Sub-strategy 1d: High-quality mental health services

This snapshot accompanies Child Trends' <u>2022 Evaluation Report</u> for the Conrad N. Hilton Foundation's <u>Foster Youth Initiative</u>. It highlights a sample of the Foundation's grantees' efforts, key data points, and ongoing barriers to connecting foster youth in Los Angeles (LA) and New York City (NYC) to high quality mental health services. Snapshots are available for each of the Initiative's sub-strategies focused on foster youth and caregivers.

Los Angeles

Highlights



In January 2022, the implementation of California Advancing and Innovating Medi-Cal (CalAIM) changed the definition of medical necessity to remove the requirement of a diagnosis to receive specialty mental health services for certain populations, including youth in care under age 21, youth under 21 who were in care within the past 12 months, and former foster youth who were in care on or after their 18th birthday until age 26 through Medi-Cal. The National Health Law Program is advising public agencies on implementation of the new policy to improve the access of community-based mental health services by foster youth.



Many grantees provide both traditional and non-traditional mental health services to foster youth and training for clinicians. Examples include Saving Innocence's trainings for clinicians in neurofeedback and somatic therapies (which are non-talk therapies designed to address trauma) and Peace4Kids' Mentor Program which matches young people with an adult mentor to aid in developing conflict resolution skills, improving self-esteem, and honing other skills to promote stability (e.g., stability within relationships with others, placement, and housing).



Established in 2020, the LA County Board of Supervisors' Youth Commission elevates youth perspectives, concerns, feedback, and recommendations. The Youth Commission has collaborated with the LA County Department of Mental Health to help develop programming and to conduct a mental health survey to gather youth feedback on available programs and potential areas for improvement.



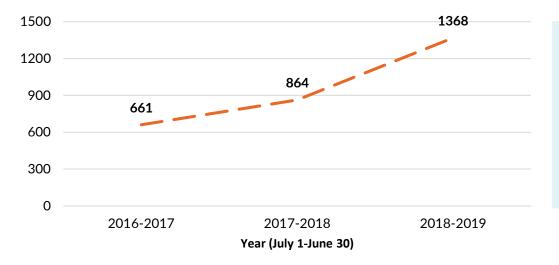
The Los Angeles County Department of Arts and Culture's trauma-informed arts education curriculum for foster youth, Creative Wellbeing, is specifically targeted toward youth of color and LGBTQ+ youth. The model contains non-traditional, culturally relevant, and healing-centered strategies to support the positive development and social-emotional learning of young people impacted by trauma.



Peace4Kids conducted a research study examining the negative portrayal of foster youth in media and subsequent biases. Findings were published and will also inform their training curriculum for mental healthcare professionals, public educators, and social workers.



Figure 1. Number of youth in foster care ages 16 and older who received a mental health referral, Los Angeles, 2016-2019



Professionals serving foster youth in LA continue to refer more young people to mental health services each year. This data source does not include information on youths' needs or service receipt.

Source: California Department Social Services' Continuum of Care Reform Dashboardii,iii

Barriers

Young people who responded to a survey administered by LA County Department of Mental Health and LA County Youth Commission and grantees, alike, reported that stigma (e.g., judgement by others associated with accessing mental health services, experiencing commercial sexual exploitation) continues to be an obstacle for foster youth in LA, making it difficult for young people to feel comfortable confiding in others about their mental health and seeking care. Additionally, grantees and stakeholders report that young people desire more access to alternative mental health therapies, such as Eye Movement Desensitization and Reprocessing (EDMR) therapy and biofeedback. However, lack of available funding prevents the use of these techniques despite their utility in addressing trauma. Unsurprisingly, the COVID-19 pandemic also exacerbated issues like housing costs and lack of social connectedness, contributing to worsened mental health for many foster youth.

New York City

Highlights



In September 2022, more than two dozen New York state lawmakers signed a letter urging the U.S. Senate to pass the Ensuring Medicaid Continuity for Children in Foster Care Act of 2021, which would ensure youth in Qualified Residential Treatment Programs (QRTPs) have access to Medicaid-funded mental health services. As of April 2023, the bill remains in committee.



Many grantees emphasize the importance of increasing foster youths' access to alternative modalities like Eye Movement Desensitization and Reprocessing (EMDR) to treat trauma. The Fund for Public Health New York, ACS, and the Office for Mental Health and Hygiene have been funded to increase access to EMDR by training professionals and providing the treatment to youth in foster care.



Grantees report an increase in the willingness of youth to talk about their mental health and to ask for necessary services, especially among youth of color. They identified social media, public awareness campaigns, youth advisory boards, and increased screening practices as possible contributors to this increase. Additionally, grantees observe that youth hearing their peers openly discuss their mental health needs has allowed those who may have previously been hesitant feel more comfortable discussing their own needs.

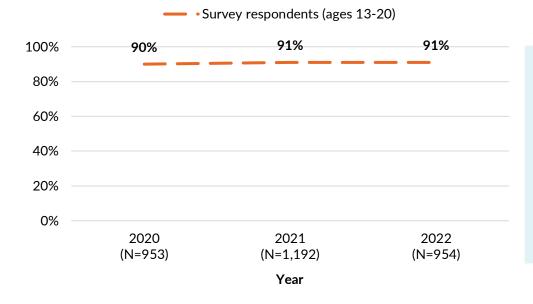


Mt. Sinai Hospital provides integrated health services, including mental health services, to current and former foster youth ages 14-26, with specialized services for LGBTQ+ youth, youth who have experienced commercial sexual exploitation, and expectant and parenting youth. Mt. Sinai Hospital is committed to providing culturally appropriate services and will establish a social media strategy driven by youth to engage youth of color, who comprise the majority of their client population, to spread awareness about available services.



Several service-providing organizations were funded to evaluate their programming, including the Fund for Public Health New York's EMDR pilot program and Children of Bellevue's Improving Mental Health Evaluation pilot program, which places Bellevue Hospital mental health clinicians in an ACS Children's Center to provide mental health assessments and provide consultation to ACS staff.

Figure 2. Percent of youth receiving care for their emotions/mental health (of those needing services), New York City, 2020-2022



Youth in NYC continue to report receiving the care they need for their emotions/mental health, though it is unclear whether the data represents the experiences of all youth in need of mental health services or if it may be skewed by self-selection bias among survey respondents.

Source: NYC Administration for Children's Services' Youth Experience Survey^{v,vi}

Barriers

Grantees and Evaluation Advisory Board members discussed challenges including staffing shortages, high turnover rates, and increased reliance on early career social workers. These workforce issues make it difficult to provide high quality, continuous mental health care for young people in foster care. While the availability of remote mental health services increased access for youth, grantees also shared that the

COVID-19 pandemic and the resultant rise of remote mental health positions pulled more mental health professionals away from in-person service provision.

Additionally, grantees reported that inadequate mental health support can preclude young people from fully benefitting from necessary services in other areas. For example, a young person dealing with untreated or inadequately treated mental health challenges may not be able to maintain housing even when receiving housing supports. Grantees and stakeholders highlighted the importance of access to appropriate mental health services for LGBTQ+ youth in foster care. Grantees also suggested that there are insufficient services for youth with mental health needs that require intensive supports

Survey data quality and availability also pose issues as possible self-selection bias and lack of coordination between data systems present challenges in acquiring accurate and informative mental health data for young people in foster care. Our Evaluation Advisory Board members suggested that qualitative data would be a more meaningful way to assess young people's experiences accessing mental health services.

Endnotes

ⁱ For more information, see California Department of Health Care Services (2022). Medi-Cal's Foster Care Strategies. https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal-Foster-Care-Strategies-11-22-2022.pdf.

ii California Department Social Services. Continuum of Care Reform Dashboard. Data from CWS/CMS. https://www.cdss.ca.gov/inforesources/data-portal/research-and-data/ccr-data-dashboard

[&]quot;i" "The percentage of children and youth ages [16+ years] in a placement episode (foster care) during the selected year-long time period who were issued a referral for mental health assessment during the same time period. The child or youth may not have been in an active out of home placement at the same time as the referral." https://www.cdss.ca.gov/Portals/9/Additional-Resources/Research-and-Data/CWSAS/CCR Methodology_Related_Services.pdf.

iv Reisman, N. (2022). New York lawmakers urge federal help for foster youth. *Spectrum News*. https://spectrumlocalnews.com/nys/central-ny/ny-state-of-politics/2022/09/09/new-york-lawmakers-urge-federal-help-for-foster-care-youth.

VNYC Administration for Children's Services' Foster Care Youth Experience Survey (FY 2020-FY 2022). https://www.nyc.gov/site/acs/about/FosterCareYouthExperienceSurvey.page.

vi Among youth in 24-hour foster care for at least 90 days between ages 13-20 who responded to NYC Administration for Children's Services' Foster Care Youth Experience Survey in the specified year and reported receiving the healthcare they need for their emotions/mental health. ACS is required to invite all eligible youth to participate in this survey.