



NATIONAL FOSTER YOUTH INSTITUTE



Mental Health Listening Sessions
Recommendations for Holistic Mental
Health Support





FOR young people aging out of foster care, healing is often an uphill journey—one they're expected to navigate alone, without a map. Many exit care without stable housing, consistent mental health support, or financial safety nets. This combination of challenges compound and reinforce one another, making it even harder to transition successfully into adulthood.

This report shares what current and former foster youth in California told us they need to reach the peace and independence they aspire to: care that's holistic, culturally relevant, and reflective of their lived experience.

"When I think of alternative therapy, I see it as a way of healing that goes beyond traditional or cultural expectations. It's about finding peace and strength on my own terms—whether through meditation, journaling, or other practices that weren't accepted in my home. Alternative therapy became a path to freedom, self-expression, and reclaiming the parts of me I wasn't allowed to explore."

— Mental Health Listening Session Participant

Background

California oversees one of the nation's largest foster care systems, with over 50,000 youth in care as of 2023 (Alliance for Children's Rights, 2023). Older youth—particularly those ages 16–21 who are eligible for extended foster care—are among the most vulnerable, often lacking stable housing or support systems as they transition out of care (California Department of Social Services [CDSS], 2023). Mental health and educational outcomes are also concerning: youth in foster care graduate high school at just 56%, compared to 83% statewide, and college graduation rates remain in the single digits (Alliance for Children's Rights, 2023). Additionally, up to 38% of former foster youth experience homelessness post-exit, while many face ongoing mental health challenges, including higher rates of PTSD, chronic health conditions, and disrupted access to therapy due to placement instability (Courtney et al., 2011).

The National Foster Youth Institute (NFYI) is a national nonprofit organization that empowers current and former foster youth, their families, and their communities to leverage their lived experience in partnerships with local, state, and national leaders to create systemic change. NFYI provides tools and support to enable foster youth to achieve their personal goals.

In 2023, NFYI worked with researchers at the University of Washington and the Congressional Research Institute for Social Work and Policy (CRISP) to review the state of mental health among young adults with foster care experience (FCE). The resulting white paper pointed out that most youth with FCE are insured through Medicaid, which constrains access to a wide array of mental health treatments and primarily covers only traditional “talk therapy” modalities. Youth with FCE have expressed that these modalities are not universally effective. Alternative treatments such as art therapy, movement therapy, music therapy, and equine-assisted psychotherapy – already available to higher-income populations – show promise in treating mental health conditions often faced by youth with FCE. In order to achieve equitable access to mental health care, NFYI, CRISP, and UW called for a national effort to increase education on access to alternative therapies, and have Medicaid cover them.

This push for change became a key pillar in a new campaign NFYI launched in 2025, **Urgency to Act: Unlocking Foster Youth Wellbeing**.



Recommendations

Recognizing California's sizable foster youth population, NFYI convened four listening sessions in the state to gather input directly from lived experience experts and shape recommendations to expand access to mental health care. Listening sessions were conducted over a three-month period, and were designed to create a safe, inclusive environment for participants to openly share their experiences related to accessing mental health services.

A total of 50 participants took part in the sessions, with ages ranging from 18 to 60 years old. 14% of participants were 21 or younger, 24% were 30 years of age or older, with the most frequently reported age being 27. Participants represented 11 counties across the state of California. 42% of participants identify as Hispanic/Latinx, 10% of participants identify as Caucasian/White, 22% identify as Black/African American, and 16% identify as multiracial. 30% of participants identify as part of the LGBTQ community. Recruitment was conducted through community-based organizations and social media outreach, to ensure a diverse and representative sample. All participants lived in the state of California.

Facilitators used semi-structured discussion guides to prompt dialogue around key themes, including barriers to care and alternative sources of therapy.

Discussion questions included:

- What types of alternative therapy have you accessed?
- In your opinion, what additional services or supports are most needed to improve the mental health outcomes of foster youth?
- Have you had to explain foster youth issues to your therapist?

Data was analyzed through survey results, listening session notes and Zoom recordings. Emergent themes were coded and analyzed to identify patterns across participant feedback. The findings reflect the shared experiences of participants and are used to inform the mental health needs of current and former foster youth, with a specific spotlight on California.

Basic Needs & Mental Health

There is a strong correlation between the fulfillment of basic needs and the mental health outcomes of youth in foster care. When fundamental needs such as stable housing, consistent food access, and healthcare go unmet, foster youth are more likely to experience heightened levels of anxiety, depression, and emotional dysregulation (Zehrung et al., 2024; Dvir et al., 2014). Conversely, when basic needs are consistently met, youth are better positioned to engage in therapy, form healthy attachments, find steady employment, and pursue higher education (Gypen et al., 2017).

Insights from recent listening sessions highlight this connection: 77% of participants reported that a lack of stable housing directly affected their ability to access and maintain mental health care. Additionally, 42 out of 47 participants cited that barriers such as limited education, unemployment, and financial instability negatively impacted their ability to participate in mental health services. Notably, 100% of participants emphasized that mental health support should be integrated with housing services for foster youth.

"I think having stable housing, education, and good relationships makes it easier to get mental health help. If you're struggling with where to live, school, or don't have support, therapy isn't really a priority. But when those things are stable, it's easier to stay consistent with treatment."

– Survey participant



Themes

- Housing, food, transportation need to be figured out before starting therapy
- Space is a basic need and needed to attend virtual therapy sessions
- Basic needs make it easier to utilize/start therapy
- Having basic needs met boosts mental health

Traditional vs. Non-Traditional Therapy

Traditional therapy, including individual talk therapy, plays a vital role in supporting the mental and emotional well-being of youth in foster care. These interventions are foundational in helping foster youth process trauma and build emotional regulation skills (Evans et al., 2017). However, while traditional therapeutic models such as talk therapy are beneficial, they may not always address the cultural, relational, or systemic factors that impact a young person's foster care experience (Casey Family Programs, 2021, Gone & Hartmann, 2020). Non-traditional therapies—such as art, play, animal-assisted, and body-based approaches—can be especially effective for children with PTSD or foster care experience because they provide safe, nonverbal ways to process trauma, regulate emotions, and rebuild trust (Franzreb et al., 2022; Hass-Cohen & Clyde Findlay, 2019). As a result, there is growing recognition of the need to complement traditional therapy with trauma-informed, culturally responsive, and community-based approaches that promote healing, safety, and empowerment (Casey Family Programs, 2021).



During the NFYI listening sessions, 47% of participants reported using alternative forms of therapy, with art therapy emerging as the most common, experienced by 17 out of 24 respondents. Notably, 57% of participants shared that their therapist did not share their lived experience or cultural background, and 53% reported having to explain basic aspects of the foster care system to their provider.

“When I think of alternative therapy, ‘options’ is a term that comes to mind.”

– Survey participant

Recommendations

100% of participants agreed that therapy offerings should expand beyond traditional talk therapy. Other types of therapy suggested by participants included:

Sound Baths
Yoga

Expressive Arts
Animals

Nature
Art



Systemic Barriers to Accessing Therapy

Foster youth often face significant systemic barriers when accessing therapy. These barriers include fragmented service coordination between child welfare and behavioral health systems, which can lead to gaps in care and poor communication among providers (Casey Family Programs, 2018). Additionally, there is a limited availability of qualified therapists and high turnover among service providers, further complicating access to consistent mental health care (National Center for Youth Law, 2022). Many foster youth are placed on long waitlists or are assigned therapists unfamiliar with the complex dynamics and trauma often associated with foster care (Breland-Noble et al., 2016; McMillen et al., 2004).

Frequent placement changes further disrupt therapeutic continuity, often forcing youth to restart the therapeutic process with each new provider (Rubin et al., 2007). Moreover, stigma surrounding mental health within foster communities and a lack of youth-centered input in treatment decisions can create additional barriers to engagement in therapy (Breland-Noble et al., 2016; Kramer, 2015).

During the listening sessions, 89% of participants reported facing systemic barriers when trying to access therapy, and 81% shared that they had experienced stigma or shame related to seeking mental health support.

"It's scary to look weak by seeking help when you're in environments that shame needing help. This kept me from seeking help for a long time."

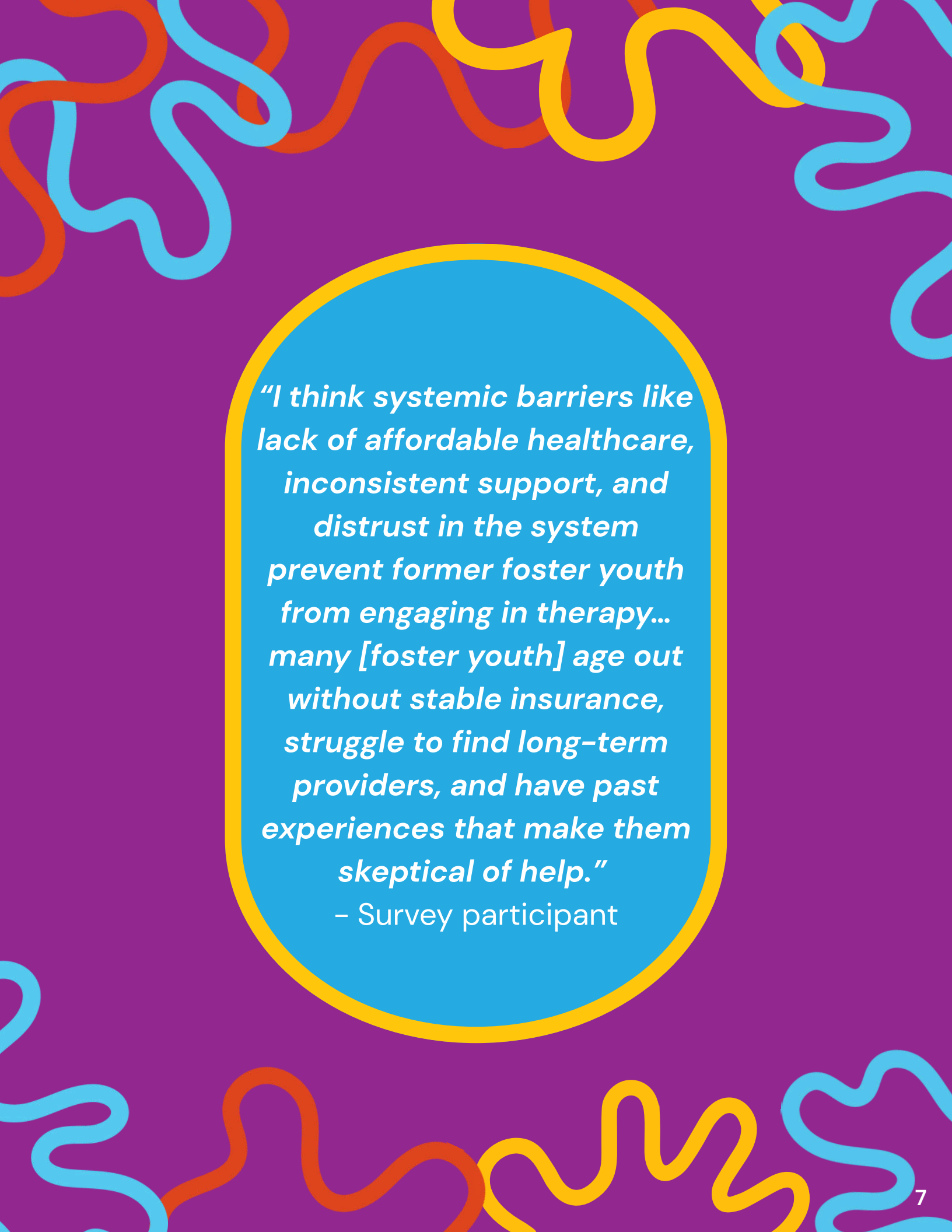
– Survey participant



Themes

Throughout the listening sessions, participants noted the specific types of barriers when accessing therapy. These themes included:

- Cultural beliefs
- Stigma, shame of reliance on systems
- System criminalization
- Distrust of systems
- Lack of funding/not accepting of insurance
- Lack of follow-up support
- Change of foster care placement (these disruptions delay therapy and/or referrals)
- Lack of knowledge of existing resources



"I think systemic barriers like lack of affordable healthcare, inconsistent support, and distrust in the system prevent former foster youth from engaging in therapy... many [foster youth] age out without stable insurance, struggle to find long-term providers, and have past experiences that make them skeptical of help."

– Survey participant

Authentic Engagement Between Mental Health Professional and Client

Authentic engagement between a mental health professional and a client is a foundational element of effective therapeutic care. When providers build genuine, trusting relationships rooted in empathy, cultural humility, and active listening, clients are more likely to feel safe, seen, and empowered (Cunningham & Diversi, 2013). Too often, youth are assigned providers who lack an understanding of the foster care system or who unintentionally reinforce power imbalances, leading to disconnection and disengagement (Linville et al., 2024). Authentic engagement fosters a collaborative environment where youth feel respected and are more likely to open up, stay in therapy, and work toward long-term mental wellness (Edidin et al., 2012). This approach not only improves therapeutic outcomes but also helps repair trust in systems that may have previously failed them (Linville et al., 2024).

During the listening sessions, 44 out of 47 participants reported having to explain foster care-related experiences or norms to their mental health providers. Nearly half (49%) of participants said they were not given the option to choose a provider who reflected aspects of their personal identity, and 66% shared that they had never worked with a therapist who matched their cultural or experiential background.



Themes

While all participants noted the importance of shared experiences with a mental health provider, additional themes were also shared:

- Participants noted the frustration of therapists having preconceived thoughts about them prior to a therapy session. Participants urge mental health professionals to get to know the client as a person, and not by their case notes.
- Participants noted the need for more therapists who have lived experience within the foster care system.
- Participants note the need for mental health professionals to trust that youth know what is best for them.

From Listening to Action: Policy Pathways Forward

The mental health needs of foster youth cannot be effectively addressed without also acknowledging the systemic and relational barriers they face. Unmet basic needs, such as housing, food security, and financial stability, create significant obstacles to accessing and sustaining mental health care. Moreover, youth often encounter providers who lack cultural competency or an understanding of the foster care experience, forcing them to explain their trauma rather than process it.

These findings highlight the urgent need for holistic, trauma-informed mental health services that are responsive to the lived experiences of foster youth, integrate basic needs support, and prioritize authentic engagement between youth and providers. Implications for policy reform were shared throughout the listening sessions, by all participants.

Expand therapy covered by MediCal to include alternative methods, such as art and equestrian therapy

The Department of Health Care Services (DHCS) should expand access to Medi-Cal-covered services to include alternative methods such as art therapy, equine therapy, music therapy, and movement-based interventions. These approaches are especially effective for youth with trauma histories and should be made available through county-funded community-based mental health providers.

The need for family therapy, and not solely individual therapy

The California Department of Social Services (CDSS) should integrate family-based therapy into its core service offerings for foster youth. Contracted mental health providers should be required to offer evidence-based family therapy (e.g., Functional Family Therapy or Trauma-Focused Family Therapy) as part of a youth's treatment plan, especially for those in kinship care or reunification planning.

Remove the waitlist for youth with experience in foster care to access mental health services, allowing for priority enrollment immediately upon removal

To address this, CDSS should create a policy mandating immediate mental health service referrals within 72 hours of removal. This would include same-week intake appointments and access to interim mental health support until a long-term therapist is assigned. A dedicated foster youth referral line should be established in partnership with CDSS.

Implement trauma-informed training for therapists, social workers, educators, and legal professionals to better understand and support the mental health needs of foster youth

CDSS should require annual trauma-informed care training for therapists, social workers (DCFS), dependency court staff, educators, and Court Appointed Special Advocates (CASAs). CDSS, in partnership with training providers like the National Child Traumatic Stress Network, can certify agencies and monitor compliance.

Extend Medicaid/Medi-Cal eligibility beyond the age of 21

CDSS should advocate at the state level for extended Medi-Cal coverage for mental health services through age 26, aligning with federal policy for former foster youth medical eligibility.

Conclusion



Across all listening sessions, the participants made one thing abundantly clear: the current system is falling short, and it's putting them further behind. Whether through long waitlists, a lack of culturally competent providers, or therapy that feels disconnected from their lived experiences, foster youth and transition age youth often find themselves navigating mental health challenges alone. But the solutions offered in these listening sessions and as part of NFYI's national Urgency to Act campaign can chart a stronger path forward.

Family-based therapy, integration of basic needs, authentic engagement, and expanded access to alternative therapies can help create a more comprehensive safety net that can ease the way from foster care to independent adulthood. As individuals, funders, and organizations across California consider reforms to improving outcomes for its foster youth, we must center the voices and needs of those with lived experience. Implementing these recommendations would not only improve access and equity in mental health care but also affirm that healing is possible when care is rooted in trust, respect, and community.

Acknowledgements

NFYI would like to express our gratitude to the individuals and organizations that made this report possible.

Thank you to Jordan Sosa for carefully drafting the report and facilitating the listening sessions that informed it. Thank you as well to NFYI staff Pip Keogh and Lucy Le for developing said listening sessions, and to Senior Interns Elizabeth Villa and Michael Miser for helping to lead them. Thank you to Lindsey Quiring for providing mental health support during listening sessions to ensure our community members were supported.

A special thank you goes to the NFYI Los Angeles Local Chapter and NFYI Los Angeles Shadow Day 2025 Delegates for bringing your voices, expertise, and incredible capacity as organizers and advocates. Finally, we extend our thanks to Sierra Health Foundation's Behavioral Health Recovery Services HEAR US project for supporting the development of this report.

For more information about our work, mission, and opportunities for collaboration, please visit www.nfyi.org, email contact@nfyi.org, or find us on social media @NFYInstitute.

References

- Alliance for Children's Rights. (2023). *The education outcomes of California foster youth*. <https://www.afs4kids.org/blog/the-education-outcomes-of-california-foster-youth>.
- Breland-Noble, A. M., Bell, C. C., & Nicolas, G. (2016). Family first: The development of an evidence-based family intervention for increasing participation in psychiatric clinical care and research in depressed African American adolescents. *Family Process*, 55(1), 60–72.
- California Department of Social Services. (2023). *Foster care data dashboard*. <https://www.cdss.ca.gov/inforesources/foster-care/data>.
- Casey Family Programs. (2018). *Strategies to improve placement stability*. <https://www.casey.org/strategies-improve-placement-stability/>
- Casey Family Programs. (2021). *Trauma-informed care: A healing-centered approach to working with youth and families*. <https://www.casey.org/trauma-informed-care/>
- Courtney, M. E., Dworsky, A., Lee, J. S., & Raap, M. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chapin Hall at the University of Chicago.
- Cunningham, P. B., & Diversi, M. (2013). *Mental health service experiences among transition-age youth: Interpersonal continuums that influence engagement in care*. National Center for Biotechnology Information.
- Dvir, Y., Ford, J. D., Hill, M., & Frazier, J. A. (2014). Childhood maltreatment, emotional dysregulation, and psychiatric comorbidities. *Harvard Review of Psychiatry*, 22(3), 149–161.
- Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). *The mental health of foster youth: A critical review*. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(12), 1227–1237.
- Evans, R., Langley, A. K., Metz, W. R., & Strauss, J. L. (2017). Trauma-focused cognitive behavioral therapy in youth exposed to maltreatment: A meta-analysis. *Child Abuse & Neglect*, 66, 1–14.
- Franzreb, M., Dörfler, T., Barth, M., & Renner, T. J. (2022). Animal-assisted and art-based interventions in children exposed to complex trauma: A systematic review. *Journal of Child and Adolescent Trauma*, 15(4), 849–865.
- Gone, J. P., & Hartmann, W. E. (2020). Decolonizing psychological science: Cultural psychology and the epistemic frontier. *American Psychologist*, 75(5), 569–581.
- Gypen, L., Vanderfaeillie, J., Geenen, V., & Belenger, L. (2017). The outcomes of youth aging out of foster care: The relationship between housing, education, and employment. *Journal of Youth and Adolescence*, 46(2), 1–12.
- Hass-Cohen, N., & Clyde Findlay, J. (2019). Art therapy and the neuroscience of relationships, creativity, and resiliency: Skills and practices.
- Kramer, T. L. (2015). Child welfare and mental health: Facilitators of and barriers to connecting children and youths in out-of-home care with effective mental health treatment. *Journal of Emotional and Behavioral Disorders*, 23(1), 27–39.
- Linville, D., Ruff, S., Morgan, K., & Zilberstein, K. (2024). Ingredients of successful therapeutic relationships with foster youth according to key stakeholders in child welfare: A grounded theory analysis. *Journal of Marital and Family Therapy*, 50(4), 953–974.
- McMillen, J. C., Zima, B. T., Scott Jr, L. D., Auslander, W. F., Munson, M. R., & Ollie, M. T. (2004). Use of mental health services among older youths in foster care. *Psychiatric Services*, 55(7), 811–817.
- National Center for Youth Law. (2022). Most states fail to meet mental health needs of foster children. <https://youthlaw.org/news/most-states-fail-meet-mental-health-needs-foster-children>
- Rubin, D. M., Alessandrini, E. A., Feudtner, C., Mandell, D. S., Localio, A. R., & Hadley, T. (2007). Placement stability and mental health costs for children in foster care. *Pediatrics*, 119(2), 336–344.
- Zehrung, R., Hu, D., Guo, Y., Zheng, K., & Chen, Y. (2024). Investigating the effects of housing instability on depression, anxiety, and mental health treatment in childhood and adolescence.