BEYOND FOSTER CARE

NEEDS FOR SERVICES BEYOND THE AGE OF 21

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IN PARTNERSHIP WITH

UCLA

BEYOND FOSTER CARE

Educate | Advocate | Empower

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WELCOME LETTER

COMBINING DATA AND NARRATIVE IS A CRUCIAL STEP IN STRENGTHENING POLICIES THAT AIM TO IMPROVE THE LIVES OF THOSE WHO HAVE EXPERIENCED FOSTER CARE.

Beyond Foster Care at Journey House has embarked on a mission to share and uplift those who have experienced foster care in California. We believe that highlighting the experiences of those who have experienced foster care will raise awareness, increase empathy, inspire advocacy, build community, and empower those who have experienced foster care by giving them a platform to share their stories. We also believe that validating testimonies from those who have experienced foster care with data is an important step toward creating change. Combining data and narrative is a crucial step in strengthening policies that aim to improve the lives of those who have experienced foster care. This is a personal endeavor for our team, many of whom have experienced foster care themselves. Some are young and in school, while others are just beginning their careers–all could still benefit from support services.

In 2017, our team took the initiative to gather information and research the experiences of those who have experienced foster care in California. At the time, there was little information that centered those who have experienced foster care and who are beyond the age of 21. In response, we selected to survey those who have experienced foster care and are now between the ages of 22 and 35. The age range 22-35 is of particular importance because 21 is the "cut off" age for most transition-aged youth (TAY) support services. Our team also recognized that 21 was often too soon for young adults who have experienced foster care to be on their own. In light of a 2010 study by Richard A. Settersten Jr. and Barbara Ray that found young adults were staying at home well beyond the age of 21 (up to 12% still lived with a parent at age 40),[1] the team felt it was important to add to the little research that has been done on those who have experienced foster care between the ages of 22 and 35 years old. We believe that this data will help inform policy, practices, and self-sufficiency expectations for the foster youth community that is beyond transition-aged youth support services ("TAY+").

While we compiled information on the TAY+ population, and worked to understand emerging trends from the data, the Covid-19 pandemic impacted our ability to engage in this important work. Our team moved on to other internships, graduated and/or started careers, and some even started families. Thanks to the generous support from the Anthony and Jeanne Pritzker Family Foundation, the Pritzker Foster Care Initiative, and Omaze, we were able to contract Castillo Consulting Partners (CCP) to revitalize this work and ensure the publication of this report. CCP's connection to the foster care community, their practice of hiring staff with lived experience, and their expertise in participatory and emancipatory action research aligned perfectly with the intent and methods of our work.

This report is a first step in improving the lives of vulnerable communities during a time of profound transition. It is our hope that this report will serve as a valuable resource for policy makers, service providers, and the broader community in understanding the needs of those who have experienced foster care. Our goal is that this report will inspire action to improve support systems and resources for TAY and TAY+ individuals to help ensure they can achieve their full potential.

1 https://pubmed.ncbi.nlm.nih.gov/20364620/

GLOSSARY

FOSTER CARE

"Foster care (also known as out-of-home care) is a temporary service provided by states for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living."

Source: childwelfare.gov

TAY+

Transition age youth +, or "TAY+" refers to individuals or populations that have aged-out or who are otherwise no longer eligible for TAY support services. TAY+ include young adults 22 and older (in some cases 25 and older, depending on the age at which services are no longer available), and are also referred to as "beyond foster care" in this report.

Source: Journey House

TAY

Transition age youth, or "TAY" refers to youth ages 18 - 21, and in some cases 18 - 24 (depending on program age limits), who are receiving services as they transition out of foster care during from adolescence to adulthood. "Whether they are called "youth in transition," "transition age youth," "youth aging out" or other terms, youth in this age group experience a number of challenges on their path to a successful adulthood. A particular challenge for federal programs is support for youth transitioning out of foster care or juvenile detention facilities, youth who have run away from home or dropped out of school, and youth with disabilities"

Source: Youth.gov

ILP

ILP stands for "independent living program." "The ILP provides training, services, and benefits to assist current and former foster youth in achieving self-sufficiency prior to, and after leaving, the foster care system. In California, each county has the flexibility to design services to meet a wide range of individual needs and circumstances, and to coordinate services with other Federal and State agencies engaged in similar activities."

Source: CA Dept of Social Services

PROBATION YOUTH OR JUVENILE PROBATION

"Juvenile probation — also known as youth probation — is a court-imposed intervention during which young people remain at home under the supervision of a juvenile probation officer. While on probation, young people are typically required to adhere to rules and conditions included in their probation orders, such as curfews, random searches and prohibitions on who they may associate with, and to check in regularly with their probation officers, participate in mandatory meetings, perform community service or pay restitution."

Source: The Annie E. Casey Foundation

DUAL STATUS

Refers to individuals or populations that have come into contact with the child welfare and probation systems, and have thus experienced both foster care or out-of-home placement, as well as juvenile probation.

Source: CA Courts, the Judicial Branch of California

EXECUTIVE SUMMARY

At any given moment, there are over 400,000 youth in foster care in the United States. California has a lion's share of foster youth, with roughly 60,000 children in care. Approximately 4,000 of these young people age out of foster care each year.

Given their experiences with trauma and the difficulties children face when they are raised in foster care, the needs of youth who age out of care are particularly complex – there is no silver bullet solution. Success in the transition to adulthood is a delicate process; the process is plagued with opportunities for failure – resources and support are needed.

"The Beyond Foster Care: Needs for Services Beyond the Age of 21" study origins are rooted at Journey House (JH), a non-profit organization that has supported former foster and probation youth for 40 years. In 2015, Journey House launched the Beyond Foster Care (BFC) advocacy program with the goals of expanding and creating resources to support foster and probation youth beyond the age of 21.

The program goals and objectives were codesigned by 50 Journey House members who all shared their lived, academic, and professional experiences which grounds BFC's work.
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This Beyond Foster Care study was a direct result of BFC's larger vision to empower its community members to use their lived experiences as a tool to drive social change and community transformation." From co-designing and administering a survey to gather insights from 435 youth beyond foster care, to analyzing the survey data and drafting this report, each aspect of this study was envisioned, led and brought to life by individuals with lived experience and expertise in the foster care system.

SUCCESS IN THE TRANSITION TO ADULTHOOD IS A DELICATE PROCESS; THE PROCESS IS PLAGUED WITH OPPORTUNITIES FOR FAILURE – RESOURCES AND SUPPORT ARE NEEDED.

After several years of collecting data, and a few hiccups along the way (hello COVID 19 and a three year global pandemic!), here's what we've learned:

- The impacts of systemic inflicted trauma do not magically disappear when a young person ages out of the foster care system. That trauma transitions with them and can continue to act as a barrier to their ability to thrive.

- Youth rely on information from the adults around them to understand and take advantage of the resources available to them. They don't know what they don't know, and without guidance, they miss out on critical information, resources, services and support that could prevent them from challenges facing many transition age youth.

- Youth who have transitioned out of foster care desire and deserve ongoing medical and mental health services, education resources, employment assistance and housing stability.

- With the right resources, services and support system in place, youth can overcome any barrier and excel. Without the right resources, services and support, they will struggle.

Despite the obstacles they face, many transition age youth and youth beyond foster care find ways to leverage existing resources in a complicated system to meet their basic needs and survive. These young people are resilient because they have to be, not because they want to be. They deserve our ongoing support so they can thrive.

TRANSITION AGE YOUTH OVERVIEW

The population surveyed in this report are those that are beyond transition-aged youth (TAY+). Transition-aged youth (TAY) in the context of this report refers to young people who are in the process of transitioning from the foster care system to adulthood. In California, a TAY is between the ages of 16 and 21, although some programs define a TAY up to the age of 24. Generally speaking, the term TAY is adopted by most social service professions, fields of study, social work curriculum, non-profits, government agencies, and philanthropic groups that support programs that seek to improve the life outcomes of youth. This term is the foundation of a framework that determines the distribution of a wide range of resources, including but not limited to education, mental health, housing, transportation, medical support, employment, and food.

TAY face unique challenges as they move from the foster care system to independence, including securing stable housing, accessing education and employment opportunities, and building supportive relationships. They may also struggle with issues related to their foster care experiences, such as trauma and loss, as they navigate this transition.

The California foster care system provides support and services to help transition-aged youth successfully make the transition to adulthood, including education, employment services, financial support, and Independent Living Programs (ILP).

In California, Independent Living Program (ILP) eligible youth refers to an individual who is eligible to receive ILP funding and services due to being in an out of home placement at age 16. The ILP program is designed to help TAY become self-sufficient and successful as they transition into adulthood, though those who were probation youth may also be eligible (ILP eligible probation youth). The program provides services such as education and job training, housing assistance, and life skills development to support youth in achieving their goals and becoming independent. Eligibility for the ILP program may be based on various factors, including age.

Some youth who have experienced foster care may have also had experiences with the juvenile justice system, which can further compound the challenges they face as they transition to adulthood. The intersection of foster care and the juvenile justice system can create significant barriers to education, employment, and housing opportunities, making it even more difficult for these young people to achieve stability and self-sufficiency. It is crucial to address these barriers and provide targeted support and resources to help those who have experiences in multiple systems overcome these challenges and successfully transition to adulthood. Along these lines, for this study, the researchers differentiated ILP eligible probation youth from dual status youth. ILP eligible probation youth are those who were in out of home placement through the probation system at 16 thus became eligible for ILP services. Dual status youth are those who simultaneously had a social worker through the Department of Children & Family Services (or the equivalent child protective services office in their region) and a probation officer through the Probation Department.

By highlighting the experiences of TAY+ in this report, we hope to bring attention to the issues they face and inspire efforts to improve outcomes.

METHODOLOGY

RESEARCH OVERVIEW

The original intention of the Beyond Foster Care: Needs for Services Beyond the Age of 21 Survey was threefold:

1 We sought to shift the power of knowledge production in social work from scholars with no lived experience to members of the community who have been directly impacted by the foster care system.

2 We intended to collect data through a community-centered approach, which meant prioritizing the voices and honoring the expertise of individuals with lived experience to inform policy making, as opposed to extracting data for potentially inaccessible journal publications that would have little to no impact on the population about whom the data was collected.

3 We aimed to utilize the data to improve the life outcomes of those who are transitioning out of foster care. These intentions were specific to those TAY+ individuals who are between the ages of 22-35 years old.

This study is a community-centered, participatory action research project that sought to offer an alternative to traditional research models by repositioning the subjects of the study as the lead researchers. Principal investigators, research study designers, outreach and support teams, consultants, advisors, and interns were all people with direct lived experiences in foster care and/or the juvenile justice system. This repositioning of the subjects as the engineers serves as a model that puts into action the theoretical framework of diversity, equity, and inclusion.

This model departs from the traditional norms of academia driven research as a legitimizing process of knowledge production in the examination of the life conditions of poor people of color. Our report aligns itself with current efforts to empower the self-determination of broader communities not present in academia where knowledge production has existed almost exclusively. By doing so, we incorporate an authentic community engagement process that will ensure that the questions explored by this report carry a process of legitimacy that is grounded in community at every step. Furthermore, the depth of community engagement represents the intention to generate community-driven data that will inform child welfare and juvenile justice policy making processes. In doing so, the report offers data for the broader social work field to consider in practice and policy relating to the distribution of resources.

This study followed official research guidelines, protocols, training, and procedures through the Institutional Review Board process of the University of California, Los Angeles (UCLA). Journey House partnered with Professor Laura Abrams, PhD. Chair of Social Welfare, Luskin School of Public Affairs in order to ensure the ethical considerations of the surveyed population.

RESEARCH QUESTIONS

This study considered several research questions, including:

1 What facilitates or inhibits educational achievement for TAY?

2 What role does housing stability play, if any, in educational and vocational attainment?

3 What types of social supports do those who have experienced foster care rely on for assistance in education, vocational, or other life domains?

4 Is there a need to extend ILP eligibility criteria to individuals who were in out of home care before the age of 16?

5 Is there a need to extend ILP receipt of support and services beyond the age of 21?

6 Is there a need to extend ILP eligibility criteria to include others who are currently ineligible for ILP support and services?

FINDINGS

One of the goals of this data collection process was to understand who TAY+ are across the state. Demographic survey questions provided insight into the profiles of young adults who have transitioned beyond foster care. Here is what we learned about TAY+ from our 435 survey respondents:

DEMOGRAPHICS

RACE/ETHNICITY, SEX, AGE, LOCATION

4%
ASIAN OR PACIFIC ISLANDER

9%
BIRACIAL OR MULTICULTURAL

33%
HISPANIC

24%
WHITE

25%
BLACK OR AFRICAN AMERICAN
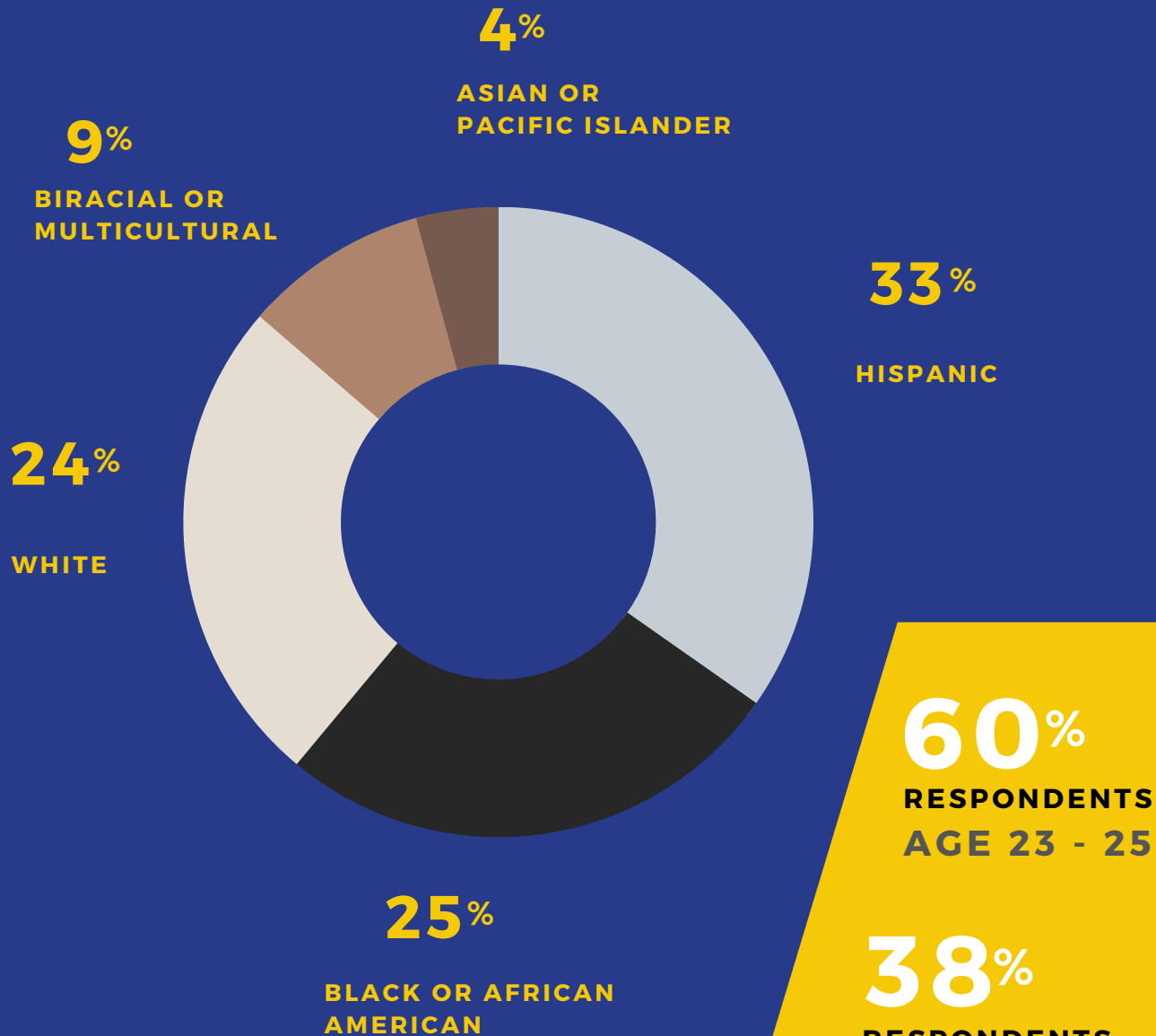
60%
RESPONDENTS
AGE 23 - 25

38%
RESPONDENTS
26 OR OLDER

NO RESPONDENTS WERE OLDER THAN 32

JH

13

SEX, AGE, LOCATION

FEMALE **67%** **MALE** **33%**

CALIFORNIA
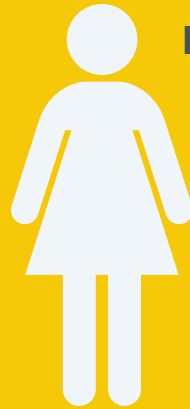
We received responses from TAY+ who are currently located in 25 counties and 123 cities in California.

According to data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect and shared by the Annie E. Casey Foundation, approximately 52% of those in foster care in the US are male (2017), while 48% are female.[2] Thus, this study provides a deeper examination of the female TAY+ population. Future research should also include transgender and gender nonconforming youth who are often overrepresented in the foster care system.

SAN BERNARDINO COUNTY **3%**

RIVERSIDE COUNTY **4%**

SAN DIEGO COUNTY **6%**

ORANGE COUNTY **7%**

LOS ANGELES COUNTY

51% of the respondents were located in Los Angeles County at the time of this survey.

2 https://datacenter.kidscount.org/data/tables/6245-children-in-foster-care-by-gender#detailed/1/any/false/574,1729,37,871,870,573,869,36,868,867/14,15,112/12990,12991

SYSTEM DEMOGRAPHICS

Another goal of the survey was to understand the experiences of TAY+ while they were in the system. How old were they when they came into contact with the foster care system? How many placements did they have while in care? When and how did they exit the system? Here is what survey participants told us:

AGE UPON ENTRY

13 - 18 YEARS OLD	
11-13 YEARS OLD	
5-10 YEARS OLD	
0-4 YEARS OLD	

0%   10%   20%   30%   40%   50%
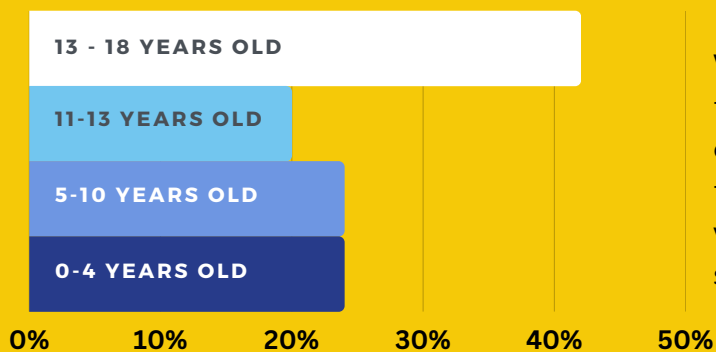
When disaggregated, we find that the age with the highest frequency of responses is 15 years old when they first entered care in California, with about 14% of all those surveyed selecting this option.

There was a minimum of 0* and a maximum of 46 placements while in foster care. The average number while in the California foster care system. While the most commonly occurring number of placements for survey respondents was 2, it was concerning to learn that

62% OF RESPONDENTS EXPERIENCED MORE THAN 3 PLACEMENTS DURING THEIR TIME IN CARE.

TYPES OF PLACEMENTS

There are several types of placements that youth might encounter while in care, these include: Foster Home, Kinship Care, Group Home, Placement Facility, Medical Facility, Non-Related Guardian, ICE, or other. Survey respondents had a minimum of about 2 types of placements, usually foster home and either placement facility or kinship care. The maximum number of placement types indicated by a respondent was 6.

FOSTER HOME **71**% respondents were placed in a foster home at least once while in care in California.

PLACEMENT FACILITY **47**% of respondents were placed in a placement facility at least once during their time in foster care.

KINSHIP CARE **41**% were in kinship care at least once while in care in California.

GROUP HOME **25**% were in a group home for one or more of their total placements, and 7% were in a medical facility.

ICE **4**% of respondents shared that they were housed in ICE or another placement type at least once while in care.

DETENTION CENTER **12**% were placed in a detention facility, such as juvenile hall, without having been charged with a crime while they awaited care placement.

In some cases, foster youth may be temporarily housed in a detention facility while they wait for a placement in a foster care program. This can happen even if they have not been charged with a crime. The wait for a foster care placement can be a stressful and uncertain time for foster youth. It is important for policymakers and advocates to work to ensure that these youth have access to appropriate, safe, and supportive environments during this time.

*Note: The reason why a respondent may select 0 placements is because they may have been placed in what is known as "kinship care." Kinship care in California refers to the arrangement where a relative or close family friend of a child who is unable to remain with their parents, provides the child with a safe and nurturing home. In California, when a child is removed from their parents' care, the state will first attempt to place the child with a relative or a close family friend, rather than in a foster home. Kinship care can provide a sense of stability and continuity for the child and can be a more supportive and culturally appropriate option compared to placement in a non-related foster home. The state provides financial and other support to kinship caregivers to help meet the needs of the child in their care. Due to the familiarity of living with a relative, some youth in kinship care do not consider living with a family member or close family friend as a placement.

CASE CLOSURE

Over half (53%) of respondents aged out of care, while 20% emancipated. Approximately 12% of respondents' cases were closed because they were reunified with their pre-care family or guardians, while 4% went into relative care, and 6% were adopted.

Emancipation from foster care refers to the process by which youth who have been in the foster care system attain legal independence before reaching the age of majority (usually 18 years old). It is a legal action that severs the responsibility of the state or the foster parents to provide care and support to the youth and transfers it to the youth themselves. Emancipation typically involves a court process and may require the youth to demonstrate that they are capable of managing their own affairs, such as finding housing and employment, and taking care of their physical and emotional needs.

Once a youth is emancipated, they are no longer considered a "ward of the state" and are free to make their own decisions about their future. With 53% of youth aging out of care, and 20% emancipating, these data from the Beyond Foster Care survey indicate that nearly 75% of youth exited the system with no family or support system in place to help them transition into adulthood and navigate life beyond their time in foster care.

Having a clearer picture of who the TAY+ survey respondents are (based on self-reported demographic data), when they entered the system, what their placement experiences were and how their cases closed provided foundational information that led into our next set of questions, which pertained to the type of resources and support the youth had while in the foster care system. The research team leveraged insights from existing data about foster youth, along with their personal lived experiences in the foster care system, to design survey questions that would yield insights regarding TAY+ experiences with and access to:

- **MEDICAL TREATMENT AND PRESCRIPTIONS**

- **MENTAL HEALTH RESOURCES AND SUPPORT TO ADDRESS AND HEAL FROM TRAUMA**

- **EDUCATION**

- **HOUSING**

- **EMPLOYMENT**

Analysis in this section highlights key findings related to the above topics and provides insight into the experiences that TAY+ had while in care.

MEDICAL TREATMENT

For the purposes of this study, researchers focused medical treatment questions on TAY+ experiences with and exposure to psychotropic medications during their time in foster care.[3][4][5]

BACKGROUND

The over-prescription of psychotropic medications to foster youth in the United States is a significant issue that has received increasing attention in recent years. Psychotropic medications are commonly used to treat mental health conditions, but they can have serious side effects, particularly in children and young adults. The use of these drugs in the foster care system has come under scrutiny due to the high rates at which they are prescribed to children in care.

3 www.childrensdefense.org/child-watch-columns/health/2015/overmedicating-children-in-foster-care/
4 www.npr.org/sections/health-shots/2011/12/01/143017520/foster-kids-even-infants-more-likely-to-be-given-psychotropic-drugs
5 www.govinfo.gov/content/pkg/CHRG-113hhrg94399/html/CHRG-113hhrg94399.htm

Foster youth and those who have experienced the foster care system are a vulnerable population, with high rates of trauma and mental health challenges often spurred or exacerbated by the trauma associated with being removed from family and placed in the foster care system. Unfortunately, many of these children are being prescribed psychotropic drugs without adequate oversight or proper evaluation. In some cases, foster youth are being prescribed multiple medications, which can compound the risks of adverse side effects.

Research has shown that foster youth are three to four times more likely to be prescribed psychotropic medications than their peers outside of the foster care system.[6] This disparity is particularly concerning because foster youth are also more likely to experience negative side effects from these drugs, including weight gain, sleep disturbance, and other physical and mental health issues.

The over-prescription of psychotropic medications to foster youth is a complex issue that can continue to impact those who have experienced foster care. There is a need for increased oversight, better training for caregivers and mental health providers, and more resources to support the mental health needs of foster youth while in care, as well as beyond foster care.

43%

OF RESPONDENTS

WERE ENCOURAGED TO TAKE PSYCHOTROPIC MEDICATION(S)

OF THOSE WHO WERE PRESCRIBED PSYCHOTROPIC MEDICATIONS:

36% HISPANICS

24% WHITE

23% BLACK OR AFRICAN AMERICAN

10% BIRACIAL OR MULTIRACIAL

66%   **33%**

ENCOURAGEMENT & PRESCRIPTION

Given the prevalence of the prescription of psychotropic medication among foster youth, it came as no surprise to the researchers that approximately 43% of those surveyed have been encouraged to take psychotropic medication(s) while in care. Furthermore, about 28% of survey respondents were successfully prescribed at least one psychotropic medication while in care.

Of those respondents that were prescribed psychotropic medications while in care in California, 36% are Hispanic, 24% are White, 23% are Black or African American, and 10% are Biracial or Multiracial. Furthermore, two-thirds (66%) of those respondents that were prescribed psychotropic medications while in care are female, and one-third (33%) are male.

6 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8404191/

MENTAL HEALTH

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop in response to a traumatic event. While PTSD was initially linked exclusively to individuals who experienced war, new research indicates that PTSD and complex PTSD (the ongoing experience of traumatic stress because the stressors and harm causing the trauma have not stopped[7]) impact a variety of people, including foster youth. Being removed from home and placed in the foster care system is in and of itself a traumatic experience. In addition to the initial trauma of being separated from your family and being placed in foster care, many youth experience other traumas while in the foster care system, such as abuse, neglect, or loss of their birth family and familiar community, among others. These experiences can contribute to the development of complex PTSD and long-lasting emotional and psychological difficulties.

BACKGROUND

Studies have found that those who have experienced foster care are at higher risk for developing PTSD or complex PTSD than their non-foster youth peers, with some reporting a rate that is 5 times higher than youth that have not experienced foster care.[89] A large percentage of those who have experienced foster care report experiencing traumatic events, such as physical or sexual abuse, which can increase the likelihood of developing PTSD. In addition, the instability and lack of permanence in the foster care system can also contribute to trauma symptoms and increase the risk of PTSD or complex PTSD.

PTSD has been found to have a profound impact on a person's life; it can interfere with their ability to form healthy relationships, maintain employment, and achieve stability. For those who have experienced foster care, the symptoms of PTSD or complex PTSD can compound existing challenges and difficulties, such as poverty, lack of support, and difficulties in accessing healthcare.

7 https://cptsdfoundation.org/what-is-complex-post-traumatic-stress-disorder-cptsd/
8 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4114143/
9 https://www.ncsl.org/human-services/mental-health-and-foster-care#:~:text=Of%20particular%20note%2C%20considering%20the,than%20the%20general%20adult%20population.

TAY+ WHO ENTERED THE FOSTER CARE SYSTEM DURING THEIR TEEN YEARS WERE MORE LIKELY TO BE DIAGNOSED WITH PTSD THAN THEIR PEERS WHO ENTERED CARE AT AN EARLIER AGE.

PTSD PREVALENCE

27% of our survey respondents reported being diagnosed with PTSD since they exited from care in California. TAY+ who entered the foster care system during their teen years were more likely to be diagnosed with PTSD than their peers who entered care at an earlier age. 7% of those who were diagnosed with PTSD entered care before the age of 1 and 5% were below the age of 13 when they entered care. The remaining individuals who were diagnosed with PTSD (15%) were between the ages of 13 and 17 when they entered care.

Teenagers are at a developmental stage where they are still forming their identity and sense of self. The disruptions and trauma they experience in their teenage years can impact their sense of self-worth, their relationships with others, and their outlook toward their future. This can make young people in this age group more vulnerable to developing PTSD and other mental health concerns. The lack of control, security, and support in their lives can contribute to feelings of helplessness and fear, which are hallmarks of PTSD.

When examining race/ethnicity, we find that 19% of Black or African American respondents, 19% of Hispanic respondents, and 19% of White respondents have been diagnosed with PTSD since exiting care in California. This number nearly doubles for biracial or multiracial respondents, with 39% being diagnosed with PTSD after exiting care.

Overall, the combination of past trauma, ongoing stress, and developmental challenges faced by those who enter foster care, especially during their teenage years, can increase their risk of developing PTSD. It is important for those who have experienced foster care to have access to mental health services and resources that can help them address the trauma they have experienced and support their recovery from PTSD. This may involve individual therapy, group therapy, and/or medication management. Addressing the long-lasting effects of trauma is a critical component of supporting the well-being and success of those who have experienced foster care as they continue their transition into adulthood.

RESOURCES & SUPPORT BEYOND FOSTER CARE

Existing data regarding transition age youth tend to pose a bleak picture of concerning and undesirable outcomes. Research indicates that transition age youth are more likely to experience homelessness,[10] have more interactions with the carceral system,[11] and struggle with completing higher education and securing employment,[12] among other challenges, compared with their peers. Because youth in foster care often have their familial relationships severed through the system, when they age out of or emancipate from foster care, these youth and young adults often lack the natural support networks and community that would have served as their safety net into adulthood had they not been placed in foster care. Moreover, the services that they have come to rely on through the foster care system are cut off due to age restrictions, thereby leaving these young people to transition on their own.

Considering the disparate outcomes of TAY, our research team sought to gain insight into the experiences and outcomes of these transition age youth when they age out beyond foster care.

- **WHAT RESOURCES AND SERVICES, IF ANY, DO TAY+ RECEIVE AND NEED WHEN THEY EXIT THE FOSTER CARE SYSTEM?**

- **WHAT CHALLENGES, BARRIERS OR OBSTACLES, IF ANY, DO THEY FACE DURING THEIR TRANSITION FROM FOSTER CARE TO INDEPENDENCE?**

- **WHERE DO TAY+ SEEK SUPPORT? WHO DO THEY TALK TO? WHERE DO THEY SEEK GUIDANCE?**

Our team sought to answer these questions and more with a focus on the following topics:

- **MEDICAL CARE, HEALTH INSURANCE, MENTAL HEALTH AND UNMET MEDICAL NEEDS**

- **EDUCATION ACCESS, EDUCATION LEVEL, CURRENT PURSUITS AND STUDENT HOUSING**

- **HOUSING, LIVING ARRANGEMENTS, HOUSING ASSISTANCE AND HOMELESSNESS**

- **EMPLOYMENT, STATUS, HOURLY PAY, FINANCIAL ASSISTANCE**

10 https://cao.lacity.org/homeless/TRANSITION%20AGE%20YOUTH.pdf
11 https://www.prainc.com/gains-transition-age-youth-in-cj/
12 https://youth.gov/youth-topics/challenges-education-employment-and-military

MEDICAL CARE

BACKGROUND

It is important for TAY+ to have access to medical insurance because it provides them with access to vital health services and treatments, helps them maintain physical and mental health, and improves their overall well-being. Without access to medical insurance, those who have experienced foster care may not be able to afford necessary medical care and treatments, including physical and mental health services, putting their health and well-being at risk. Additionally, lack of access to medical insurance can lead to chronic health conditions going untreated, which can result in further health complications and financial burdens in the future. In short, access to medical insurance is a critical factor in promoting the health and well-being of those who have experienced foster care.

MEDICAL INSURANCE

In California, once a person turns 26 years of age, they are no longer eligible for Medi-Cal coverage under the state's foster care program. This means that many TAY and/or TAY+ who turn 26 lose access to medical insurance, which can be detrimental to their health and well-being. Access to medical insurance helps ensure that TAY+ can receive necessary medical care and treatments without incurring large financial burdens.
77% of survey respondents between 26 and 35 years old have medical insurance, while approximately 21% do not or are not sure if they currently have medical insurance. About 2% of survey respondents between the age of 26 and 35 did not respond to this survey question.
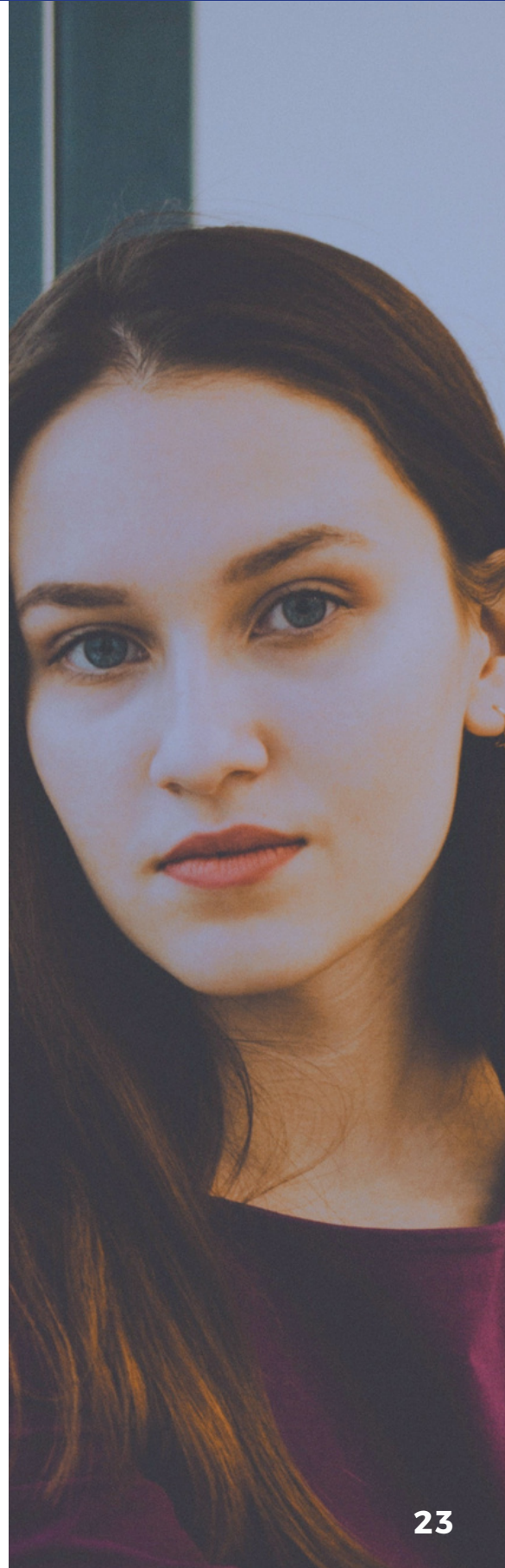
61% OF BEYOND FOSTER CARE SURVEY RESPONDENTS DO NOT OR ARE NOT SURE IF THEY HAVE MENTAL HEALTH INSURANCE/COVERAGE

MENTAL HEALTH INSURANCE

Access to mental health insurance is important for those who have experienced foster care because it provides them with access to mental health services and resources that can help them cope with the traumatic experiences they inevitably faced as a result of being placed in foster care. Without access to mental health insurance, those who have experienced foster care may struggle to pay for necessary mental health treatment, leading to an increased risk for developing or exacerbating mental health issues and other negative health outcomes. Additionally, access to mental health insurance can also help those who have experienced foster care to address and manage any existing mental health conditions they may have, which can be critical to their overall well-being and success in transitioning to adulthood.

61% of Beyond Foster Care survey respondents do not or are not sure if they have mental health insurance/coverage, while about 35% do. Approximately 4% of survey respondents selected to not respond

to this survey question. Lack of access to mental health insurance coverage is a common issue among those who have experienced foster care.[13] This can stem from several factors, including limited access to information, limited support from adults in their lives, and a lack of understanding about the healthcare system in general. Without proper knowledge of their insurance coverage, TAY+ may miss out on necessary and vital mental health treatment, leading to potential negative impacts on their overall health and well-being. In some cases, they may avoid seeking treatment altogether due to fear of the financial burden, potentially exacerbating the issue. It is important that TAY+ are given the necessary information and support to understand and access their mental health insurance coverage to ensure they receive the care they need to thrive in adulthood.

UNMET NEEDS

TAY+ often have limited access to resources and support, which can make it challenging for them to understand and manage their health insurance coverage. They may have experienced multiple changes in their living arrangements, caseworkers, and health care providers, which can result in a lack of continuity of care and information. Additionally, they may have had limited opportunities to learn about insurance or financial literacy, and may struggle to navigate our complex health insurance system. Furthermore, TAY and TAY+ alike may

13 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2629581/

lack family support or stable relationships that could help them understand and access their insurance benefits. All these factors can contribute to TAY+ not knowing their health insurance or mental health insurance status, leaving them vulnerable to health care access and cost barriers.

62% OF THOSE WHO RESPONDED TO THIS QUESTION DO CURRENTLY HAVE A MEDICAL NEED THAT HAS GONE WITHOUT TREATMENT DUE TO LACK OF INSURANCE.

Overall, we find that approximately 85% of survey respondents did not respond to the survey question asking if they have a medical need that has gone without treatment due to lack of insurance. However, we find that 62% of those who responded to this question do currently have a medical need that has gone without treatment due to lack of insurance.

40% of those surveyed elected not to respond to the survey question asking if they currently have a mental health need that has gone without treatment due to lack of insurance. However, we find that about 1/3rd (35%) of those that did respond to this question currently have a mental health need that has gone without treatment due to lack of insurance.

81% OF THOSE WHO RESPONDED TO THIS QUESTION DO FEEL THAT THEY COULD BENEFIT FROM THERAPY OR COUNSELING.

Lastly, about 40% of survey respondents also did not respond to the survey question asking if they could benefit from therapy or counseling. However, we find that 81% of those who responded to this question do feel that they could benefit from therapy or counseling. Additionally, about 45% of those surveyed may not have a supportive individual whom they can reach out to for personal issues (emotional, relational, psychological, etc.). These findings highlight the critical importance of ensuring that TAY+ have access to adequate health and mental health care to meet their unique needs and support their well-being.

45% OF THOSE SURVEYED MAY NOT HAVE A SUPPORTIVE INDIVIDUAL WHOM THEY CAN REACH OUT TO FOR PERSONAL ISSUES (EMOTIONAL, RELATIONAL, PSYCHOLOGICAL, ETC.)

EDUCATION

BACKGROUND

Studies have shown that educational outcomes for those involved in the foster care system are often poorer compared to their peers who have not been in foster care.[14] Research indicates that a significant proportion of those involved in the foster care system struggle to complete high school and pursue higher education.[15] They are also more likely to experience academic difficulties and have lower graduation rates. Additionally, foster youth are overrepresented in special education programs and face challenges with school stability and placement changes.[16] These factors can contribute to lower educational attainment and fewer opportunities for future success and stability.

EDUCATION LEVEL

4% LESS THAN H.S.

9% BACHELOR'S DEGREE

23% ASSOCIATE'S DEGREE

8% CERTIFICATE

5% GED

H.S. DIPLOMA 32%
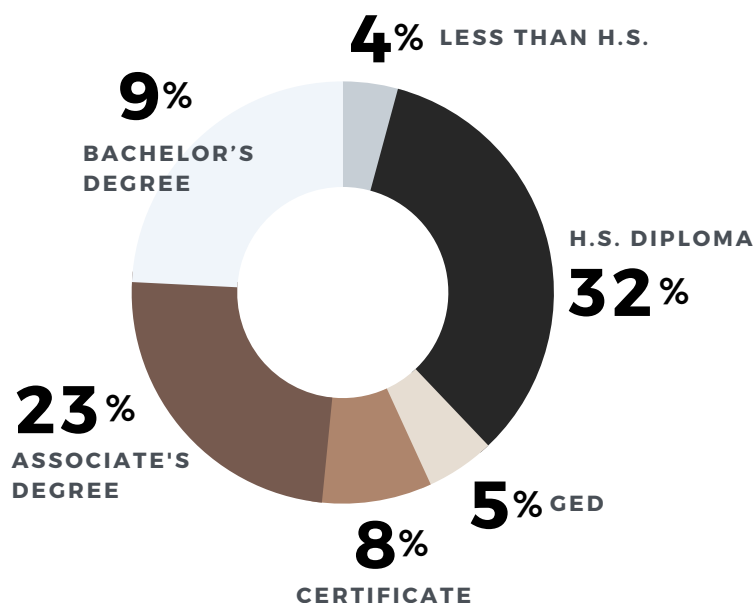
A question about survey respondents' highest level of education revealed that 4% of survey respondents' highest level of education is less than a high school degree, while about 32% of respondents' highest level of education is high school diploma, 5% is a GED, and 8% have acquired a certificate. 23% of respondents' highest level of education is an associate's degree, and a bachelor's degree for another 23%.

In fact, 51% of respondents have either an associate's, bachelor's, or master's degree as their highest level of education. On the other hand, approximately 49% of survey respondents have less than an associates degree as their highest level of education.

14 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7942201/
15 https://nfyi.org/issues/higher-education/
16 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7942201/

The research team recognizes the presence of sampling bias among survey participants with regards to education, as one outreach population included Guardian Scholars (a program that supports foster youth in their pursuit of higher education) at various colleges and universities. Nevertheless, we believe that the higher rate of TAY+ with college degrees might be correlated with the fact that these young adults received support in their higher education pursuits; success that might not have otherwise been achieved without assistance.

55%

OF RESPONDENTS DID NOT KNOW ABOUT ILP ASSISTANCE FOR SCHOOL

CURRENT PURSUITS

About 54% of survey respondents were currently pursuing a degree at the time the survey was administered, compared to about 44% of those who were not. About 2% of respondents selected to not respond to this question. Of those that were actively pursuing a degree on a college campus during the data collection process, about 73% were connected to support programs on their campus, such as EOPS, CARE, CAYFES, and/or Guardian/Resilience Scholars; 27% were not.

Less than half (45%) of survey respondents received ILP assistance while in school, while approximately 52% did not and about 3% selected to not respond to this question. Of those that did not receive help from ILP for school, 55% shared that they did not know about ILP assistance for school. Furthermore, 19% of those that did not receive help from ILP for school shared that they knew about it but did not qualify, while about 9% knew about ILP for school but were unsure if they qualified.

Education is especially important for transition-aged youth as it provides them with the necessary skills, knowledge, and credentials to succeed in their future careers and personal lives as they work to overcome the barriers associated with having been in foster care. Education can help to break the cycle of poverty, unemployment, and limited economic opportunities that many foster youth face when transitioning into adulthood. It provides them with the ability to earn higher wages and have greater job stability, which can lead to increased financial stability and self-sufficiency. Furthermore, education can also enhance personal growth and increase self-esteem, which is critical for a successful transition into adulthood.

48%

EXPERIENCED HOUSING ISSUES WHILE THEY WERE IN SCHOOL

SCHOOL & HOUSING

Housing stability and security is a critical issue for TAY+ pursuing their education. Studies have shown that many of these TAY or TAY+ face numerous barriers to obtaining and maintaining safe and stable housing, including a lack of financial resources, limited access to affordable housing options, and a lack of support from family or community.[17] As a result, many of those who have experienced foster care pursuing education face homelessness or housing insecurity, which can negatively impact their academic performance, physical and mental health, and overall well-being.

We find that 48% of those surveyed have experienced housing issues while they were in school, while 48% did not. About 4% of respondents selected to not respond to this question. This highlights the importance of providing adequate housing support and resources for TAY+ pursuing education to help ensure their success and stability in this critical transition period. Having access to resources and services, such as ILP for school, is invaluable for TAY and TAY+ who are navigating their higher education pursuits with little to no social safety net.

17 https://www.sciencedirect.com/science/article/abs/pii/S0190740917300191

HOUSING

BACKGROUND

Stable housing is a significant challenge for many TAY+ in California. Research has shown that those who have experienced foster care are at a higher risk of homelessness compared to their peers.[18] This is due to various factors such as a lack of familial support, limited financial resources, and difficulty accessing affordable housing options. Additionally, many of those who have experienced foster care have experienced trauma and instability throughout their time in the foster care system, which can impact their ability to maintain stable housing. As a result, TAY+ may face barriers in achieving educational, employment, and personal goals

51%

WERE RENTING SPACE, SUCH AS AN APARTMENT OR ROOM, WITH NO GOVERNMENT OR COUNTY SUPPORT.

LIVING ARRANGEMENT

Overall, about half (51%) of survey respondents shared that they were renting space, such as an apartment or room, with no government or county support. We also found that about 10% were living with friends or family and not paying rent, while 7% were in school-owned housing. 8% of those surveyed were homeless (including couch surfing or living in a car), while about 1% were in a shelter. We find that 4% of those surveyed were in public housing (with or without Section 8 voucher), 9% were in affordable subsidized housing (with or without Section 8 voucher), and about 3% were renting with a Section 8 voucher. Lastly, about 4% of those surveyed were in a Transitional Housing Program (THP), and about 3% own a home.

18   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969135/

46%

WERE STRUGGLING TO PAY RENT

HOUSING ASSISTANCE

Approximately 64% of those surveyed were not informed of any housing services when their case closed, compared to about 36% that report that they were informed of housing services. 67% of those surveyed did not receive personal assistance with their rent (from family, mentors, nonprofit organizations, etc). However, about 1/3rd (32%) of those surveyed shared that they were in need of housing assistance, while 38% were not, and 31% opted not to answer this question. Many of those who shared that they were in need of housing assistance shared that they were in need of financial assistance–that is they may have challenges paying for their basic needs, including their rent. We asked survey participants if they were currently (at the time of survey administration) struggling to pay their rent. Approximately 46% of respondents stated that they were struggling to pay rent, while 31% were not, and 2% intermittently struggled to pay their rent. 21% of those surveyed did not respond to this question.

57%

EXPERIENCED HOMELESSNESS OR HAVE BEEN AT RISK OF HOMELESSNESS SINCE LEAVING CARE

HOMELESSNESS

57% of all respondents have experienced homelessness or have been at risk of homelessness since leaving care, compared to 18% of those that have not experienced or been at risk of homelessness since leaving care. About 25% of respondents selected to not respond to this question. The findings from this survey is in alignment with existing data regarding homelessness among foster youth and further demonstrates that it is crucial for organizations, policymakers, and communities to prioritize the housing needs of TAY+ to ensure their long-term stability and success.

EMPLOYMENT

EMPLOYMENT

Being gainfully employed is critical for the overall well-being and success of TAY+ as they transition into adulthood. Employment is an important factor in achieving independence and self-sufficiency for TAY+. Without a steady source of income, TAY+ may face difficulties in meeting their basic needs such as food, housing, and healthcare. Having a job may also provide a sense of purpose, identity, and fulfillment, as well as help TAY+ in building a positive credit history/score and in saving for the future. Research shows that employed individuals have better mental health outcomes and are less likely to experience poverty and homelessness.[19]

Overall, 70% of those surveyed currently have paid employment, while 30% do not.

HOURLY PAY

The average hourly rate across all those surveyed was $16.01 (2017). The minimum hourly rate was $0.00, the maximum hourly rate reported was $81.73, and the most frequently occurring hourly rate was $15.00. However, about 42% of those surveyed had an hourly rate below $15.00 at the time of survey administration. It should be noted that hourly rate values below $15.00 (which was the state mandated minimum wage rate during the time of survey administration) were determined by converting one's reported annual salary (e.g. $17,000.00) into an hourly rate ($8.50).

EMPLOYMENT OR FINANCIAL ASSISTANCE

Overall, 80% of those surveyed had never received any employment assistance from an Independent Living Program (ILP). Additionally, 46% of those surveyed were currently receiving some form of government assistance, such as Social Security Insurance (SSI), Disability, Unemployment, Calworks cash benefits, Food Stamps, General Relief, Veterans Assistance, or some other form of government assistance. Furthermore, 1/4th (25%) of all those surveyed were currently in need of assistance with employment, while 41% were not, and 34% selected to not respond to the question. About 39% of those that did respond to the question expressed an immediate need for employment assistance.

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19 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7525587/

RECOMMENDATIONS

One of the goals of this data collection process was to understand who TAY+ are across the state. Demographic survey questions provided insight into the profiles of young adults who have Insights from the Beyond Foster Care Survey reinforce what we already know to be true: the TAY population remains at a high risk of experiencing negative life outcomes such as poverty, homelessness, and involvement with the carecal system, even as they become TAY+. As researchers with personal lived experience and expertise in the foster care system, we call on elected leaders and those with decision making power to act urgently to address the challenges facing foster youth, TAY and TAY+ by: beyond foster care. Here is what we learned about TAY+ from our survey respondents:

FOCUSING ON PREVENTION

1 Support children and families by providing them with access to resources and support that prevent children from being detained, separated from their families and placed in foster care in the first place. With about 42% of survey respondents having entered foster care between the ages of 13 and 18, we must ask the question: what is causing so many adolescents to enter foster care at this stage in their lives? What challenges are families facing with youth in their teen years? What kind of resources do they need and how can support be provided to parents and youth to prevent system involvement?

2

DEVISING TRANSITION PLANS WITH WRAPAROUND SUPPORT AND ACCOUNTABILITY

TAY need wraparound services and support to begin long before they age out of the system. Consolidating information about independent living services, medical care and mental health services, educational resources, long-term housing and other services and introducing them to teens in foster care before they reach the age of emancipation or transition, will aid these young people as they prepare to navigate adulthood with a limited support system and safety net. Holding case workers accountable for disseminating the information and tracking the progress of TAY in their caseloads (i.e. Have they enrolled in college if they expressed interest in higher education? Are they connected to Guardian Scholars? Are they connected with a WorkSource Center or other employment assistance program? Have they signed up for ILP for school? Do they have a therapist or group therapy community? Are they receiving their medical benefits? Have they selected and seen a primary care provider? Etc.) will go a long way toward ensuring that TAY (and eventually TAY+) have the tools and connections necessary to achieve stability and ongoing success.

3

PROVIDING ONGOING SUPPORT FOR TAY+ IN NEED

With the recent launch of California's TAY-Hub[20] data regarding the experiences and outcomes of California TAY is becoming increasingly more accessible. Policymakers should leverage research from the TAY-Hub to better understand the unique experiences, needs and challenges facing TAY and TAY+ to develop new programs that provide ongoing support for TAY+ in need. Based on insights from our data collection, we recommend policymakers take these preliminary steps which we believe are critical actions that can be taken toward providing this support:

INCREASE OVERSIGHT OF PSYCHOTROPIC MEDICATION PRESSURE, PRESCRIPTION, AND DEPENDENCE

It is evident that psychotropic medication is overprescribed to TAY, but it is unclear what the long term implications of overprescription are for TAY+ as they move further away from the system. Increasing oversight, ensuring medications are prescribed only when absolutely needed (with the health and safety of youth in mind), and identifying ways to address the root causes of why youth come to be prescribed these medications in the first place will inevitably yield better outcomes for youth.

PROVIDE MORE PTSD SERVICES AND SUPPORTS

PTSD services and supports should be administered immediately upon entry into the foster care system, and continue long beyond the time a young person ages out. New PTSD and complex PTSD programs should be designed for and aimed at supporting TAY+, as the experience of transitioning out of foster care and into adulthood introduces another stressor and potential trauma that these young adults must work to overcome as they navigate a new phase of life on their own.

OFFER MEDICAL HEALTH INSURANCE EDUCATION FOR ALL TAY

TAY should receive robust education about their health insurance options before the age of 26 and after the age of 26 to ensure continuity of care, timely care, as well as reduce the risk of living with an untreated condition or financial uncertainty.

RE-EXAMINE ILP ELIGIBILITY CRITERIA FOR TAY+

It should be made clear who qualifies and who does not qualify for ILP. Consider expanding the qualifications to include older TAY, keeping in mind that providing additional support and resources to TAY+ may help them overcome many of the challenges identified in this report, and increase their chances of achieving stability, independence, and success in adulthood.

INCREASE ACCESS TO LONG-TERM AFFORDABLE HOUSING

We must inform foster youth of housing services before and when their cases close, and provide dedicated housing support, including rental assistance for TAY. Furthermore, consider a housing model that does not leave young adults without a place to live when they age out. The number of TAY+ who previously and/or currently experience homelessness points to an inequity that must be addressed and indicates that the existing model is not meeting the needs of these youth who have been made to rely on the government as their parents from the time they were placed in foster care. Ensuring that youth on the verge of transitioning have access to Section 8, financial literacy and homeownership support (such as programs like the Neighborhood Assistance Corporation of America "NACA"[21]), or some other stable housing option, is pivotal to reducing homelessness among TAY+
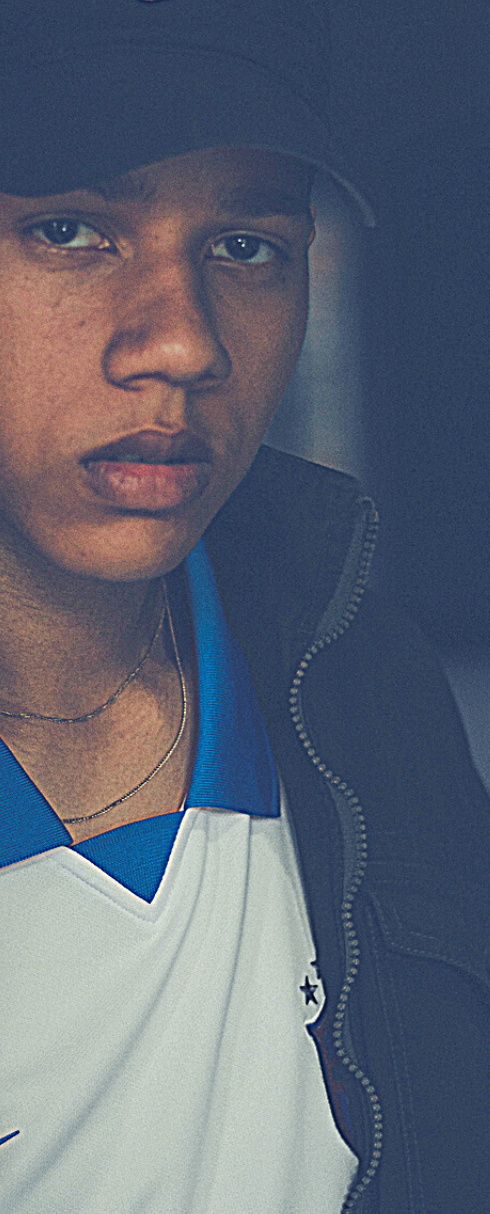
EXPAND ACCESS TO ILP EMPLOYMENT SERVICES

Much of the funding to assist these youth with their transition to adulthood comes from Title IV-E of the Social Security Act, which enables states to provide support and services to alumni of the foster care system until the age of 21 through ILP. Support and services in some domains have been extended such as health care for alumni of the foster care system, which was extended to the age of 26 by the Affordable Care Act of 2010. In California, support and services for housing for alumni of the foster care system has been extended to the age of 24 (Health and Human Services Report). ILP services are restricted to individuals who were in foster care at the age of 16, in guardianship with a relative and receiving services at the age of 16, or in a non-related guardianship; this includes probation youth who had a suitable placement order (i.e. out of home care) at the age of 16. This eligibility criteria for ILP services creates a gap in service accessibility for many who spent a significant amount of time in foster care prior to the age of 16. Furthermore, it excludes many youth who were in different types of out of home care, through a technicality. Insights from this study demonstrates the need for ILP support and services beyond the current age eligibility criteria, which is why we recommend expanding access.

We must inform foster youth of housing services before and when their cases close, and provide dedicated housing support, including rental assistance for TAY. Furthermore, consider a housing model that does not leave young adults without a place to live when they age out. The number of TAY+ who previously and/or currently experience homelessness points to an inequity that must be addressed and indicates that the existing model is not meeting the needs of these youth who have been made to rely on the government as their parents from the time they were placed in foster care. Ensuring that youth on the verge of transitioning have access to Section 8, financial literacy and homeownership support (such as programs like the Neighborhood Assistance Corporation of America "NACA"), or some other stable housing option, is pivotal to reducing homelessness among TAY+

ACKNOWLEDGMENTS

We want to recognize Jesse Aguiar, Director of Beyond Foster Care at Journey House and author of this study. He assembled the research teams, leveraged partnerships, developed study funding, and who's commitment over the last seven years led to the publication of this report.

We also want to give special recognition to the incredible outreach teams who designed thoughtful outreach methods to ensure a robust data collection process across all 58 California counties. Our outreach team utilized a community-centered data collection approach, meaning that those with lived experience in the foster care and probation systems were the ones who mobilized their networks and relationships while leveraging their field knowledge to gather responses to this survey.

It is a particular challenge to collect responses from those who have experienced foster care outside of the standard TAY age range (16-21), as this population may not be eligible for programming and thus may be too old to be connected to a TAY-related program or an agency. Yet, the outreach team was able to lead the community organizing efforts aimed at engaging potential survey respondents and community stakeholders.

We would like to recognize the following individuals for their key role in advancing this work, in no particular order: Quiyona "Yahniie" Bridges, Julio J. Quijada, Yadira De Anda, and David Garduño. These individuals were able to leverage their lived-experiences and institutional expertise to inform the survey distribution and data collection processes.

We would also like to recognize the survey design team, in no particular order: Carmen Noyola, Felicia Reyes, Charity Chandler-Cole, Jessica Chandler, David Garduño, Ms. Robertson, and Mr. Brown. Our survey design team's wealth of knowledge centering those who have experienced foster care and probation populations were key throughout the survey design process.

Lastly, we would like to recognize the following groups and organizations, w which our collaborative outreach efforts would not have been possible. Thes groups and organizations include, in no particular order:

- Alameda Social Services Department
- Alameda ILP Program
- Butte County ILP
- Calaveras County Health and Human Services Agency
- Colusa County ILP
- Independent Living Resources of Solano and Contra Costa Counties
- Contra Costa County Lutheran Social Services
- Del Norte SIP & Transitional Housing
- El Dorado County CPS & ILP Coordinators
- Fresno County CPS & ILP Coordinators
- Glenn County CPS
- Humboldt County Extended Foster Care Supervisors
- Imperial County Extended Foster Care Department
- Inyo County Department of Health and Human Services
- John Burton Advocates for Youth
- Kern County Department of Human Services
- Kings County Human Services Agency
- Kings County ILP & THP
- Lake County Department of Social Services
- Lassen County Child and Family Services Department
- Madera County Department of Social Services
- Marin County Children and Family Services
- Mariposa County Department of Human Services
- Mendocino County Department of Social Services
- Merced County Human Services Agency
- Mono County Department of Social Services
- Monterey County DSES FCS Division
- Napa County Child Protective Services
- Nevada County Foster Youth Services & ILP
- Orange County Transitional Planning Services Program
- Orange County Social Services Agency
- Placer County Children's System of Care
- Placer County Health & Human Services

- Plumas County Department of Social Services
- Riverside County Department of Social Services
- Riverside County ILP
- Sacramento County ILP
- San Benito County Health & Human Services Agency
- San Bernardino County Children & Family Services
- San Diego County, HHSA, Child Welfare Services, Adolescent Services Division
- San Francisco Human Services Agency Family and Children's Division
- San Joaquin County Human Services Agency
- San Luis Obispo County Department of Social Services
- County of San Mateo Human Services Agency
- Santa Barbara Department of Social Services
- Santa Clara County Department of Family & Children's Services
- Santa Clara County ILP
- Santa Cruz Human Services Department, Family and Children's Services Division
- Shasta County California Youth and Family Program
- Sierra County Human Services
- Siskiyou County Human Services Department, Adult and Children Services
- Solano County Health & Social Services
- Solano County ILP
- VOICES Sonoma
- Stanislaus County Community Services Agency
- Stanislaus County ILP
- Sutter County Social Services
- Sutter County Probation Officers
- Tehama County Department of Social Services
- Tehama County ILP
- Trinity County Social Services
- Trinity County Social Service Aides & ILP Coordinators
- Tulare County Child Welfare Services
- Tulare County ILP Supervisors & Coordinators
- Tuolumne County ILP
- Ventura County Human Services Department
- Yolo County Department of Employment & Social Servic
- Yolo County ILP Program Coordinators
- Yuba County Human Services Agency
- Yuba County ILP

APPENDIX

APPENDIX A: ABOUT THE DATA COLLECTION & ANALYSIS

Data Collection
The survey was conducted by Journey House staff and personnel and aimed to gather data on the experiences of TAY+ individuals in California between the ages of 22 and 35. Participants were recruited through mission-relevant organizations or institutions that could assist with survey distribution across all 58 counties in the state. Eligibility criteria included being 22 to 35 years old and having previous experiences with the foster care system or were previously ILP eligible. Participants must also have been able to read in Spanish or English to participate in the survey. The eligibility screening took place at the beginning of the survey and was used to verify if the participants met the eligibility criteria.
The survey was administered online and took an estimated 20 to 35 minutes to complete. Participants were compensated with a $10 eGift card for their time. The survey received over 1,200 initial responses, all of which were reviewed for accuracy and completeness. Responses were verified by comparing answers to certain questions, such as the age of foster care entry, with state and federal laws. The amount of time participants took to complete the survey as well as any signs of automated responses or guesses were also taken into account during the verification process.

Data Analysis
The Beyond Foster Care: Needs for Services Beyond the Age of 21 Survey was analyzed across several quantitative metrics. The participant-level data was examined in Excel, and responses were isolated based on each demographic category to identify emerging trends across survey responses.
The analysis had three main objectives. First, it aimed to describe the participant population and identify aggregate-level findings. Second, demographic-specific trends (such as those associated with gender, age, race, and citizenship) were identified. Lastly, the responses of in-group (TAY+ only) and "dual status" groups (TAY+ and ILP eligible probation youth) were compared to identify any disparities or differences in the experiences, needs, and perceptions of TAY+ throughout their transition into adulthood.

Ethical Considerations
Informed Consent: An informed consent form was shared with all participants of this study to review and confirm before participating.
Confidentiality: During the data analysis phase of this study, all personal identifiable information associated with the respondents were removed. This included the removal of any names and emails. Emails were shared by participants solely for the purposes of distributing compensation for participating in the study. The data were stored on a password-protected Qualtrics account that uses two-factor authentication.

Evaluating Risk: Survey questions, outreach, and study implementation (in person) were all conducted by those who have experienced foster care. This unique feature of the study helped to minimize the risk that those who have experienced foster care may face when interacting with institutions, including academics or research personnel that may not be sensitive to the needs or experiences of those who have experienced foster care, or who may require additional explanation from participants regarding their experiences. Participants were also made aware that participation in the survey as well as responses to survey questions were optional.

Debriefing Participants: Survey participants were debriefed on how their responses were going to be used, reminded of what the purpose of this study was, informed of how they can get in contact with Journey House should they have any questions or concerns regarding their responses, confidentiality, compensation, or the study in general.

Limitations: The limitations of this study include its specificity to beyond transition-aged youth (TAY+) in California, as the survey was distributed solely within the state. This means that there is an opportunity to examine the varied experiences of TAY+ in other states.
We also note that there is an over sampling of college students, likely due to the outreach that was done with Guardian Scholars programs across the state, which we know is not reflective of the broader community of those who have experienced foster care.

Another limit relates to the time that this survey was distributed. The data were collected in 2017, and there may have been new policies implemented since then aimed at improving TAY+ experiences. At present, there is an opportunity to re-survey the TAY+ population in California to determine if/how responses have shifted since 2017.

Furthermore, we aimed to analyze experiences for those between the ages of 22-35 years old, however, responses were collected from those aged 22-32 years old only. Thus, our findings are limited to the age range of 22-32 years old, while potential findings that may be unique to the 33-35 years old TAY+ population remain unknown.

Additionally, the data has an over-representation of female responses, and there may be a need for further data collection on male, trans, and non-binary populations. It is important to understand the experiences of trans or gender non-binary individuals who have experienced foster care because they are often a marginalized population within the foster care system, and may have unique challenges and experiences related to their gender identity. Lack of understanding and cultural competency in addressing their needs can lead to further marginalization, as well as a failure to provide them with the necessary resources and support to successfully transition into adulthood. It is crucial to ensure that all TAY, including those who are trans or gender non-binary, receive equal treatment, support, and opportunities for success.

Finally, while we asked respondents about their citizenship status, the number of foreign-born TAY+ in the survey was not significant enough to make recommendations for this group. Still, it is important to understand the experiences of foreign-born or non-citizen TAY+ in California because their experiences may differ from those of their citizen peers. Foreign-born TAY may face additional challenges related to immigration status, language barriers, and cultural differences. Understanding these experiences and challenges can inform policy and practice to better meet the needs of this population and ensure that they have the support and resources necessary to thrive.

JH Journey House