

1-29-2026

The Environmental Mental Health Services Needed for Youth Ages 18-25 Aging Out of the Foster Care System

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Walden University

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Walden University

College of Psychology and Community Services

This is to certify that the doctoral study by

Keelin J. Leger

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2026

Abstract

The Environmental Mental Health Services Needed for Youth Ages 18-25 Aging Out of
the Foster Care System

by

Keelin J Leger

MA, American Public University, 2021

BA, American Public University, 2019

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Human Services

Walden University

February 2026

Abstract

Youth transitioning out of foster care experience increased mental health challenges that affect their ability to age out successfully to independence. In this qualitative modified action study, the environmental mental health services needed for adolescents, aged 18 to 25, aging out of the foster care system in Lafayette Parish, Louisiana were explored. This study was guided by the Families Rising framework. Purposeful sampling was used to recruit 20 participants who provided insights to this study. Participants were reached by posting flyers on social media and the online platform forums, and they signed the consent form to participate. The data were collected using semistructured interviews and analyzed using thematic analysis, following Lochmiller's seven-step approach, to identify patterns and develop themes. The results revealed seven key themes: inadequate access to support services, barriers to navigating service systems, policy limitations, the importance of collaboration, the need for extended care, increased promotion of mental health programs, and variability in readiness for independence. The findings indicated that the lack of continuity of services and limited collaboration among agencies hinder successful transitions. Recommendations include implementing extended foster care support, improving multiagency coordination, and expanding mental health access and navigation supports. The study results can lead to positive social change by enhancing service accessibility, improving long-term mental health outcomes, and equipping community partners and human service organizations with effective strategies to support youth aging out of foster care.

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Dedication

I dedicate this work to the youth who have aged out of foster care due to their resilience and determination, despite the issues they have faced out of the system and those that they still face in their daily lives. I single out their strength, determination, and courage that inspire them to build meaningful lives, which have sensitized their efforts and strategies targeting to improve services and systems surrounding them in the foster care and aftercare. May this study provide a framework for enabling understanding, care, and opportunities for your growth in the future. My family has also been my strong support system through their unwavering belief in my ability, their patience, and encouragement, which have motivated me throughout every stage of my doctoral journey. Your unending support has been my foundation in pursuing this research work with compassion and purpose.

Acknowledgments

My sincere gratitude and appreciation go to the participants and professionals whose insights and experiences contributed to the success of this study. The voices and expectations of the youth aging out of the foster care system with mental health problems were shared and honored with depth, respect, and accuracy by your willingness to share your perspectives and expertise in the sector. The direction and significance of this research have been guided by your commitment to serve the vulnerable population.

I extend my appreciation to my academic mentors and committee members who have contributed immensely to supporting my research process through their guidance, feedback, and steadfast support. The quality of this work has been strengthened by your leadership and patience, shaping it into meaningful implications for the field of human services. My deepest gratitude to agencies and organizations that gave permission to conduct and complete this study. Your input and guidelines demonstrate community-centered efforts to improve the lives of youth aging out of the foster care system.

Finally, I am forever grateful and indebted to the psychological and emotional support of my family members, colleagues, and friends for their encouragement throughout my doctoral journey. You have reassured me and inspired my steps, especially during the challenging moments, while celebrating every milestone I made, making the completion of this research work possible and meaningful.

Table of Contents

Section 1: Introduction to the Problem 1

 Background of the Human Services Program..... 1

 Social Problem 3

 Local Problem..... 4

 Purpose of the Study 6

 Research Question 7

 Conceptual Framework..... 7

 Nature of the Study 8

 Defined Terms 9

 Significance of the Study 11

 Significance of the Study for Community or Organization 11

 Significance of the Study for Human Services 12

 Literature Review..... 12

 Literature Search Strategy..... 12

 Conceptual Framework..... 14

 Themes and Subthemes of Literature Related to the Human Services

 Problem..... 18

 Summar 44

Section 2: The Project 46

 Introduction..... 46

 Purpose Statement..... 46

Project Design.....	46
Methods.....	47
Role of the Researcher	47
Participant Recruitment and Sampling Strategy	50
Data Collection	53
Data Analysis	55
Data Analysis Plan	55
Ethical Considerations for Data Collection	58
Summary	60
Section 3: Results of the Study	62
Research Question	62
Presentation of the Results.....	62
Youth Lack Access to Adequate Support Services	63
Barriers Hinder Service Navigation and Utilization	64
Systemic and Policy Factors Influence Access to Services	66
Collaboration Across Agencies Strengthens Successful Aging Out	67
Extended Care and Continuity of Support Are Needed	69
Promotion of Mental Health Programs Within Foster Care Is Critical.....	70
Resiliency and Readiness for Independence Are Unevenly Developed	71
Outliers.....	73
Summary	74
Section 4: Conclusion and Reflections	75

Introduction.....	75
Reflection of Self	75
Reflection of Scholar-Practitioner	76
Recommendations for Human Services Organization or Human Services Field	
Advocacy	77
Summary	78
References.....	79
Appendix A: The Project.....	99
Appendix B: The Interview Protocol	106

Section 1: Introduction to the Problem

Background of the Human Services Program

Mental health is a critical factor among the youth (ages 18-25) aging out of the foster care system because it influences their life outside the care program. Mental wellbeing is essential for this population, mainly when they focus on starting an independent life and making their own decisions (McCauley, 2021). When the youth age out of the foster care system (when they are 21 years old in Louisiana), they may face a significant problem in addressing their mental health needs to progress successfully in their independent life. Various studies have delved into the issue of mental health among the youth aging out of the foster care system, reporting diverse findings that inform the importance of addressing the problem. Smith (2022) examined the mental health problems faced by the youth and adolescents aging out of foster care and highlighted the deficit in mental health services to address such issues. Similarly, other studies reported that the mental health challenges encountered by the youths aging out of foster care contribute to increased risks of homelessness and incarceration (Huang et al., 2021; Klodnick & Samuels, 2020; McCauley, 2021) and reduced or lack of care associated with sudden withdrawal of support and care (Palmer et al., 2022). These negative mental outcomes necessitate establishing and implementing support structures for foster youth aging out of the system (Armstrong-Heimsoth et al., 2021; Klodnick & Samuels, 2020). Adequate support programs are essential in facilitating the mental wellbeing of the youth transitioning successfully out of the foster care system.

Researchers have provided insights to help the youth aging out of foster care to meet their mental needs adequately. For instance, there is a need for nursing intervention programs to facilitate the mental health needs of the youth transitioning out of the foster care system (Clemens, 2022). These nursing interventions include activities such as self-care, self-management (therapy, emotional regulations, breathing control, and relaxation), management of communication skills, measures to promote self-esteem, and those that enhance autonomy, prosocial attitude, and self-knowledge (Sánchez-Ortega et al., 2022). An effective transition to adulthood among the youth aging out of foster care may be achieved through quality mental health to facilitate successful decision-making in life (Armstrong-Heimsoth et al., 2021). Youth aging out of foster care may need to develop resilience to address the mental health challenges encountered during their transition to adulthood outside care programs (Shpiegel et al., 2021). Quality mental health services among this population will allow them to engage and meet some necessary steps to adulthood when they are outside the foster care system, for example, making rational and informed decisions on their own, leading a healthy and quality livelihood, budgeting, attending to school, planning for the future, active socialization, and protecting oneself from any harm or negative influence. A lack of a proper support framework may contribute to life challenges that may lead these youths to other risks, such as homelessness, incarceration, and other social evils (Huang et al., 2021; Klodnick & Samuels, 2020; McCauley, 2021). Successful adulthood is attained through making informed decisions and having mental health wellbeing during the youthful stage of development.

Social Problem

Human service practitioners seek to transform the lives of the youth in the foster care system by offering support for growth and developmental needs. While passing through the system, some youth may acquire different abilities and gain improved health and wellbeing because of the services offered in the foster care system (Clemens, 2022; McCauley, 2021; Palmer et al., 2022; Ruff et al., 2022). One significant contribution of the human services worker is to promote and support the mental health of these youth, especially when aging out of the foster care system (Palmer et al., 2022). However, youth aging out of foster care may be more likely to experience mental health problems than youth who were not in foster care (Haggerty et al., 2023; Morgan et al., 2021; Munson et al., 2020). For instance, approximately 50% of youth in foster care are affected by at least one diagnosable mental health disorder and face two to four times more risk of lifetime and/or past-year mental health disorders (Greeson et al., 2020). This is because many of the mental needs of these youth are not satisfactorily met in the foster care system based on the services offered. As such, some of the youth aging out of foster care exhibit mental health issues, which impact their lives and progress outside the foster care system (Tarren-Sweeney, 2019). These unmet mental health needs of this population hinder the quality of life among the youth as they may not have adequate access or guidance to the social services they were offered in the foster care system.

Youths aging out of foster care systems have a need for mental health support and services to improve their health outcomes as they transition to adulthood. In the state of Louisiana, 80% of the 400,000 young people in foster care have mental health issues

(Greeson et al., 2022). Youth who are in foster care may not have their mental health needs addressed while they are in foster care (Greeson et al., 2020). As a result, the youth population may age out of the foster care system with different unmet mental health needs (Katz et al., 2021; Morgan et al., 2021). These findings necessitate human services professionals to develop adequate mental health interventions for youth aging out of the foster care system as current programs may end at a certain age or there may be limited availability of qualified personnel to staff the programs or interventions (Shpiegel et al., 2021). Youth aging out of foster care face an important period of independence and focus on personal fulfillment (Tysnes & Kiik, 2019). This period requires quality cognitive and mental abilities to make rational decisions that impact their lives. Linking this population to the available mental health services, such as support systems and mentorship programs within the community, is important for human service professionals to help the youth overcome any mental health challenges (Settipani et al., 2019; Shpiegel et al., 2021). These interventions may help the youth aging out of foster care to adapt successfully and independently to the world.

Local Problem

Environmental mental health problems among the youth aging out of the foster care system, especially in Lafayette Parish, Louisiana, are a public health issue that necessitates the creation and implementation of adequate quality interventions to help the group. The existing programs that help youth transition out of foster care in Louisiana are Upbring BeREAL New Orleans, Louisiana Department of Children and Family Services, Youth Villages, Family Connection, Child Welfare Information Gateway, Goodwill of

Southeastern Louisiana, and LouisianaLawHelp. These programs are associated with certain limitations such as some of them ending at certain age, limited focus on mental health interventions, and limited personnel to address the needs of the youth aging out (Shpiegel et al., 2021). Louisiana programs targeting youth aging out of foster care only focus on problems such as reduced completion of education, unemployment, dependence on public assistance, substance abuse, early pregnancy, homelessness, and incarceration, especially when they turn 18 ("Louisiana Department of Children & Family Services," n.d.). Despite the high levels of need among the transitioning youth, there is a challenge in accessing mental health services, including the programs that would help them adapt to their present home. The available youth programs in Lafayette Parish lack adequate mental health services for the youth aging out of foster care despite the national reports on high levels of mental issues affecting them (Potter, 2023). Some youth aging out of foster care discontinue mental health services when leaving the foster care system and enter a community or society with limited or lack of mental health services to meet their needs (Armstrong-Heimsoth et al., 2020; Palmer et al., 2022; Potter, 2023). This group reports lower attendance to mental health services due to various contributing factors, such as lack of developmentally and culturally appropriate mental health services, stigma, and lack of adequate support and mental health programs.

There is a lack of environmental mental health services for youth aging out of foster care in Lafayette, Louisiana. As a result, the youth aging out of the foster care system with a lack of adequate mental health services and support fail to accomplish their goals in life based on their potential (Potter, 2023). This problem may necessitate the

development of adequate mental health interventions, such as support systems and mentoring programs, to assist these youths in adapting to the world outside the foster care system (Armstrong-Heimsoth et al., 2020). These interventions may help improve the attainment of the needs of this population while promoting quality health for a successful transition into adulthood (Greeson et al., 2020). It is important to determine the specific type of support systems and mentoring programs that will facilitate the continuation of mental health services for the population and prevent adverse mental health effects.

Purpose of the Study

The purpose of this qualitative action research study was to explore the environmental mental health services needed for adolescents/youth, ages 18-25, aging out of the foster care system in Lafayette Parish, Louisiana. I conducted the study in response to the higher number of youths aging out of foster care with environmental mental health problems and the lack of adequate mental health services to address this issue in Lafayette Parish, Louisiana (see Armstrong-Heimsoth et al., 2020; Greeson et al., 2020; Palmer et al., 2022; Potter, 2023). This study informs advocacy because youth aging out of foster care require access to adequate mental health support programs to meet their mental needs that were not fully addressed while in the foster care system. Families Rising (2024) claimed that ongoing support to help youth aging out of the foster care system improves their chances of becoming successful community members while reducing potential challenges when transitioning to adulthood. Families Rising advocates for the youth aging out of the foster care system by providing them with mental health problems.

Research Question

What are the environmental mental health services needed for youths/adolescents, ages 18-25, aging out of the foster care system in Lafayette Parish, Louisiana?

Conceptual Framework

This study was grounded on the concepts of the Families Rising (2024), which advocates for the mental health needs of the youths aging out of the foster care system. The philosophy of Families Rising is that every youth aging out of the foster care system has a legal and permanent right to be connected with a caring family to promote their successful transition to adulthood with good health and wellbeing. Families Rising's philosophy is to provide the youth leaving foster care with mental health services and programs to the youth for a successful transition into society. Ongoing mental health support for the youth aging out of the foster care system improves their chances of being successful members of the community while making independent decisions about their lives. Families Rising increased the opportunities for youths aging out of foster care to the appropriate age of leaving the foster care system, access to adequate funding and services for different services, including mental health services, provision of comprehensive physical and mental health coverage, and other support programs to meet their needs.

The philosophy of the Families Rising (2024) was used as the lens to frame my study. The main tenets of Families Rising were used to inform this study by providing a template for services for environmental mental health support and services for the youths/adolescents aging out of the foster care system within Lafayette Parish, Louisiana.

This study was centered on preparing the youth aging out of the foster care system for a comprehensive and ongoing program tailored to their needs.

Nature of the Study

The nature of this research study is a modified action research approach. The qualitative approach delves into addressing the “why” and “how” of the research question to facilitate an in-depth understanding of the phenomena, context, and experiences of the participants (Maxwell, 2021). In addition, the qualitative nature is used to seek expert knowledge, insights, and views from the experts about the research problem with appropriate interventions that should be initiated and implemented (Lo et al., 2020). This approach effectively addresses the research question by collecting and analyzing non-numerical data that help understand expert opinions, experiences, or concepts. Modified action research design involves engaging experts in the field and stakeholders who can share their expert and practical information on the topic (Pedler, 2011). The research method entails engaging actively in problem-solving activities with a reflection on the whole process (Pedler, 2011). The modified action research process creates knowledge and brings about change as it is conducted in cycles to challenge, support, and refine insights with results obtained from the previous cycles (Action Research, n.d.; Pedler, 2011). I used this approach to engage the experts and professionals who understand the challenges faced by youth with mental health issues and aging out of the foster care system in Lafayette Parish, Louisiana.

The planned data collection approach for this study is semistructured interviews with human services practitioners who work with former foster care youth within the

state of Louisiana. Semistructured interviews are effective tools used to learn about the experiences and perceptions of the research participants on the themes related to the area of study (Naz et al., 2022). The data source is the human services practitioners who work with former foster youth who have aged out of the foster care system in the state of Louisiana. I used purposive sampling to identify and select information-rich individuals as part of the study. This sampling technique is appropriate for this study to select experts and experienced individuals to learn about the social issue. Finally, I used thematic analysis to address the research question. The thematic analysis emphasizes identifying, analyzing, and interpreting qualitative data patterns emerging from the focus groups to provide a deep understanding of the topic (Khoa et al., 2023; Marlow, 2023). It was appropriate for this study because it allowed me to gather new insights and concepts to understand the topic better and develop evidence-based measures to address the issue.

Defined Terms

Aging out: It is the process of transitioning from a formal control setting, like a foster care setting to an independent life, for instance, when youth attain 21 years in Louisiana (Greeson et al., 2020).

Aging out process: It is a period where an individual leaves a foster control system and lives independently (Greeson et al., 2020; Shpiegel et al., 2021).

Case management: A health care process, including mental health care, where a professional helps an individual or a client to establish a plan for coordinating and integrating support measures that help them (clients) achieve their life goals and outcomes (Smith, 2022).

Environmental mental health problem: In this study, environmental mental health problems encompass issues of mental well-being that emerge due to the impact of the environment or exposure to certain risks like suffering in the environment. Some examples include anxiety, depression, fear, posttraumatic stress disorder, disruptive behavior, and dissociative disorders (Clemens, 2022; Greeson et al., 2020).

Foster care system: A residential childcare community, treatment center, or support facility that provides a temporary care arrangement for a group of individuals (Font & Gershoff, 2020).

Maladaptive behaviour: The behaviour that affects the daily living and abilities of an individual negatively (McCauley, 2021).

Mental health interventions: Additional support measures such as mentorship programs, self-care, counseling, and access to community or family groups for guidance to address mental health issues (Font & Gershoff, 2020; Greeson et al., 2020).

Mentoring programs: Arrangements such as community support groups, social workers and counselors, family groups like Family Connections, and state programs that help to foster learning, development, and growth in individuals. These mentoring programs help by guiding former foster care youth to access support and services in the community that help to address their mental health needs (Greeson et al., 2020; Huang et al., 2021).

Support for youths aging out of foster care: Measures that aid youths aging out of foster care to meet or attain their daily needs. Some examples are community support

programs, family groups, counseling, and social work programs (Klodnick & Samuels, 2020).

Transition to independence: A process of changing from one stage of life to another characterized by making personal choices and decisions. It integrates emancipation with a personalized planning process that facilitate a person-centered approach that empowers youth to participate actively in decision-making and goal-setting for their future (Armstrong-Heimsoth et al., 2020; Palmer et al., 2022).

Significance of the Study

Significance of the Study for Community or Organization

The community may benefit from this study by having information on how to integrate the youth aging out of the foster care system who are experiencing mental health issues into the community successfully. Youth aging out of the foster care system may face challenges of continuing with the mental health services and programs that they were receiving in the foster care system when they leave for the community (Font & Gershoff, 2020; Huang et al., 2021; McCauley, 2021; Palmer et al., 2022). My study is significant for the community in that it may help them to identify existing programs and organizations within Lafayette Parish, Louisiana, that can help youth aging out of the foster care system address the mental health issues they are facing and plan for a productive transition to the community and adulthood. The community could benefit from an improved transition process for the youth aging out of foster care by promoting the productivity of its population, by addressing mental health issues.

Significance of the Study for Human Services

Human services practitioners may use the study results to enhance service delivery to youth aging out of foster care. Enhanced service delivery may provide youth aging out of foster care with quality mental health services where they can reason independently and plan their life based on their needs and anticipations of the future. My study may lead to positive social change by ensuring improved mental health outcomes among former youth who have aged out of foster care by linking them to the appropriate agency to meet their needs. The aspects of this study that align with the social determinants of health are reduced mental health issues among the youth aging out of foster care and efficiency in cognition, planning, and decision-making among youth aging out of foster care.

Literature Review

Literature Search Strategy

The literature search strategy was conducted using a step-by-step approach to identify and select relevant and appropriate peer-reviewed articles and journals addressing the topic. The first step of the literature search strategy was choosing the search terms from the title and those relevant to the research topic. Selecting the search terms involved considering each concept and coming up with different strategies for expressing them; for example, “mental health” could also be presented as “mental illness” or “foster care” as “out-of-home care.” Synonyms were used to search the internet and examine relevant abstracts or articles for alternative subject headings, phrases, and words. The second step was to search the keywords that involved the use of

a combination of free text and subject headings. These keywords were the search terms in the title and the abstract. The title was used further to get a small number of specific results. The keywords used were *children aging out of foster care, aging out, mental health, maladaptive behaviour, mental health issues, support for kids aging out of the foster care, foster care system, transition to independence, case management, aging out process, mental health interventions for children aging out of the foster care, and mentoring programs.*

The third step of the literature review strategy is to search for the exact phrase using quotation marks. In this case, phrases such as “aging out,” “foster care,” “care-experienced youth,” and “mental health”, among other phrases, were used. Using exact phrases helps to decrease the number of results and make them more relevant. The next step was the use of truncation and wildcard searches to find the search terms. For instance, some databases use an asterisk (*) as the truncation symbol. On the other hand, a wildcard was utilized to find variant spellings of words. The next step was to select the databases to search the search terms. The databases used to search these keywords were JSTOR, Elsevier, ProQuest, CINAHL, EBSCO, Medline, Scopus, ScienceDirect, Web of Science, PsycINFO, and Springer. The final step was to use Boolean operators to connect the keywords and search them in the selected databases. Boolean operators such as “AND,” “OR,” and “NOT” were used to refine and make the search more precise. The search was limited to articles published from 2020 to date to include more recent research findings and updates.

Conceptual Framework

Main Tenets of the Conceptual Framework

The conceptual framework that grounds this study was the Families Rising (2024). The philosophy of Families Rising is to take care of mental health services and needs of youth aging out of foster care by providing additional funding for enhanced mental health services, providing comprehensive physical mental health coverage through Medicaid or similar programs, creating and fully funding comprehensive support services, and offering comprehensive physical and mental health assessment with other services for addressing the identified needs of the targeted youth. Families Rising provides guidelines for foster care youth to live fulfilling lives through education, inspiration, support, and advocacy interventions to promote a positive transition process. Families Rising has helped child welfare workers and mental health practitioners with the value of creating a knowledge-based approach and developing skills to work with adoptive and guardianship families. This framework has been helpful for kinship, guardian, foster, adoptive, and customary caregiving families to thrive by ensuring that each care-leaver and youth has a loving, culturally competent, supported, permanent, and safe family that guides them throughout their journey after care.

Families Rising (2024) highlighted the importance of family strength, ensuring that clinical practices are family-based, valuing the contribution of the professionals in this area, the community support members, mental health workers, school personnel, pastoral counsellors, and parent mentors in building empathy, knowledge, skills, and understanding of the journey of meeting mental health needs of the care experienced

youth. By engaging these members, Families Rising promoted a broad-based intervention approach to facilitate the attainment of the mental health needs of the targeted group. For instance, engaging the clinical practitioners, counsellors, and mentors ensures that the care-experienced youth acquire personalized services, mainly focusing on their mental health to improve their transition process. The training of mental health professionals facilitates an adequate understanding of the mental health needs of the youth aging out of foster care (Families Rising, 2024). This understanding is also coupled with the training on competency skills to help the youth aging out of foster care to meet their mental health needs while achieving a successful transition into adulthood.

Additionally, Families Rising (2024) can guide foster care youth through their transition while engaging the community stakeholders and other relevant members. The Families Rising provided measures to support these youth to meet their mental health needs through funding and increased access to comprehensive mental health services. The Families Rising framework provided a working approach that involves engaging other professionals and relevant members of the community to support the youth aging out of foster care with mental health problems. This support is crucial because it entails guiding the care-experienced youth with mental health problems to access quality health services while being supported by the members of the community and clinical professionals. Families Rising support is focused on ensuring that the care experienced youth achieve quality and safe measures to meet their mental health needs during their transition process.

Application of Families Rising

Families Rising (2024) has assisted with the care of youth, foster care organizations, clinical practice and mental health professionals, and other support organizations advocating for postadoption support programs. The Families Rising has brought together relevant stakeholders through the Families Rising's national best practice advisory committees to create goals and objectives that help mental health practitioners and child welfare workers acquire the skills and knowledge required when working with guardianship and adoptive families (LaBrenz et al., 2020). Families Rising has further provided financial support and assistance to the youth aging out of foster care, especially those with special needs. In the case of the care-experienced youth with mental health challenges, the Families Rising framework has helped to fund their support and assistance, ensuring that they access a permanent, supported, loving, and safe family (Fowler et al., 2023). Families Rising also facilitates advocacy and training programs for youth with special needs, like those with mental health issues. Families Rising has successfully implemented advocacy, support, and training programs centered on improving the wellbeing of care-experienced youth in the United States (Families Rising, 2024). For example, more than 14,000 care-experienced individuals benefited from the framework in 2021 (Brehm, 2021). Additionally, Families Rising offers continuous support to care-experienced youth with mental health issues while increasing their stability and reducing families' isolation (LaBrenz et al., 2020). Therefore, this program is effective for the youth aging out of foster care, especially those with mental health

needs. Through Families Rising, they receive quality counselling support, mentorship, training, and access to resources to improve their mental health.

Rationale for Choosing this Framework

I selected this framework because it is suitable to support youth aging out of foster care to access quality services to meet their mental health needs. The Families Rising has supported care-experienced youth through training and access to safe and stable families while meeting their special needs. One of the benefits of Families Rising is that it trains relevant stakeholders, such as clinical professionals, counsellors, and mentors, to support care-experienced youth transitioning out of care. This framework is beneficial to care for youth aging out of foster care by providing them safety, support, and resources to meet their mental health needs and to advocate for their needs.

Families Rising (2024) may benefit the stakeholders in the state of Louisiana by offering them training on clinical practice, mentorship, and counselling to assist young aging out of foster care with mental health issues. The stakeholders may also benefit from the Families Rising program to plan and implement strategies and services that will meet the needs of the youth aging out of foster care with mental health problems. Families Rising offers the stakeholders in the state of Louisiana a working program that supports youth aging out of foster care with mental health problems based on the program's budgetary allocation, services, training, and mental health interventions to address their needs. The stakeholders in Louisiana may benefit from Families Rising's national best practice advisory committees in creating goals and objectives that help mental health practitioners and child welfare workers acquire the skills and knowledge required when

working with guardianship and adoptive families. Therefore, Families Rising may be helpful for the stakeholders in offering the support necessary to meet the needs of youth aging out of foster care with mental health problems.

Themes and Subthemes of Literature Related to the Human Services Problem

Inadequate Access to or Lack of Mental Health Services

The youth aging out of foster care with mental health problems may face issues with accessing mental health support or services to meet their needs. Comprehensive mental health services were provided for these youths in foster care to address their mental health issues but ended when they aged out of the care system. Armstrong-Heimsoth et al. (2020) reported that youth aging out of the foster care system might face different challenges in supporting their transition process, one of which is mental health problems. These youth may not access adequate mental health support or services after their transition out of the foster care system compared to when they were in the foster care system. As a result, this population faces a higher risk of deteriorated mental health problems, contributing to other problems of homelessness, isolation, and potential issues of substance use and addiction (Arnau-Sabatés et al., 2021; Clemens, 2023; Dawson-Rose et al., 2020; Karki et al., 2023). Best and Blakeslee (2020) found that youth aging out of foster care with mental health issues should be provided with mental health support services to meet their needs. However, the youth aging out of the foster care system encounters a significant challenge in accessing adequate mental health services outside the care system. Since this population were provided all the mental health services in foster care, lack of these services or limited services contributes to poor mental health

outcomes. Inadequate or lack of mental health services for youth aging out of the foster care system with mental health issues render them helpless and may engage in social issues such as substance use, leading to addiction, isolation, and inability to access quality homes. Consequently, lack of mental health services or limited access contributes to poor mental health outcomes among the youth aging out of foster care due to unmet mental health needs.

In addition, the youth aging out of the foster care system with mental health needs are not linked to mental health services programs after care, contributing to inequalities and poor mental health outcomes during their transition into adulthood. The termination of mental health services after they age out exposed these youth to adverse mental health issues because they are not linked to mental health programs for continued access to their mental health needs. Philips et al. (2024) identified significant disparities between individuals requiring mental health support and those who received it associated with the problems of timely and effective mental health support. While the challenge of inadequate access to mental health support prevailed among the youth aging out of foster care with mental health needs, the reluctance to access this mental health support was also reported among the population (Philips et al., 2024; Rouski et al., 2021). Because the youth aging out of the foster care system with mental health problems faced inadequate access to or lack of mental health support programs, their transition process became a challenge, leading to unmet needs and poor health outcomes. While they received adequate mental health services while in the foster care system, the lack of connecting them to such programs outside the system contributed to the discontinuation of their

mental health support. The discontinuation of the mental support programs after leaving the foster care system exposed these youths to serious mental health issues, affecting their transition process negatively.

The inadequate access to or lack of mental health services for youth aging out of the foster care system is associated with various risks during their transition to adulthood. At this stage, when they are out of the foster care system, youth who have aged out of foster care need to make independent decisions that impact their future. They may need mental health support because their mental health needs were not fully met to guide them to live independently and make the right decisions. Crous et al. (2020) found that care leavers face various weaknesses, challenges, and dilemmas affecting housing and healthcare provision. They included the inadequacy or the temporary nature of the program, the limited support available for the care leavers when exiting care, and the dependence of the young people on their educators. Similarly, Huang et al. (2021) observed that homelessness and incarceration are associated with increased cases of mental health issues among the youth aging out of the foster care system attributed to inadequate or no mental health services for the continuity of care, resulting in deteriorated mental health. These youths face challenging social networks and lack critical emotional, concrete, and/or instrumental resources to use for building resilience on institutional placement and mental health treatment access, which is harmful to them. The lack of or inadequate access to mental health services deteriorated the mental health problems among the youth aging out of foster care, contributing to other social issues such as substance use, addiction, incarceration, and isolation in the social setting.

Poor mental health issues among the youth who have aged out of the foster care system are associated with impaired decision making. The youth who have aged out of foster care are expected to live independently and make their own decisions as they transition into adulthood. However, inadequate access to or lack of mental health services among the youth aging out of foster care was associated with mental health issues or emotional disturbance among this population, hindering them from enrolling in a school, securing employment, or accessing quality housing (Kelly, 2020). Poor mental health among the youth aging out of the foster care system contributes to poor decision making, highlighting the need for continued support for these youth (Kelly, 2020; Pepe et al., 2024). It is crucial to link care leavers to consistent and coordinated support to improve their confidence and resilience as they transition to independence. Ahn et al. (2023) proposed the need for support programs like the John H. Chafee Foster Care Program or Successful Transition to Adulthood (the Chafee Program) to facilitate the successful transition of youth from foster care. Support programs are vital for care leavers with mental health issues to promote their confidence, self-esteem, and resilience in making informed decisions during their transition to adulthood. Continued support aftercare for youth aging out of the foster care system with mental health issues helps to guide them to achieve higher milestones in life aftercare and transition successfully to adulthood.

Extended Care

Extended care has emerged as a significant theme to address the challenges faced by the youth aging out of foster care with mental health issues. Care leavers benefit from extended care and support to access mental health programs and support to meet their

mental health needs, and develop confidence, self-esteem, and resilience to live independently. Feather et al. (2023) explored the importance of offering extended care services to the youth aging out of foster care and experiencing mental health issues. It is a significant challenge for youth aging out of foster care with mental health problems when they are abruptly discontinued from the mental health services that they are accessing without offering them alternative means to meet their mental health needs. Young people aging out of the care system are affected by emotional and mental health issues linked to the sudden withdrawal of support services offered in the foster care system (Palmer et al., 2022). More so, they face the challenge of being in a new environment where they have to look for these services. The limited or lack of a support framework for care leavers with mental health issues in a new environment exposes them to other mental stressors like stress, anxiety, and poor decision making. Others are reluctant to seek mental health services due to poor or lack of guidance on how they would access such mental health services and support. These issues affecting care leavers demonstrate the importance of creating an extended care program to assist them in adapting to the new environment and guiding them to access essential services and programs. Continued support addresses the issues that may deteriorate their mental health further.

The development of a more comprehensive aftercare planning for care leavers prepares them for their transition, maintains support systems, and helps to withdraw them gradually from care to avoid extended emotional and mental issues. Extended care prepares youth aging out of the foster care system with mental health issues for a better transition process. Feather et al. (2023) reported that the extended care approach provides

a holistic framework for leaving care interventions to help the youth aging out of foster care with mental health problems access quality approaches and services to meet their mental health needs. Extended care policies allow the young people exiting care to be covered continuously in their existing living arrangements to be provided with ongoing support that prepares them for a successful transition to adulthood. Helping relationships have been associated with the availability of supportive figures to coach and mentor young adults during their transition to independent living (Feather et al., 2023; Palmer et al., 2022). In addition, the extended care approach is associated with employment, education, and training, which are crucial to facilitating and sustaining positive psychological empowerment for young people transitioning to independent living. Taylor et al. (2024) reported the need for extended care among youth aging out of foster care to provide them with continued mental health care support as they transition into adulthood. Youth aging out of foster care benefit from extended care programs, especially those promoting resilience when transitioning to independence. The extended care programs help service providers such as clinicians, mental health professionals, and social workers to understand the needs of care leavers with mental health issues better and assist in meeting them. These youth exiting care enter into a new environment with mental health needs; therefore, linking them with extended care programs will facilitate the achievement of other needs such as housing, education, and employment.

Extended care programs support care leavers with mental health issues to meet their mental health needs and other services. Young people exiting care with mental health issues were receiving various services in foster care. Connecting this population

with extended care programs will help them access crucial support and services, especially mental health services, to meet their needs. Van Brenda et al. (2020) demonstrated that the provision of extended care for young care-leavers with mental health issues is crucial to addressing their challenges and concerns after leaving care. Extended care interventions on mental health problems for the care-experienced youth with mental health problems help to meet health needs while assisting them to achieve independence during their transition. According to Philips et al. (2022), it is essential to understand the mental health needs of caregivers to formulate extended strategies and interventions that benefit them. These strategies are vital in providing therapeutic support, including re-engaging the care-leavers after aging out of the foster care system. Extended care also offers greater awareness among the young care-leavers and may help healthcare and social care professionals provide adequate support and improve existing mental health care for the population. Sapiro and Ward (2020) indicated that young care-leavers with mental health issues face inequalities and marginalization in accessing resources and opportunities for mental health issues, impacting their transition negatively. These issues highlight the importance of extended care to provide mutually empathic connections of the youth with others as well as the allocation of adequate resources to allow them to access quality mental health services during their transition process. Extended care programs provide an essential support framework for comprehensive and holistic care to the youth aging out of foster care with mental health issues. These programs address the problems associated with the sudden withdrawal of mental health services for the youth

aging out of foster care and connect them with crucial services such as education, employment, and social networks.

Mental Health Risks Associated With Aging Out

There is a significant number of youths aging out of foster care annually. For example, approximately 24,000 youth exit foster care every year in the United States (Foster Care, n.d.). They exit the care system and integrate into the community, where they are expected to live as independent adults after attaining 16 years of age (Cleverley et al., 2020). Most of these youths (70%) aging out of foster care with mental health disorders faced these issues since their childhood (Cleverley et al., 2020). In addition, 60% of these youth aging out of foster care face discontinuity from adult mental health services and lack effective evidence-based interventions for the transitions from child and adolescent mental health services to adult mental health services (Cleverley et al., 2020).

These youths aging out face mental health issues and the risks of limited or lack of mental health care systems, exposing them to poor mental health outcomes. The aging out process among these youths happens at a vulnerable developmental stage while navigating family, academic, and social life transitions (Cleverley et al., 2020; Clemens, 2023). This population has been receiving all their needs, including their mental health care, fully in foster care. However, aging out is the beginning of their independent life, where they seek and provide for their needs during emancipation (Cheatham et al., 2020). These youth may face greater risks of mental health issues due to limited or lack of support to access mental health care to address their mental health problems (Bogen-Johnston et al., 2024). The youth aging out of the care system face challenges because

they are not linked to the support framework to meet their mental health needs. These youth have increased risks compared to when they were in the foster care system. Poor mental health outcomes further affect these youths because they live on their own and make independent decisions once they are out of the care system.

Mental health is a critical issue among the youth aging out of foster care homes. This population is vulnerable to deteriorated mental health because they are leaving a major support system that has been benefiting them by addressing their challenges, such as mental health. Youth aging out of foster care may face problems when they are not linked to mental support systems to care for their mental health issues (Crous et al., 2020; Heimsoth et al., 2020). They are exposed to more mental health risks, which are possible return of the mental health problems that had been addressed when they were still in foster care. For instance, Crous et al. (2020) illustrated that care leavers are exposed to higher risks of mental health problems. Dawson-Rose et al. (2020) reported insufficient mental health services for the youth aging out of the foster care system, exposing care leavers to PTSD symptoms and stigma. The inadequate or lack of mental health services to care for the care leavers with mental health problems worsens their mental health, exposing them to other conditions like depression, anxiety, and PTSD (Arnau-Sabatés et al., 2021; Clemens, 2023; Cleverley et al., 2020; Dawson-Rose et al., 2020). Because these youths are left to live independently after aging out of care, they are left at a critical point in life when they need more support. Providing them with the necessary support will ensure they become stable in the new environment before being left or attached to other support groups or welfare settings .

Access to mental health support for the youth aging out of the foster care system would help them achieve stable emotional and psychological status. While they are still in foster care, these youth may find it easier to access their needs as they are provided for. However, living independently in a new environment without any support to access mental health care is challenging to their mental health outcomes (Blakeslee, 2020). Mental health issues among the youth aging out of foster care may deteriorate further if they do not access quality care when they are outside foster care. It is important to provide quality mental health services for these youth, especially when they are aging out since they are exposed to a new environment. Bogen-Johnston et al. (2024) indicated that young people transitioning out of the foster care system face an increased risk of mental health problems if they do not access the necessary support. Former foster youth who experience mental health problems may lack decision-making skills and the ability to make rational choices independently (Pepe et al., 2024). Accessing proper support and mental health care is crucial for this population to live a quality life. This support and access to mental health care would benefit this population to get consistent and coordinated care, enabling them to acquire confidence and resilience to live on their own.

Mentorship Interventions

Mentorship programs benefit youths with mental health problems to transition out of the foster care system. The availability of mentors like coaches, teachers, neighbors, social workers, mental health care professionals, and counselors helps the youths with mental health issues to transition out of the care system by providing them with the needed care and support with essential ideals as they enter the community (Gunawardena

& Stich, 2021). Mentorship programs that benefit youth with mental health problems aging out of foster care can be group, peer, one-on-one, training-based, virtual, and flash mentoring programs (Okland & Oterholm, 2022). Youth with mental health issues aging out of foster care require support and guidance that can be obtained from these mentorship programs. Gunawardena and Stich (2021) highlighted that mentorship programs for these youths are beneficial when transitioning out of the foster care system to improve their well-being. Due to the mental health issues affecting this population aging out of foster care, it is crucial to offer mentorship support to impart positivity into their life. Howard et al. (2023) reported that the religious mentorship approaches help to support the youth aging out of foster care to build resilience and calmness and to provide them with guidance to access the quality services they need from the community, especially to meet their mental health needs. Building and implementing a support framework for youth aging out of foster care helps them overcome stress and increase their satisfaction. Mentorship interventions help enhance the youths' adaptability and prepare them for a successful transition into adulthood.

Mentorship interventions can help the former foster youth to adapt to their new environment. These programs have benefited the youth to overcome the challenges of poor mental health even when they are transitioning out of foster care. Okland and Oterholm (2022) found that the common support interventions for care leavers were natural mentoring, formal mentoring, formal mentoring, skills training, network facilitation by intensive family finding, and self-help groups. These interventions showed greater variations in the support interventions but enhanced social support for care leavers

(Okland & Oterholm, 2022). Care leavers benefit from different approaches of mentorship programs, especially to receive support in accessing mental health care services or learning the skills to overcome mental health issues during their transition into independence. Sulimani-Aidan (2022) reported that care leavers with mental health issues benefit from mentorship relationships because they learn the approaches to share their concerns with a support system that will link them to better care services. Mentorship is positively related to better outcomes among these youths; they may receive guidance from a mentor on accessing mental health services and a support framework to lead them during their transition period.

The natural mentoring approach entails finding natural mentors for youths with mental health problems aging out of foster care. Some examples of natural mentors include identifying mentors from the present social networks for a formal mentoring program like the case of Youth-initiated Mentoring (Okland & Oterholm, 2022). After being identified, screened, and approved, the youth is expected to undergo training and a commitment period in which the program staff evaluates their needs and provides the necessary assistance (Okland & Oterholm, 2022). This natural mentoring program has been reported as ideal for youth transitioning to adulthood, especially those with mental health issues (Sulimani-Aidan, 2022). In contrast, formal mentoring involves assigning an adult mentor to support the young person, such as a program staff member (Okland & Oterholm, 2022). These mentoring programs may focus on outreach activities to prepare youth to live independent lives, like the Massachusetts Outreach Program for Youth in Intensive Foster Care (Greeson et al., 2020), or on the outcomes of at-risk youth leaving

care like Stand By Me program (SBM) (Okland & Oterholm, 2022). SBM is important for youth with mental health issues aging out of foster care because it targets youths aged 16 to 21 years by providing them with intensive postcare interventions for positive outcomes. Moreover, formal mentoring and skills training programs combine mentorship and skills training to improve and teach youth skills needed in adulthood, such as social, networking, and relationship skills (Okland & Oterholm, 2022). The provision of formal mentoring approaches to the youth enhances their social support, which, in turn, strengthens trust, common values, norms, and stable relationships during their aging out process. Formal mentoring is important for care leavers to promote their current support framework, which they can turn to when they need assistance to meet their mental health needs and access to quality, improved care services.

Other mentorship interventions are the Life Skills Training Program (LST), the Creating Ongoing Relationships Effectively (CORE) program, and the First Star Academy program. Youth with mental health issues aging out of foster care will benefit from the CORE program because it establishes supportive relationships necessary for them to transition out of the care system (Greeson et al., 2020). According to Okland and Oterholm (2022), the CORE program implements a holistic approach where psychologists engage the youths with their parents on crucial skills such as distress tolerance, mindfulness, interpersonal effectiveness, anger management, and emotional regulation. These approaches could regulate their emotions to reduce their mental health issues. The other support intervention is network facilitation by intensive family finding. It involves engaging the youth with mental health problems aging out of foster care with

the search-and-engagement team to identify the natural support networks that will help them through their transition (Prendergast et al., 2024). This program enables these youths to share their previous connections and experiences to allow the project team to make decisions and potentially connect them to support networks, establishing a lifelong connection for them (Okland & Oterholm, 2022). These mentoring interventions enable these youths to achieve a stronger relational permanency in society when they age out. Finally, the self-help group is an approach where youths inside care and those aged out engage together and share life experiences (Okland & Oterholm, 2022). This mentoring approach aims to help the youths who have transitioned to independence to build networks and teach them basic values to assist them in society (Cudjoe et al., 2020). The youth with mental health issues aging out of foster care will benefit from this program by getting the necessary support to meet their mental health needs and find extended care after aging out of foster care. Mentorship programs facilitate enhanced mental health outcomes among these youths while boosting their interaction and social interaction.

Finally, mentorship programs are essential for the youth to guide them throughout the transition process. The lack of a support framework for these youths exposes them to various mental health risks (Cleverly et al., 2023). These youths aging out of foster care with mental health issues benefit from the mentorship programs from the supportive adult mentors, mainly volunteers, in the social and emotional support and are taught basic life skills to manage to access mental care services when living independently (Okland & Oterholm, 2022). Care leavers may prefer to confide in their mentors than social workers because they understand that they will guide them and provide crucial support to meet

their mental care needs (Sulimani-Aidan, 2022). The creation of mentorship programs allows the youth with mental health issues to share their experiences with their mentors, who will, in turn, create a support framework or link them to available support groups that benefit them throughout their transition out of the care system. When they are outside the foster care system, youths experiencing mental health problems are supported through mentorship programs to access support groups, access extended care for their mental health needs, and achieve their training on social and emotional skills to handle their independence while reducing mental health issues.

Independent Living Readiness

Youth aging out of foster care have demonstrated the challenge of living on their own after exiting care. While exiting care, these youths face a risk of living on their own and making informed decisions about education, family, career, and other developmental progress. Sulimani-Aidan (2022) found that young people aging out of home placements such as group homes, foster homes, or residential care settings primarily exhibit a history of abuse and neglect or experience a lack of family care and support for different reasons. A family framework helps guide young people aging out of foster care to transition to independent living by providing them with the necessary support and setting to manage difficult feelings. Better outcomes among the youths transitioning out of the care system to independent living are achieved when they are supported to plan and discuss opportunities for uniting with their families or support groups (Feather et al., 2023). Including the individuals' families in the interventions to support their transitions out of care into independent living helps them manage their difficult feelings and provides them

with social and emotional support. A family provides a support framework for the youth transitioning out of foster care because they are faced with the uncertainty of accessing and achieving their needs.

In addition, education is important for youth transitioning out of foster care to independent living. Both informal and formal education programs are vital in promoting opportunities and social mobility for these youths aging out of foster care to independent living (Feather et al., 2023). Access to education enables care leavers to meet the adults who may act as their role models. Education support helps the care leavers access informed support and understand their transition process. For instance, they acquire knowledge to express themselves, build the confidence needed for their future life and establish meaningful relationships. Education support interventions benefit the youth aging out of the care system through life coaching and promoting their skills awareness (Gunawardena & Stich, 2021). Education contributes to economic benefits because they can access different employment opportunities and earn significant economic gains. Educating care leavers empowers them to be responsible adults during their independent living, where they can participate in various programs and social networks that agitate for their needs. Havlicek and Bilaver (2021) showed that care leavers benefit from education interventions such as the individualized education program (IEP) for their transition planning and coordination to link up with the public agencies that will support them in their independent living. Education among care leavers strengthens collaborations with different service systems, such as the community and welfare networks, to enhance their independent living. Care leavers also benefit from education on financial matters to

understand the importance of saving for their future and making specific investments that promote their stability in their independent living (Huang et al., 2021). Through education, care leavers learn about financial accountability and planning to enable them to prepare for their new independent life after transition. They become informed on the effective utilization of financial resources and assets they have or access for a successful transition process. Education prepares them to be responsible while investing and saving ahead to finance all their needs and activities.

Employment and training offer invaluable support for care leavers in their pursuit of independent living. Employment enables care leavers to acquire the necessary resources and financial stability to meet their needs and plan for the future. Youths aging out of care need adequate support and guidance in their independent lives because they have little to no experience living independently (Arnau-Sabatés et al., 2021). Young care leavers should receive better support that facilitates social support networks extending to employment and training opportunities to benefit them in their independent lives. While in these programs, care leavers will understand the importance of an existing relationship with professionals established on trust and mutual respect. This approach will enable care leavers to live independently with the experiences of responsibility and accountability. Feather et al. (2023) showed that employment and training are crucial to facilitating and sustaining positive psychological empowerment for young people transitioning to independent living. A helping relationship for the youth aging out of foster care was found to be associated with the availability of supportive figures to coach and mentor young adults during their transition to independent living. Taylor et al. (2020) reported

that employment opportunities for youths aging out of foster care prepare them for independent living. Employment and training equip these youths to care for themselves and meet their needs without strain. Leading an independent life is crucial for the youth aging out of foster care to prepare for adulthood. Without the necessary support of mentors, family, guardians, and other support, these youths may face challenges that may hinder them from successfully transitioning to independent lives. They receive the necessary support from employment and training since they can finance their needs and grow their career and professionalism after exiting care.

Finally, seeking the interventions of welfare agencies and linking them with youths aging out of foster care will enhance their readiness for independent living. Welfare agencies should find pathways to the existing network of federal and state public agencies and institutions that provide safety to at-risk youth at the transition age to address issues, such as mental health and enhance vocational training to facilitate their access to quality services (Havlicek & Bilaver, 2021). When they are linked to these welfare groups and programs, youths aging out of foster care are protected from various risks such as drug and substance abuse, criminal behaviors, and other disruptive behaviors. Having an adult and linking them to welfare agencies support and help them reduces potential cases of mental health issues and enables these youths to live productive lives after exiting the foster care system (Kelly, 2020). More so, linking care leavers to welfare agencies cultivates psychological awareness or creates self-awareness that builds a psychological sense of home among them and facilitates independent living after transitioning from foster care (Klodnick & Samuels, 2020). These youths can

integrate into the community and live independently with improved health and quality behaviors. These interventions prepare the youths aging out of foster care for an independent life and guide them on the processes to follow in accessing care to address any mental health issues.

Difficulties Accessing Mental Health Care

Care leavers may face a significant challenge of access to mental health care services to address mental health problems. These individuals experience issues accessing transition services throughout their emancipation into young adulthood. According to Armstrong-Heimsoth et al. (2020), care leavers transitioning into young adulthood face significant risks such as learned helplessness, lack of trust, and displacement pre- and postdischarge. These challenges expose them to deteriorated mental health and poor decision-making processes. Learned helplessness describes the limited opportunities for care leavers to practice their decision-making skills while still in foster care. Foster youth have fewer opportunities to apply their decision-making skills into practice, creating learned helplessness when transitioning out of the care system (Richmond & Borden, 2021).

The development of learned helplessness among these youth limits them from learning through the outcomes of their decisions since they did not put them into practice. Learned helplessness is a problem among youth aging out of foster care with mental health issues because they lack effective decision-making skills to access the necessary mental health care services. Care leavers may also develop a lack of trust due to feelings of distrust towards the foster care system that did not link them to the necessary mental

health care services or support systems (Richmond & Borden, 2021). The distrust among these youths makes them want to turn away from any other support or aid. This may be a challenge during their transition process because they need support services to meet their mental health needs and transition towards independent living. It is important to develop health services and sociocultural factors to shape resilience processes among youth aging out of the foster care system (Oakland & Oterholm, 2022). Learned helplessness and lack of trust leave these individuals by themselves because they have been accessing quality care through the help of mental health professionals in foster care and did not get an opportunity to exercise their decision-making skills. It is crucial to link them with mental health care programs and specialists to meet their needs and enable them to lead a quality, independent life.

Youths aging out of foster care had continuous mental health care while in the foster care system. Leaving foster care without any support or connection to a mental health facility may render them vulnerable in the community (Gunawardena & Stich, 2021). The sudden withdrawal of support from the youth when aging out of the foster care system is a challenge in adapting to a new environment independently. Palmer et al. (2022) reported that sudden withdrawal of foster care support, especially for the youth experiencing mental health issues, exposes the individuals to traumatic issues and severe mental health problems. In other cases, these care leavers are exposed to substance use disorders (Arnau-Sabatés et al., 2021). Care-leavers are at an increased risk for mental health problems, suicide, and substance use difficulties; thus, there is a need to understand the resources that might be put in place to minimize poor psychological

outcomes among the population. Cheatham et al. (2020) reported that care leavers experience high levels of unmet needs associated with mental health diagnosis. The limited mental health programs that help this population may expose them to secondary mental health and behavioral issues. Mental health issues may hinder youth aging out of foster care from making informed choices about their lives.

Increased Rates of Depression and Anxiety

Behavioral problems such as depression and anxiety affect care leavers. Youths aging out of foster care may experience issues of conduct disorders and suicidal behaviors associated with issues of depression and anxiety (Lee & Holmes, 2021). An increased rate of depression and anxiety among care leavers is higher, and they may need access to effective therapy. This issue is a significant problem during the transition process because it increases mental health issues. Depression and anxiety contribute to poor mental health outcomes by complicating the present situation of the youths while increasing their mental health needs. These issues highlight the need for additional interventions like counselling for the youths. More so, limited time for treatment was linked to medium to large exposures to anxiety, penetrating aggression/violence, conduct disorder, and depression (Ruff et al., 2022). Lack or inadequate access to mental health services may expose care leavers to poor mental health outcomes attributed to stress, depression, and anxiety. Care leavers are more disturbed when they cannot access the necessary mental health services to address their mental health issues. Due to the increased challenges of depression and anxiety, Ruff et al. (2022) proposed the need for a mental support framework like the case of A Home Within. This support framework helps

to reduce barriers to mental healthcare among these youths and facilitates consistent pro bono psychotherapy. The approach will address the issues of depression and anxiety among care leavers, contributing to a successful transition.

Young care-leavers face many challenges of inequalities, exposing them to psychological, social, and emotional disturbance. Besides being affected by mental health issues, they encounter isolation/loneliness when transitioning out of the care system, which leads to social disadvantage and social inequality (Strahl et al., 2020). Youths aging out of foster care may be marginalized in society, exposing them to inequalities during their transition to adulthood. This marginalization may prevent youth from accessing resources, which may have a negative impact on youth transitioning to adulthood (Sapiro & Ward, 2020). The youth transitioning to adulthood may face difficulties achieving self-sufficiency and forming connections with others as a marker of adult maturity. Strahl et al. (2020) proposed that multiple layers of reforms and policies focused on mental health support should be implemented to assist care leavers in adapting and transitioning successfully to adulthood. Young care leavers may experience high vulnerability due to suboptimal social policy and limited aftercare services. Therefore, the allocation of adequate resources for youth aging out of foster care is important to facilitate their transition process.

Resiliency

Youths aging out of foster care with mental health problems encounter different challenges when transitioning into adulthood and may require developing resiliency. Resiliency describes the ability to develop stamina or toughness to withstand or

overcome adversity or change after undergoing challenging situations. Resilience among the youth aging out of foster care has been associated with positive life outcomes due to the access to the support framework that aids in the attainment of various needs of this population (Bendeck & Moore, 2022). The difficulties encountered by these youths aging out associated with mental health issues expose them to multiple experiences facilitating the development of resilience when they overcome them. According to Gullo et al. (2021), the challenges faced by these care leavers related to limited support networks present obstacles to this population, hindering them from accessing all the needs they received in foster care. Overcoming these obstacles enables these youths to develop resilience for success into adulthood. Nesbitt et al. (2023) found that resilience among youth aging out of foster care has been operationalized in different ways, such as recovery-focused, person-environment interactions, stress adaptation, and critical and cultural perspectives. It is important to develop health services and sociocultural factors to shape resilience processes among youth aging out of the foster care system. Overcoming multiple problems during the transition into adulthood contributes to acquiring knowledge and understanding to face other issues in the future.

Resilience among youth aging out of foster care is increased through a number of situations. Developing a sense of identity among care leavers equips them with confidence and adaptability, contributing to increased resistance and success in their challenges. Gunawardena and Stich (2021) stated that individual identity among care leavers boosts self-esteem and social networks, allowing them to have the confidence to engage others and seek help whenever they face issues or obstacles during their transition

process. Individual identity contributes to resilience by exposing these youths to opportunities and informal learning to enhance a successful transition. Miller et al. (2020) found feelings of otherness, compounding stressors, and self-reliance among college students with a history of foster care. For instance, a college student with a history of foster care demonstrates their identities through their abilities to counter mental health challenges, life stressors, and foster care histories. Through a personal identity, resilience is developed to enable care leavers to transition successfully to adulthood.

Additionally, having a support system aftercare develops resilience among the youth. The limited access to a social network immediately after leaving care reduces the confidence of care leavers. Pepe et al. (2024) showed that the lack of consistent and coordinated support for care leavers reduces their confidence when transitioning to independence. The mental well-being of the care leavers is important to gaining confidence and resilience in their transition process. Accessing a support system will facilitate improved resilience to challenging situations during the transition period. Shpiegel et al. (2021) found that various protective and child welfare factors were linked to developing resilience outcomes when transitioning to adulthood. It is crucial to understand the role played by the youths' environment to implement appropriate interventions to mitigate potential risks such as mental health challenges, childbirth, or fathering a child, and improve the likelihood of resilient outcomes necessary for the transition from foster care. These support systems encourage the care leavers to progress and confidently interact with others towards a successful transition.

Finally, resilience can be decreased due to behavioral and external problems. Behavioral issues hinder the development of a positive personality and identity among care leavers. The prevalence of mental health and trauma among foster youth could trigger secondary mental health and behavioral issues during and after care (Cheatham et al., 2020). Behavioral issues prevent the development of confidence and self-esteem among care leavers. As a result, they lack the ability to adapt and overcome various obstacles during their transition into adulthood. More so, problems linked to disruptive behaviors, like psychiatric illness, affect care leavers' success and well-being in adult life (Karki et al., 2023). These issues contribute to a poor transition process among the care leavers because they do not possess the resilience to support them through the process. Kelly (2020) found that risk factors associated with homelessness were a history of runaway and mental health issues or emotional disturbance. Kelly recommended that youth should have an adult they can trust and turn to for help until they attain the appropriate age of 21 years when they can leave foster care and live independently. This adult also supports and encourages them to remain in foster care until they are fully grown enough to make their own decisions in life. Having an adult to support and help them reduces potential behavioral issues and enables these youths to transition successfully to adulthood.

Support Systems

Youths aging out of the foster care system presenting with mental health issues call for support networks and systems to integrate them into the community successfully. These youths have limited experience living on their own because they received support

and care from foster care. When entering the community, they face the reality of staying on their own and living an independent life. Arnau-Sabatés et al. (2021) showed that the provision of support services for the youth aging out of foster care benefits them during their transition process to promote well-being and address possible concerns such as mental health problems and substance use disorders. The support services during the transition process assist the youth aging out of foster care to access treatment needs and employment support. Adequate support for these care leavers may provide a pillar they rely on when they need services and care. Best and Blakeslee (2020) found that mental health support networks boost emotional support for care leavers. A mental health support framework was critical in increasing a successful transition from care and facilitating independent living among individuals. These ties were perceived to promote confidence and trust among care leavers. Support systems among care leavers enhance networks and support permanency during the transition process.

Support systems provide effective planning for youths aging out of foster care for their integration into the community and successful transition to adulthood. The development of relationships among youth aging out of foster care with advocacy programs, guidance, and modelling skills facilitated their transition process, where they can utilize the transition support services to promote their well-being and regular communication (Armstrong-Heimsoth et al., 2020). More so, extended care policies recommend developing support systems that allow the young people exiting care to be covered continuously in their existing living arrangements to be provided with ongoing support that prepares them for a successful transition to adulthood (Feather et al., 2023).

Access to support networks enables youths aging out of care to access the necessary guidance and services because they are linked with the networks providing them. Gullo et al. (2021) further reported that improved and balanced aftercare support services offer equal opportunities to support the care leavers to enhance their mental health and facilitate the transition process. Support systems enable care leavers to access important services that meet their needs. These youths should be linked to support systems with holistic and comprehensive services to ensure that they can facilitate a successful transition of the care leavers to an independent life.

Summary

Themes and subthemes have emerged throughout the literature on youths aging out of foster care with mental health problems. These themes and subthemes have been discussed in this section, and they include inadequate access to or lack of mental health services, extended care, mental health risks associated with aging out, mentorship interventions, independent living readiness, difficulties accessing mental health care, increased rates of depression and anxiety, resiliency, and support systems. Care leavers experiencing issues of mental health face a major challenge of inadequate access to or lack of mental health services when they are out of the care system. This issue may expose them to extensive risks that deteriorate their mental well-being and may hinder their transition into adulthood. Youth may access the needs and services they need to help them integrate into the community. Other challenges presented under the mental health risks associated with aging out, difficulties accessing mental health care, and increased rates of depression and anxiety challenge these care leavers from successful access to

crucial services and transition to adulthood. Different research studies have proposed various interventions to counter these issues. For example, providing mentorship interventions and promoting independent living readiness allow the youth to develop abilities and adaptability or resilience to facilitate their transition process. Finally, providing strong support systems guides the youths to access services, achieve their needs, and transition successfully to adulthood. Section 2 of this paper examines the project by addressing the purpose statement, project design, methods, and data analysis. The methods section will explore the role of the researcher in collecting and analyzing data. It will also explore the participant recruitment, sampling strategy, and data collection process. In addition, the data analysis section examines the data analysis plan and ethical considerations for data collection.

Section 2: The Project

Introduction

In this section of the capstone, I delve into the project, specifically the purpose statement, project design, methods, and data analysis. In the methods section I discuss the role of the researcher, participant recruitment and sampling strategy, and data collection. I also discuss the ethical issues in conducting this research project and the plan to address them.

Purpose Statement

The purpose of this qualitative modified action study was to explore the environmental mental health services needed for adolescents who are aging out of the foster care system in Lafayette Parish, Louisiana.

Project Design

I used a white paper to present the stakeholders' recommendations on addressing the problem of a lack of resources for addressing environmental mental health issues among the youths aging out of foster care (see Appendix A). A white paper is a report used to present a complex topic to inform or guide a reader in influencing social change or learning about the solutions to address a social issue based on the organization's or stakeholders' point of view (McKay & McArdle, 2020). It gives the readers a clear understanding of the topic or the issue, allowing them to find the solutions for the social problem and influence positive social change (Clark et al., 2020; Van Mechelen et al., 2023). My white paper is focused on youths aging out of foster care with environmental mental health problems and stakeholder recommendations regarding the availability and

access to quality mental health services and other needs. My white paper includes information on the environmental mental health problems affecting the youths aging out of foster care to enable the stakeholders to capture the problem presented for effective decision making. A white paper was an appropriate form to present my findings to the participants and stakeholders, allowing the stakeholders to make clear recommendations or identify solutions based on the findings in this study.

A white paper may inform advocacy for the targeted population in this study, specifically youths aging out of foster care with environmental mental health issues. The white paper informs advocacy programs for the targeted population because it influences positive social change (Clark et al., 2020; McKay & McArdle, 2020). This white paper may persuade the targeted stakeholders to find solutions to the practice problem based on the findings presented. The main aim was to build trust and confidence with the stakeholders, showing them that the solutions provided for the problem are viable.

Methods

Role of the Researcher

A qualitative researcher is responsible for different roles in a study. The qualitative researcher collects data from the subjects or participants to understand their experiences by exploring their subjective emotions, meanings, and perceptions attached to specific phenomena (Wa-Mbaleka, 2020). A qualitative researcher applies different data collection methodologies, such as interviews or focus groups, to collect narrative data to understand a social topic (Collins & Stockton, 2022; Donmoyer, 2023). As the qualitative researcher, I was responsible for developing the study design, recruiting

research participants, and establishing a positive environment for participants to contribute to the research process. After recruiting the research participants, it was my role to promote and maintain the safety of the participants. As a researcher in this study, I was responsible for participating in research activities such as recruiting the participants, conducting the interviews and transcribing the interview results, analyzing data, and interpreting and reporting data findings.

The ethical issues I encountered in conducting this research were related to participant recruitment, such as privacy, undue influence, confidentiality, and informed consent. I safeguarded the privacy of the participants during data collection. The identities of the study participants were not to be anonymous; therefore, I protected their confidentiality by protecting their identities from exposure. In this case, I used codes to represent each participant and conceal any information that may expose personal data or demographics. I ensured that the participants are willing to participate in the study. I did not use any incentives to participants in my study because it could contribute to undue inducement, as Bonisteel et al. (2021) noted. I provided the participants with informed consent, where they voluntarily accepted participation in the study and were fully informed about the risks, benefits, and purpose of the study.

Researcher bias may be encountered during the process and should be addressed or mitigated using appropriate measures to promote the credibility of the research data (Li, 2024). Researcher bias occurs when the personal values, expectations, or beliefs of the researcher influence the collection, analysis, and interpretation of data (Ahmed, 2024; Li, 2024; Pitney et al., 2024). As a result of researcher bias, the reliability of the research

findings can be affected, including the ethical conduct in the study (Pietilä et al., 2020). The potential biases in this study were based on my preconceived ideas on this topic and my professional experience, which may result in researcher bias. I utilized insights and experiences of professionals from the field entirely in the study results to address potential biases that may have emerged from using my understanding of the limited mental health support services for youth aging out of foster care with environmental mental health problems in drafting the interview questions and presenting the results to the stakeholders. In some instances, I relied on my professional experience to guide and moderate the interview questions, especially the open-ended questions, which potentially influenced the respondents' responses on the topic. These biases based on my experiences and professional understanding of this topic could influence the responses I obtain from the participants and the conclusion of the results.

To mitigate these biases, it was crucial to rely on proven approaches of qualitative research, especially using qualitative interviews to collect data. Bracketing is the best approach to mitigate researcher bias in research (see Li, 2024; Pitney et al., 2024). Bracketing involves setting aside the researcher's own beliefs and preconceived assumptions on the topic or phenomena under study to address misconceptions and misinterpretations of the intended meaning, experience, or perception of the topic or phenomena (Ahmed, 2024; Li, 2024). A qualitative researcher practices a prestudy reflection by examining individual assumptions and biases to avoid them. Access to multiple sources and viewpoints further helps reduce the possibility of researcher bias (Pitney et al., 2024). This approach incorporates diverse knowledge and ideas with

alternative explanations of the topic or phenomena. As a researcher, I examined my viewpoints and understanding of this topic before conducting the interviews, analyzing the results, and seeking more findings from experts and multiple sources to assist in cross-examining the evidence to mitigate and avoid potential bias. I further undertook prestudy reflection to explore my assumptions and potential biases on this topic before data collection. This approach enabled me to be aware of the existing assumptions and biases to address them. I engaged in bracketing before data collection to address potential preconceived ideas, misconceptions, or beliefs that may alter with the data collection process. This approach enabled me to collect and record research-based data contributing to reliable and valid data.

Participant Recruitment and Sampling Strategy

The research population describes the targeted participants or group represented by a whole group or a specific section or set of events, individuals, or objects exhibiting the required or certain features suitable for the study (Marlow, 2023). This targeted group or section of objects, individuals, or events should fit the characteristics of interest presented by the researcher (Marlow, 2023). The population is a representative group or set of an entire group from which a sample is selected. A sample is a representative group of objects, items, or people drawn from a larger population (Marlow, 2023; Wa-Mbaleka, 2020). The population of interest for this study was human services professionals who have worked with former foster care youth who had environmental mental health problems in Lafayette Parish, Louisiana. These participants provided their expert knowledge, experiences, and understanding of the services available for youth aging out

of foster care with environmental mental health issues. They shared their understanding of environmental mental health services and their availability in Lafayette Parish, Louisiana, including suitability to the needs of the youths with environmental health problems aging out of foster care.

I used a purposive sampling strategy. Purposive sampling is a sampling strategy where the researcher selects participants based on their understanding of the research topic (Marlow, 2023; Wa-Mbaleka, 2020). I used purposeful sampling to include the participants who have extensive knowledge about the available services suitable for youth with environmental mental health problems aging out of foster care within Lafayette Parish, Louisiana. The selection of these participants was based on the selection criteria to ensure the suitability for the study. The study participants, in this case, included the human services professionals who have worked with former foster care youth who had environmental mental health problems in Lafayette Parish, Louisiana will be selected based on the following criteria:

- They should be adults.
- They should be knowledgeable about the services required for youth aging out of foster care with environmental mental health issues.
- Human services professionals should have served in foster care within Lafayette Parish, Louisiana, for over 5 years and should understand the needs of youth aging out of foster care with mental health issues.

I selected these participants for this study via online social media platform forums related to human services professionals or children aging out of foster care. These

platforms will help me to recruit participants. I posted flyers on social media and the online platform forums bearing information about the study, indicating its purpose and the importance of conducting it. I shared the purpose of the study and its implications in the flyer. I informed the potential participants to reach out to me through the contact information in the flyer if they are willing to participate in the study. Once the participants reached out to me, I invited them to review the recruitment criteria by sending them a copy of the list of recruitment criteria through email to ensure that they meet all the requirements to participate in the study. After addressing all the questions raised and potential concerns, I briefed them about the study and invite them to ask any questions about it. After confirming their suitability to participate in the study, I sent them a copy of an informed consent for them to review and sign where appropriate. Signing the informed consent demonstrated their willingness and commitment to participate in the study. I conducted the interviews using Zoom and Google Meet, where I can record and take notes during the interview process.

Finally, data saturation and sample size are concepts that should be understood during participant recruitment and sampling. Saturation describes the point during data collection where no new ideas, insights, or themes are identified (Marlow, 2023; Wa-Mbaleka, 2020). This point represents the state where all the major themes related to research phenomena have been exhausted. The sample size represents the number of participants selected to participate in the study (Marlow, 2023; Wa-Mbaleka, 2020). A qualitative sample size for saturation ranges between five to 24 interviews (Hennink & Kaiser, 2022). Therefore, the proposed sample size for this study was 20 to provide a

suitable number of participants for meaningful results. The sample size used in this study was 8 participants who provided in-depth and quality insights, informing the findings and conclusions reached. According to Wa-Mbaleka (2020), a good sample size should provide a more accurate representation of the entire group upon which the sample is drawn and reduces the likelihood of sampling errors. However, the final sample size was determined only when the saturation of the data has been reached.

Data Collection

I created an interview protocol that guided the data collection process, including developing the interview questions, recording, and transcription (Appendix B). The protocol includes the semistructured interview questions to seek expert perspectives, insights, and experiences on the research problem to determine the appropriate support services that meet the needs of the targeted group (youth aging out of the foster care system with environmental mental health problems). This interview protocol was developed based on the work of Cole (2024) and Lo et al. (2020), the seminal authors in qualitative research methodology. Cole and Lo et al. emphasized purposeful inquiry, flexibility, clarity, and neutrality during data collection through semistructured interviews. The components of the interview protocol are the purpose, development framework, the principles of developing the protocol, the interview questions, protocol administration, and the rationale for protocol design. I included the purpose of the protocol, which highlights the function of the study participants and the aim of the study. In addition, the development framework of the protocol demonstrates the importance of using open-ended questions and flexibility in the interview structure, including the key

principles of guiding the design of the interview questions. The interview questions are integrated into the protocol, highlighting the content being sought from the interviewees. Protocol administration is beneficial in this study as it guides the administration of the interview to collect valid and accurate data. Finally, I included the rationale for protocol design in the interview protocol to demonstrate that the questions align with the research objectives and that the answers are based on the experiences of the research participants.

To ensure the rigor and relevance of the interview protocol, it was validated through an expert panel review. I selected a panel of three professionals with expertise in qualitative research, human services, and foster care systems. I provided each expert with the interview protocol and other documents outlining the purpose and objectives of the study. I asked to evaluate the clarity, relevance, and alignment of the questions with the research goals. The experts provided detailed feedback on the wording, structure, and comprehensiveness of the questions. They also suggested additional probing questions to enhance the depth of responses. I incorporated the suggestions from the panel into the protocol. For instance, some questions were rephrased for greater clarity, and additional reflective questions were added to address gaps identified by the panel. The panel reviewed the revised protocol again to ensure all feedback had been adequately addressed.

The questions were drafted to address both the practical and systemic perspectives of working with former foster youth, drawing on Cole's (2024) and Lo et al.'s (2020) emphasis on aligning questions with research objectives. The inclusion of opening and reflective questions helps build rapport and allows participants to share insightful

perspectives. Flexibility in follow-up questions ensures depth and adaptability to individual experiences. This protocol will facilitate the collection of rich, qualitative data while respecting the experiences of human service professionals in this field. I will use Claap to audio-record the data and take notes to capture the main points. Claap is a tool compatible with Zoom and Google Meet for recording and transcribing interview responses (Kelly, 2024). I will transcribe the audio-recorded data verbatim to keep the original information and content. After transcribing the interview responses, I will send them back to the participants to review for accuracy. They can provide feedback that can be integrated appropriately to meet the standards for accuracy. I will further provide them with an executive summary of the study results for review. I will do the exit and follow-up procedures by providing the participants with the study's purpose and allowing them to ask questions or share their concerns. They can be contacted if there is a need to provide any additional information.

Data Analysis

Data Analysis Plan

The analysis of the data collected in this study will follow a thematic analysis approach. The thematic analysis describes the identification patterns or themes emerging from the qualitative data collected in a study (Lochmiller, 2021). I will follow Lochmiller (2021) as my seminal author for my data analysis steps to identify relevant patterns from the data based on the data collected through the qualitative method. There are seven main steps for conducting thematic analysis, as stated by Lochmiller (2021). The first step is the systematic preparation of data, where the researcher needs to review and understand

more about the data, including performing transcription and anonymization. The second step involves the creation of initial codes based on the pre-established theoretical frameworks or datasets. In this step, descriptive codes are helpful in categorizing data by the relevant topics, themes, or participant roles. The third step, according to Lochmiller (2021), entails reviewing the dataset thoroughly to identify primary ideas and patterns without performing any interpretation. In addition, the fourth step is to assign initial codes to passages to create meaningful information while reducing the dataset by identifying patterns, refining categories, and highlighting relevant ideas. The fifth step is to develop broader themes by aggregating categories and determining how they align with the research questions. The sixth step is data interpretation, which ensures the authenticity of the themes based on the participants' perspectives. The seventh step involves the presentation of the findings around major themes through their organizations while explaining and justifying them using participant quotes (Lochmiller, 2021). These seven steps will help me to conduct a thematic analysis in this study.

By employing the first step, I will start by reviewing and familiarizing myself with the data to understand the link to the objectives and purpose of the study. In this case, I will review the transcripts of the interviews multiple times to gain a deep understanding of the content. This understanding will help me to identify the essential themes relevant to the study and address the primary purpose and objectives.

Additionally, I will generate codes to identify significant features of the data. These codes will be inductive (emerging from the data) and deductive (guided by research objectives).

For instance, I will identify the patterns from the data collected through semistructured

interviews aligning with the study. The study objectives will guide me in identifying other themes based on the collected data. I will also organize the codes into broader themes that capture the patterns and relationships within the data. This approach will help to identify more themes relevant to the study. I will then review and refine the themes to ensure they accurately represent the data and are aligned with the study's goals. In this analysis, I will clearly define each theme based on its relevance to the purpose of the study. I will present the findings in a detailed narrative supporting them with the responses from the participants to illustrate the critical points.

The coding process will incorporate both inductive and deductive methods (inductive (data-driven) and deductive (theory-driven) coding approaches) to ensure comprehensive analysis. Inductive coding is data-driven, where codes emerge from the data, allowing the identification of unexpected insights and themes (Lochmiller, 2021). On the other hand, deductive coding is theory-driven, where the coding efforts are guided by the research objectives and theoretical frameworks as directed by Lochmiller (2021). I will begin the coding by reviewing the data thoroughly. I will segment the transcripts into meaningful units of data. I will then assign each segment with a code that captures its relevance. I will review the codes for overlap or recurring ideas, consistency, and alignment with the research questions. I will categorize the codes and identify overarching themes through analysis and refinement. An independent coder will review a subset of transcripts to ensure consistency and reliability in the coding process. In this case, we will discuss and resolve discrepancies collaboratively.

The software I will use for data management and analysis is NVivo. NVivo software is efficient in coding, categorization, and theme generation (Allsop et al., 2022). Its visualization tools will assist in identifying relationships and patterns within the data. This software will help organize and categorize codes, visualize relationships and trends within the data, and integrate memos and annotations for deeper analytical insights (Allsop et al., 2022). I will examine carefully the discrepant cases to understand their significance. The discrepant cases describe the data that deviate from the identified patterns (Lochmiller, 2021). I will report and analyze these cases to provide a balanced and clear interpretation of the data, highlighting the complex areas or the source of divergence. They will also inform recommendations for future research and practice.

Ethical Considerations for Data Collection

Ethical considerations are essential during data collection to protect the human participants, specifically their dignity, rights, and well-being. Informed consent is one of the key considerations, and I will provide the participants with detailed information about the purpose of the study, procedures, potential risks, and benefits. I will obtain written consent from the participants before the interviews to ensure they understand their rights, including the right to withdraw at any time without penalty. Additionally, I will secure the institutional permissions prior to the start of data collection. This process includes obtaining approval from the Institutional Review Board (IRB) ensuring the research adheres to ethical standards. The IRB application will include all necessary documents, such as consent forms, recruitment materials, and detailed study protocols. I will provide approval numbers and documentation of institutional permissions in the final dissertation.

For transparency, these documents will also include agreements from participating organizations to access participants and data, ensuring compliance with institutional and legal requirements. I will protect participant identities by assigning pseudonyms and removing identifying details from transcripts and reports. I will also secure the data by storing it in encrypted devices accessible only to authorized researchers.

My plan to address the ethical concerns related to recruitment is to design the recruitment materials and processes carefully to avoid coercion or undue influence. I will include information about voluntary participation in the plan. In this plan, I will also inform the participants about the scope of the study and their right to decline participating without consequences. Moreover, my plan to address ethical concerns related to data collection/intervention activities entails informing the participants that they may withdraw from the study without penalty. I will respect such decisions and ensure that participants' data is not used if they withdraw. I will also address adverse events such as emotional distress promptly if they occur. In this case, I will provide support resources such as counseling services if needed.

Data will be treated as confidential and securely stored in encrypted digital formats. Only authorized personnel will have access. I will report the results without identifiable information, maintaining participants' anonymity. The study avoids conflicts of interest by ensuring I do not recruit participants from my professional networks or workplaces. I will mitigate potential power differentials, such as authority relationships, by emphasizing voluntary participation and confidentiality. I will not use any incentives for participants in my study because it may contribute to undue inducement. To promote

transparency and accountability, I will conduct the study transparently, ensuring participants are informed about how their data will be used and the benefits of the study. By adhering to these ethical principles, the study ensures that participants' rights and well-being are safeguarded throughout the research process.

Summary

The purpose of this qualitative modified action study is to explore the environmental mental health services needed for adolescents who are aging out of the foster care system in Lafayette Parish, Louisiana. I will use a white paper to present the stakeholders' recommendations on addressing the problem of a lack of resources for addressing environmental mental health issues among the youths aging out of foster care. The population of interest for this study is the human services professionals who have worked with former foster care youth who had environmental mental health problems in Lafayette Parish, Louisiana. I will use purposeful sampling to include the participants who have extensive knowledge about the available services suitable for youth with environmental mental health problems aging out of foster care within Lafayette Parish, Louisiana. The proposed sample size for this study is 20 to provide a suitable number of participants for meaningful results. I will create an interview protocol that will guide the data collection process, including developing the interview questions, recording, and transcription. The rigor and relevance of the interview protocol will be achieved by validating it through an expert panel review. I will follow a thematic analysis approach as stated by Lochmiller (2021) to analyze data collected in this study. I will use NVivo software for data management and analysis. Finally, I will address all the ethical concerns

during the data collection to protect the human participants, specifically their dignity, rights, and well-being. Section 3 of this study explores the research questions and how they align to the literature review and the conceptual framework.

*****END OF PROPOSAL*****

Section 3: Results of the Study

In this section, I highlight the research question of this study, the results, and a discussion on the outliers emerging from the results. The presentation of results is organized into seven major themes that emerged from the data: (a) youth lack of access to adequate support services, (b) barriers hinder service navigation and utilization, (c) systemic and policy influence access to services, (d) collaboration across agencies strengthens successful aging out, (e) extended care and continuity of services are needed, (f) promotion of mental health programs within foster care is critical, and (g) resiliency and readiness for independence are unevenly developed. Each theme is presented in detail, supported by participant perspectives, connections to the literature, and implications for practice. This section ends with a summary restating the key points of this part and previewing the next section of the study.

Research Question

What are the environmental mental health services needed for youths/adolescents, ages 18-25, aging out of the foster care system in Lafayette Parish, Louisiana?

Presentation of the Results

The results revealed patterns that highlight gaps in service delivery, barriers to access, and potential strategies to improve mental health outcomes during the transition from foster care to independent adulthood. The findings are significant because they illuminate the intersection of individual, systemic, and policy-level factors that either facilitate or hinder the mental health of care leavers. While prior research has identified the risks of homelessness, incarceration, and untreated mental health conditions among

this population (Huang et al., 2021; McCauley, 2021), this study builds on such evidence by situating those risks in the experiences of practitioners in Lafayette Parish, Louisiana.

Youth Lack Access to Adequate Support Services

One of the most consistent findings across participant responses was the limited access to adequate support services for youth once they exit foster care. Practitioners reported that while mental health counseling, case management, and mentoring are often available during foster placements, these supports frequently end abruptly at emancipation. Participant 1 observed, “Some kids did not remain with their foster families after aging out, which left them with no network to guide them.” This abrupt loss of structure often results in young adults struggling to meet basic needs, such as housing and emotional stability, which further compounds mental health challenges. Similarly, Participant 2 reflected, “Once they leave the system, it’s like they’re just dropped—there’s no one checking on them anymore.” Some youths are left alone to fend for themselves once they leave the system. These statements illustrate the abrupt withdrawal of structured support at the point of emancipation, creating an emotional and logistical vacuum. The phrase “no network to guide them” highlights a sense of isolation, while “just dropped” conveys a system that fails to provide continuity. Participants viewed this discontinuity as a contributor to instability and mental health deterioration among care leavers.

Beyond the loss of family or caseworker connections, participants also described broader community deficiencies in follow-up and aftercare. Participant 3 remarked, “There’s really nowhere for them to go after foster care—they can’t afford therapy, and

community programs are full or hard to find.” Participant 4 echoed this concern, explaining, “If they could stay connected to someone who checks in monthly, that alone would make a difference.” While youth may technically age out of care, their developmental and emotional needs persist. The practitioners’ suggestion of monthly follow-up reflects a belief that consistent, low-intensity support can cushion youth against crisis and promote stability. The findings in this theme highlight a foundational service gap that affects all other aspects of transition.

The results indicate that a critical environmental mental health need is the establishment of structured support services that extend beyond the point of emancipation. Such services would not only stabilize youth during the vulnerable transition period but also align with national best practices advocating for holistic and continuous care. This theme provides a foundation for understanding why other barriers, such as difficulties navigating systems or inconsistent policies, have effects on outcomes for this population.

Barriers Hinder Service Navigation and Utilization

Participants emphasized that, even when services are available, youth face barriers to accessing them. These barriers include logistical challenges, such as a lack of transportation and limited awareness of available resources, as well as administrative difficulties, such as navigating Medicaid requirements. Participant 1 stated, “In rural areas, I would definitely have to say transportation and knowing how to navigate services with their Medicaid cards are major issues.” These barriers reduce the likelihood that youth will engage consistently with mental health or supportive programs. Another

participant said, “They don’t even know what’s out there for them—some of these kids have never been taught how to find help or fill out applications” (Participant 2). These observations highlight two interrelated barriers, which are lack of transportation and lack of system literacy. For many youths, geographical distance leads to confusion about eligibility and procedures. The inability to navigate bureaucratic systems translates to reduced access, even when programs exist.

Participants also drew attention to the emotional exhaustion that follows repeated bureaucratic failures. Participant 3 explained, “They try once or twice, get turned away or told they need another form, and then they just give up.” Systemic inefficiency creates learned helplessness, discouraging further engagement. The emotional tone captured in words like “give up” demonstrates that these barriers are not only logistical, but psychological. Another participant added, “By the time they figure out the process, their coverage expired—it’s exhausting for them” (Participant 4). When processes are too complicated, youth internalize a sense of defeat, which further isolates them from mental health and social supports. Addressing these barriers, therefore, requires not only service availability, but also user-friendly systems and early preparation within care.

This theme underscores the importance of designing environmental mental health services that are both accessible and navigable. Programs must address not only the availability of services but also the practical means by which youth can use them. In Lafayette Parish, addressing transportation needs, simplifying Medicaid navigation, and offering culturally competent support staff are potential strategies to reduce barriers. By

eliminating these obstacles, services would emphasize equitable and inclusive access to mental health resources.

Systemic and Policy Factors Influence Access to Services

A third theme to emerge from the analysis was the influence of systemic and policy-level factors on service access. Participants pointed to policies such as Medicaid eligibility, housing regulations, and foster care age cutoffs as determinants of whether youth could access necessary services. Participant 1 noted, “Policy changes like HUD requirements or lack of extended foster care options affect whether youth can find housing and services.” This statement highlights structural discontinuities that result from rigid eligibility criteria and insufficient legislative support. These systemic issues create structural barriers that extend beyond individual-level challenges. Similarly, Participant 2 elaborated, “A lot of times, it’s not that the programs don’t exist—it’s that policies cut them off at 18, and the youth don’t qualify anymore.” The image of youth being “cut off at 18” reflects an institutional issue that prioritizes administrative convenience over developmental realities. Participants perceived this as a weakness in the current system, where needs persist but funding and coverage end abruptly.

Participants also described inconsistencies in how policies are interpreted or enforced across agencies. Participant 3 explained, “One agency says they’ll cover it; another says they won’t—it depends on who you talk to and what day it is.” Participant 4 similarly added, “Policies change so often that even workers can’t keep up, so imagine how lost the youth feel.” These experiences illustrate the unpredictable and fragmented nature of service delivery caused by unclear policy implementation. The inconsistency

erodes trust not only among youth but also among practitioners who must navigate conflicting systems and policies. The sense of instability reflected in “depends on who you talk to” demonstrates the barriers created by administrative inconsistency. Participants concluded that policy reforms and standardized communication are necessary to ensure equitable and reliable access.

This theme demonstrates that improving mental health outcomes for youth aging out of care requires not only individual interventions but also systemic reforms. Policies that extend Medicaid coverage, increase housing support, and expand eligibility for extended care can dramatically improve access. As such, systemic and policy considerations are central to advancing environmental mental health services and ensuring that vulnerable youth are not left without support.

Collaboration Across Agencies Strengthens Successful Aging Out

Another major theme to emerge from participant responses was the centrality of collaboration across agencies in improving outcomes for youth transitioning out of foster care. Practitioners noted that no single agency has the capacity to address the complex needs of this population, making cross-sector partnerships essential. Participant 1 stated, “The role of collaboration is so important—agencies working together ensures youth can get access to Chafee funds and housing support.” This insight illustrates how coordinated systems can prevent service duplication, streamline referrals, and increase youth engagement in available programs. Participant 2 further supports this by saying, “When DCFS, the schools, and mental health services actually communicate, the youth get what they need instead of falling through the cracks”. This demonstrates practitioners’ belief

that coordinated efforts produce more comprehensive and sustainable outcomes for youth. The emphasis on “working together” and “actually communicate” reflects frustration with siloed systems that currently function in isolation. When collaboration occurs, resources are leveraged efficiently, duplication is reduced, and youth experience a smoother service continuum.

Collaboration also fosters accountability and shared responsibility. Participant 3 said, “When one agency knows what the other is doing, it keeps everyone honest—there’s less chance of youth being forgotten.” Coming together builds a system that supports one another working on a shared goal to improve the lives of youths aging out of the system. Shared responsibilities reduce barriers and support service continuity. Participant 4 reflected, “We need joint meetings and shared case planning; otherwise, everyone assumes someone else is helping that kid.” The recurring concern about youth being forgotten shows the emotional and ethical dimensions of collaboration. Practitioners described how a lack of communication leads to service duplication for some youth and complete neglect for others. In contrast, shared planning ensures that support is both targeted and coordinated. Participants viewed collaboration as the most practical solution to systemic fragmentation, laying the groundwork for more continuous and extended forms of care.

For Lafayette Parish, the emphasis on collaboration underscores a pathway to strengthen existing programs without requiring entirely new infrastructure. By fostering partnerships across systems and ensuring consistent communication, agencies can maximize limited resources while addressing the multidimensional needs of youth. This

theme connects logically to the following discussion on extended care, as collaboration is often the mechanism through which extended services are funded and coordinated.

Extended Care and Continuity of Support Are Needed

Participants emphasized that extending foster care beyond the age of 18, or 21 where applicable, was critical to ensuring continuity of support for vulnerable youth. Participant 1 explained, “Extended foster care, with a DCFS worker continuing to guide youth, makes a huge difference.” This perspective highlights the danger of abrupt service termination, which can leave youth without the skills, networks, or mental health supports needed to navigate independence successfully. Participant 2 also added, “When they turn 18, it shouldn’t be the end. Some still need help with housing, school, or even just learning how to live on their own.” These reflections reveal an awareness that maturity and self-sufficiency develop at different rates, and that abrupt emancipation often places youth at risk. The image of a DCFS worker continuing to guide youth captures the importance of ongoing mentorship and stable adult relationships in preventing mental health crises and homelessness.

Additional participants connected the need for extended care to gaps in developmental readiness. For instance, Participant 3 stated, “Some of them just need more time—cutting them off early sets them up to fail.” Extended care is not a matter of dependency but of supporting independence responsibly. Similarly, Participant 4 noted, “You can’t expect an 18-year-old who’s never made their own decisions to suddenly know how to handle bills or rent.” Participants advocated for policies that link extended care to readiness rather than age, ensuring youth are equipped with the practical and

emotional skills needed for success. This theme bridges directly to the importance of integrating mental health promotion within the foster system as a proactive way to strengthen readiness before emancipation.

The call for extended care links directly to the broader argument that mental health services must be designed with developmental trajectories in mind. Youth do not become fully independent at 18 and expecting them to do so without transitional supports creates predictable risks. By extending care and ensuring continuity, agencies can align practice with developmental science and evidence-based recommendations. This theme also complements the following finding on proactive promotion of mental health programs, as extended care provides the time and structure needed to embed these services effectively.

Promotion of Mental Health Programs Within Foster Care Is Critical

The results demonstrated the need for proactive mental health programming within foster care placements. Practitioners highlighted that integrating mental health education and services during foster care prepares youth for smoother transitions into adulthood. Participant 1 explained, “Mental health services should be implemented more systematically in foster care so that when youth exit, they are already connected.” This perspective reflects a preventive rather than reactive approach to mental health, aiming to equip youth with coping skills before they reach emancipation. Participant 2 also added, “We wait until there’s a crisis, but these kids need to learn about mental health while they’re still in care—it should be part of their daily support.” They revealed the shared frustrations experienced while engaging with the existing practices during the aging out

process. The call for services to be “implemented more systematically” reflects the need for a structured, preventive approach embedded in foster-care routines.

Practitioners also highlighted that early exposure to mental health education normalizes help-seeking behavior and reduces stigma. Participant 3 shared, “If they understand mental health before they leave care, they won’t be afraid to reach out later.” This is consistent with the argument of Participant 4 that, “It’s about building trust early—if they have one positive experience with counseling while in care, they’re more likely to keep using it.” Continuity of relationships and positive early experiences foster long-term engagement with mental health services. Participants believed that incorporating mental health promotion into daily foster care life not only prepares youth emotionally for independence but also enhances resilience.

The emphasis on proactive programming underscores the broader argument that environmental mental health services must be preventive, not just remedial. By establishing a culture of mental health promotion within foster care, systems can reduce the abruptness of transition and ensure continuity of support. This finding naturally connects to the final theme of resiliency and readiness, as mental health promotion is one of the most effective strategies for strengthening those capacities.

Resiliency and Readiness for Independence Are Unevenly Developed

The final major theme concerns the uneven development of resiliency and readiness for independence among foster care leavers. Participants observed that many youths aging out of care struggle with independence due to limited opportunities to develop life skills and resilience. Participant 1 stated, “Some of them just aren’t ready—

they don't know how to budget, find housing, or even cook for themselves." This variability reflects both individual differences and systemic shortcomings in preparing youth for independence. One practitioner explained that some youths are simply not prepared to live on their own, and the system has not equipped them with the tools they need. Participant 2 said, "A few do really well, but most haven't been taught how to make decisions because everything was always done for them in car." Systemic overprotection during foster care can inhibit skill development. Even well-intentioned care structures can produce dependency rather than empowerment.

Participants further explained that lack of readiness contributes to mental health strain during the transition period. Participant 3 commented, "They go from being told what to do every day to suddenly being alone—it's overwhelming for a lot of them." This argument reveals the emotional consequences of unpreparedness are anxiety, self-doubt, and avoidance. In addition, participant 4 observed, "When they fail once or twice, they take it personally and think they can't do anything right." Youth aging out feels defeated and overwhelmed by what to be achieved in life without the proper framework or assistance to guide them. Without structured transition planning, youth often internalize these struggles as personal failures rather than systemic shortcomings. Participants concluded that fostering resilience must involve gradual skill-building, mentoring, and emotional support long before emancipation occurs.

This theme implies that environmental mental health services must be coupled with structured interventions aimed at developing life skills, fostering independence, and nurturing resilience. By investing in readiness, systems can reduce reliance on crisis-

driven interventions and increase the likelihood of successful transitions. This theme provides a logical transition to the discussion of outliers, as not all participants agreed on the extent of these challenges, highlighting the complexity of youth responses to transition.

Outliers

While the majority of participants emphasized structural barriers and systemic shortcomings, one outlier perspective emerged that calls for attention. Although most participants focused on structural and policy barriers, a few noted that some youth actively resist support due to deep mistrust of institutions. For example, Participant 1 explained, “Some of them just don’t want the help—they don’t trust the system anymore.” These sentiments have also been said by Participant 2, “They’ve been through so much that when someone offers services, they think it’s just another way to control them.” This observation highlights an attitudinal barrier that differs from the logistical or systemic obstacles emphasized by most respondents. The presence of this outlier underscores the complexity of service engagement and suggests that environmental mental health services must address both structural and attitudinal barriers. Efforts to build trust, reduce stigma, and employ peer mentors may be necessary to engage youth who are reluctant to participate in traditional programs. While not as prominent as other themes, this perspective enriches the findings by highlighting the need for nuanced approaches to service delivery that account for both availability and willingness to engage.

Summary

The findings of this study reveal a broad picture of the environmental mental health services needed for youth aging out of foster care in Lafayette Parish. The results indicated that these young adults face limited access to support services, significant barriers to navigation, and systemic and policy-level obstacles. At the same time, participants identified the potential of collaboration, extended care, proactive mental health promotion, and resilience-building to improve outcomes. The findings highlighted that service provision must be holistic, continuous, and developmentally appropriate, reflecting the complexities of transitioning from foster care to independence.

The data from Lafayette Parish both confirmed existing concerns documented in the literature and provided locally grounded insights that can guide practice and advocacy. While outlier perspectives reveal variability in service engagement, the overall results underscore the urgent need for reform and investment in environmental mental health services for this population.

These findings provided a foundation for the subsequent section, which will interpret the results in relation to broader implications for practice, policy, and social change. By situating the themes within the context of national evidence and local realities, the discussion will further explore how to translate these findings into actionable strategies to support youth aging out of foster care. Section 4 of this study focuses on the conclusions and reflections, specifically the reflection of self, reflection of scholar-practitioner, and recommendations human services organization or human services field advocacy.

Section 4: Conclusion and Reflections

Introduction

In this section, I present my reflections on my growth as a scholar and practitioner throughout the development of this doctoral project. This section also includes recommendations for the human services organization and the broader human services field, emphasizing how the findings from this study can contribute to positive social change. Completing this project has not only deepened my understanding of the mental health challenges faced by youth aging out of foster care but also strengthened my commitment to using evidence-based strategies to advocate for systemic improvements that support this vulnerable population.

Reflection of Self

Throughout this doctoral journey, I have experienced personal and professional growth. When I began this project, I was concerned about the lack of adequate mental health services for youth transitioning out of the foster care system, particularly in Lafayette Parish. My passion for helping others motivated me to explore this problem in depth, but the process also required me to develop patience, persistence, and resilience. Conducting the literature review, engaging with human services professionals, and analyzing qualitative data challenged me to think critically and approach issues with a balanced and analytical mindset.

I also learned the importance of reflection and self-awareness in conducting human services research. As I examined the experiences of foster youth and practitioners, I became more aware of my own assumptions and biases regarding service delivery and

access to care. This awareness helped me to remain objective and open to diverse perspectives. Through this process, I have become more empathetic and intentional in advocating for marginalized populations. Personally, this study has reaffirmed my calling to be a voice for those whose needs are often overlooked and to work toward creating environments that foster inclusion, healing, and growth.

Reflection of Scholar-Practitioner

As a scholar-practitioner, I have developed a deeper appreciation for the integration of theory, research, and practice. The families rising framework that guided this study expanded my understanding of the interconnectedness between advocacy, policy, and practical intervention in addressing mental health needs. This framework encouraged me to analyze how family-based and community-supported approaches can improve outcomes for youth aging out of foster care. Applying scholarly evidence to a real-world issue reinforced my ability to translate research findings into actionable recommendations that can lead to positive social change.

I also learned the significance of ethical integrity, critical analysis, and methodological rigor in conducting scholarly research. The process of designing a qualitative study required me to think systematically about sampling strategies, data collection methods, and the protection of participants' rights. These experiences strengthened my capacity to conduct research that is both ethically sound and socially relevant. As a practitioner, I now feel more equipped to develop, implement, and evaluate programs that respond to the needs of youth and families through evidence-based decision-making. My transformation into a scholar-practitioner has been both

empowering and humbling, reminding me that lifelong learning and reflection are essential to maintaining professional excellence and compassion in human services practice.

Recommendations for Human Services Organization or Human Services Field Advocacy

Based on my findings, I recommend that human services organizations in Lafayette Parish and across Louisiana prioritize sustained mental health support for youth aging out of foster care. Specifically, organizations should develop extended care programs that continue beyond the age of 21, ensuring that young adults have access to counseling, mentorship, and transitional support services. I also recommend the integration of mentorship programs that pair youth with trained professionals and community mentors to provide ongoing guidance and emotional support.

In the broader human services field, there is a need for stronger interagency collaboration between mental health providers, social workers, and community organizations to create a seamless network of care. Policymakers should consider expanding funding for transitional mental health programs and workforce development initiatives that prepare practitioners to address the complex needs of youth aging out of foster care. Finally, advocacy efforts should focus on reducing stigma surrounding mental health and promoting community-based interventions that emphasize resilience, empowerment, and holistic well-being. By implementing these recommendations, human services professionals can foster environments that enable youth to thrive as they move toward independence.

Summary

This doctoral project has been an enlightening and transformative experience. Through the process, I have grown personally, professionally, and academically. I have deepened my understanding of the challenges facing youth aging out of foster care and identified evidence-based solutions to address their mental health needs. As a scholar-practitioner, I am committed to using the knowledge gained through this study to advocate for equitable access to mental health services and to contribute to policies that promote the well-being and success of vulnerable populations. I conclude this journey with a renewed sense of purpose, strengthened by the belief that through research, advocacy, and compassionate practice, I can make a lasting impact on the lives of the youth and families I serve.

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Appendix A: The Project

White Paper: Environmental Mental Health Services for Youth Aging Out of Foster Care in Lafayette Parish, Louisiana

Introduction

Youth ages 18–25 aging out of the foster care system in Lafayette Parish, Louisiana, face environmental mental health risks that impact their ability to transition successfully to adulthood. According to the doctoral study findings, mental well-being plays a role in shaping young adults’ ability to secure housing, employment, education, and independence after exiting care. When support systems end abruptly at emancipation, youth are often left without services that address emotional stability, mental health, or continuity of care. In Lafayette Parish, the sudden removal of services and support at emancipation places young adults at a greater risk of experiencing poor mental health and struggling to meet their daily needs. Mental well-being is a fundamental part of establishing stability in housing, education, personal relationships, and employment, which are essential foundations of independent living. When services stop abruptly, young people who were receiving counseling, case management, and other mental health supports lose the structures required to sustain stability. As the research indicated, this sudden withdrawal of support systems leaves youth without the necessary tools to cope with the emotional, social, and environmental stressors they face after leaving foster care. This white paper presents the problem, drivers, and evidence-based need for improving the environmental mental health supports available to youth aging out of foster care, based on the qualitative study conducted in Lafayette Parish.

Problem Statement

The study identified a clear service gap that emerges when youth age out of the foster care system: a lack of access to mental health services that are critical for successful adult outcomes. Youth frequently lose connections to programs and resources that had previously provided stability, including counseling, case management, and integrated support services (Taylor et al., 2024). Participants in the study reported that youth are often discontinued from critical services when they exit care, which leads to heightened risk of mental health crises and limited capacity for independence. Professionals noted that the transition is abrupt, unplanned, and poorly coordinated across agencies, with youth being forced to navigate complex systems without support. The findings indicate that existing structures do not support an adequate transition process. As a result, youth are often left to manage their emotional needs, health service access, and life skills without guidance, continuity of care, or a support network. This represents a systemic problem requiring community-wide and policy-level intervention.

Market and Social Drivers

Several drivers shape the demand for improved mental health access for youth aging out of foster care in Lafayette Parish, Louisiana. One of the most influential drivers is the ongoing lack of continuity and the abrupt discontinuation of services after youth leave the system. While youth still require emotional, mental health, and developmental support, the system structure typically ends those supports once they reach a specific age (mostly 18-25) of aging out, creating a service vacuum during a critical life stage. There are also structural and logistical barriers that prevent many young adults from accessing

available programs, including limited transportation, complicated Medicaid requirements, and difficulties understanding or navigating community resources.

Additionally, the lack of agency collaboration is another significant driver. The study showed that no single system can fully address the needs of youth leaving foster care; however, there are improved outcomes when there is collaboration between agencies (Rouski et al., 2021). These findings showed that community needs are intensifying among youth aging out of foster care with environmental mental health problems. There is an increasing pressure on service providers to create more comprehensive, coordinated care approaches (Phillips et al., 2023). Youth aging out of foster care are at higher risk for homelessness, mental health deterioration, substance use, and instability when mental health support is absent. As a result, there is a growing need for reform and intervention across local systems.

Ethical Considerations

The ethical considerations related to expanding mental health services for youth with environmental mental health issues aging out of foster care involve maintaining dignity, fairness, and protection of vulnerable populations throughout service delivery and program development. The study emphasized that protecting participant and youth confidentiality, safety, and autonomy is essential to maintaining ethical integrity (Pitney et al., 2024). The ethical considerations detailed in the research included confidentiality, informed consent, pseudonyms, secure data handling, and careful prevention of power differences in research engagement (Pietilä et al., 2020). These considerations reflect broader ethical responsibilities that service providers must uphold.

Mental health services for youth with environmental mental health problems transitioning out of foster care must remain voluntary, must respect autonomy, and must avoid imposing unnecessary pressure or coercion. Programs should operate in ways that recognize youth vulnerability while promoting empowerment, not dependency or control. The ethical requirement to secure permissions from oversight bodies such as Institutional Review Boards also demonstrates the need for transparency, responsibility, and protection of underserved populations (Pietilä et al., 2020). Finally, the ethical dimensions of the issue extend into service models themselves, requiring that new programs for youth aging out of foster care to cover their emotional health while honoring their rights and promoting self-care.

Evidence Supporting the Need for a Solution

The study identified seven major themes that directly support the need for improved mental health services for youth aging out of foster care. First, there is inadequate access to appropriate support services following emancipation, including mental health support and independent living skills. Additionally, transportation difficulties, Medicaid access challenges, and confusion regarding support eligibility limit youth participation in existing services. Systemic issues and agency policies further contribute to disruption in care, particularly when agency mandates end support at age eighteen. Collaboration between community agencies strengthens service outcomes and prevents youth from falling out of care networks (Van Breda et al., 2020). This need for collaboration demonstrates the importance of supporting youth with environmental mental health issues aging out of foster care.

Moreover, there is a call for extended foster care and greater continuity of services beyond age-based limits. Youth with environmental mental health issues aging out of foster care possess different levels of readiness and resilience, which indicates the need for individualized service plans that are flexible and responsive to unique emotional and developmental needs (Prendergast et al., 2024). The current system does not support youth adequately and that modifying services would lead to improved mental health stability, better transition outcomes, and greater personal well-being for young adults leaving foster care.

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Appendix B: The Interview Protocol

Introduction

Welcome, and thank you for being willing and accepting to participate in this study. The purpose of this qualitative action research study is to explore the environmental mental health services needed for adolescents/youth, ages 18-25, aging out of the foster care system in Lafayette Parish, Louisiana. Your contribution is valued and may help improve services and policies for former foster youth. You will share your experiences, insights, and understanding through an interview that will last approximately 45-60 minutes and will be recorded with your consent. Your participation is entirely voluntary, and you may withdraw at any time without penalty. The risks associated with this study are experiences of emotional discomfort when discussing sensitive topics. You are free to skip any questions you do not wish to answer. While there are no direct benefits to you, your insights may help improve services and policies for former foster youth. All information shared during the interview will be kept confidential.

Can I proceed with the questions?

Interview Protocol

1. Based on your experience, what are the main challenges former foster youth with environmental mental health problems face during their transition out of foster care?
2. What support systems have you found most effective in helping former foster youth with environmental mental health problems navigate these challenges?
3. What are the gaps in services or resources that you believe are critical for former foster youth with environmental mental health problems?
4. How do systemic factors, such as policies or community resources, influence the experiences of former foster youth with environmental mental health problems in Lafayette Parish?
5. What role does collaboration between agencies and professionals play in supporting former foster youth with environmental mental health problems in Lafayette Parish?
6. What additional information would you like to share that we have not covered about supporting former foster youth with environmental mental health problems?

Closing Note

Thank you for your participation in this research study by providing your perspectives, experiences, and insights that will help in policy change and improvement of the service delivery to the youths aging out of foster care with environmental mental health problems in Lafayette Parish. I will send you the transcript of your responses so you can review them and make suggestions for any changes or amendments. I will also send you the summary of the study results once the study has been completed. You can contact me if you have any questions about the study.