either be to a new family or to reach independence. Children are brought into foster care for numerous reasons. Their birth parents may have been addicted to illicit drugs, leaving the child to be addicted to drugs at birth. Many children are also abandoned for some period of time leaving them to the system. Other children were brought into care because they were raped, molested, and or abused by their mother or father. Children become a part of the system by no choice of their own with little or no voice or power once they are a part of the system. We have powerless, innocent victims who have fallen victim to the system. In far too many cases, these children become statistics and pawns in budgetary and policy games of adults.

The intended goal of CWS is to help provide stability and permanency for children and youth. With that being said, more can be done with providing mental health services to those in need. This paper will outline in detail the effects of inadequate education, mental health as well

as emancipation services for youth in foster care. More importantly, it will provide factual evidence to support my concern that states aren't able to properly treat youth in foster care with mental health needs. The lack of services and early detection of mental health concerns can heavily influence many aspects of one's life. The most crucial time is the adolescent stage of life. During this time, children and youth should be focusing on education, solidifying social connections and honing in basic life skills. Furthermore, youth should be concentrating on growth and development as a young adult. I analyze difficulties that youth face in foster care due to their mental and or behavioral health issues. These health issues lead to a number of problems including; aging out, emancipation from care, homelessness, educational declines, and poor social connections.

I begin by discussing the disheartening statistics of youth in foster care, due to their time in the child welfare system. I discuss the process in which youth become emancipated, and programs available to them. To understand the context of these mental health policies, and federal regulations, the analysis provides a comparative analysis of legislation for mental health services across selected states. Among my research, I include my policy analysis, and possible policy recommendations to reform the system.

In the end, there are three main areas that are directly affected by the current state of health services provided across the country. These areas include education, mental health, and emancipation. These areas are in need of immediate attention and assistance. A child's mental health is at the cornerstone of the problem. Without adequate services and treatment, we can't expect these children to be able to grow and progress as young adults. It becomes difficult for children to focus on their education, and other aspects of development when they are forced to battle untreated mental health concerns.

In order to explore, and analyze the current structure of the child welfare system I will look at individual states and their current models. Statistics concerning youth and children provide a brief overview of what is happening around the country. To better understand the seriousness, and demand for reform we must look at what states are currently doing and focus on other possible alternatives. I will review a set of systems that are in place in several states in order to get a thorough grasp on the CWS as a whole. In the end this paper will offer a great deal of insight into states' ability to provide care, but more importantly it will examine areas that need improvement. This will be made possible by a complete review of systems from three states.

Chapter 1: Reality of Children and Youth in Foster Care

This chapter discusses statistics among youth and children in foster care. It discusses emancipation policies and processes for those who have decided to emancipate themselves. More importantly this chapter focuses on the outcome of foster youth, and former foster children. It's important to know how youth and children who once were in the system fare once they leave. Their success speaks to services that were provided when they were in care. At the end of this chapter it will be clear just how underserved children in CWS are.

Section 1: Statistics of Youth in Foster Care

Before delving into the policies surrounding the child welfare system, I would like to provide some statistics to give readers an idea of the importance of CWS. There are approximately 463,000 children currently in the child welfare system. Some of these children will never find a permanent home, and will age out of the system. It's estimated that 10.5 million children will spend time in foster care. Sadly 22, 5000 children will die due to abuse and or neglect before they have the chance to turn five. (Foster Club).

In 2012, 23,386 youth aged out of the U.S foster care system without sufficient emotional and financial support needed to succeed. Children and youth face disproportionately higher risks than their counterparts (children who aren't in CWS). (childrensrights.org) Youth in care are more likely to fail, rather than succeed in life, in regards to education, finding jobs, living,

ultimately becoming a productive member of society. This is devastating, primarily because these children were forced into care. They are forced into care due to the inability of their parents to care for them. Some of these children are pre-exposed to harmful drugs, which will leave them with lifelong health issues. Children in CWS face traumatic events before they enter care, and some will encounter awful experiences while a ward of the state.

Section 2: Placement of Children

Placing children in foster homes, and permanent families is difficult. One of the main contributors to the inability of placing children is behavioral issue. The reality for children with behavioral issues is harsh. Traditionally prospective parents don't want to adopt children who have "issues." However, there are families that don't mind caring for children with needs. On the other hand, some families are not informed about a child's special needs or behavioral issues before they choose to adopt. Mental and behavioral issues increase the likelihood of a family returning a child back to CWS. Once returned, many of these children are placed in group homes and institutions. *"As of 2012, 58,000 children were placed in either of these, as opposed to traditional foster homes."* (NGI.org) These placements end up being the last stop for these youth. These accommodations are typically for those who have uncontrollable behavioral issues. Children who are in these institutions typically age out of the system, and encounter the world on their own.

People like to believe that once children enter CWS they have escaped unbearable situations. This is both an accurate and inaccurate assumption. Predators and unfit people find ways to circumvent the system and become foster parents. State and Federal lawmakers like to believe that they are truly doing a service to this delicate population. In essence, they aren't. It's simply

not enough to create programs, and write prescriptions for mental health concerns in hopes that children can fend for themselves. Many of these children suffer from psychological, and physiological damage. The numbers at which children age out of the system are tremendous without adoption or long term foster care. Once they are out they are forced to become adults on their own. Research indicates that children who are placed in the child welfare program face a much harsher reality. (Laurent, Gilliam, Bruce, 2014) Instead of shoving these children and youth out into the streets, we should be helping provide necessary tools and a safety net for them.

In the next portion of this paper we will examine three individual states. These states include New York, California, and Michigan. All three of these states differ for several reasons. While California is the largest state, it faces several issues within its child welfare system that affects its youth. New York is an interesting state to look at because they have shown progress in regards to delivering services to youth and children. The State of Michigan was chosen because it's currently under court supervision, due to recent revelations in terms of administered care. By the end of the chapter the intended outcome is to give readers, and other interested parties a better understanding of some of the issues that these states face. It will be interesting to discern how and why each state has managed to address mental health services to youth and children.

Section 3: Youth and Children in California

California being the largest state in the United States has some of the most disheartening statistics as it relates to those in the child welfare system. It is estimated that approximately 70% of inmates in the California State prison are former foster care youth. This estimate includes

youth that have aged out of the system as well as decided to become emancipated. One in four foster youth in California become incarcerated within two years of emancipation. More importantly, within 2- 4 years after emancipation 51% of California foster care residents are without employment. *“Data indicates that 46% of emancipating youth in Los Angeles County do not complete high school. Nationally, roughly 1% of all foster youth who enroll in college actually earn their bachelor’s degree. These poor educational outcomes are a major factor in the lack of success foster youth experience in their transition out of care.” (United Friends.org).*

In the state of California alone, 46% of youth in foster care don’t graduate high school. Studies indicate that youth are not able to be self-sufficient by the age of 18. It’s noted in research that people who aren’t in foster care rely on their parents until about the age 26. (Foster Club.org) As we can see, children and youth in the child welfare system don’t fare well once they leave the system. Chapter 2, discusses some of this information in further detail.

Youth who feel as if they no longer want to seek adoption for whatever reason have the option to become an emancipated minor. Some children rather live life on their own; some are simply tired of waiting for a family. Many children have severe behavioral issues, and the likelihood of them becoming adopted is slim. Emancipation is an option for youth to live “independently.” However, programs differ from state to state. Funding In regards to mental health services begin to go astray. Youth who reach their 18th birthday lose some of their services they were previously offered. California has made strides to help these individuals with services, but, as the statistic indicates, they have a long way to go.

Section 4: Youth and Children in New York State

This section offers statistics about children and youth in the State of New York. New York is unique in its ability to be able to administer mental health services to youth and children in care. This state differs from other states when it comes to providing care to the child welfare system. The state of New York developed a model that allows them to be successful in some regards.

“The foster care (and juvenile justice) system in New York is very complex and multi-layered. It is state-supervised and locally administered, with state statutes, regulations, and rate-setting mechanisms controlling the system while decisions are made at the county level by departments of social services.” (NYS health foundation, 2014). The State of New York is considerably smaller in size compared to California. While New York differs in size, they have a lot to offer in regards to administering mental health services. While other states struggle with services, New York has found a more comprehensive approach to better serve youth in CWS. While the system is multi-faceted, they have broken the system down into categories and found a way to address the underlying issues.

“There are approximately 21,600 children and youth in foster care in New York State.” (nyshealthfoundation, 2014, pg 45). These children and youth have a high prevalence of medical and developmental problems and use inpatient and outpatient mental health services at a rate 15 – 20 times higher than the general pediatric Medicaid population. In the state of New York approximately, “1,500 children are placed into residential treatment centers (i.e., foster care facilities) by their local school Committee on Special Education (CSE) because the CSE has determined that the needs of the child can only be met in such a school/campus setting.” (nyc.gov)

An article written by the *New York Health Foundation* found that children 60% of children under the age of five suffer from developmental delays. In the State of New York 40-95% of children are affected by mental health disorders. "Meeting the health care needs of the children and youth in foster care has been and continues to be a serious challenge."

(nyshealthfoundation, (pg, 35, 2013). New York has identified the many issues they face, and are being proactive. Instead of talking about change, they have found the resources to do so. Monetary assets have proven to be an issue in the matter of mental health services.

In NY, the median length of time in which a child stays in care is shorter than California as well as other states. This is in part due to the efficiency of New York State's persistent department of health and human services. They have managed to find ways to investigate alternatives to aid in the ongoing struggle of mental health services. The median time frame in which a child remains in care in New York State is 6-8 months (cfny.org). Recent trends across the United States suggest that this is a relatively accurate figure. Children and youth that spend extended periods of time in and out of foster care experience more mental health issues.

New York State has made critical progress in its placement of children, in a timely manner. "From 2012 and 2013, the NYC community district containing Jamaica, Queens, where Center for Family Representation's (CFR) office is located, went from having the highest rate of foster care placements to the 7th." (nyc.gov). In the last few years New York has seen a rather dramatic change in behavior, and mental health issues. They have been able to find placement for youth and children in a timely manner. There is still much more work to be done, but with the recent changes made to reform their system, there is hope for children and youth in the state of New York.

Why has New York State been successful in its efforts of implementing adequate services?

“New York State Health Foundation awarded a grant to the Council of Family and Child Caring Agencies (COFCCA) to convene key stakeholders to develop recommendations for integrating foster children and youth into managed care. COFCCA is the principal representative for the voluntary, not-for-profit organizations providing foster care, adoption, family preservation, juvenile justice, and special education services in NYS, working with its 105 member organizations and government partners to ensure quality services.”

(nyshealthfoundation). The State of New York has found a way even with budgetary complications to help provide quality services to youth and children, specifically mental health services. The product of the grant has allowed the State to seek out other options, and use information sharing with other agencies. Not only has this grant given the state of New York more monetary options, it has enabled them to expand services in different areas of CWS.

New York State has a long-standing successful history of providing Medicaid services to youth and children in CWS. Their model of success included a managed care approach. To make this possible they convened people whom actually had a stake in the matter as well as concerned constituents. Discussions and meetings pertained solely to critical issues at hand, “potential solutions, and corresponding policy recommendations and considerations.”

(nyshealthfoundation) In order to better serve youth and children for mental health concerns COFCCA thought it best to break participants into six work groups. These groups included; financial actuarial, agency impact, transitions, service delivery, and care management. All of

these groups are essential in the delivery of services. Members of these workgroups met collectively several times. Individuals from this include, child advocates, clinical professionals, attorneys, as well as state and local professionals. New York legislators and officials thought it best to have participants who are involved in the community as well as relative programs. This holistic approach makes New York a model state in the effectiveness of CWS.

The next section looks at the State of Michigan in terms of statistics of youth and children in foster care. An analysis of services will be provided in this section. Possible recommendations and progress on Michigan's service plans will also be provided. The State of Michigan has struggled tremendously in its efforts to provide quality care and services for youth and children.

Section 5: Youth and Children in the State of Michigan

The State of Michigan has the 6th largest child welfare system in the country. (DHS.gov) The State of Michigan alone has approximately 19,000 children in foster care. "Nearly 40 percent come from greater Detroit, growing up without a permanent home or parents hold unique challenges with lifelong consequences, such as achieving a high school diploma and post-secondary education, teen pregnancy and contacts with the juvenile justice system." (michiganschildren.org). Michigan estimates that 1 in 4 children will be born into poverty. Children are brought into care with little to no hope. Unfortunately, for many, they have even less hope they exit the system.

Homelessness and poverty are a contributing factor to the growing issues in CWS, most importantly in the State of Michigan. Poverty and access to health care go hand in hand. Families that decide to foster children aren't exempt from this epidemic. These issues affect youth and

children both before they enter care, and when they exit the system. Michigan needs families, and individuals who are truly interested in helping youth and children. *“The 2011 poverty rate meant that over half a million children in the state lived in families with income inadequate to meet basic needs. All aspects of a child’s well-being are affected by economic insecurity, particularly as the state investment in schools, child care and public health have constricted dramatically in recent decades.”* (caseyfoundation pg 37, 2013)

Michigan’s struggle with providing services

The State of Michigan found itself in some legal issues due to their implementation of services or the lack thereof. Children were being mistreated and abused in foster homes, or being returned to unfit parents. Michigan’s response time to finding permanent homes for its children were decreasing, children were remaining in the system for extended periods of time with no reunification goals. Adoptions were moving slow, adoptive parents weren’t receiving stipends in a timely manner. The state struggled tremendously with coverage for mental, physical and dental care.

The State of Michigan has faced serious sanctions due to the treatment of its youth and children while they were in care. In 2006, Michigan was sued by a group called Children’s Rights. According to the group, the state failed to keep its children safe while under the jurisdiction of the state. Many children were left neglected, and abused while either in, state institutions, or in foster homes. The state entered into a court settlement now known as the, The Michigan Modified Settlement Agreement. (michiganrrraadio.org)

It should be noted that the lawsuit plainly states: “The child welfare system is extremely under-funded both publicly and privately.” (mare.org, 2015) This is a problem. The state of Michigan was negligent, and allowed the mistreatment of children while they were under the states supervision. This is a testament to the lack of funding that programs and the agencies are receiving to serve children. The lawsuit named a series of areas in which the State of Michigan has failed to provide adequate care and services. These areas included; maltreatment or neglect of foster children while in state custody, a lack of basic physical and mental health services for foster children, excessive lengths of stay in state custody. All told, Michigan’s foster children are unnecessarily spending large portions of their lives and frequent moves among multiple placements. (bridges4kids.org)

The State of Michigan has been monitored for quite some time now. However, they are making progressive strides in the right direction. On the other hand, some of these issues can be deterred by adequate funding and more services. Not all of these issues in the system will be solved, but allocating more funding would help our children and youth.

Each of these states is unique in their own right. One aspect they do share in common are the children. Every state for that matter must find a way to serve these children, and provide a safe and secure transitional period. At some point states are going to find themselves in a binding situation. However states choose to prioritize matters in regards to mental health concerns will determine how they view the urgency of children’s needs. Beyond the scope, there are other options to becoming adopted, or remaining in care. Some youth wish to live independently. Services, and programs prove to be an issue in this area as well.

Chapter 2: Education

This chapter reveals the link between education and mental health.. Mental health issues left untreated or undetected will lead to educational shortcomings. This section will discuss the state of education for those who have emancipated themselves from the system, or are in transitional programs. The rate at which youth in foster care, or emancipated youth graduate from high school is far less than their counterparts. It's not uncommon for youth in foster care to have been moved several times throughout their k-12 experience. This makes it extremely difficult for children, and youth to not only retain information, and also to possess confidence in their academic career.

Section 1: Effects of the Home Environment

Children and youth in foster care are placed at a disadvantage entering their educational careers. This section discusses the obstacles and some contributing factors to either their lack of educational attainment, or circumstances that aid in some of their success. We look at factors both in and outside of the foster home. Both education, and mental health are variables that have a significant effect on the success of a foster child, or emancipated youth.

Children who are placed within the child welfare system need to have better educational opportunities. This issue is larger than just placing a child in a decent or adequate school. Being a foster child is a burden and a lifelong stigmatization that follows thousands of youth. Many children find themselves in predicaments of not having a safety net, or a social network that they can rely upon. Some of these children have been stripped of any hope of love and support. They

are forced to succumb to an inadequate education situation. Federal code and regulations should support and uphold policies that will help youth in foster care become more successful.

Youth and children in foster care don't lead normal lives. The stresses and challenges they face on a day to day basis are troubling. Granted some children are fortunate enough to have those exceptional foster parents that provide them with all the support necessary. Other foster children have foster families that don't care if they attend school, or bring home homework.

Research indicates that children who are placed in a kinship(a familial relationship) are far more likely to excel academically. Not only are the more likely to succeed than children in other placements, they have indicated that they feel more safe in the home. While literature says that children may feel safer, research reveals several risk factors with kinship homes. Literature says that, "kinship parents tend to be single, of poorer health, older, and less educated than nonkinship foster parents, all of which are usually risk factors for children's educational attainment (years of school completed) and academic achievement (grades and exam scores)." (pathways.net) Structure, stability and support is essential to the growth and development of a child, and adolescent. Studies show that babies need the soothing comfort from their mothers at birth. Most children in care were removed form their mothers at birth. We must replicate this kind of environment for these children to thrive.

Section 3: Emancipated Children v Education

Research tells us that there are correlations between emancipated children, and the levels of educational attainment. The rate at which youth are obtaining a degree in higher education is

at risk; however, completing high school is more of an issue. Children who are emancipated are not finishing high school.

An article written by, *The National Institute of Health* that looks at the trends and perpetuating factors that deny youth the ability to have a successful transition into adulthood. This study looked at 56 youth that were in the foster care system, and had been emancipated. The data concluded that children who were in the system fail to achieve comparable levels of education than children who aren't in the system. The government provides services; it's adequate but not enough. (nih, pg 28, 2012).

Studies indicate that children who are in the system and those that have chosen to emancipate themselves have severe educational delays, and setbacks "Youth emancipating from foster care typically face many obstacles during their educational journeys, obstacles that can hinder their ability to graduate on time or receive a high school diploma." It's no surprise that a recent study found that children who become emancipated are scoring 16-20% lower on state standardized tests. Furthermore, less than 60% go on to graduate from high school. Sadly enough, only 3% of children who have been in foster care go on to pursue an education at the postsecondary level. (childwelfare.org, 2013).

Academically, youth exiting foster care have lower rates of high school graduation and completion, lower high school achievement scores, problems with academic performance, and lower rates of college attendance (Burley, Halpbern, 2001). "The outcome data of foster youth and alumni demonstrate that they fail to achieve comparable levels of education, encounter difficulties with employment and housing, experience adverse health outcomes, and engage in at-

risk behaviors.” (Gardner,2014). We must help these children reach higher levels of educational attainment. It’s not acceptable for us as a society to allow these children to fall behind.

Education is an essential and crucial part of these children’s lives. It’s important that we make them feel like they are worth the fight. By continuously cutting funding, and switching programs we are sending the wrong message. To achieve confidence and promote growth and development we must help these children succeed, and make programs accessible to them. The next chapter is mental health, which heavily affects a child’s educational attainment.

Chapter 3: Mental Health

As I move through this chapter I will reveal data from several areas; origins of mental health, statistics of youth and children suffering from mental and behavioral health issues, as well as provide policy recommendations. Lack of mental health services, and treatment is a devastating factor among former and current foster care youth. Disorders and diagnoses are disproportionately higher among youth and children in foster care. One might contemplate why there is such a dramatic shift in mental health conditions among those in the child welfare system. The answer to this question is complex to say the least.

Safety and permanency are the core values of the CWS. We begin to draw contradictions to these values and goals, when the adequate mental health services aren't being provided. Through thorough research, the preceding sections explain why the lack of mental health services poses a threat to the well being of children and youth in the system.

Section 1: Mental Health Statistics at a Glance

As mentioned previously mental and behavioral health issues are more prevalent among youth and children in CWS. "Given the evidence from studies indicating that children in care have significant developmental, behavioral, and emotional problems quality services for these children are an essential societal investment (Clausen, 2011). The National Institute of Mental Health funded a national survey of mental health and needs and access to mental health services for youth involved in child welfare. The study revealed that *"nearly half (47.9%) of youth in foster care were determined to have clinically significant emotional or behavioral problems."*

<http://psychweb.cisat.jmu.edu/graysojh/pdfs/Volume085.pdf> (see this website generally, Burns, 2004) Typical mental health issues typically involve; developmental delays, attachment disorders, language difficulty, neurological impairments, as well as behavioral problems. Most of these mental health issues seem fitting for the complex experiences that these children and youth have went through.

Section 2: Affects of untreated Mental Health issues

This section discusses the affects of untreated and undiagnosed youth and children within the child welfare system. How children fare once they leave the system is a testament to how they were treated as a ward of the state. The lack of access to funding and services is evident. These children have entered the system with significant damage. It's not only the responsibility of the states, but the federal government to provide a more comprehensive approach to treat the state of mental health care in the child welfare system

Mental health concerns are the cornerstone of challenges that many children and youth face in CWS. It's not only a daily struggle; it becomes a hardship. Being in the child welfare system carries with it a lifelong stigmatization. Mental health and behavioral issues become another burden for many to bear. Without proper treatment and medications, some children may not ever be able to lead a "normal" life.

Behavioral and mental health concerns become a barrier to youth and children getting adopted. Some people adopt children with severe behavioral concerns, and in time end up retuning the child to foster care due to their inability to handle the behaviors. These health issues begin to affect other areas in the foster youth's life. These health issues affect the child's ability to form and maintain healthy stable relationships. This is an immense problem, simply

because the youth or child is more than likely already suffering from the detachment from their biological parents.

At some point these children are going to enter the world, and be forced to deal with life on their own. If they haven't been treated, and or provided with adequate services it's not realistic to expect their behaviors to be exemplary. Essentially we are asking these children to ride a bike for the first time without ever using training wheels.

Beyond forming relationships and social connections, we begin to see a decline in educational attainment. It's hard enough for a fifth grader, or a high school sophomore with loving and supportive parents to stay focused with outside stressors. Statistics for youth graduating high school or achieving a GED is devastating. *"Nearly 25% of youth aging out did not have a high school diploma or GED, and a mere 6% had finished a two- or four-year degree after aging out of foster care."* (Foster care alliance) There are numerous aspects that aid in the decline of educational attainment, but this paper discusses mental health related reasons. Children and youth are unable to focus in class, due to mental health issues. Behavioral issues prove to be a barrier. Foster students act out, and it takes away from the learning environment. It's not completely their fault, they haven't had the treatment or necessary attention needed to enable their success in the classroom. (NRCP.org)

Unfortunately teaching styles in k-12 are usually set up to teach to the classroom, not necessarily the student. This in time leaves some children behind. We see it all too often that children continue to get passed to the next grade, even with their developmental delays. This is a barrier to academic success.

Section 3: Where the CWS falls short

The intended goal of the child welfare system is to provide safety and permanency to those who are in need. To make this possible, CWS must be provided with the resources to carry out the intended goals of the system. While monetary issues are at the center of the issue, there are other aspects that influence the outcome of services. Employees are an essential part of the CWS. This section discusses the lack of services provided for those in the child welfare system. Children come in to the system with horrifying experiences, paired with major attachment issues.

CWS, as well as youth and children in the system would benefit from more preventive screening for mental health issues. *The Children, Youth, and Families Office*, conducted a study that outlined areas in which CWS was lacking in services. An area of concern was training. This is of great importance. It's essential for foster parents to have formal training, especially to recognize behaviors if mental health issues are unknown. This preventive measure would help children and youth in need to receive early on intervention. Early detection is imperative. Children and youth may not be able to recognize their behaviors, as they are coping with transitioning into CWS. Another area of concern is the communication between child welfare staff, and mental health providers.

Another area that warrants more attention would be to increase research on psychotropic medications, as it relates to therapeutic interventions for children. Psychotropic medications are considerable part of CWS. Once a child has been diagnosed with mental or behavioral issues, the administration of psychotropic medications is necessary. It's necessary for all parties to be made aware of the child's behavioral and health condition.

Another area worth discussing would be the lack of funding for mental health services. The ACA, (Affordable Care Act) has helped prolong some services for youth and children suffering with mental and behavioral issues. However, it hasn't necessarily increased funding for services. Services are expensive, but this factor shouldn't outweigh the severity of the issue. Policy makers, as well as governmental agencies need to find ways to allocate adequate funds for this population.

Funding dictates the availability of mental health services for CWS. "The prospects for 2015 state mental health budgets eroded compared to 2014 despite the improving economy. Even in the face of alarming headlines and public scrutiny of inadequate service systems, seven states reduced mental health budgets." (NAMI, 2014). This is a major concern for the state of the child welfare system. Knowing that these children and youth are suffering at higher rates than other children and youth, why is it acceptable to reduce funding? There has to be other ways in which the government can make way for a more comprehensive approach. We simply cannot say there isn't enough funding to reform these programs. The physical and emotional development of youth and children in CWS should be the focus. Furthermore, their success and well being should take precedent in place of bureaucratic and red tape conflict.

The *Casey National Alumni Study* conducted a study that addresses mental health concerns among youth in CWS. To conclude their study they listed some recommendations to help prevent, or treat those with mental health disorders. Some of the recommendations include; making mental health treatment more available for foster youth, as well as alumni, and provide effective mental health screening, assessment, and treatment of children and adolescents in foster care. The study concluded by saying that the federal government should increase insurance coverage and Medicaid, and that they should extend the age limit. Typically, once a foster child

reaches their 18th birthday, they are cut off from services. Specifically their policy recommendation, *“Increase mental health insurance coverage and Medicaid, including an age extension through the Chafee Medicaid option. Federal and state governments should examine barriers to mental health care—including funding eligibility.”* As well as, *“Extending foster care to age 21 to help ensure that young adult mental-health needs are met through state-funded mental health treatment.”* (Casey. Org)

Section 4: Why adequate services are necessary

“Mental and behavioral health is the largest unmet health need for children and teens in foster care. Mental and behavioral health requires the presence of at least one nurturing, responsive caregiver who is stable in the child’s or teen’s life over time.” (aap.org,).

It’s essential for children and youth to receive adequate mental health services. Youth that are entering their adolescent stages are beginning to form an identity. They are battling the trauma they endured before they entered care, as well as dealing with the stresses of becoming a young adult. Services provided by CWS are meant to help children and youth cope with their mental health concerns as well as transitioning into a new family, or becoming independent.

Research indicates that these children and youth face far more difficulty than children who aren’t in the system. We must think about stakeholders in this matter, and who has the most to lose and or gain. We will discover that it’s the youth and children that have the most to profit, and lose from services that are rendered. A system such as CWS exists to protect children. Aside from other issues, protection involves funding.

Chapter 4: Legislative Action/Policy Reform

“The prevalence of physical and behavioral health problems among aging out foster youth also has cost consequences. While foster youth may make up a small subset of the population, they have disproportionately high costs of care, and Medicaid expenditures are the highest for foster youth who receive behavioral health treatment. (Center for Law and Social Policy, 2012)

This chapter outlines current legislation as it pertains to foster care, mental and behavioral health services and treatment. To conclude the chapter I provide my policy analysis on current legislation. There are areas in which legislation can be reformed to better represent youth and children in foster care. We will look at how the Affordable care act directly helps youth and children in foster care. President Obama’s expansion of care through this Act, thus far is progressively the most effective plan for youth who have aged out of the system.

Section 1: Affordable Care Act

Affective January 1, 2014 states were to extend Medicaid coverage to age 26 for all youth who are enrolled in Medicaid and in foster care on their 18th birthday, or enrolled in Medicaid when they aged out of foster care if over the age of 18.

Youth who have aged out of foster care are facing more serious effects as opposed to those who are under the age of 18. However with the expansion of services through ACA, youth

are able to receive more care. There is a clause in the Affordable Care act that specifically protects youth from state's option of covering adults with an income 133 percent of the federal poverty line. "*Former foster youth who are eligible for Medicaid under this provision are eligible to receive full Medicaid benefits, as opposed to automatic enrollment in the alternative benefit plan that states may define for newly eligible adults.*" (Golden, Emam pg. 12, 2014)

We are able to conclude from research and data collection that the main barrier to care is the accessibility, and readiness of programs. The issue is not that youth don't want care; it is that they don't know how to go about accessing it. There are several provisions in the act that protect youth who have aged out of care. One of the care provisions that are essential to the betterment of mental and behavioral health care is the patient protection clause.

Current legislation allows former foster care youth to be treated as that, and not a new adult. This allows youth to not have to pay for additional expenditures. "*Former foster care youth are determined presumptively eligible for Medicaid, and current foster care children will not be placed in new presumptive eligibility group.*" (nga.org, 2013) This legislative adjustment is a impressive step. The expansion of services is essential for the well being of youth have become emancipated, and or aged out of foster. Youth may have left the system, but their health concerns certainly haven't disappeared. If anything, health issues become more prevalent in this situation.

Congressional leadership is concerned with high costs, and this specific group is particularly in higher need of services. This approach is ideal. Preemptive services may demand more initial costs but they have the potential to reduce futures costs. "*Providing coordinated services can pay off in the long run by improving patient health and reducing potential health*

care and social service towards serving specific groups of Medicaid patients.” (Golden, Emam 2014).

Section 2951 of the ACA has proven to be beneficial not only to children, but adoptive parents. This opportunity the ACA offers complements the medical and behavioral health services for youth who are also parents. Section 2951 allows states to apply for Maternal Infant Early Childhood Home Visiting Program grants. This program helps to mend relationships with youth and children. (hrsa.org) The intended purpose of this program is to *“build relationships, improve parenting, and engage youth while ongoing health and mental care to address problems and improve continuity of care.” (Golden, Emam 2014)*

When it comes to allocating funds, much is said about where to cut costs. If we are looking to provide policy recommendations and reform options, focusing on the efficiency and effectiveness of programs is essential. *“The President’s budget includes a new five-year initiative, a collaborative demonstration involving ACF and CMS, designed to encourage states to provide evidence-based psychosocial interventions to children and youth in foster care and to reduce the inappropriate use and over-prescription of psychotropic medications for this population.” (childwelfaresparc.org).* Congress as well as policy makers are apprehensive to create programs or to allocate money to services. if they are not being used efficiently. Thus, more oversight should be used when analyzing services to determine competency.

Section 2: Recommendations for ACA plan

“Ensuring that youth enroll in automated systems as soon as they age out, without having to take action or provide verification themselves.” (Golden, pg. 23, 2014). The process in which foster youth are to enroll in plans should be made simple. Health care options can be intricate,

and matriculate in detail. The amount of information in exchange policies may deter some from enrolling in plans. *“In states where higher levels of youth involvement were required in enrollment and redetermination process, youth were less likely to be enrolled in the month before their 19th birthday. Responding to this research evidence and the ACA’s emphasis on easy and automatic enrollment, state policy makers should ensure that enrollment and redetermination processes are as simple for youth as possible.”* (Golden, Emam 2014, pg 22).

The way current legislation is set up, youth may see barriers when trying to relocate out of state. As of now states are only required to cover those who aged out of the system in the same state. *“A state can choose as an option to cover youth who aged out of foster care elsewhere, but is not mandated.”* (Golden, Emam 2014). While states reserve the right to choose how they implement clauses of the ACA, this makes it considerably difficult to ensure the goal of making health and mental health coverage for former foster youth until 26. The state of California signed legislation in June 2013, to allow youth who have aged out of care in a different state to receive health care under Medicaid in California until 26.

The federal government could make this transition simpler. They could enable states to share information about youth experiences in care while similarly facilitating data sharing that would confirm eligibility more efficiently. Filing paperwork with a different state to receive welfare, health care, and other entitlement programs can be a strenuous process. The time in which information is validated can take up to weeks. Perhaps electric filing and a national archive would facilitate cooperation among the states and allow those out of state CWS cases to access sources.

Successful implementation of the ACA has the potential to provide numerous beneficial health care options for former, and current foster care youth. *“When considering the implications*

of health care reform on youth aging out of foster care, it is clear that these youth stand to benefit greatly.” (Golden, Emam 2014 pg. 17)

The Executive, and Legislative branch face many obstacles while formulating policies to better serve the people of the United States. It is imperative that they are able to collaborate in order to better serve youth and children in foster care. Children and youth The ACA has the potential to provide excellent options for this population. *“ Ensuring that a system is developed to take advantage of the new opportunities offered to youth aging out of foster care will require urgent attention not to how systems are being designed for roll-out, but will also require continued collaboration in the long run to ensure that child welfare and health officials are able to work efficiently and effectively.” (Golden, Emam, 2014 Pg. 14)*

Youth living independently: Emancipation, is this a good legislation option?

The next area of concern is emancipation. Emancipation is a controversial issue among the child welfare system. In all states, eligible teens have the ability to become independent and live on their own. This alternative method to foster care has its perks, but there are also complications within its programs. The following section will look at several aspects in regards to this particular option. The most important aspect that will be discussed in the next section is the accessibility of services once a child has decided to emancipate itself from the system. On the contrary, trends have shown negative outcomes due to the lack of funding and resources available to youth when they attempt to live independently.

Emancipation is great option for youth if it's being utilized appropriately. On the contrary, trends have shown negative outcomes due to the lack of funding and resources available to youth when they attempt to live independently.

What is Emancipation

It's important to understand the concept of emancipation. There are different ways youth can go live "independently." This section discusses some statistics in regards to children who have emancipated themselves. More importantly, it will explain some of policies, and programs that have been established to allow youth to become emancipated. Some of the issues that we see with children becoming emancipated is the lack of services offered to them.

Every year approximately 18,000 children age out of the foster care system, or become emancipated. Children who choose to emancipate themselves face disproportionately higher risks. It's reported that emancipated youth are more likely to be subjected to; substance abuse, becoming dependent on public assistance, incarceration, and unemployment.

Fundamentally the right of children to emancipate themselves should be equally beneficial for the child as well the Foster Care System. The youth are entering the adult world at a fragile and vulnerable time in their life. Accordingly, it's important that they have the support and knowledge to take care of them accordingly. Studies and research indicates that just the opposite is occurring. Youth are struggling to survive as they enter these independent programs.

There are a few different forms of emancipation; one in particular will be discussed in particular. APPLA-E (Another planned permanency living arrangement). This, like many other

programs is a work in progress. Many states are trying to work out issues and problems within the system. This program offers many options for youth, but still struggles with the lack of funding. The next section gives a brief overview of this program and offers some insight into youth exiting care and living independently. An analysis of youth centered programs will also be in the following section.

Why APPLA-E? (Emancipation)

The APPLA-E method of emancipation is a program in which youth can become emancipated. This program is important because it allows youth to become independent. It's important to note that this program isn't used in all 50 states. This program allows youth to receive "some" services, as they try to maintain life on their own. This program has some negative impacts on youth, especially in the State of Michigan. Michigan's struggles with independent living and services will be discussed in detail in chapter 4. They aren't completely left to fend for themselves essentially.

APPLA- E is characterized as a "*subset of the federally approved permanency planning goal for APPLA, for youth at least 16 years old for whom there is no goal of placement with a legal permanent family and is preparing to live independently upon his or her exit from foster care.*" (Michigan DHS.gov) The program is designed for youth who no longer want to seek adoption, and would rather live on their own. However, youth are not completely on their own, because they have a designated supervisor. In order to keep an eligible status, youth must maintain enrollment in school. The role of designated supervisors is to ensure the emancipated minor is in school. In Another part of this support includes a successful transition to adulthood.

Youth also receive a stipend from the state each month for living expenses. This stipend is good for housing, food, and other necessities.

There are several theories that are believed to influence an adolescent's participation within independent programs. Individuals that thrive; and benefit the most possess essential life skills, that many lack. Programs are typically centered toward, "client empowerment and self determination, both of which are considered to be a combination of skills, knowledge, beliefs that enable the individual to engage in goal-oriented behaviors" (Wehmeyer and Gragoudas, 2004). I'm sure these programs are established with the right intentions. However, data indicates that youth aren't necessarily benefiting from these services. They are unable to appropriately participate in these programs, due to the lack of social and life skills.

Some independent programs are known as an extension to the foster care system. These programs allow youth to stay in the system, only to receive assistance. Heritage Foundation, a think tank challenged states' responsibilities and motives as it relates to intended child welfare reforms. It questioned whether states are prolonging a child's placement in the system to obtain federal funding. The Heritage Foundation outlined what they believe to be the goals of the system: "Federal and state foster care programs exist to provide this safety net. The priorities should be (1) to provide endangered children with a safe, nurturing family environment with minimal disruptions to their education and development and (2) to enable them to move quickly from foster care to family permanency through family reunification, adoption, or guardianship" (Thomas Atwood, 2011).

We can see how the ACA has the potential to positively affect those in foster care, and even those who become emancipated. These are the right steps toward a healthy life for many.

While the implementation of this policy has been a struggle, it has the ability to be truly effect change. The ACA allows people with little to no money to obtain some type of basic care. Those that choose to become emancipate also have options. The health care reform still faces some challenges it's certainly a step in the right direction.

Chapter 5: Policy Recommendations

“Our nation must make a strong commitment to support children and teens with psychiatric disabilities throughout their time in foster care and take the steps necessary to ensure that a safe, healthy and positive transition to adulthood is planned for as the end goal.”

Policy changes to affect the country nationwide will have to come from the legislature, as well as the president. Changes that have the ability to touch and change lives. The US Congress and State legislatures are responsible for the allocation of funds. With that being said, there has to be a more efficient way to render, and administer services to youth and children in need. Many scholars, think tanks and other interested parties have tried to form alliances to help determine ways to better serve this underserved population.

There are three areas in which I believe CWS can be reformed. The first reform I recommend would mirror the state of New York State’s holistic approach. This model has been effective for numerous reasons. It has proven to be cost efficient, it shows concern in respect to those in the system. Essentially the system has been broken down into its respective parts, and issues have been handles accordingly. The next recommendation that I believe would be beneficial would be the use of an electronic database. This would also help adoptions in separate states. Databases would allow for data sharing across states, this would make information more accessible and readily available for all interested parties. Lastly, access to care is a major issue within CWS. However, the ACA has been a positive progressive change for youth and children in CWS. While this act has been helpful there is still more that can be done in regards to access

to care. In the following paragraph I have provided some other recommendations that I believe would be useful.

To handle the issue of mental health services for children currently in foster care it's essential that children and youth are receiving mental health evaluations regularly. Health screens are an essential function to the well being of these children in care. When children initially enter care and if they are showing signs of mental or behavioral issues, they are then given a psychological evaluation. However, this shouldn't be the last stop, for many children it is. Policies regulating psychological evaluations need to be stricter. The department of Human Services should reevaluate their strategies on monitoring children and youth with mental and behavioral issues. Current protocol and procedures that are in place are enabling bad practices as it relates to the quality of care for youth and children. Similarly it is essential that referrals for services are made in a timely fashion to ensure the quality of care for youth and children.

Evaluations of the effectiveness of care are critical. It is very important to know whether or not the medication that is being prescribed is effective. Side effects are a crucial part of the medication process. Agencies, foster parents, and foster care workers need to be privy to this information. If a child is displaying negative behaviors due to the medication, then something needs to be modified.

Aside from additional screening there should be training and services available for foster parents. If foster parents are more knowledgeable about behaviors for mental health and behavioral issues, we might be able to better serve children who are suffering with these issues. Granted, there may be some individuals who are only fostering children for monetary reasons, but they don't make up the majority. The more information that is available to foster parents, the

better. Knowing signs, symptoms and behaviors will help treat children and youth who are at risk.

Making sure that licensing agreements are up to date is also essential. Agencies need to stay up to date with the services they are providing. Arrangements between doctors' offices, as well as family and child services agencies are important. Making sure that physicians and supporting staff are competent and proficient is vital. All of these have the potential to aid in the lack of mental health services being provided to youth and children in care. These aspects are related because they aid in the quality of care provided to youth and children.

Some research has indicated that the child welfare system may benefit from a managed care model. This model offer more monitoring to agencies, and gives assurance those children's needs are put first. Essentially there is more "red tape" per say, but this could be the right reform that the child welfare system needs.

An article from *New York Health Foundation* listed some recommendations to help reform the child welfare system that would also help mental health issues;

"Appoint experienced professionals with expertise in the foster care arena to serve as dedicated liaisons with the government, the non-profit voluntary child welfare agencies, and other providers responsible for these children and youth, as well as prioritize contracting with providers that utilize a Health Home model of care to promote information sharing, care coordination, and referrals." (nyshealthfoundation Pg, 12) Often times in CWS we see agencies acting alone, and not necessarily working with other agencies and departments. If agencies and departments were able to work more closely together, and form new ideas and strategies, we might be able to fix some of the issues within the system.

Knowledge is power. With all the research, and data that has been collected over the last decades, we should be able to find a solution these institutional issues. There is no legitimate reason why children and youth must suffer because they cannot get access to care. The ability to receive access to care is a right, not a privilege. The government should be making steps to make this process simpler, and less complicated.

“In 2001, the American Academy of Child and Adolescent Psychiatry (AACAP) and the Child Welfare League of America (CWLA) formed a foster care mental health values subcommittee to establish guidelines on improving policy and practices in the various systems that serve foster care children.” (AACAP.org) Continuing education is a great way to ensure that the government, as well as Congress is aware of risks, as well as new ideas to safeguard children.

The well-being and safety of children and youth should be the main priority. The federal government and Congress need to make more efforts to better serve this population. These children and youth were brought into the system, and were forced to endure traumatic circumstances. It is imperative they are treated with the same respect and concern as those children who are not in the system.

To expect a complete transformation of the child welfare system is a stretch. However, the federal government must start somewhere. Children and youth in care deserve to have support far before they are adopted, or become emancipated if they choose to do so. Providing adequate services is a necessity and shouldn't be considered another budgetary complication. Making services available should be a primary goal, made possible by the federal and local

government. CWS is built upon the principles of providing services and protecting youth and children while they're in a transitional period of their lives.

Conclusion

Education, mental health, as well as emancipation are largely affected by the adequacy of services provided to youth and children in foster care. Each of these elements is essential to the progress and well being of one's childhood. If not addressed appropriately these areas have the potential to be detrimental over an extensive period of time. Life beyond foster care can be difficult for many. Some children may never get adopted and essentially waste away in the system. While there are some programs in place for you to receive additional services, not everyone is able to take advantage of those options.

The analysis of education for youth and children in foster care revealed that the state of ones mental health largely affects children in a classroom setting. Children are unable to focus, and some begin to engage in unwanted behaviors. Untreated mental and behavioral health issues aid in the lack of educational attainment for many.

Emancipation, and independently living is a reality for many. Unfortunately the current structure in place doesn't provide enough services for those who take that route. Youth become emancipated and are forced to deal with mental health concerns on their own. Not all children who leave care have the knowledge and basic living skills to properly care for themselves. Youth who become emancipated should be focusing on completing school, and strengthening their social skills among many others things. The stresses of affording and obtaining supplemental services for health care shouldn't be an area of concern.

Effective programs and services are essential to the well being of youth and children in foster care. While there are some programs in place for youth to receive additional services, not everyone is able to take advantage of those options. Some youth have such an extensive criminal history by the age 18, that they have no chance of getting a decent job in the workforce. It's essential that there be early on intervention and detection of one's mental health concerns. Proactive planning can help protect and safeguard children's behavior and needs as they grow into young adults. Preventative measures will help ensure quality care to youth and children. CWS should provide a safety net for these children, and give them a sense of stability until they are able to find a permanent home, or become emancipated on their own terms.

Money plays an instrumental role in the effectiveness of CWS. We have seen how it can negatively affect programs and services. The common denominator in issues related to the foster care system is that there isn't enough money to adequately treat youth and children. Education, mental health, and emancipation have suffered due to the lack of funding available. In simple terms, we as a society must be willing to put money and other resources where it is needed to serve these children that society has either forgotten or wishes to forget. These kids and adults deserve our help and our neglect reflects a serious weakness in our society.

The foster care system in the United States is in need of serious reform. While the stakes are at an extreme high, children and youth are a low priority. This is devastating; these kids are put in vulnerable situations, with no knowledge of what their futures may hold. It's clear that the odds are not great for those that are in care. There are talks about change, and what the government is capable of doing, or what they cannot provide. We need to take a step back and think about the children and their best interests.

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