

Enforcement and Accessibility of Services and Legal Protections for Transition Age Youth: Maryland and Georgia

*Report compiled by Katie Meyer Scott, Youth Homelessness Program Director, National
Homelessness Law Center*

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Policies Tested for Enforcement

Maryland

- Transitioning from Systems
 - *Md. Fam. Law. § 5-525; Md. Code of Regs. §§ 07.02.10.03; 07.02.10.04; 07.02.10.09; 07.02.10.11; 07.02.10.12* (independent living/extended foster care)
 - *Md. Fam. Law § 5-501; Md. Code of Regs. § 07.02.10.08* (transition and independent living services for Child in Need of Assistance youth)
- Access to Mental Health Care/Access to Gender Affirming or Other Care
 - *Md. Code Ann., Health-Gen. § 20-102(a)(3)(i) and (ii)* (minor consent to medical or dental treatment)
 - *Md. Code Ann., Health-Gen. § 20-104* (minor consent to mental health treatment)
- Tenant Rights
 - *Md. Code Ann., State Gov't § 20-702(a)* (fair housing/non-discrimination)
 - *Md. Code. Ann., State Gov't §20-1026* (fair housing complaints)
 - *Md. Code Ann., Real Prop. § 8-211* (habitability requirements)
 - *Md. Code Ann., Real Prop. § 8-208.1* (prohibition on retaliation for asserting rights)

Georgia

- Transitioning from Systems
 - *Ga. Code Ann. § 15-11-340; DCFS Child Welfare Man. Pol. 13.1* (extended foster care/independent living)
 - *DCFS Form FC-7; DCFS Child Welfare Man. Pol. 13.4* (transition plans)
 - See also *DCFS Child Welfare Man. Pol. 13.0; 13.4; 13.6* for what transition supports must be provided (does not specifically include housing)
- Access to Mental Health Care/Access to Gender Affirming Care
 - *Ga. Code Ann. § 37-3-20* (minor consent to mental health care)
 - *Ga. Code Ann. § 43-34-15* (bans gender affirming care for minors)
- Tenant Rights
 - *Ga. Code Ann. § 44-7-24* (prohibition against retaliation)

NOTE: The focus group in Maryland did not include enough youth to test access to gender affirming care in general and Georgia bans gender affirming care (GAC) for minors. As such, we do not have enough information to measure enforcement or make additional policy suggestions related to GAC (please see [here](#) and [here](#) for policies we currently track related to GAC). We recommend continuing to investigate this issue.

Focus Group Summaries

Youth and Young Adult Focus Groups

Maryland

Who, What, Where, When

- Held in person at Unity Hall, Baltimore, MD
- Facilitated by Sofie Fashana, Legacy Forte, and Kelly Russo (ABA Commission on Homelessness and Poverty Homeless Youth Legal Network)
- Tuesday, October 28, 2025
- All nine participants were black or multiracial and under age 25
- Six participants identified as female, two as male, and one as nonbinary
- One participant was a parent
- Eight participants were from Baltimore County and 1 was from Washington County
- Participants were provided a cash gift card to thank them for their time and transportation reimbursement

Transitioning from Systems

Participants described highly uneven support when transitioning out of foster care or other systems. A few received helpful mental health, housing, or case management support, but many reported little to no meaningful assistance from systems and found more reliable support from family, peers, school, or community organizations. Housing emerged as the biggest challenge—many participants said finding stable housing was difficult or impossible due to long waitlists, strict income and rental history requirements, and limited affordable options. Other issues included: lack of transportation, lack of employment options, childcare costs, and not qualifying for help if in school or not parenting.

Ideas for Solutions:

Participants said they needed more financial help, more help overcoming barriers to housing, better and more consistent caseworkers, and better information about their rights and available resources.

Access to Healthcare

Overall, participants spoke positively about their experiences accessing mental healthcare as both minors and adults, often via schools or community organizations. However, participants said that accessing general medical care could be confusing, largely because information about services is hard to find and often depends on knowing the right person. They also noted that digital access is a major barrier, since many services require phone or internet access, which some young people do not have. For minors, parental involvement or disagreement can delay or block care, making access especially difficult for unaccompanied youth. They also pointed to stigma and discrimination as added barriers, particularly for Black youth and women.

Ideas for Solutions:

Participants suggested sharing more information in places young people already go, like schools, shelters, and parks.

Housing

Participants described serious housing instability among young people in Maryland, with many moving between unsafe situations, group homes, foster care, or temporary arrangements. They also reported barriers and mistreatment from landlords, including refusal to rent to young people using vouchers, slow or absent repairs, and fear of eviction or retaliation when raising concerns about unsafe conditions.

Ideas for Solutions:

- More resources
- More “Know Your Rights” type resources for young people
- Transition resources specific for 16-24 year olds
- Classes/education around how to access healthcare
- Better transportation for young people
- More information shared about available resources
- More access to quality caseworkers who are advocates for youth
- Peer mentors to guide young people on topics like finances/saving
- Section 8 should be 3-5 years instead of 2 years
- More opportunities - jobs for young people, youth-specific housing programs, more recreational centers (safe places for young people to gather)
- Youth-specific savings accounts for youth in foster care
- Adjust income requirements for housing
- Guaranteed protections against housing-related retaliation
- Background checks for roommates in housing programs (to make young people feel more safe)
- We should be encouraging young people to go to college

- Human wellbeing should be the most important

Georgia

Who, What, Where, When

The focus groups were facilitated by Liz Harding Chao and Princess Jauan Durbin of Southern Legal Center for Youth (<https://www.slcy.org/>) in Atlanta, GA in November 2025 and March 2026. They were held at Power Atlanta and NAESM. All young people were under the age of 25. Most were from Atlanta, but some participants were from Union City, Decatur, and Smyrna. Participants were provided with a stipend for their time and transportation support.

Total number of participants	20
% BIPOC	16/20, 80%
% experienced landlord/tenant, conditions issues	6/20, 30%
% experienced foster care	6/20, 30%
% attempted to or accessed mental health care	13/20, 65%
% attempted to or accessed Gender-Affirming Healthcare	6/20, 30%
% experienced homelessness	7/20, 35%
% queer, lesbian, gay, other sexual orientation	8/20, 40%
% trans, gender-expansive	11/20, 55%

Transitioning from Systems

Some participants reported that during extended foster care/independent living they were not seen as capable young adults able to make important decisions. Several participants described the lack of effective and competent case management (particularly around adult life skills, navigating pressures from peers, family, etc., and employment/job search support) as the main barrier to successful experience in independent living programs and/or success in finding or maintaining housing after.

Others were not aware of independent living resources until after crisis hit. One person learned about extended foster care while already in the system and another only discovered independent living resources two months after becoming homeless. Other challenges and barriers included restrictive program requirements, confusion or limitations around eligibility, restrictions on

having guests, job requirements during recessions, lack of travel and rental assistance, and difficulty re-entering care or getting accepted back into a program even when help is urgently needed. Others specified lack of mental health support and lack of social interaction or just being completely on their own as a barrier to success.

After leaving care, participants reported difficulty with basic life skills like driving and taxes due to lack of coaching. Other reported challenges included finding a pathway to employment, rental assistance/finding affordable housing, and the difficulty of coping with limited support and encouragement after leaving care. The importance of finding a stable (and well-paying) job was also mentioned by several youth as necessary in maintaining housing after independent living.

Access to Healthcare

Participants reported that they were able to access gender-affirming care at ages 17, 20, and 22 (and one said they have not started yet but want to). Major barriers include: cost and affordability, lack of insurance or losing insurance coverage, difficulty finding appropriate providers, family opposition, government interference and limited in-state options. Participants also mentioned dealing with misgendering and workplace/HR-related issues. When able to access care, participants describe major positive effects, including: increased confidence, feeling comfortable in their skin, greater hope for the future, and a renewed sense of life and possibility.

As far as accessing mental health care, participants noted that caring for the mind is essential to survival and overall wellbeing but that access is easier when someone has money, time, and resources. Participants report accessing mental healthcare at a wide range of ages, with nearly all youth accessing mental healthcare before turning 18 (some as young as 6 or 8). Others accessed it for the first time between the ages of 18-23. Youth reported positive experiences with accessing mental health care that was connected to school or community programs.

The most common barriers were insurance limitations, high cost and financial hardship, lack of providers who accept Medicaid, challenges in rural areas, and dismissive or outdated attitudes from providers. One person also raised safety concerns, particularly related to mandatory reporting and the experience of being a Black trans woman seeking care. Several young people mentioned racism (evidenced by lack of listening or personalized care) or therapists not understanding lived experiences or trans issues as a barrier. One young person mentioned stigma as a barrier. Some participants felt unable to be fully honest in therapy because parents were involved.

Housing

Participants reported several housing issues including eviction, bad housing conditions, and issues getting approved for apartments due to 3x rent rules while homeless. About a third of participants mentioned lack of financial support/lack of good employment as the main barrier to

maintaining housing and a third mentioned lack of (timely) support, guidance, or knowledge as the main barrier. Several youth mentioned that access to a lawyer was or would have been helpful to navigate housing challenges. Most common sources of support for help with these issues were friends, though a few participants mentioned state agencies, and one was helped via temporary guardianship.

Ideas for Accessing Information/Resources

Both focus groups emphasized a lack of access to information and resources. Participants in Maryland said that their most reliable information came from family, peers, school, or community organizations and suggested sharing more information in places young people already go, like schools, shelters, and parks. After observing how prevalent this issue was in the Maryland focus group and the first Georgia focus group, we asked the facilitators in Georgia to specifically include questions during the second focus group regarding how youth are accessing information about resources and getting engaged with services. Participants in Georgia said reported that Google, followed closely by Reddit was the most common way to search for help, followed by YouTube, Tik Tok and Instagram. One young person said they go to their local library and others mentioned trusted community organizations. Multiple youth also mentioned email newsletters, email blasts, and zines as important sources of information, as well as flyers posted in public places.

Provider and Government Officials Focus Groups

Maryland

Who, What, Where, When

- Virtual via Zoom
- Facilitated by Sofie Fashana and Kelly Russo (ABA Homeless Youth Legal Network)
- Monday, November 3, 2025
- 12 participants total
- Organizations represented (note: several individuals mentioned lived experience and/or former experience working at shelters):
 - Department of Housing and Community Development - Division of Homeless Solutions (x4)
 - McKinney Vento State Coordinator
 - Baltimore Unity Hall/Person with lived experience/former DSS employee
 - City of Salisbury Homeless Manager
 - UMBC The Choice Program
 - Center for Families, Children and the Courts
 - Maryland Catholic Conference - Social and Economic Justice

- Maryland Legal Aid

Transitioning from Systems

Participants emphasized that while Maryland offers transition and aftercare services for youth leaving foster care or juvenile justice systems, identifying eligible youth and connecting them to services is inconsistent and often ineffective. Participants said services frequently begin too late, usually around age 18, and vary widely depending on the county, caseworker, and whether a youth's case is technically "open" or "closed." Frequent staff turnover, uneven legal support, and limited follow-up create major barriers and gaps.

Another key theme was that services exist, but youth often lack help navigating them. Young people may receive fragmented information from lawyers, schools, or caseworkers, but often do not get the hands-on support needed to apply, enroll, or build trust in available programs. Communication breakdowns between agencies, schools, and providers make it harder to reach youth consistently.

Ideas for Solutions:

Participants recommended earlier, longer-term, and more coordinated support, including transition planning that starts well before age 18, follow-up services beyond probation or age 21, stronger coordination across systems, and more whole-family supports. They also stressed that youth need more real decision-making power, clearer information about their rights and options, and trusted adults who can provide accountability and continuity.

Access to Healthcare

Participants described significant barriers to healthcare access for youth and unaccompanied minors, even when services technically exist. Participants noted that minors often need persistent advocacy to access outpatient mental health care, vision care, and other services, and that providers frequently lack awareness of minors' legal rights to consent to care. Practical barriers—such as lack of transportation, limited parental support, missing vital documents, and poor connections to primary care—also make it harder for youth to receive consistent care.

Participants also described system-level challenges, including reliance on emergency rooms instead of primary care, gaps in electronic medical records for youth leaving systems, and affordability issues for young adults, especially after recent Affordable Care Act changes. Some policy improvements may help, such as Maryland's approved Medicaid reentry waiver for youth leaving DJS care, but it hasn't been implemented yet. DACA recipients losing eligibility for healthcare programs was also identified as a concern.

Ideas for Solutions:

To improve access, participants recommended greater awareness and compliance among healthcare providers, stronger outreach about youth rights, more affordable coverage options,

and more holistic supports that address food, housing, and poverty alongside mental health treatment. They also emphasized better cross-system coordination, including involvement from healthcare agencies, better judicial oversight and follow-through for youth still in systems, stronger school-based access points, and more opportunities for youth themselves to shape oversight and decision-making.

Housing

Participants share that young people face major barriers to housing access, including high rents, limited youth-specific housing options, voucher shortages, and rigid eligibility rules. Youth are also disadvantaged by credit and employment requirements, damaged credit caused by family members, and legal restrictions that prevent minors under 18 from signing leases or accessing vouchers. Housing instability is further worsened when youth are moved across counties or school districts, which disrupts services and support networks.

Participants also shared common habitability and tenant-rights problems, including mold, mice, retaliation fears, and lack of knowledge about protections like rent escrow. Youth often struggle to stay housed with siblings or chosen family because of local ordinances and Section 8 restrictions, while limited legal support makes it harder to address unsafe conditions.

Ideas for Solutions:

Participants recommended more transitional living programs, kinship host homes, shared housing, third-party and master leasing arrangements, and programs that combine housing with wraparound supports. They also emphasized expanding tuition waivers to cover housing and meal plans, increasing landlord engagement, and building statewide financial counseling supports to help youth overcome credit and rental barriers.

Georgia

Who, What, Where, When

The virtual focus groups were facilitated by Liz Harding Chao and Princess Jauan Durbin of Southern Legal Center for Youth on February 24, 2026, and March 4, 2026. Participants included:

- Youth Empowerment Success Services
- Atlanta Pride
- Georgia Center for Youth Excellence
- MEND Culture
- Partners for HOME (City of Atlanta CoC)
- Covenant House Georgia
- Multi-Agency Alliance for Children
- CHRIS 180

- HTS Inc.
- Fulton County Schools

Transitioning from Systems

Participants noted that youth from both foster care and juvenile justice systems lack essential life skills, including budgeting, job searching, laundry, meal preparation, and credit management. Participants noted that youth are taught survival skills but not the practical skills needed for independent living. They also noted a lack of vital documents. Many youth lack adult allies or mentors to help with life tasks such as completing FAFSA, buying a car, or simply having someone to check in monthly. Also, while Extended Youth Support Services (EYSS) allows youth to remain in care until age 21, many face barriers to re-entering the system. The 6-month rule has been updated—youth can now return before turning 21, regardless of how much time has elapsed (but do youth know this?).

In general, there are unrealistic timelines for young people transitioning out of care to achieve educational and employment goals. Youth experience sudden cessation of housing, mental health treatment, and medication regimens when exiting detention centers, creating instability. Also, child welfare and juvenile justice systems haven't evolved sufficiently to meet the developmental needs of 18-24 year olds. There is also a need for better utilization of available resources like the HUD Foster Youth to Independence voucher program.

Ideas for solutions:

Participants suggested starting transition planning on day one, not at exit. This should include helping youth identify and engage adult allies and build social capital/networks. Also, look for ways to improve communication between stakeholders to ensure warm handoffs to community services. Address trauma before teaching new skills—participants emphasized that unresolved trauma prevents youth from learning independence. Provide workforce development programs.

Access to Healthcare

Participants noted that while youth have access to Amerigroup/Medicaid until age 26 (a positive advocacy win), many abruptly stop taking prescribed medications at age 18 because they didn't have a voice or choice in their treatment previously. Also, organizations receiving youth through coordinated entry often don't know their mental health backgrounds, leading to crises that could have been prevented. Participants shared that youth struggle to attend virtual healthcare appointments due to a lack of phones, computers, stable Wi-Fi, or HIPAA-compliant private spaces.

Participants noted that youth need trauma-informed, affirming spaces where they feel supported to share mental and physical health needs without fear of negative consequences. Minors can seek voluntary treatment at age 12, but parental consent is required for inpatient care. Georgia's

ban on gender-affirming care for minors creates additional mental health barriers. Other barriers include: work requirements for Medicaid eligibility and difficulties with medication access and adherence, particularly for unhoused young people.

Ideas for solutions:

Participants suggest that we should ensure that there are adequate mental health providers who accept Medicaid, provide resources for virtual care access (devices, Wi-Fi, private spaces), educate youth about their mental health in empowering, non-stigmatizing ways, and support medication management transitions rather than abrupt cessation. Organizations like Chris180 and Grady (hospital system) were highlighted as providing solutions through grant funding and partnerships to overcome some of these barriers.

Housing

Providers shared that the affordability crisis is "the elephant in the room" - rent costs exceed what youth can afford, even with assistance programs. Also, property managers are reluctant to rent to 18-24 year olds despite anti-discrimination laws. Some require 2-3 times the rent amount as deposit upfront. Youth with juvenile justice involvement face automatic rejection regardless of how long ago the offense occurred. Properties often demand bank statements, but many youth use Cash App or Chime, which aren't accepted even when paystubs prove income.

Participants note that there are insufficient housing units available for youth, and what exists often isn't in suitable locations or the best fit for youth needs. There are currently 179 young people are on the housing queue with only one rapid rehousing referral available. Also, because of long wait lists, youth become transient, moving from area to area hoping for faster access, accumulating more trauma and debt along the way.

Some permanent supportive housing programs have overly strict requirements that contradict housing-first approaches. Youth sometimes exit programs with arrears. As for transitional housing, two-year programs are too short for youth who need more time than typical college-age adults to develop independence. And if they can get into housing, landlords are slow to make repairs not caused by tenants; youth often accept poor conditions rather than advocating for their rights.

Ideas for Solutions:

Organizations are exploring scattered-site housing where youth share common spaces but have private bedrooms and bathrooms (similar to college dorms), making housing more affordable. They are also using evidence-based curricula to teach youth their rights and responsibilities, including when to report repairs, how to navigate eviction processes, and documentation strategies. Partners for Home established a foster care work group to improve communication with DFCS and are serving juvenile justice youth by ensuring newly released individuals know about youth access points and drop-in centers.

Some other ideas for addressing these issues include gradually reducing rental support over time as youth gain employment and income (while making room for life circumstances to disrupt these plans) and connecting youth with IT, tech, and healthcare training programs that lead to sustainable income. Work can also be done to empower youth and staff to clearly communicate violations to landlords.

Common Themes

Housing

- **Most housing is completely unattainable for transition age youth.** Housing that is not youth-specific is too high-barrier. Barriers include lack of credit, lack of rental history, minimum income or employment requirements, stigma due to age, source of income discrimination and inflexible definitions of family or “household”.
- **Youth need housing-wage jobs.** Financial supports are not sufficient to afford housing and are usually time-limited.

Transitioning from Systems

- **Youth need clear and age-appropriate information about rights, services, and resources, and access to peer support.** If it requires an expert or lawyer, processes should be simplified. Youth need more information about their rights, but so do landlords, medical providers, and other resource-keepers. Communicate information in places youth go and via messengers they trust.
- **Youth also need consistent, long-term, and high-quality caseworkers and advocates.** To avoid homelessness during transitions and in young adulthood, young people need adults who delight in them and who can help them execute a long-term process with persistence, creativity, and skill.
- **Youth need access to assistance without harmful trade-offs.** Eligibility requirements should not force youth to “perform” hardship or to choose between opportunities and benefits.

Healthcare

- **Youth are missing out on healthcare due to lack of access to technology.** Telehealth is not always youth-friendly.

- **Providers do not consistently understand or adhere to minor consent to healthcare laws.** Youth under 18 who are eligible are being denied care.
- **Health insurance access is getting worse, rather than better for youth.** Medicaid work requirements and funding cuts are making it harder for youth to qualify or afford healthcare.

Policy Recommendations

State/Local

Housing

Create more youth-specific/youth-friendly housing options that do not have barriers like [credit history](#), rental history, or [minimum income requirements](#). Consider a [right to housing for transition age youth](#) or for [youth exiting systems](#) combined with a “[first in time](#)” rental application rule to override landlord-imposed requirements. The only viable alternative to this is low-barrier and affordable [youth-specific housing programs](#).

Transitioning from Systems

Young people need proactive, knowledgeable caseworkers who are true advocates and cheerleaders for youth. Besides working housing magic, caseworkers need to focus relentlessly on basic necessities (like phone and internet access), life skills (especially related to healthcare and finances) and helping young people find or train for jobs that will enable them to afford housing. Successful case management will also result in more opportunities, such as better utilization of housing vouchers.

At minimum, state policy should require that:

- Case management is funded to begin at least 3 years before a young person turns 18 (or is scheduled to exit from a state system) and to continue for at least 2 years after that transition.
 - Consider group case management to facilitate peer support (and ideally, long-term connections).
 - Find more ways to connect virtually and casually (without forsaking in-person connection).
- Caseworkers are consistent across systems and over time. Consider allowing caseworkers to bill time to different systems, rather than requiring that youth switch caseworkers.
- Caseworkers use a [Two Generation/Whole Family](#) approach

Healthcare

In many cases, youth under 18 are legally able to access mental healthcare [without parental involvement](#). However, many providers are not aware that youth have these rights. Education and outreach is needed; consider requiring medical providers to post youth healthcare rights at their offices. Report providers who do not follow the law to appropriate oversight entity.

If phone or internet access is required for medical appointments, phones and internet need to be provided to youth. Otherwise, alternate options must be provided (in-person appointments where youth live, receive services, or go to school or rideshare vouchers or bus passes for youth to get to medical appointments).

Federal

At the federal level – vouchers, Section 8, and other subsidies need to be more flexible and allow youth to stay with relatives, siblings, chosen family, have roommates or rent a single room in a larger unit. More universally available benefits and services would solve many of these problems.

For more policy ideas, see the [Appendix](#) for the unedited focus group notes.

Enforcement Metrics

A policy is only as good as it is implemented and enforced. For young people navigating the transition from foster care or other systems, trying to access healthcare, or trying to maintain housing, it is unreasonable to condition the enjoyment and enforcement of their rights on their own capacity to challenge violations or even on the legal system (which many cannot access). To the extent possible, laws should be self-enforcing or at the very least, enforcement should be automatic and swift when violations are reported to the appropriate government agency.

If given proper resources, agency administrators can help ordinary people enforce the law by shifting the burden of enforcement from the individual to subject matter experts with state-sanctioned power. This is most successful when laws and rules are clear and penalties are strong enough to have a deterrent effect on a landlord, medical provider, or other entity who violates a young person's rights.

Some metrics to measure an administrative enforcement strategy include:

1. The jurisdiction responds to fair housing complaints promptly, shares information about the investigation with the complainant, and keeps the complainant informed until the case is resolved.
2. The jurisdiction responds to habitability complaints promptly and empowers the appropriate agency to make repairs/remedy unsafe conditions and collect costs from the landlord.

The [Youth Homelessness Index](#) (YHI) does not currently track the first metric and is in process of scoring and adding it to the website (note that Maryland does have a [transparency policy](#) for fair housing investigations that closely matches part of the metric; Georgia does not).

The YHI does partially track the second metric, regarding a [“governmental” repair and deduct](#) option (neither Maryland nor Georgia have this policy). But promptness is not currently measured in the scoring. This will be added in the coming months.

But what if the actor not upholding or enforcing a young person’s rights IS a government agency? This is usually the case for youth transitioning from systems. In this case, the way laws are written matters for whether and how they are carried out in practice. Rights are more likely to be enforced when [the law clearly and specifically explains what must be done and is universal or broadly applied](#). For example, a law that says “everyone has the right to healthcare” is weaker than one that says “the state must provide a free, universal public healthcare system”. The second version gives courts, lawmakers, and young people much clearer guidance.

As such, an enforcement metric that has clarity and broad application might read:

3. The jurisdiction must provide housing for youth aging out of state-funded systems that is deeply affordable, habitable, and safe.

One issue with this metric is that it will require additional definitions to be fully clear (what is deeply affordable or safe?). The YHI currently tracks whether states ensure that no [child](#) or [young adult](#) enters homelessness from state funded systems. The shift would be to measure whether a jurisdiction must provide housing that meets certain standards to youth. Whether and how to make this conversion is still under consideration and subject to input from stakeholders.

Another attempt at a clear enforcement metric (or metrics?):

4. The jurisdiction must provide case management and/or peer support to transition age youth at risk of homelessness. Support must be available 24/7 and allow for multiple communication options. Case managers and peer supporters must demonstrate competence in navigating local, state, and federal safety net systems.

This metric would still require some definitions and the creation of standards for training/testing. This metric needs more input and refinement before scoring and tracking it on the YHI.

Finally, there was no consensus among stakeholders as to an enforcement metric related to some of the issues with accessing mental health care. This will be an ongoing conversation. Some of the points of discussion include 1) whether it is possible for an agency to be responsible for enforcing a requirement that medical providers ensure in-person appointments options (with transportation) if youth don’t have access to internet devices or privacy; 2) whether agency enforcement OR outreach and education would be more effective in ensuring medical providers understand minor consent laws, and 3) whether there is a way to empower youth with

information about their age/eligibility or maybe a hotline providers could call to confirm eligibility based on age.

Appendix

Focus Group Questions and Notes

Maryland Youth and Young Adult Focus Group

- **What kind of support did you receive when leaving foster care or another system?**
 - Mental health - my case worker kept me in the loop when I was getting close to the end of my time in foster care
 - Public housing - my therapist got the pet fee waived for me
 - Not many supports - the only support was from school and the YMCA - “I would call around for help as well, still no help.”
 - Hard - still don’t have housing, I’ve been on the list for 4 months - I’ve been living in a shelter as of now
 - Financial support and mental support
 - Only support was from my family
 - Support with moving from foster home to ILP placement
 - Food stamps, free phone
 - More guidance, help with becoming independent, employment
 - None - I was lost, had to drop out and only had my father to help

- **What kind of support do you wish you had or how could your situation be better?**
 - Being made aware of all my rights as a tenant and getting the same financial assistance with rent increasing
 - Finding the financial support I needed (x2)
 - I wish I had unconditional support; my situation could have been better if my social worker did a better job at placing me
 - I wish I had housing support; I also wish I had someone to guide me because I’m so young
 - I wish that housing programs weren’t so inaccessible and unrealistic (i.e. requiring rental experience)
 - Better outlets during difficult situations

- **How easy or hard was it to find stable housing after that transition?**
 - I have not yet found a home that is stable, but I just have been with family

- Getting from private housing with parents to the Housing Authority took a lot of time, the questions and proof they required was frustrating and repetitive; FMR places in my area are scarce
- Easy
- No stable housing as of right now
- It wasn't the easiest
- Very difficult with the help of my family I don't know where I'd be
- Very hard - had to live with my dad, no income, he's abusive
- The transition was easy with help from case worker
- One young person recommended the following programs:
 - For My Kids
 - Beans and Bread (only for 18-24 years)
- **During the process of finding housing after aging out of services, what worked well — and what didn't?**
 - Asking for help, looking around for jobs and kept my family close
 - Support from ILP team (worked well); transportation (didn't work well)
 - More mental support
 - I haven't been able to successfully find housing even though I've been applying to places. I've had trouble saving money and meeting income requirements
 - Nothing worked well
 - Not being able to work
 - My therapist helped me get into housing; case managers were helpful (including with paperwork)

Other feedback:

- It's hard to find a job, housing, transportation and food in Baltimore; I'm grateful for where I stay now, but would rather have my own room
- Need a caseworker who focuses on our individual goals; need a degree to make money - "we should all be in school, we can't depend on the government our whole lives"
- Need housing options specific for young people - lots of head nods in the room
- There shouldn't be income requirements to qualify for Section 8 Housing - incentives are all wrong
- There should be easier pathways to housing for young people that aren't parenting - it's easy for parenting young people to find housing, but young people should not be incentivized to have a child in order to find housing
- Biggest barriers/expenses - car payments/insurance, child care
- "Feeling like you have to know the right thing to say and have to 'play up' your struggle"

- Needs to be more awareness of what homelessness/housing insecurity actually looks like - “just because I can afford to get my hair done doesn’t mean I have the money for rent”
- Flagging issues around “system contradictions” - being enrolled in school allows you to access some benefits, but prohibits you from accessing others
- Emancipation process is so long and hard in Maryland
- Generational trauma is a huge issue
- Difficulties around transportation

How can healthcare be more accessible to minors and meet the needs of young people? What are the barriers to understanding what is available in health care? Law and practice look different: did you/do you receive the health care you needed/need and if not, what would be your solution?

- Barriers faced -
 - You have to know someone to know how to access medical care (x2) - difficult to get information about services
 - Everything is done online, so accessibility can be an issue for someone without a computer/phone (x2) - participant mentioned that when they were a minor they couldn’t access a therapist because they didn’t have a phone
 - Need parents for so much - being an unaccompanied minor is hard
 - Difficult to access if parents disagree and are still in the picture
 - Took a long time to get therapy because of parent disagreement
- Mental health care is easier to access than general healthcare in MD - participants mentioned accessing mental healthcare/therapy through school
- Should be more flyers with information shared throughout community where young people go (i.e. school, shelters, parks)
- Participants mentioned that it’s harder for women to access healthcare and harder for black people in general due to stigmas and discrimination

If housing in Maryland was truly accessible, what would it look or feel like? What are some patterns you notice coming up with landlords and housing rights? What would make you feel safe about reporting discrimination from landlords?

- A lot of young people in MD are unsafely housed, moving from place to place, in group homes, and in the foster care system
- One participant recommended an organization named Loving Arms (help youth find housing)
- One participant mentioned that a landlord had refused to rent to them because of their voucher and the fact that they were a young person

- Another participant mentioned that when they complained about unsafe conditions in their apartment they received an eviction notice
- Several participants mentioned difficulties with landlords coming out to fix things
- We heard mixed responses regarding how comfortable the young people felt reaching out to landlords when there are issues (fearful of eviction, retaliation, etc.)

Maryland Provider Focus Group

How do you identify youth, including CINA youth, that are eligible for “independent living aftercare services” or eligible for “youth transitional services”?

- Note: Child in Need of Supervision (CINS) is DJS (juvenile justice), Child in Need of Assistance (CINA) is DSS and applies to foster care
- Locally, I haven’t found a program as comprehensive as the one I was in (West End Neighborhood House)
- For foster care - there is what DHS/DSS is supposed to do vs. what actually happens (which can vary a lot by case). Generally if youth have reached 18, DHS offers specific programming oriented towards aging out - class series/programs on financial and budgeting, workforce readiness, housing navigation. My experience working with foster care has been that they do not really start formal casework/services around aging out until children reach age 18. All programs are optional/voluntary though, so the quality of services being provided is contingent on youth engaging and the services being seen as valuable. Casework contact for 18-21 was limited (in my personal experience) and caseworkers change frequently. Continuity is a challenge. The quality of legal representation for aging out youth varies wildly as well due to high caseloads. - Someone seconded this.
- I had better medical, health and mental health support in the system than outside of it. But it also makes me wonder if foster care prevention is connected to that? I think now about how my family would have been supported had they received the same resources earlier before we got to the point of engaging with the criminal justice and foster care system
- Amber Green mentioned that when she worked at a drop-in center it was difficult to know if a young person was eligible for services because their case was “closed” (i.e. reunited with family) but then often their situation changed and they would need services - the ability to reopen the case and assist the young person depended on which county they were located in (inconsistency in eligibility criteria) - heads nodded in agreement

When and how are youth informed about eligibility for these services?

- There are tons of services but no support in navigating accessing those services
 - Example: assistance with applications, emotional support while navigating
- Remember that youth in foster care are YOUTH and not always ready to receive services they are eligible for. It may take years for them to trust services or expressing need

- Gap: Knowing where youth are (placement, in the process, etc.) and communication from schools and organizations outside of the agency not getting to the young person
- Participant noted that in her experience young people are often getting more information from their lawyer than their case worker and turn over is frequent for case workers and lawyers - creating continuity challenges (not sure what has been shared/not shared in terms of resources/info); also a sign-up issue for certain programs - oftentimes young people are learning about services at school but then no ability to sign up or difficulty actually connecting with the young person to get them enrolled; and caseworkers are not doing frequent enough check-ins

What additional support could make transitioning out of the foster care/ juvenile justice system better?

- Extended follow-up services would be helpful for youth exiting the juvenile justice system. E.g. Choice lasts 6 months (during probation), and youth could benefit from services after that, but don't always receive them
- Programs similar to rehabilitation programs to get wholistic approach and aid for transitional time
- Not only a “plan A,” but also a “plan B and C” for transition
- Better care coordination between service providers for both current and follow-up programming
- Transition supports and coaching/services - enrollment needs to start very early (waiting until 18 is too late)
- Offering in-depth supportive services beyond age 21/after care
- Need more 2-generational/whole family case management - this would create more opportunities for family reconnection/stability (x2)
- Recommend ensuring DHS and DJS staff are part of this discussion (both state and local staff) with an understanding of best practices v. challenges of local implementation

What power do the young people have for themselves?

- I don't have knowledge about this, which is probably a symptom of the problem?
- Not enough. There needs to be more spaces for youth in foster care to guide education experiences and DHS operations. Not just invited to the table but have power to either pump the breaks or express that something is going wrong
- In my experience, whether youth have power for themselves or not, they often don't understand the systems and have trouble navigating them and advocating for their needs

Other Notes:

- Amber Green - Case managers in juvenile facilities struggle with inconsistent timelines and release schedules to connect youth to services - their case worker stops working with

them upon release (before they're connected to another case worker outside the facilities). There's no ability to do follow up once the young person is released.

- Different counties or agencies may have different rules, causing inconsistency in service delivery. If a young person reunites with family but then it doesn't work out, are they eligible for after care services?
- Ash Esposito - Disconnect between schools and DHS - there should be a process/communication audit; huge burnout/turnover at DHS with case workers - there needs to be someone that the young person can reach out to for accountability

Is healthcare accessible to young people ages 18-24? What about unaccompanied minors?

- Concerning minors, obtaining outpatient mental health services takes some advocacy and persistence to obtain. Obtaining eye glasses for kids at times can be challenging. There are access points at school, but it can be a long process.
- McKinney Vento liaisons have helped with glasses, but that requires them to have capacity to help
- MD has financial aid available for young people 18+ which has seen increased applications over the recent years
- DACA recipients will no longer be eligible for healthcare program (ages 18+)
- Access should be getting even better for young people coming out of DJS care because the state's waiver for medicaid reentry has been approved (should help with transition support) - hasn't been implemented yet

What are the barriers you've seen when it comes to young people/minors accessing health services?

- Lack of awareness of minors' rights in the healthcare community. With advocacy, we have been able to make it happen, but the first answer from healthcare providers is often "no."
- I've seen lack of parental support as a barrier - when parents are working too much/don't have transportation to bring youth to appointments
- Many youth I work with have lost vital documents and have difficulties getting new copies to access health services
- The issue of getting young people connected to Primary Care Providers and not visiting the ER to address health and mental health needs - creating a lot of chaos and these young people have chronic illnesses
- Pediatricians complaining about the lack of electronic medical records for young people leaving systems (young people should have the records with them) - there was a state law to fix this passed in 2017, now going to be implemented as a pilot in early 2026

What would make healthcare more accessible?

- A broad awareness campaign across the healthcare community (Amy Loutitt mentioned a legal change in CA to make explicit that doctors can serve unaccompanied minors and also mentioned a legal change that allowed minors to sign themselves out of school to access medical care)
 - Internal policies of healthcare professionals need to follow the laws
- Affordable Care Act expansion changes have increased the financial burden on young adults; promote MD Health connection to see what plan works best for each individual that can be more affordable
- Slightly related, but a lot of DJS- involved youth receive referrals to therapy, but that's only one portion of treatment for their mental health. Some youth are living in poverty with limited access to food or issues with housing which affect their mental and physical health but if they're above the income limits, they may not receive the holistic care they need to address the root causes
- This is a dream, but universal services would simplify everything and reduce administrative burden on service providers. Rather than determining eligibility and spending hours finding resources specific youth are eligible for, universally accessible programs would be very helpful
- Need for access to healthy food (leads to improved health outcomes)

Other:

- Recommend including staff from MD CRISP - MD's Health Information Exchange and staff from HealthCare Access MD - agency responsible for the Baltimore City DSS MATCH Program for input on what this looks like from the health care system perspective and their recommendations to expand access either through the electronic passport, access/financial support, patients rights information dissemination to providers, etc.
- There is room for improvement among the judicial branch around making sure youth are informed - giving young people the power to make their own decisions and missed opportunity to ensure young people are aware of eligibility of services/resources
 - Diana Philips - In Prince George's County, for youth aging out, there's a "reasonable efforts" document/checklist/threshold and if the judges determine that the thresholds haven't been met, judges will refer to Citizens Review Board to see what can be done
- Most MD schools have nurses/comprehensive wellness center, so that should be good access point for young people, but concerns still around individual actors and their willingness to help/refer
- Ash Esposito - would like to see more opportunities for youth in the foster care system to have some sort of state-wide advisory committee/oversight of the system itself

What are the greatest barriers to accessing housing for young people?

- Cost of housing and rent, limited housing and programs targeted to youth
- Stigma - lack of credit, past accounts going to collections from a parent starting an account in the young person's name (x2)
- Transportation is also connected to housing. It can be a huge challenge when youth are required to move to a new school district (I had a youth move out of county for foster care with very little notice). This also interrupts service provision when providers don't work in the new county
- Credit score history, job requirements, etc.
- The lack of housing options for youth; emergency, transitional and permanent
- Lack of knowledge about self-certifying homelessness status
- Age - youth under 18 can't sign a lease in MD and generally can't receive housing vouchers - this is especially an issue for youth who are DJS-involved and not in foster care
- Voucher availability
- Funding/availability of housing assistance, and failure to be flexible enough to serve the entire family as defined by the young person (i.e. parent, aunt, friend, etc.)
- For families not involved with DSS, lack of public housing options, landlords illegally evicting tenants and lack of transitional housing - especially an issue in Baltimore City
- We are not able to leverage federal FYI vouchers as much as possible because of lack of supportive services capacity at DSS for some MD jurisdictions

What types of solutions would you recommend to make housing more accessible?

- Ash Esposito - mentioned a program that rehabilitated blocks of old row homes for young people (with support from non-profit wrap around services) - West End Neighborhood House - Lifeline Program
- Amber Green - Creating more transitional living programs that have landlord engagement engrained in their organizational policies
- Expanding/refining state tuition waiver for homeless and foster youth to include housing and meal plans
- Expansion of kinship host home programs, more flexible options in housing navigation with more single room and shared housing options with case management and supports around sub-leasing and finding appropriate placements
- Third party leases (program and landlord lease)
- More master leasing programs to overcome barriers while simultaneously building rental history
- Joint component programs in CoCs (transitional housing to rapid rehousing)
- Establish a statewide network of financial empowerment centers in different regions of the state; requiring each center to provide one-on-one financial counseling and coaching services free of charge

What are the most common issues around habitability or landlord/tenant issues the youth you work with encounter?

- Amber Green - City ordinances can impact young people's ability to get housing with friends/chosen family - these need to change (more flexibility)
- Mold and mice are most frequently reported habitability issues for our Office of Tenant and Landlord Affairs. Most youth are unaware of state rent escrow policies - so they'll just stop paying rent not realizing that puts them at risk of eviction. They have to go through a formal court process. There are limited free legal services for people to navigate habitability/rent escrow
- Ash Esposito - Young people who are trying to be housed with their siblings as they age out as well
- Amber Green - Residents on Section 8 can't host young people longer than 15 days - this is a barrier for host home programs
- Youth/families concerned about losing access to housing if they complain about poor conditions - landlords that don't follow health/safety requirements but have more power than the tenants
- Supportive services need to be more youth-centric and not paternalistically required

Other:

- In Baltimore City, PBRC Pro Bono Resource Center has been very helpful with housing issues for families and children
- Different family dynamics and the impacts of individual circumstances affecting long term solutions/stability - need to assess each individual case and tailor placements
- Diana Phillips - just because a young person has experienced trauma, doesn't mean that they don't have agency - should empower young people by sharing information about their rights
- Danielle Meister - flagged issues around emancipation advocacy (very divisive issue in MD)

Georgia Youth and Young Adult Focus Group

HOUSING

What housing issues have you experienced?

('' indicates a participant placed a star)*

2 **** - I was evicted

1 ** - Bad housing conditions (e.g., mold, dirty, insects, water damage)

What Else?

- Issues getting approved for apartments that I could afford due to 3x rent rules while homeless.
- Facing eviction 2023-2024
- Really bad Section 8 housing conditions
- Dangerous Area
- I was almost homeless when I found out my sister was stealing from me, my sister took her side and I had no where to go
- Here's a list to make it easier:
 - Lied about it being a pet friendly space
 - The washer and dryer crack the floor
 - The door lock has been broken for half a year
 - SPIDERS
 - Basement is an Airbnb they are always bad and they take up space in the trash
 - Tried to kick me out because my roommate is allergic to cats
 - Sometimes the water was broken and undrinkable
 - Made me pay out of pocket for new roommates key

What support did you have when you had these issues?

- Mostly talking to family and finding out what I could and couldn't do, and just being out of the house a lot.
- Got into contact with a trans housing organization, but it was hard to contact them. They had a waitlist, never heard back
- I received no support. I went through everything on my own
- I was solely saved by AHA.. Atlanta Housing Authority
- The support I received was legal support from Liz, Princess, and everyone at SLCY. - They were able to assist in breaking my lease, assure me I will be okay, and as a young person it means everything.
- Support from extended foster care and agencies such as GPAC and Faithbridge
- Friends
- Friends providing, and looking for opportunities for me as I continue to look for housing
- Random acts of humanity
- Fundraising/mutual aid pooling
- friends
- Temporary guardianship
- shelters

What support do you wish you had?

- A better job and lawyer
- I wish I had people in my corner to help guide me the right way

- Just a little financial support..
- A directory for available housing. Someone to help me in a timely manner.

GAC

What does Gender Affirming Care mean to you:

- GAC means being able to affirm my identity and being comfortable within my body. It's life or death for me.
- GAC means having access to care that can benefit especially someone from the LGBTQ+ community
- To me, gender affirming care is access to hormones and mental health resources, social affirmation, and community support. Gender-affirming care, to me, is respecting individuals' journey to self-actualization.
- Gender affirming care is healthcare that makes you feel comfortable in your skin although that may not be the skin you were born in
- Gender affirming care in order for it to be truly considered "care", should be an expansive and inclusive practice of providing support and aid to all people across the gender variant spectra to empower healthy and safe existence
- The ability to actually be myself and express myself the way I want
- Gender affirming care to me is having resources available to affirm my identity
- Gender affirming care begins in community; all transitions begin socially. Gender affirming care means I am able to ensure that I am seen as I am, that my health and autonomy is acknowledged provided and cared for
- Gender affirming care is whatever means that an individual deems necessary to be viewed to themselves as their identified gender
- To me gender affirming care offers the opportunity to access a freedom that cannot connect quite be unlooked any other way. By fostering a more harmonious rules within oneself and ideally deeper sense of self within the world

At what age did you start gender-affirming care?

- I started receiving gender affirming care at 19 it began with social affirmation. For example, pronouns, diversity in more affirming clothing, connecting with people on the same journey, etc., after I began to medically affirm my identity.
- I been thinking about getting on PrEP to prevent me from obtaining HIV.
- I started taking hormones at 17. It was an online provider, FOXL Health.
- 22
- At 17, day of my 17th birthday
- I haven't started yet but i want to
- 20

What barriers to gender affirming care have you faced?

- Not all providers are willing to prescribe gender affirming care. Not all of them even know what is is. It's hard finding providers who are trans friendly and well versed on GAC medications.
- Some barriers I have faced would be no family support, so I often have to play two characters. The action of affirming myself, but also hiding it, caused significant amounts of mental health
- Family it was not safe to pursue gender affirming care and then when I moved out they removed me from their insurance so I couldn't afford it
- Gender affirming care challenges faced misgendering, HR issues, find the right Dr
- Barriers I've faced: Cost, I do not have a healthcare provider and I have not had one consistently. Primary care + endocrinology are my biggest priorities and their biggest barrier is affordability
- Not a lot of opportunities in the state + cant afford the care
- Government interference in the autonomy of young people, money, cost of proper medical care. As of now it is too expensive to go to a specialist and anyone with mental health issues seem to have it worse.

How did accessing gender affirming care impact your life?

- Accessing gender affirming care impacts my life by allowing me to live my life. While being protected by PrEP and going to the clinic get tested.
- It made me happy. To see myself the way I have always felt was a blessing. It was thrilling and I saw the light in my eyes again. And it changed my aura
- All of a sudden I was confident enough to start living. I had trouble leaving the house before
- I felt comfortable in my skin for the first time. I felt like there was more of a future for me
- Access to gender affirming care has changed my life. It renewed me and my being. I look forward to living more, living truly, growing and aging beyond 35

What role did your parents play in your care?

- My parents have never understood the importance of gender affirming care. I had to go behind their back to get care.
- They prevent it all haven't told them I started testosterone
- For a time, until 19, I had healthcare benefits before my father falsified reasoning to obstruct care. From my mother, knowledge and resources for haircare and wardrobe have been consistently provided
- My parents were and are terribly opposed to my transition. No positive or financial role
- Nothing, I'm no contact but I'm sure they wouldn't approve

MHC

What does mental health mean to you

- Being able to speak with a specialist about issues
- Access to stability in a self-sustainable way-Personal and to my mental healthcare was something that was not taken as a priority before it was almost too late
- Mental health means having needed tools, resources, and safe spaces to process, work through mental health
- Mental health care means taking care of your mind. Your mind is the most important thing you have
- Mental health means a lot to me without it I wouldn't be here today
- Mental health care, unfortunately, is linked primarily to capital. Access means I can afford care for myself regularly. Access is representative of a place of financial stability, providing time, energy, and labor for supplemental mental healthcare
- Mental health means being able to acknowledge your emotions and take care of your well-being
- Having someone who genuinely cares beyond a check
- Mental health care means being present, being able to think and feel free. Being able to be in the moment and at peace with the world, but more so...yourself
- What's supposed to be a band aid for the broken system that is the US
- Mental health means your state of mind, how you deal with emotions, and your mind
- Mental healthcare means equity and inclusion to everyone. It's a judgment-free zone, everyone is treated equally, and that's all that matters.
- Mental health care to me is access, community, and prevention.
- Mental healthcare means to me receiving substantial peer, family, and community support
- Mental health means to me is having support from family and friends
- Being seen, heard, included, and cared for by the medical community
- Mental health means your whole spiritual temple, concentration, and the mindset to match

At what age did you start accessing mental healthcare?

- Age 6 off med until 16
- I started accessing mental healthcare as young as age 7
- 14
- 12
- I started receiving any mental healthcare at 18 by myself
- 21
- 8
- 14-15 yo I had my first deep deep depression episode
- I've been in and out of mental healthcare since I was 11
- At 23, I was enrolled into a program called Atlanta Children's Day shelter. I received therapy and it changed my mind

- 18
- I started accessing mental health care at 20. It was as college began to speed up and managing life and social was different
- 23
- 12
- 12
- 15
- 14-15

What barriers to accessing mental healthcare have you faced?

- Insurance, I was seeing a therapist who really helped me, but my insurance dropped him
- A lot of the mental health workers are “old” minded and tend to dismiss things
- One of the major barriers I’ve faced was finding or accessing mental healthcare is finding mental health professionals that accept my insurance. Not many great psychologists and psychiatrists take government insurance. Especially when you live in a rural area
- Mainly financial and monetary barriers in general, the ability to consistently have enough to afford this care Also accessing affordable and reputable coverage & are within this healthcare system
- Issues being mishandled or straight up not being taken as priority. Money continues to be a barrier getting access to specialized mental healthcare
- Mental healthcare at this stage of my youth feels inaccessible on account of the for-profit care model cost is a focal barrier but other barriers include personal safety concerns. This safety concern relates to the position of mental health providers as licensed agents of the state. The requisite reporting presents a concern as a black trans woman
- As of right now no barriers because my school has mental health services on campus
- Getting out of the mindset that mental healthcare=institution
- Sometimes insurance
- Lack of safe communities and poverty ridden neighborhoods
- Mostly money especially now that I’m not on my moms insurance but also racism white doctors are quick to stitch you on any random medicine just to see how you react.
- People understanding all aspects of a person’s life, not just walking in there shoes
- My parents are the reason for my distorted mental issues
- Having people to talk to, people can relate to my pain
- Finding someone who understands trans issues or issues I face as a young person of color. Anyone who takes Medicaid takes months to receive a consultation. I have gave up looking for mental healthcare

If you accessed mental healthcare as a minor, what role did your parents play?

- When I was a minor it was hard to actually be truthful, since my mother was around to therapist/psychiatrist sided with the parent

- Provided insurance. Decided if I got to go or not
- My parents didn't play any more. I did the work on my own
- As a minor, the extent of mental healthcare was for a limited amount of divorce counseling provided by my parents in response of their divorce. As impoverished gender nonconforming youth, I rarely felt seen by mental health practitioners. I questioned what they could do for me tangibly
- My parents did not help. I had to check into a mental hospital to receive care for my suicidal thoughts.
- My mom is Bipolar so she was always looking out but I think she expected it to be one of the girls so she noticed it in me too late
- Not one part
- Having support
- My parents welcomed me into therapy because they believe in my best interest to make my feelings heard.

TRANSITION FROM SYSTEMS (FOSTER CARE)

Place a sticker next to it if you have experienced:

('' indicates a sticker)*

Extended Foster care *****

Independent living program *****

How stable was your housing during EFC/Independent living?

|-----|*---*-----***--*--*|

NA

MS

ES

Not at all stable

Moderately stable

Extremely stable

What barriers did you experience trying to access extended foster care and/ or independent living programs?

- Graduation/mental health | physical & spiritual abuse
- Mental health counseling/resources
- Finding a job
- Stability
- I was in foster care from age 14-19 so they talked about it a lot!
- I found out about extended living programs when I became homeless but it wasn't until 2 months of my situation to when I found out about these resources and beneficial options
- Programs have very strict and restrictive requirements
- Ppl who signed out can access ILP programs
- Guest restrictions, job requirements during recessions

- Travel and rental assistance while in ILP programs
- Cant sign back in unless DEC accepts you even if you really need help

What challenges did you face during EFC Independent living?

- Poor life coach skills, professionalism, cleanliness & love
- Effective competent case management
- Effective case managers
- Case management
- Social Interaction
- Mental Health issues
- Being seen as a functional young adult who can make her own important decisions

What challenges did you face after EFC/Independent living ended?

- Being completely on my own w/o any outside support.
- I would say real adult situations, building credit, financial ...
- Learning to adult correctly after not being coached on life skills ex: driving, taxes
- Pathways to employment & support with employment/housing and access to different options for resources for my demographic
- Lacking support and encouragement to learn and explore more alternatives

Info Sharing

What is your favorite way to get information?

- Tik Tok * *2
- Instagram *1
- Reddit * * * * 4
- Google * * * * *5
- Youtube * * *3
- Other: Go to your local library
- Other: *Plugged Safe Families & PAD Atlanta

What would help you engage with services? What have been barriers?

- Social media, emails, events to find centers and care
- Publish zines, written media, flyers in public forums, email blasts
- Email and social media maybe
- Emailed newsletters are a huge source for the local programs/events. Finding information can be tough

Georgia Provider Focus Groups

Transitioning Out of Systems

Major Challenges Identified:

- **Inadequate Soft Skills Training:** Youth from both foster care and juvenile justice systems lack essential life skills, including budgeting, job searching, laundry, meal preparation, and credit management. Participants noted that youth are taught survival skills but not the practical skills needed for independent living. Also noted a lack of vital documents.
- **Policy vs. Practice Gap:** While Extended Youth Support Services (EYSS) allows youth to remain in care until age 21, many face barriers to re-entering the system. The 6-month rule has been updated—youth can now return before turning 21, regardless of how much time has elapsed.
- **Limited Support Networks:** Many youth lack adult allies or mentors to help with life tasks such as completing FAFSA, buying a car, or simply having someone to check in monthly.
- **Abrupt Service Termination:** Youth experience sudden cessation of housing, mental health treatment, and medication regimens when exiting detention centers, creating instability.
- **System Evolution Gaps:** Child welfare and juvenile justice systems haven't evolved sufficiently to meet the developmental needs of 18-24 year olds.
- **Unrealistic timelines:** for young people transitioning out of care to achieve educational and employment goals
- **Lack of FYI Voucher Utilization:** Need for better utilization of available resources like the HUD Foster Youth to Independence voucher program.

Solutions Proposed:

- Start transition planning from day one, not at exit
- Help youth identify and engage adult allies and build social capital
- Address trauma before teaching new skills—participants emphasized that unresolved trauma prevents youth from learning independence
- Provide workforce development programs (Mend Culture offered their March 16-19 cohort as an example)
- Improve communication between stakeholders for warm handoffs to community services

Health and Mental Health Access

Barriers Identified:

- **For Youth Aging Out of Foster Care:** While youth have access to Amerigroup/Medicaid until age 26 (a positive advocacy win), many abruptly stop taking prescribed medications at age 18 because they didn't have a voice or choice in their treatment previously.
- **Lack of Mental Health History:** Organizations receiving youth through coordinated entry often don't know their mental health backgrounds, leading to crises that could have been prevented.

- **Technology and Access Barriers:** Homeless youth struggle to attend virtual healthcare appointments due to a lack of phones, computers, stable Wi-Fi, or HIPAA-compliant private spaces.
- **Stigma and Empowerment:** Youth need trauma-informed, affirming spaces where they feel supported to share mental and physical health needs without fear of negative consequences.
- **Policy Limitations:** Minors can seek voluntary treatment at age 12, but parental consent is required for inpatient care. Georgia's ban on gender-affirming care for minors creates additional mental health barriers.
- **Other barriers:**
 - Work requirements for Medicaid eligibility
 - Difficulties with medication access and adherence, particularly for unhoused individuals

Recommendations:

- Ensure adequate mental health provider availability that accepts Medicaid
- Provide resources for virtual care access (devices, Wi-Fi, private spaces)
- Educate youth about their mental health in empowering, non-stigmatizing ways
- Support medication management transitions rather than abrupt cessation
- Organizations like Chris180 and Grady (hospital system) were highlighted as providing solutions through grant funding and partnerships to overcome some of these barriers.

Housing and Landlord-Tenant Challenges

Critical Barriers:

- **Affordability Crisis:** Identified as "the elephant in the room"—rent costs exceed what youth can afford, even with assistance programs.
- **Landlord Discrimination:** Property managers are reluctant to rent to 18-24 year olds despite anti-discrimination laws. Some require 2-3 times the rent amount as deposit upfront.
- **Background Checks:** Youth with juvenile justice involvement face automatic rejection regardless of how long ago the offense occurred.
- **Documentation Requirements:** Properties demand bank statements, but many youth use Cash App or Chime, which aren't accepted even when pay stubs prove income.
- **Limited Inventory:** Insufficient housing units available for youth, and what exists often isn't in suitable locations or the best fit for youth needs.
 - Partners for Home (CoC): currently 179 young people are on the housing queue with only one rapid rehousing referral available.
- **Program Requirements:** Some permanent supportive housing programs have overly strict requirements that contradict housing-first approaches. Youth sometimes exit programs with arrears.

- **Transitional Housing Duration:** Two-year programs are too short for youth who need more time than typical college-age adults to develop independence.
- **Long Wait Lists:** Youth become transient, moving from area to area hoping for faster access, accumulating more trauma and debt along the way.
- **Habitability Issues:** Landlords are slow to make repairs not caused by tenants; youth often accept poor conditions rather than advocating for their rights.

Solutions Being Implemented:

- **Cohabitation/Roommate Models:** Organizations are exploring scattered-site housing where youth share common spaces but have private bedrooms and bathrooms (similar to college dorms), making housing more affordable.
- **Tiered Financial Assistance:** Gradually reducing rental support over time as youth gain employment and income, though life circumstances often disrupt these plans.
- **Landlord Education:** Continuously educating property managers about youth resilience and program responsiveness to build trust.
- **Tenant Rights Training:** Using evidence-based curricula to teach youth their rights and responsibilities, including when to report repairs, how to navigate eviction processes, and documentation strategies.
- **Trigger Words for Advocacy:** Equipping youth and staff with language like "this is not habitable" and "you are breaking the law" to motivate landlord action.
- **Linking to Living Wage Programs:** Connecting youth with IT, tech, and healthcare training programs that lead to sustainable income.

Ongoing System Work:

- Partners for Home established a foster care work group to improve communication with DFCS
- Addressing gaps in serving juvenile justice youth by ensuring newly released individuals know about youth access points and drop-in centers
- Exploring shared housing models through YHDP (Youth Homelessness Demonstration Program) funding
- Janae (Partners for Home) and team: Continue work to expand communication and foster warm handoffs between stakeholders for youth recently released from foster care/juvenile justice, including ensuring access points and drop-in centers are informed.

Resources Offered During Meeting

- **Mend Culture Workforce Development:** March 16-19 cohort focusing on soft skills, communication skills, and employment readiness for youth

- **Southern Legal Center for Youth Services:** Free civil legal services for youth aged 12-24; gender-affirming legal care (name changes, vital records) for ages 18-26; name change and vital document clinics
- **Southern Kiki Leaders Collective:** Two-day youth sexual health leadership summit at Morehouse College in early April 2026
- **Ebony and Janae:** Discuss offline the possibility of implementing a scattered site/shared housing model for YHDP youth to increase affordability and housing stability.