# The Need for Specialized Aftercare and Wraparound for Parenting Foster Youth

## Healing Two Generations at Once

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## Introduction

Parenting foster youth are a uniquely vulnerable population navigating the dual responsibilities of healing from personal trauma while raising young children—often without the foundational support typically available to parents or youth in stable households. Despite increasing recognition of the challenges faced by parenting foster youth, few systems are adequately designed to support their transition into safe, capable parenthood. Mary's Path provides one of only a few programs in California that serves parenting foster youth in a Short Term Residential Therapeutic Program (STRTP) with aftercare supports. However, despite evidence of highly successful programming, Mary's Path was faced with closing their aftercare services due to a county-wide decision to terminate all STRTP Aftercare contracts. This decision has resulted in a substantial gap in necessary services for the parenting foster youth population. This white paper outlines the urgent need for specialized aftercare and wraparound programs that address the intersectional needs of these young parents.

In the context of California STRTPs, aftercare refers to the ongoing support and services provided to youth following their discharge from the residential setting. Required by federal and state regulations, aftercare is designed to ensure a successful transition and continuity of care as youth move to a less restrictive environment, such as a family-based setting or independent living. These services typically include case management, mental health support, linkage to community resources, crisis intervention, and regular follow-up contacts for a minimum of six months post discharge. Each county determines the array and intensity of services to be provided during the aftercare period. Parenting foster youth from Los Angeles who graduated from Mary's Path STRTP previously received aftercare services as a continuation of support by their Mary's Path mental health treatment team. Based on the county's decision, they will now only have the option to be supported by a standard wraparound program with an entirely new team of providers who do not typically have specific expertise in the parenting foster youth population. This results in a loss of specialized support for parenting foster youth as well as a transition in providers, which is a significant deterrent to continuing needed treatment for most youth. This lack of services in turn, increases the risk of housing instability and CPS involvement as well as exploitation for these young parents (Eastman and Putnam-Hornstein, 2019; Urban Institute, 2023).

## The Mary's Path Aftercare Program

Mary's Path is a Short-Term Residential Therapeutic Program (STRTP) specializing in serving parenting foster youth—young people in foster care who are pregnant or parenting children themselves. Notably, 90% of the young women served by the program are also survivors of Commercial Sexual Exploitation of Children (CSEC), underscoring the critical need for trauma-informed and comprehensive support services tailored to their unique experiences. This program provides a vital service, not only due to the complex and intersecting needs of the population, but also because Los Angeles County is home to nearly half of the state's more than 1,000 parenting foster youth — the County from which Mary's Path receives the majority of its referrals (The Imprint, 2021). Beginning in February of 2022, Mary's Path provided a specialized program serving parenting foster youth ages 12 to 21, a population with highly complex needs. The core goals of the aftercare program were clear and family-centered: maintain continuity of care through voluntary services, promote family preservation by safely keeping mother and child together, ensure housing stability, support management of behavioral health symptoms, reinforce independent living skills, and encourage education, employment, and community engagement.

The Mary's Path aftercare program provided a full continuum of mental health and supportive services, including individual therapy, dyadic mother-child interventions, group therapy, Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC), and access to psychiatric care. Therapeutic offerings were diverse and evidence-based, including Child Parent Psychotherapy, Eye Movement Desensitization and Reprocessing (EMDR), and Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT). These services were provided by team members with specialized skills and certifications in maternal mental health, domestic violence, child sexual exploitation, and trauma informed care. The young women and their children also had access to family therapy and co-parenting support.

Beyond mental health treatment, Mary's Path integrated practical skill-building and life planning services. The program provided education in parenting and child development, academic support,

job readiness training, daycare planning, medical care coordination, and budgeting. Transportation needs were addressed through both direct support and training in public transit use, while linkages to community resources such as WIC and Regional Center services helped extend the safety net beyond program walls.

Outcomes from the Mary's Path aftercare program underscore its effectiveness. Only 7% of parenting youth experienced removal of a child during aftercare, and none became homeless. Just 7% experienced an unplanned placement change, reflecting strong housing and service stability. Importantly, 61% of youth were unwilling to continue mental health services with a different provider following discharge from Mary's Path, and a striking 93% of those eligible indicated they would have continued receiving behavioral health services if aftercare through Mary's Path had remained available. This demonstrates the importance of provider continuity and the value of trusted relationships for this population.

Mary's Path stands as a model for integrated, trauma-informed aftercare that not only meets the clinical and developmental needs of parenting foster youth, but also honors their capacity to heal, grow, and parent with support.

## The Loss of a Specialized Program

Due to county-wide changes in contracting, Mary's Path is no longer able to offer their parenting foster youth a tailored aftercare program, resulting in the loss of a vital service for an already underserved population. While parenting foster youth are offered non-specialized wraparound services by their counties, this represents a disruption in treatment and creates a scenario where the needs of the population will be likely be unmet. This is in part because there are almost no service providers in Los Angeles and Orange County who specialize in serving parenting foster youth who are also CSEC survivors compounded by the lack of provider continuity that results — a well-documented factor contributing to treatment disengagement. In an interview, a former Mary's Path client stated that therapy with Mary's Path was very helpful for her because she had the same therapist for a long time. When asked directly if she would be open to mental health services upon discharge from Mary's Path if the aftercare program had not been available, she said "no. It's too hard. I've had multiple therapists and building trust takes a long time." This is a demonstration of what research has already shown regarding the importance of provider continuity for both foster youth and CSEC survivors (Engtrom, 2023; Urban Institute, 2023; West Coast Children's Clinic, 2018).

## Why a Standard Model Does Not Work

While standard wraparound and non-specialized aftercare programs provide individualized planning approaches that include a team of family and natural supports, these programs fall short in meeting the needs of this challenging population because their needs are significantly more complex than those typically addressed by standard Wraparound. A review of contracted Wraparound programs in Los Angeles and Orange counties shows that they lack trauma informed parenting components, do not include dyadic mother-child work in their service array, and offer limited childcare, housing, or therapeutic support tailored for young families. Parenting foster youth face layered trauma stemming from exploitation, disrupted attachments, and systemic involvement, compounded by the responsibilities and stress of parenting while still developing themselves. Standard Wraparound,

while flexible and family-centered, often lacks the targeted clinical interventions, safety planning expertise, and parenting supports required to address the dual identity of being both an exploitation survivor and a parent. Programs that focus on parenting rarely also include interventions related to CSEC or foster care, and vice versa. Without a specialized approach that integrates trauma-informed care, reproductive and infant mental health, and CSEC-specific safety protocols, these youth risk continued cycles of exploitation, system involvement, and poor developmental outcomes for both themselves and their children (Eastman and Putnam-Hornstein, 2019; Racine et. al., 2023).

The other concern presented by the discontinuation of the Mary's Path Aftercare Program is that of the mental health provider transition. While 100% of Mary's Path clients are in need of mental health support, they are far less likely to engage in these supports if it means transitioning to a new provider. This is demonstrated in peer-reviewed literature (Ijadi-Maghsoodi R, 2016; Urban Institute, 2023) as well as in the data collected by Mary's Path in which the majority of young people served by the aftercare program said that they would not continue with services if it meant changing providers.

## Best Practices for Specialized Aftercare and/or Wraparound

Aftercare and Wraparound programs are often designed for general aging-out populations—focusing on employment, housing, and education. For parenting foster youth, these services must also address parental bonding and attachment support, trauma-informed therapy for the parent and for the child when indicated, and childcare and childcare resource navigation (Casey Family Programs, 2024). It must also include long-term, trust-based mental health and case management services that support access to early intervention and pediatric care (California Youth Connections, 2023). Housing navigation specific to the needs of the parenting foster youth population must be emphasized, including Transitional Housing Placements (THPs) and THP Plus (THPP) options that specifically accept young children. Specialized aftercare or wraparound can prevent the breakdown of placement, reduce repeated system involvement, and promote family stability, economic mobility, and better developmental outcomes for young children and parenting foster youth.
A trauma informed and specialized program for parenting foster youth should include the following components:

| Component | Purpose |
|---|---|
| **Transitional Housing with Childcare** | Safe, non-punitive housing with integrated childcare that provides safety and stability for two generations. |
| **Integrated Mental Health** | Mental health care that addresses complex trauma, dissociation, and post-traumatic symptoms. |
| **Parenting Education** | Builds parenting skills rooted in attachment theory, responsive parenting and developmental trauma insights for youth who may have experienced trauma at the hands of their own caregivers. |

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| **Peer Mentorship** | Promotes trust, healing, and real-world strategies from lived experience. |
| **Early Childhood Development Support** | Connects children to screenings, early education, and health services. |
| **Integrated Case Management** | Aligns supports across child welfare, mental health, physical health, probation, regional center, and educational systems as needed. Provides vital resource connections for daycare, diapering and groceries. |

## Recommendations for Action

Maintain STRTP Provided Aftercare Services

To meet the needs of this population and break cycles of trauma, it is recommended that counties be required to fund specialized aftercare for parenting foster youth, to be provided by the specialized STRTPs in which the youth was placed. This approach will maintain continuity of care and increase the number of youth receiving needed mental health services and supports. For pregnant or parenting youth who were in a non-specialized placement, it is recommended that lead agencies subcontract with organizations like Mary's Path, who hold true expertise in working with this population, to provide the aftercare services.

Specialized Wraparound

In regions that do not currently have STRTPs serving parenting foster youth, it is recommended that counties fund regional wraparound hubs for parenting foster youth, modeled on successful programs like Mary's Path. This goal could be achieved by Wraparound programs dedicating specialized teams that are trained and equipped to meet the needs of the over 1,000 parenting foster youth across California.

Placement and Housing

In many counties it is also imperative that placement options are expanded for this population in which parent and child can be kept together, including STRTPs dedicated to this population as well as Whole Family Foster Homes, and THPs /THPPs that specifically allow foster youth and their small children and are coupled with specialized wraparound or aftercare services for the population.

## Conclusion

Parenting foster youth deserve more than survival—they deserve a path to healing, self-reliance, and strong family foundations. A specialized aftercare system recognizes the urgency and complexity of their situation and provides a lifeline not just for the youth, but for the next generation. Additionally,

the impending rate reform for STRTPs in California underscores this urgency because without explicit, guaranteed funding for aftercare, the entire Continuum of Care Reform framework risks collapse at the transition point. This population may stabilize in STRTPs, but without adequately funded aftercare supports they are far more likely to disengage from services, face disruptions, or return to crisis. By investing now, we reduce long-term costs and create healthier, more resilient families for California's future.

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