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Better Futures: A validated model for increasing postsecondary preparation and participation of youth in foster care with mental health challenges



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ABSTRACT

Higher education participation rates of young people in foster care are dramatically lower than their level of post-secondary education aspiration. Increasing attention to this disparity has stimulated policy and practice enhancements, however rigorously validated models for promoting postsecondary preparation and participation have not existed for young people in foster care, including those with mental health conditions. This article describes Better Futures, which is the first such model to be experimentally validated as effective for increasing the higher education participation and other related outcomes of young people in foster care with mental health challenges. Better Futures features a four day on-campus Summer Institute, coaching provided to youth by older peers who are in college and have shared experiences around foster care and/or mental health, and workshops that bring together youth, coaches and guest speakers for information sharing and mutual support. This article includes the theoretical and component features of the Better Futures model, findings related to intervention fidelity, participants' evaluation of the program, and discussion of implications for future model refinement and research.

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1. Introduction

Evidence consistently underscores the multiple economic and social benefits of higher education (Coles, 2013). For example, Zaback, Carlson, and Crellin (2012) documented a median income of \$50,360 for individuals with a bachelor's degree, compared with a median income of \$29,423 for those with only a high school diploma; individuals with an associate's degree earn more than \$9000 above those with a high school diploma. Further, individuals with only a high school diploma have been found to be twice as likely to be unemployed as those with a bachelor's degree (Baum, Ma, & Payea, 2010). Participation in higher education also is associated with better health (Baum & Payea, 2005), reductions in delinquency and smoking, and enhanced civic engagement and volunteerism (Goan & Cunningham, 2006). Of major societal impact, those with at least some college experience are incarcerated at one quarter the rate of those with high school diplomas alone (Stephan, 2004).

Higher education is clearly a primary vehicle for moving out of poverty for underserved groups (Coles, 2013), among which youth from foster care are at exceptionally high disadvantage (Casey Family Programs, 2010). Seventy to eighty-four percent of the approximately 23,000 youth annually exiting foster care (U.S. Department of Health and Human Services, 2013) aspire to attend college or vocational school

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(Courtney, Dworsky, Lee, & Ramp, 2010; Courtney, Terao, & Bost, 2004; McMillen, Auslander, Elze, White, & Thompson, 2003; Tzawa-Hayden, 2004); however, most do not realize these dreams. For example, McMillen and colleagues found that only 20% of foster youth who successfully completed high school went on to college, in contrast to 60% in the general population. In the Midwest Evaluation follow-along study, Courtney and Dworsky (2006) found that 39% of former foster youth were enrolled in higher education at age 19, compared with 59% of youth in the general population. At age 21, only 25% of former foster youth were in postsecondary education, compared with 44% of young adults in the general population (Courtney et al., 2007). By ages 25–27, only 8% of former foster youth reported that they had graduated with two- or four-year postsecondary degrees, compared with a 46% graduation rate for young adults in the general population (Courtney et al., 2011). Additional research confirms that only 3-11% of young adults in foster care successfully obtain a bachelor's degree, compared with about 24% of those in the general population (Casey Family Programs, 2010; Pecora, Kessler, et al., 2006; Pecora, Williams, et al., 2006; Reilly, 2003).

1.1. Compounded disadvantage for foster youth with mental health challenges

Many young people exiting foster care also experience mental health challenges, often associated with related histories of trauma, maltreatment, separation from bio family, multiple placement changes, and other stressors. For example, the Northwest Foster Care Alumni study found that 54% of young adults who had recently exited the foster care system had a diagnosed mental health condition, with 25% experiencing PTSD and 20% experiencing major depression (Pecora et al., 2005). Courtney et al. (2011) found that 33% of Midwest evaluation study participants had social anxiety, 25% had depression, 60% had PTSD, and 14.5% were taking psychotropic medications.

While findings are not available on the postsecondary participation of youth in foster care with mental health conditions, studies document the associations of mental health challenges, maltreatment, and trauma with barriers to college success (Arria et al., 2013; Banyard & Cantor, 2004; Duncan, 2000), including increased risk of social isolation (Jivanjee, Kruzich, & Gordon, 2008), difficulty accessing adult mental health services (US Government Accounting Office, 2004), and concerns over stigma preventing disclosure of a mental health condition necessary for accessing postsecondary accommodations (Newman, Wagner, Cameto, & Knokey, 2009). Further, like youth exiting foster care, most youth with mental health conditions aspire to higher education at levels much greater than their actual opportunities for participation. Findings from the National Longitudinal Transition study revealed that over 80% of youth with emotional and behavioral disabilities expected to participate in higher education (Wagner, Newman, Cameto, Levine, & Marder, 2007). However, four years after high school, only 34% had actually participated (Newman et al., 2009). Thus, compounded disadvantage in higher education participation is likely for young people exiting foster care with mental health conditions.

Major impediments to pursuing higher education for foster youth with mental health challenges include financial pressures and needing to work, housing insecurity, secondary education achievement gaps, low expectations by others, lack of information and opportunities to explore higher education, and restricted access to independent living activities and community participation (Courtney & Hughes-Heuring, 2005, chap. 2; Day, Riebschleger, Dworksy, Damashek, & Fogarty, 2012; Dworsky & Perez, 2010; Geenen & Powers, 2006; Hochman, Hochman, & Miller, 2004; Quest, Fullerton, Geenen, Powers, & The Research Consortium to Increase the Success of Youth in Foster Care, 2012; Schmidt et al., 2013; Singer, Berzin, & Hokanson, 2013). Anctil, McCubbin, O'Brien, Pecora, and Anderson-Harumi (2007) also found that foster youth with serious mental health conditions had poorer physical health and lower self-esteem than former foster youth without

mental health challenges, each of which could pose barriers to accessing higher education.

1.2. Opening the higher education gateway to youth in foster care with mental health conditions

Higher education is a critical strategy for fostering positive trajectories of foster youth, whom when able to obtain bachelor's degrees, achieve employment rates and individual incomes similar to young adults in the general population (Salazar, 2013). Likewise, higher education participation has been shown to promote autonomy, community participation, productivity, and quality of life for youth in foster care and/or those with mental health challenges (Peters, Dworsky, Courtney, & Pollack, 2009; Rönkäa, Oravala, & Pulkkinen, 2003; Scanlon & Mellard, 2002).

Increasingly, policy and practice enhancements are aimed at promoting higher education access for youth in foster care, including the large proportion of youth who also experience mental health issues. Key federal policy initiatives include the 2014 Foster Care Independence Act of 1999 (Public Law 106 -169), which created the John H. Chafee Foster Care Independence Program, thereby increasing funding for states to provide foster care independent living services and, as part of the 2002 Promoting Safe and Stable Families Amendments of 2001 (Public Law 107 -133), providing Education and Training Voucher Program funds to help off-set the cost of college. The 2008 Fostering Connections to Success and Increasing Adoptions Act (Public Law 110-351) further gives states the option to extend foster care to age 21 for youth who are in college and/or working, and requires that youth preparing to exit foster care have a written transition plan. Also in 2008, The 2008 Higher Education Opportunity Act (P.L. 110 -315) was amended to make youth in foster care eligible for federally funded college TRIO programs. Finally, of particular relevance to youth with mental health conditions, the 2013 Uninterrupted Scholars Act amended FERPA to enable exchange of educational information between schools and child welfare, particularly useful for students receiving special education services. Complimenting these federal advancements, several states are providing tuition assistance for foster youth who enroll in college, and exciting campus programs are proliferating for current and former foster youth, such as Guardian Scholars and Renaissance Scholars (Dworsky & Perez, 2010), which are primarily aimed at supporting students who are in college.

Supports are clearly expanding for current and former foster youth who are participating in college or vocational school; however, so far only relatively modest gains have been achieved in higher education enrollment (Fried, 2008). In comparison with the literature that exists on supports for foster youth already in college, there is less evidence to support approaches for increasing higher education preparation and enrollment. Nevertheless, a few promising approaches do stand out in the literature. For example, Kirk and Day (2011) evaluated a three-day transition to college summer camp program at Michigan State University, which was attended by 38 foster youth, ages 15-19, who were identified through child welfare agencies. Undergraduate students with previous experience in foster care served as peer leaders, most of whom were racially similar to the participants. Pre- and postcamp questionnaires and qualitative findings suggested that the camp experience enhanced participants' higher education knowledge and aspirations, empowerment, outlook and life skills, and that they valued opportunities for experiential learning and connections with peer leaders. Kirk and Day (2011) suggested that such a camp experience could be optimized if embedded within a longer experience that supported youth from high school through college, and called for further research with participants not already identified as college appropriate and includes a comparison group.

As evaluated by Burley (2009), the Foster Care to College Partnership initiative in Washington state was a multi-component effort to promote the postsecondary participation of foster youth, including a college preparation website, mailed information for youth and foster parents,

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