

# Alameda County Health Needs Assessment of Emancipating and Emancipated Foster Youth

September 2007

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## Project Scope

As part of an ongoing effort to determine the effectiveness and increase utilization of medical services by Alameda County's emancipating and emancipated foster youth, Alameda County Health Care Services Agency (HCSA) entered into an agreement with Alameda County Social Services Agency and Beyond Emancipation, formerly the Alameda County Independent Living Skills Program Auxiliary, to conduct a comprehensive assessment of health care needs for emancipating and emancipated foster youth. HCSA formed an assessment team in October 2006 that included HCSA's School Health Services staff, Pacific Health Consulting Group, and the University of California, San Francisco's (UCSF) Institute for Health Policy Studies.

The HCSA Team conducted a comprehensive study with the goal to identify the health needs of emancipating and emancipated foster youth and examine current access to care and approaches to service delivery for these youth. The assessment consisted of the following components:

- 1) Health needs assessment survey administered to 165 emancipating and emancipated foster youth aged 16-21 in Alameda County
- 2) Client health care needs survey administered to 10 Alameda County group home staff
- 3) Interviews of 13 key stakeholders working in the foster care community
- 4) Financial analysis of the Beyond Emancipation Health Center

This report represents the public version of the document and contains a compilation of the team's findings in the first three component areas; findings for component area four are only available in the full report. A substantial background statement has been included in this report to provide context for the reader to review the assessment data, analysis, and team recommendations presented herein.

## Background

### Health Status of Emancipated & Emancipating Youth

It has been well documented that youth in foster care face higher rates of physical and mental health problems compared to those not in foster care. Numerous studies have repeatedly shown that foster youth are at far greater risk for acute, chronic, disabling, and potentially life-threatening illnesses or conditions.<sup>i</sup> **An estimated one in every two children in foster care has chronic medical problems unrelated to behavioral concerns.** Evidence suggests that these chronic conditions increase the likelihood of serious emotional problems.<sup>ii</sup>

The inferior health status of many foster youth may persist or worsen upon exiting foster care due to unstable housing, increased risk-taking behaviors, and limited health care access.<sup>iii</sup> Some estimates show that sixty-five percent of California foster youth leave care without a place to live.<sup>iv</sup> In fact, one of the strongest predictors of future homelessness is past involvement in the foster care system.<sup>v</sup> However, housing instability as opposed to outright homelessness is more prevalent among this population. Many former foster youth are poorly educated and unemployed; consequently, many are living in poverty. A large number are also physically and/or sexually victimized or involved in dangerous or illegal activities such as using or selling drugs.<sup>vi</sup> Furthermore, it is estimated that one



out of every two former foster youth have serious mental health problems and one in four suffer from post-traumatic stress disorder.<sup>vii</sup>

## **Ensuring Access to Health Care for Emancipating and Emancipated Foster Youth is Critical**

Foster youth are at greater risk for serious medical and mental health problems, so ensuring access to health care is of critical importance. Despite the fact that all foster youth are entitled to continuous Medi-Cal coverage, studies have shown that with disruptions in foster placements, many foster youth also experience disruptions in their health coverage. One study showed that during a period of one year only seven in ten foster youth were enrolled continuously in Medicaid.<sup>viii</sup> This inconsistent health insurance coverage results in limited access to health care and limited treatment of health issues. Some studies estimate that of the forty to eighty percent of children and adolescents in foster care who exhibit a serious behavioral or mental health problem requiring intervention, only a quarter to two-thirds will receive needed services.<sup>ix</sup> With their needs often unmet, older children and adolescents in foster care rely increasingly on emergency departments for their usual source of care, most often during periods around placement changes, for injuries and mental health concerns.<sup>x</sup>

Because the health status of foster youth is vulnerable to further deterioration upon exiting the foster care system, it is essential to ensure they have access to health care. Yet one study reveals among 19-year-olds, only 47% of those who exited foster care had health insurance compared to 78% of 19-year-olds in the general population.<sup>xi</sup> Further compounding the problem, some studies show direct and indirect connections between the unstable living situations of this population and their access to health care. One qualitative study of emancipated foster youth in the Bay Area found that even with Medi-Cal coverage, housing instability often disrupted their proximity to and continuity of health care.<sup>xii</sup> The study also found a tendency in this population to de-prioritize health issues, stemming from the populations focus on attending to their basic needs, e.g., shelter, food, and clothing, with limited resources and support.<sup>xiii</sup>

## **Origins of the Independent Living Skills Program**

To meet the needs of youth preparing to emancipate from foster care, the federal government launched the Independent Living Skills Program (ILSP) in 1986. In 1999, the Chafee Foster Care Independence Act doubled the federal budget for ILSP and allowed states to extend services to eligible youth between the ages of 18-21 (prior to this only youth ages 16-18 were eligible), and extended Medi-Cal benefits up to age 21. With this Act and increased funding, the ILSP played a heightened role in assuring that this transitional population could secure employment, education, housing, and health care.

Opening its doors in 1987, Alameda County was one of the first counties in the state to develop an ILSP. The Alameda County ILSP services include Life Skills classes, case management services, job readiness training and support, college tours, and higher education and scholarship application assistance. In order to provide access to youth from North and South Alameda County, the series of Life Skills classes are offered in both the Oakland ILSP office and at Chabot Community College in Hayward.

The Alameda County ILSP Auxiliary Board was formed in 1997 to address the gaps in services among youth emancipating out of foster care. Youth may petition (beginning at 15 years old) to

emancipate from care prior to “aging out” at age 18 or may extend their stay in care (up to 20 years old) though the vast majority “age out” or emancipate by age 18.

As one of its first attempts to address the gaps in needed care, the ILSP Auxiliary Board established the ILSP Teen Health Center, which opened in 2004. Soon thereafter, the Alameda County ILSP Auxiliary began to expand their services to supplement the services provided by ILSP i.e. education, employment, and housing support services, and case management. In late 2006, the Health Center’s expanded service role resulted in a name change distinguishing it from ILSP and reflecting the target population, i.e., Beyond Emancipation.

## **Beyond Emancipation Teen Health Center**

The Beyond Emancipation (BE) Teen Health Center began operations in 2004 to provide basic medical services to older foster youth (primarily age 16 to 18 years old), emancipated foster youth (primarily age 18 to 21 years old), and former foster youth in this age range (15½ - 21). BE Teen Health Center was envisioned as the future Alameda County ILSP “one-stop-shop” providing a broad range of services by staff who understand the unique needs and difficulties faced by emancipation age foster youth. The Center is located on the fourth floor of the office building where ILSP is located in Oakland (2647 International Boulevard) and has a medical assistant available 9-6pm Monday through Friday, and a physician available from 2-6pm on Wednesdays and Thursdays. BE services are available to current or former foster youth Alameda County. BE advertises its services through fliers which are distributed to agencies or programs working with emancipating and emancipated foster youth and during ILSP orientations which are held twice per year. As of July 2006 (after two years of operation), the Health Center had provided 91 clients<sup>xiv</sup> with a variety of basic medical services, including drop-in medical advice, screening and treatment services (hearing, vision, sexually transmitted infections, etc), physical exams, health education, and mental health referrals.

## **Profile of Alameda County Emancipated & Emancipating Youth**

**Youth in Foster Care:** Youth in foster care often experience multiple placements during their time in care, and these moves often occur between counties. In fact, as of January 2006, nearly one-quarter (21%, n=106) of the 508 foster youth between the age of 16 and 20 years old were residing in Alameda County were foster youth from other counties.<sup>xv</sup> Moreover, as of February 2007, nearly half (46%, n=231) of the 499 foster youth between the age of 16 and 18 supervised by Alameda County were placed out of county.<sup>xvi</sup> Because detailed data on the foster youth from outside counties is not available, this report presents data on the 268 foster youth age 16 to 18 that are supervised by Alameda County *and* reside in the county.

**Demographic Profile** Age: 38% (n=103) are 16; 43% (n=116) are 17, and 18% (n=49) are 18.

**Gender** The majority are female (63%, n=170) and 37% (n=98) are male.

**Ethnicity** Most are African-American (71%, n=191), followed by White (14%, n=38), Latino (12%, n=31), and Asian or Pacific Islander (3%, n=8).

**Emancipated Foster Youth:** Little demographic information is known about this population, as it is a difficult population to track. However, because youth who emancipate from foster care often remain or return to the neighborhoods of origin, the child removal hot spots are a good predictor of



location. It is presumed that a concentration of emancipated foster youth reside in East and West Oakland and South Hayward.

**Geographic Placements** The majority of in-county placed Alameda County foster youth ages 16-18 live in North County (64%, n=172) and Central County (24%, n=65). The cities with the highest concentrations are Oakland (59%, n=158) and Hayward (16%, n=43).

**Placement Types** Alameda County foster youth are placed in kinship care (35%, n=93), group home (32%, n=87), Foster Family Agency placements (28%, n=75), and foster family placements (5%, n=13).

City	Number	Percent
Alameda	5	2%
Albany	1	0%
Berkeley	7	3%
Emeryville	1	0%
Oakland	158	59%
North County	172	64%
Castro Valley	4	1%
Hayward	43	16%
San Leandro	17	6%
San Lorenzo	1	0%
Central County	65	24%
Fremont	10	4%
Newark	3	1%
Union City	8	3%
Tri-City	21	8%
Dublin	1	0%
Livermore	6	2%
Pleasanton	3	1%
Valley	10	4%

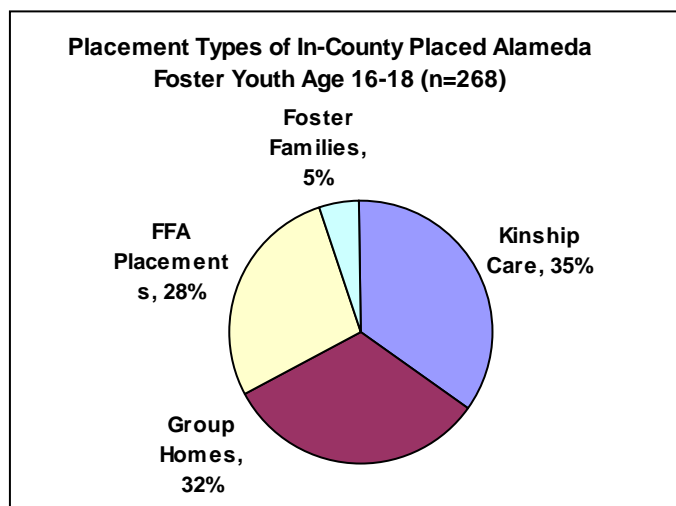


Table 1: In-County Placements Foster Youth Age 16-18 (n=268)

## Assessment Methods and Study Population

**Billing System Analysis:** The financial analysis conducted in this assessment consisted of a thorough review of Medi-Cal EOBs, RTDs and other documents available onsite from Beyond Emancipation’s billing contractor, and interviews, and through meetings with staff. Staff made time and files available for site visits and were very cooperative.

**Client Services Assessment:** The client needs assessment included interviews with key stakeholders, surveys conducted with group home staff, and a comprehensive health survey administered to foster youth and former foster in Alameda County. A summary review of each data collection tool is discussed below.

**Key Stakeholder Interviews:** Between October 2006 and February 2007, UCSF conducted Telephone Interviews with ten experts working in the foster care field in Alameda County. The initial interviews were designed to gather information to help develop the survey instruments (i.e. Health Care and Group Home Staff Surveys) and to provide greater context in interpreting the

survey results. Later interviews elicited more detailed information on the barriers to care faced by emancipated and emancipating foster youth and suggestions to improve access.

**Group Home Staff Survey:** In January 2007, UCSF conducted Telephone Group Home Staff Surveys with ten group home administrators. These administrators represented 15 group home sites that serve 86 clients, ranging in age from 12 to 18 years old. The surveys elicited information on the health care utilization and needs of their clients, and suggestions for increasing client utilization of the BE Teen Health Center.

**Health Care Survey:** The Health Care Survey is a written survey eliciting information on the level of awareness of BE Teen Health Center services; health care utilization; unmet health care needs; barriers to obtaining needed care; suggestions for additional services; and suggestions for access to care. Between December 2006 and February 2007, UCSF administered the survey to 165 youth in a variety of group settings. The vast majority (70%, n=116) were administered to youth in ILSP Living Skills classes, 15% (n=24) to youth recruited through the BE Teen Health Center, 8% (n=13) through a transitional housing program for emancipated foster youth called Project Independence, and 7% (n=12) through another program called First Place Fund for Youth which serves primarily emancipated foster youth. The weekly ILSP Life Skills classes were an ideal setting to administer the survey because they are the one place that ILSP clients meet as a group and they draw a cross-section of foster youth from a range of placement types.

### Demographics of the 165 Youth Surveyed

#### Age & Gender

Gender	Female	Male	Transgender	Age	13-15	16-18	19-21	Over 21
Percent	65%	32%	1%	Percent	4%	82%	15%	3%
Total	107	53	2	Total	6	136	25	5

#### Years in Alameda County & Type of Living Situation

Living Situation	Family or Relatives	Group Home	Foster Family	Transitional Housing	Living on Own	Residential Treatment Facility	Homeless
Percent	27%	25%	19%	16%	6%	4%	1%
Total Number	45	42	32	26	10	7	2
Years in Alameda County	Less than 1 year		1-2 years		2-3 years		4 or more years
Percent	6%		12%		7%		74%
Total Number	10		19		11		122

#### Additional Statistics

- Nearly all (92%, n=152) indicated that they were in school.
- Most were currently (65%, n=108) or formerly 28% (n=47) in foster care. Only a few were currently (4%, n=6) or formerly (7%, n=12) involved with the juvenile justice system.
- Only 20% (n=33) were emancipated foster youth.



## **Limitations to the Health Care Survey Data**

There are three aspects of the Health Care Survey data that should be considered. First, given that the BE Teen Health Center primarily advertises its services to ILSP clients and the Health Care Survey was administered primarily to this population, the youth surveyed are more likely to have heard of or used the BE Teen Health Center than the general foster youth or emancipated foster youth population. Second, because only 20% (n=33) of those surveyed were emancipated foster youth, it was not possible to assess differences in status of health care access and unmet health care needs between the foster youth and emancipated foster youth populations. Lastly, given that the survey sample does not include many (if any) foster youth or emancipated foster youth that are not tapped into some degree of support services (via ILSP , Project Independence, or First Place Fund), the sample may show greater met health care needs compared to those not connected to these support services.



# Summary of Report Findings

## What are the Current Health Care Utilization Practices?

### Most have a usual source of care, though this includes ER for many

Nearly all report having a usual place where they get health care, though 17% usually use the ER as their usual place to get health care. Nearly half (46%) report using the ER at least once in the past year.

### Most use Medi-Cal to pay for services

Considering foster youth are mandated to have Medi-Cal coverage, it is not surprising that the majority reportedly use Medi-Cal to pay for health care.

### Counseling Services are most difficult to obtain

Nearly one-third (32%) of those that reportedly needed counseling services had problems obtaining it.

Between one-quarter and one-third (25% to 32%) of those surveyed did not receive a variety of needed services in the past year. The types of care that the youth reported having the most problems in obtaining were counseling (32% of those that needed counseling did not receive it), eye care (30%), and medical care (29%).

## What are the Common Barriers to Health Care Faced by this Population?

### Lack of knowledge of resources

The most commonly cited barrier to care for youth was not knowing where to go to receive the care. Not knowing where to get care was the most common problem cited among youth that had problems getting needed counseling (42%), reproductive health care (36%), and eye care (33%).

### Limited access to transportation

Because most foster youth and emancipated foster youth do not drive or have access to cars their dependence on public transportation limits their mobility. In particular, foster youth in group home placements face considerable transportation barriers, as some group homes prohibit youth from taking public transportation for liability reasons and/or restrict residents from leaving the premises for punitive reasons.

### Limited autonomy to access confidential or sensitive services

Many foster youth in group home placements reportedly face a variety of restrictions that limit their autonomy to access confidential or sensitive services. Because some group homes prohibit youth from taking public transportation, impose regimented schedules, and/or require permission to leave the premises, the ability for residents to obtain confidential care on their own is jeopardized.



## Inconsistent and/or lack of Medi-Cal coverage

Despite the fact that all foster care youth are by law entitled to have medical insurance, lack of insurance coverage was the most commonly cited barrier to care among youth that reported problems getting basic medical (33%), eye care (33%), and dental care (26%). It was consistently noted that many foster youth have periods without Medi-Cal coverage due to bureaucratic processes associated with moving between placements and counties.

Anytime they move placements, the address of their new residence must be registered with Medi-Cal to receive an updated Medi-Cal card resulting in an often lengthy bureaucratic process, which leaves them for periods without a Medi-Cal card. For emancipated foster youth, many do not extend their Medi-Cal coverage to age 21 because they do not know that they can and/or do not know how to.

## More pressing issues than health

Securing stable housing and employment often overshadow all health problems and push health from the forefront of emancipated youth concerns.

## Service-avoidant attitudes

Many emancipate foster youth have had years of being in “the system of care,” and upon leaving it they tend to avoid services until their problems become an emergency.

## Reported Barriers in Obtaining Needed Care

	Counseling (n=38)	Reproductive Health (n=33)	Eye Care (n=40)	Dental Care (n=42)	Routine Check-Ups (n=36)	Medical (n=40)
Didn't know where to go	42%	36%	33%	24%	25%	18%
No insurance	21%	11%	33%	26%	19%	33%
No transportation	3%	6%	10%	14%	31%	18%
Didn't have time	21%	20%	15%	14%	11%	18%
Wait too long	5%	11%	10%	21%	11%	13%
Scared/Embarrassed	8%	0%	0%	0%	3%	3%

## What are the Unmet Health Care Needs of this Population?

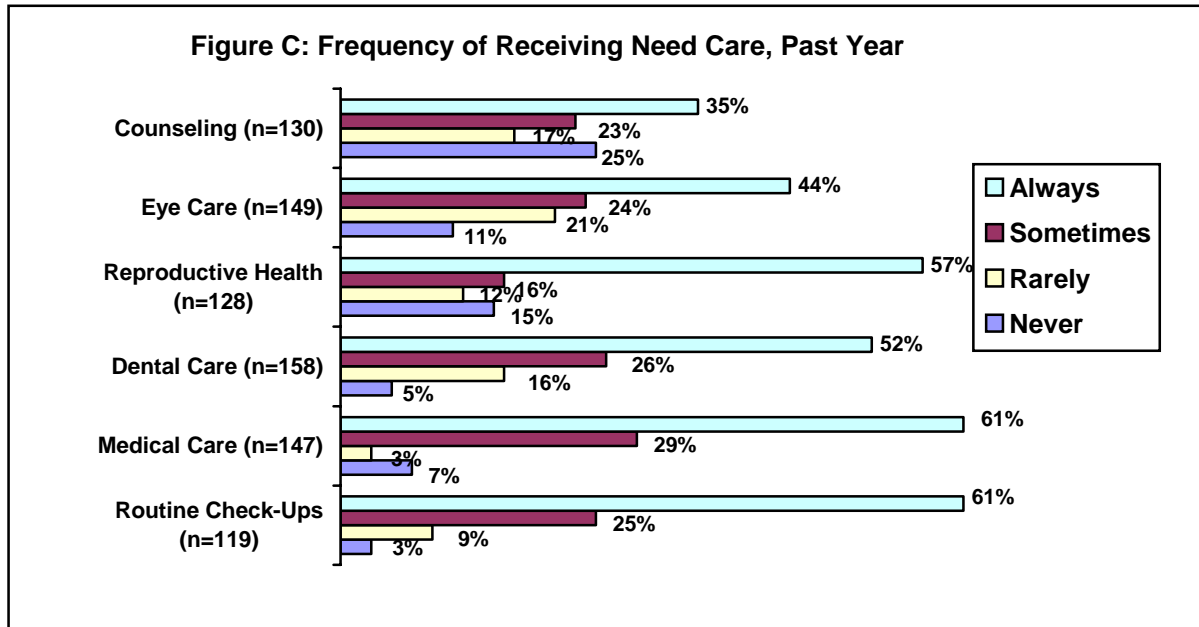
**The most commonly cited unmet health care needs were for counseling services, eye care and reproductive health care.**

Those surveyed reportedly had a variety of unmet health needs<sup>1</sup>, particularly counseling services (42% unmet need), eye care (32% unmet need), and reproductive health (27% unmet need).

<sup>1</sup> For this analysis, we define unmet need as a service that youth reported needing in the past year, but “rarely” or “never” receiving. This need could be considered even greater if the definition was expanded to include those youth who only “sometimes” received these services.

## Youth are most interested in getting a gym membership and dental care.

When asked about their interest in a variety of services, more than half of the youth (54%, n=89) wanted a gym membership, 44% (n=72) dental care, 35% (n=58) basic medical care, 31% (n=51) orthodontic care, 29% (n=48) reproductive health care, 27% (n=44) help getting insurance, and 26% (n=43) physical therapy.



## Report Recommendations

Building on the data collected in both the financial analysis and the client needs assessment, this report puts forward the following broad recommendations for moving forward to improve access to care for emancipated and emancipating foster youth. These recommendations are presented in the context of three strategic options stated in the next section of this report.

- ▶ Secure Higher Federal Medi-Cal Reimbursement Rate through FQHC Status
- ▶ Integrate Physical and Behavioral Health Services with a Focus on Wellness and Primary Prevention
- ▶ Improve Marketing, Outreach, and Communication Between All Service Providers Who Serve Foster Care Community
- ▶ Ensure Continuity to Care to Increase Access to Care for Emancipated and Emancipating Foster Youth

# Strategic Options Building on Report Recommendations

## Considerations for Improving Access to Care for Emancipated and Emancipating Foster Youth

While an array of health services are available to emancipated and emancipating foster youth, their accessibility to these services as evidenced in our study is significantly limited due to a variety of factors detailed in this report. In short, the availability of services for this population has not resulted in increased or improved access to care. In concluding this report, we offer the following strategic options for improving access to health care for emancipated foster youth. These options are informed by findings from the client needs assessment, key stakeholder interviews, and the financial analysis conducted by Alameda County School Health Services Coalition and UCSF on behalf of the Beyond Emancipation Teen Health Center (BE).

**The following options are offered only for consideration and discussion purposes. These options are not necessarily mutually exclusive; strategies may be combined to achieve a more comprehensive approach, resources permitting.**

### OPTION 1: Secure Higher Federal Medi-Cal Reimbursement Rate through FQHC Status

Consider partnership with a federally qualified health center (FQHC) in Alameda County in order to secure enhanced funding for Medi-Cal visits. For Medi-Cal beneficiaries, most FQHCs receive a reimbursement rate that is at least three times higher than the existing Beyond Emancipation rate for the same services to the same patients. Most FQHCs also contract with the Medi-Cal managed care plans.

### OPTION 2: Create a Comprehensive Health and Wellness Center

Expand on the initial vision of the Alameda County Social Services Agency to create a one-stop-shop for all ILSP programs and services. Consider centralizing specialized health services for emancipated foster youth by creating a one-stop multi-function health and wellness environment where cross disciplinary service providers are co-located. There are effective models of this approach in Alameda County (Youth UpRising, Eastmont Assessment Center, and the planned Emancipation Village).

**Integrated physical and behavioral health services:** This study found that counseling is the most commonly cited unmet health care need and yet no counseling services are offered at the existing Health Center, only counseling referrals. To stimulate more interest in using clinic services consider offering counseling services in addition to dental care and possibly gym memberships as core health center services. By expanding the days and times that health services are available on site the center could serve more patients, which would generate more billable revenue.

**Clinic marketing and outreach:** Significant outreach and marketing of the Health Center is needed. Programmatic policies should be instituted to ensure youth know about the services available at the clinic. For instance, all ILSP clients should be taken on field trips to the clinic, perhaps during the ILSP Life Skills classes. And the ILSP curriculum should include a component

on health education taught by Health Center staff as a way to introduce the clinic and themselves to more youth.

### **OPTION 3: Expand Health Services throughout Alameda County for Emancipated and Emancipating Foster Youth**

Decentralize specialized health services for emancipated foster youth by building the capacity of existing community health clinics to provide these services. In so doing, develop a formal agreement with the Alameda County Health Consortium, and provide training to develop the expertise in community health centers to serve the unique needs of emancipated and emancipating foster youth. This agreement would involve a comprehensive outreach and marketing strategy to stimulate foster youth interest in preventative care and promote the utilization of both preventative and primary care services at community clinics. Community clinic services would need to be holistic incorporating a broad range of health and wellness care that exceed the boundaries of traditional medical and mental health services.

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