



HELPING VULNERABLE YOUNG PEOPLE

ENHANCING JUVENILE JUSTICE SYSTEMS INTEGRATION

For the past seven years, CWLA has consistently reported that child maltreatment researchers and practitioners, as well as those in the field of criminal justice, have been increasingly concerned about the long-term negative consequences of child abuse and neglect and the increased likelihood of abused and neglected youth to become involved in the juvenile justice system. Although the evidence does not suggest that any single factor accounts for the development of criminal behavior, experts increasingly recognize the importance of childhood victimization as a risk factor for subsequent delinquency and violence.

The research presented in CWLA's *Understanding Child Maltreatment and Juvenile Delinquency: From Research to Effective Program Practice and Systemic Solutions* provides undeniable evidence that victims of childhood maltreatment are at risk of entering the juvenile justice system and becoming tomorrow's serious and violent offenders. Children who are abused and neglected are not only more likely than other children to commit delinquent acts as adolescents and crimes as adults, but they are also more likely to experience a range of mental health, substance abuse, occupational, and educational deficiencies during adolescence and adulthood.

The fact that maltreatment is not inevitably associated with delinquency legitimizes the necessity for child welfare and juvenile justice systems to work in a coordinated and integrated manner. The overwhelming conclusion from this body of research is that to improve the well-being of our nation's most disadvantaged and traumatized children and youth, and to see sustained reductions in child maltreatment and delinquency, we must improve the coordination and integration of the child welfare and juvenile justice systems.

The Juvenile Justice and Delinquency Prevention Act

The Juvenile Justice and Delinquency Prevention Act (JJDP) is a federal initiative designed to help state and local governments and private nonprofit agencies in supporting and initiating programs that prevent and treat

juvenile delinquency. Many public and private facilities nationwide provide custody and care for children who are wards of juvenile courts, juvenile corrections, or other public or private agencies. These facilities represent a spectrum of residential programs for accused or adjudicated delinquents and status offenders—youths detained for offenses that would not be crimes if they were adults, such as running away or truancy.

Established in 1974, and authorized most recently in 2002, JJDP is based on a broad consensus that children, youth, and families involved with the juvenile and criminal courts should be guarded by federal standards for care and custody, while also upholding community safety and preventing victimization.

The connection between child maltreatment and later involvement with the juvenile justice system is well documented. A growing body of research undeniably establishes the connection between all forms of child maltreatment—neglect, physical, and sexual abuse—and the risk of subsequent involvement in delinquency and the juvenile justice system.

RECOMMENDATIONS

Long-Term Actions:

- ★ Congress should provide further leadership and guidance to the nationwide implementation of reforms on behalf of this significant population of disadvantaged youth and families. CWLA has proposed language that would promote improved action.
- ★ The new Administration and Congress should strengthen the coordination, and improve protocols and procedures between the delinquency and dependent systems.
- ★ The new Administration and Congress should provide for the compilation of data on juveniles entering the juvenile justice system with a prior history as victims of child abuse or neglect.
- ★ The new Administration should undertake an analysis of necessary services for the prevention and treatment for these youth, and use the analysis to plan for providing such services.

YOUTH TRANSITIONING OUT OF FOSTER CARE

Certainly there is no group of America's youth more deserving of Congress' attention than those in foster care or who leave foster care after turning 18. Some 20,000 to 25,000 young people exit the foster care system annually. These young people leave care simply because there is an age limit on federal funding. Although some states extend this support beyond age 18, and the John H. Chafee Independent Living Program offers limited funding for transitional services to these young people, all too often the end result is that foster children find themselves on their own at 18.

Most youth enter out-of-home care as a result of abuse, neglect, or exploitation. Young people transitioning out of foster care are affected significantly by the instability that accompanies long periods of out-of-home placement during childhood and adolescence. They often find themselves truly on their own, with few if any financial resources, no place to live, and little or no support from family, friends, or community. Their experiences place them at higher risk for unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, increased rates of incarceration, and homelessness. The resulting harm to the youth, their communities, and society at large is unacceptably high.

The Chafee program helps states provide services to young people as they age out of foster care. The program helps eligible children make the transition to self-sufficiency through such services as assistance in earning a high school diploma, support in career exploration, vocational training, job placement and retention, and training in daily living skills. The program allows up to 30% of funds to be used for room and board. Chafee is a capped entitlement of \$140 million.

Congress also authorized an additional \$60 million in discretionary funds in 2001 for education and training vouchers for youth eligible for the Foster Care Independence Program, as well as youth adopted from foster care after age 16. The Education and Training Vouchers (ETV) program provides assistance of up to \$5,000 per year for the cost of attending an institution of higher education for youth who age out of foster care or are adopted after age 16. The ETV program began receiving funds in 2003 at \$42 million, with current funding at \$45 million.

The newly enacted Fostering Connections Act includes significant reforms affecting youth aging out or about to age out of foster care, including an option for states to increase the age of eligibility for Title-IV-E foster care assistance up to age 21, and requiring a transition plan for all youth 18 or older to be developed with young people during the 90 days before exiting care. This plan is as detailed as the youth chooses, and must include specific options on housing, health insurance, education, local opportunities for mentoring, continuing support services, workforce supports, and employment services. The legislation extends protections and requirements already in place for younger children in care to apply to youth 18–21, and allows states to extend adoption assistance and guardianship payments on behalf of youth ages 19–21 if they entered care after age 16.

Adolescents in foster care are at higher risk for continuing medical problems, which are exacerbated by multiple placements, lack of continuity of intervention and record-keeping, and declining emphasis on preventive measures, such as immunizations, as they enter adolescence. Adolescents in foster care report low levels of trust in adults and the service system, which may prevent them from accessing health care and other services.

Immediately following statutory discharge from the foster care system, young people experience tremendous problems both in terms of their health status and in their ability to access health services. Because health coverage ends at emancipation, young people lose both routine preventive care and care for chronic medical conditions.

The mental health of former foster youth is also a critical issue, with mental health services the number one health care need for this population. More than 13 million children in the United States have a diagnosable mental disorder. A substantial number of children and youth experience substance abuse or co-occurring disorders. Nearly 43% of youth who receive mental health services have been diagnosed with co-occurring disorders. Between 75% and 80% of children and youth, however, do not receive the mental health services they need.

Securing and maintaining employment are critical factors in achieving self-sufficiency in early adulthood. Youth who must leave foster care at age 18 often are still in high school. If they have been able to secure employment at all, most are still in entry-level positions.

Young people exiting foster care are at greater risk for homelessness than are youth in general. In New York, for example, research found that half of the homeless young people who came to shelters had previously lived in a foster home, a group home, or other setting provided by the child welfare system. Nationally, as many as 25% of youth leaving foster care experience homelessness during the year following emancipation.

Some children in foster care may be eligible for Social Security benefits as a survivor of a parent, or through the Supplemental Security Income (SSI) program. States have had the right to determine and qualify these children and youth who are eligible for benefits and then claim the benefits to help offset the cost of Title IV-E payments. Legislation introduced in the 110th Congress would redirect these efforts. Under these proposals, states would determine when a child or young person is eligible for Social Security or SSI benefits and then reserve those benefits in an account for that young person. The state would help these young people plan the future use of these benefits. Such a change could be of significant assistance to eligible young people leaving foster care. Enacted as part of a large finance proposal, such changes could also be done without undercutting state funding of child welfare.

RECOMMENDATIONS

Short-Term Actions:

- ★ The new Administration must act quickly, with guidance and regulation, to assist states in implementing the reforms contained in the Fostering Connections Act related to youth.



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Long-Term Actions:

- ★ Congress and the new Administration should significantly increase funding for the Chafee Foster Care Independence Program.
- ★ The new Administration needs to sustain long-term support for this vulnerable population of young people. This will ensure that their long-term developmental needs are met and they have the skill set and knowledge base to access the services they will need during and after the transition to adulthood.
- ★ The child welfare system, including federal, state, and local governments, and agencies and the communities they serve, must ensure that all young people, regardless of their cultural, ethnic, or racial identity, receive services that address the full spectrum of their needs in a manner that reflects the cultural strengths of their families and communities.
- ★ Congress should amend Title II of the Social Security Act to assist states in determining Supplemental Security Income (SSI) and Social Security eligibility for foster children and to allow these foster children to have an account and a plan that will help them toward transition to adulthood.

TEENAGE PREGNANCY AND YOUTH IN THE CHILD WELFARE SYSTEM

By age 19, nearly half of surveyed females in foster care have been pregnant, compared with 20% of their counterparts not in foster care. Adolescent childbearing, in combination with other preexisting factors, is linked to negative consequences for mother and child, and to significant costs to society. Just over half of teenage mothers complete high school during adolescence or early adulthood, and they are likely to have limited employment opportunities, live in poverty, and depend on welfare. Teen childbearing costs taxpayers \$9.1 billion annually; \$2.3 billion of these costs fall on the child welfare system because children born to teen mothers are at increased risk of ending up in foster care and CPS.

Young people, including youth in foster care, need access to comprehensive reproductive health and family planning services. Medicaid provides an array of family planning services to individuals of reproductive age. At least 17 states have taken the Chafee option in the Foster Care Independence Act that allows the extension of Medicaid to age 21 for former foster youth. Despite this progress, more comprehensive health coverage, including family planning services through Medicaid, is necessary. A 2007 survey of

former foster youth found that only one-third of females and one-fifth of males had received either family planning services or information about birth control in the last couple of years.

Since 1970 the federal family planning program, Title X of the Public Health Service Act, has provided resources for health services and counseling to low-income or uninsured individuals who may otherwise lack access to health care. Title X supports a network of 4,400 family planning clinics nationwide that provide clinical services to prevent unintended pregnancies, lower rates of HIV and other sexually transmitted diseases, detect breast and cervical cancer at the earliest stages, and improve women's overall health. Unfortunately, Title X has been systematically underfunded over the years; there have been no increases in its funding to offset health care inflation and the growing demand for subsidized family planning services.

RECOMMENDATIONS

Long-Term Actions:

- ★ Congress and the new Administration should ensure that youth in foster care receive well-coordinated health care, including family planning services. As youth age out of the foster care system, Medicaid coverage and family planning services should continue until at least age 21 to help promote a healthy adulthood.
- ★ Congress and the new Administration should encourage teen pregnancy prevention programs to serve youth in foster care and to evaluate the effectiveness of interventions for them; invest in research and demonstration projects to develop or adapt teen pregnancy prevention interventions for youth in foster care and those aging out; and ensure that foster parents, other caretakers, independent living staff, and other child welfare staff receive training to communicate with foster teens about relationships and pregnancy prevention, and are linked with relevant community resources.
- ★ Congress and the new Administration should increase funding for the Title X family planning program, while maintaining its status as a categorical federal program that mandates informed patient consent and provides confidentiality protection.
- ★ Congress and the new Administration should support funding for effective comprehensive health and sex education that is medically accurate and includes information about abstinence.