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March 21, 2011

The Hon. Holly Mitchell Assemblymember, 47th District State Capitol, Room 2176 Sacramento, CA 942849

Re: Sponsorship and Support for AB 989 (Mitchell)

Dear Assemblymember Mitchell:

The Children's Advocacy Institute ("CAI") of the University of San Diego School of Law, which works to improve the well being of children in California through regulatory, legislative, and judicial advocacy is pleased to support and sponsor your AB 989, an important and common sense bill that simply ensures that when counties consider how to allocate Prop. 63 dollars, the unique needs of former foster youth who cannot attend the planning hearings are discussed.

There can be no question that former foster youth between the ages of 18 and 25 experience some of the most acute and deep-seated mental illness of any similar age group. Uniformly abused and neglected, then placed into a system the Little Hoover Commission has dubbed a "heartless limbo," stripped of any connection to adults who might reliably advocate for them, then kicked to the streets into joblessness and homelessness as an unwelcome 18th birthday present, their unique mental health needs and their unique status as literally children of the State, amply warrant particular attention from state and county policymakers whenever and wherever their interests are at-stake. For example, former foster youth experience:

- panic disorder at three times the rate of the general population;
- drug and alcohol dependence at seven times the rate of the general population;
- bulimia at seven times the rate of the general population; and
- shockingly, former foster youth experience post traumatic stress disorder (PTSD) at levels five times higher than the general population and exceed those of war veterans. 21% of foster youth experience PTSD, compared with 15% of Vietnam War Veterans, 6% of Afghanistan War Veterans and 13% of Iraqi War veterans.





University of San Diego School of Law 5998 Alcalá Park / San Diego, CA 92110 (619) 260-4806 / (619) 260-4753 (Fax)

717 K Street, Suite 509 Sacramento, CA 95814 (916) 444-3875 / (916) 444-6611 (Fax)

Reply to: \Box San Diego \Box Sacramento

www.caichildlaw.org

(Casey Family Foundation, The Foster Care Alumni Studies: Stories from the Past to Shape the Future, Assessing the Effects of Foster Care: Mental Health Outcomes from the Casey National Alumni

http://www.casey.org/Resources/Publications/pdf/CaseyNationalAlumniStudy_MentalHealth.pdf

- Only 3% of foster youth will graduate from a four year college.
- 27% -35% end up in jail or prison.

(Studies cited in testimony before the GAO, May 1999. Available online at: http://www.gao.gov/archive/1999/he99121t.pdf)

• 15% of foster youth have attempted or contemplated suicide. (Perry, BD and Pollard, D. *Altered Brain Development Following global neglect in early childhood*. <u>Society for Neuroscience: Proceedings from Annual Meeting</u>, New Orleans, 1997.)

Though uniquely deserving of state and locally-funded mental health services as children forcibly removed from the care of their parents by the state and local governments; though the population of transition age youth with the greatest risk of mental illness and the greatest incidence of mental illness; though forced into mental illness-exacerbating homelessness, poverty, and joblessness without even a pretense of adequate resources or support; transition age foster youth have failed to receive the benefits of Prop. 63 proportional to their critical needs and their moral claim to our attention, as exhaustively documented by multi-year study by the Children's Advocacy Institute at the University of San Diego School of Law.

Proposition 63, approved by the voters in 2004, established the Mental Health Services Act (MHSA) and enacted a state income tax surcharge of 1 percent on taxable incomes of more than \$1 million for the provision of mental health services. It was supposed to fund only new programs.

Over \$700 million is available for this purpose for the 2009-10 fiscal year. Under current law, county mental health departments are required to develop three-year plans outlining the use of MHSA funds. Components to be addressed in the plan include: 1) community services and support; 2) workforce education and training; 3) capital facilities and technology; 4) prevention and early intervention; and 5) innovation. These plans are to be developed or updated with local stakeholders, including adults and seniors with severe mental illness, families of individuals that have severe mental illness, service providers, law enforcement agencies, education agencies, social services agencies, and others.

The authors of the Report read every county plan and contacted every county on three different occasions to confirm that what was in the officially approved plan in fact represented what was happening on the ground. The Report grades the counties on their use of Prop. 63 funding to address the needs of transition age foster youth. Twenty-six counties, home to over 78% of California's transition age foster youth, received a failing grade. Seven more counties, home to

an additional 15% of the state's transition age foster youth, received a D. These grades mean that over 90% of California's transition age foster youth live in counties that either do not have Prop. 63 programs serving them, or whose Prop. 63 programs lack adequate capacity to meet their needs. The Report notes that some counties are using Prop. 63 funds to specifically address the mental health needs of former convicts, but not the state's own children.¹

Further, other priorities – worthy ones, certainly – have received particular emphasis. The State Mental Health Services Oversight and Accountability Commission has allocated \$40 million to special statewide programs such Stigma and Discrimination Reduction, and while one county has devoted \$8.4 million to a county-wide bus bench ad campaign ("Its Up To Us") to de-stigmatize mental illness. However, there appears to be no similarly ambitious, targeted funding slated specifically for improving the mental health of the transition age youth with the most urgent mental health needs and the greatest moral claim on state and county funds: former foster youth between the ages of 18–25.

To the extent this is the case because counties have simply decided to prioritize de-stigmatization over the mental health needs of former foster youth, that is one thing. But, to the extent that the lack of even remotely similar, concerted ambition to aid mentally ill former foster youth notwithstanding their desperate and obvious needs, in whole or in part is caused by the fact that foster youth (homeless, jobless, tiny in number, impoverished, sundered from any adult who may reliably advocate on their behalf) unique among almost every other group that will seek to participate in county-funding processes cannot and do not show up to Prop. 63 planning meetings to say simply, "please do not forget me," such a result undermines the electorate's aims in enacting the initiative.

AB 989 does not force the county to fund anything. It does not set aside funding. It does not prioritize funding. It in no way seeks to alter, direct, or control county Prop. 63 decision-making on how funds ultimately ought to be spent.

AB 989 simply does what non-existent unions, chambers, or lobbyists for foster youth can't – clarifies for local Prop. 63 authorities that when weighing whether to fund "transition age youth," that larger category of youth includes the smaller category of transition age foster youth, also indisputably worthy of at least being talked about.

Thank you so much for making sure that the voice of these former foster youth will at minimum be heard.

Sincerely,

Ed Howard, Senior Counsel

¹ The Report can be found at http://www.caichildlaw.org/Prop63.htm