



National Association of Public  
Child Welfare Administrators

an affiliate of the American Public Human Services Association

## Addressing the Health Care Needs of Transitioning Youth

**Y**outh in foster care have poorer health outcomes than those who are homeless or those living in the poorest areas of the inner cities. Young people who experience foster care often have complex multi-layered health care needs.<sup>1</sup> This is due to the childhood trauma of abuse and neglect and the disruptive environment that may accompany state protective custody. It is estimated that 30 to 60 percent of children and youth in foster care have chronic physical health conditions such as asthma, diabetes and seizures.<sup>2</sup> When developmental, emotional and behavioral health issues are taken into consideration, the percentage with serious health care needs increases to more than 80 percent. Not surprisingly, foster care alumni, those aged 19 to 33, experience a high level of post-traumatic stress disorder and continue to need medical and mental health supervision long after leaving the custody of the state.<sup>3</sup>

### **Collaborating Systems & Family Participation**

Child welfare agencies do not work alone when ensuring the healthy well-being of youth in foster care. Different systems also play a role in making sure that health care needs of youth in foster care do not go unmet. These include the health care systems as well as the mental health, juvenile justice, education and court systems. Each system should ideally share information about the young person, so that informed health care decisions can be made.

Caretakers also have a vital role in dealing with the health care needs for youth in foster care, including the birth and foster parents, relative care providers and the young people themselves. Without the willingness of family members to actively participate, it is difficult to achieve positive health care outcomes for youth in foster care.

### **Medicaid Coverage Disruptions**

Continuous health insurance coverage directly relates to improved access to care. Many of the uninsured come out of the foster care system itself.

A young person's stay in foster care often automatically enrolls them in Medicaid, a federal program that provides health insurance for the impoverished and

disabled. Medicaid is a federally mandated entitlement program authorized by Title XIX of the Social Security Act.

Each year 26,000 youth emancipate from foster care on their 18<sup>th</sup> birthday and may lose critical Medicaid health coverage.<sup>4</sup> This loss of insurance can exacerbate their physical and mental health problems.

According to a report by the Urban Institute, in 2006, Medicaid accounted for 13 percent of child welfare agency spending.<sup>5</sup> Under current law, states can opt to continue Medicaid coverage for foster youth through the age of 21. This continued coverage provides better health outcomes for young people transitioning out of state custody. Additionally, there are congressional efforts to extend coverage to the age of 26.

Another challenge of access to health care for youth in foster care is a lack of Medicaid providers, especially in the area of dental health. Often, doctors are not willing to accept Medicaid or to serve these at-risk youth. As a result, young people are placed on lengthy waiting lists for much-needed health care services.

### **Medical Histories**

Youth in foster care may enter state custody with little or no health information, such as missing immunization records and birth histories. Obtaining such medical histories can be challenging at times.

In all states, young people receive an initial health screening and assessment soon after entering state custody. This is meant to quickly address unmet issues and provide a plan for ongoing health care.<sup>6</sup>

During these screening and health assessments, social workers and public health nurse practitioners gain as much medical and family health history as possible. This helps give a clearer picture and allows doctors to make an accurate diagnosis and provide appropriate treatment.

### **Medical Home and Passport**

Foster youth need high-quality, consistent, comprehensive and coordinated health care services.

One way to help address this need is to provide a medical home to all children and youth in state custody. Ideally, young people should receive all health care services from one qualified health care professional that is trained in the nuances of the foster care system and the realities that youth in transition face. Youth in foster care need one consistent physician with whom they can bond and in whom they can confide.

Youth often experience multiple placements during their stay in foster care. Health care record can be spread across many different areas. Tracking and storing information electronically such as doctors' visits and prescription medications allows the information to be downloaded onto portable flash drives, known as medical passports.

### **Oversight and Coordination**

The new Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351), signed into law on Oct. 7, 2008, includes a new provision that directs states to have a health oversight and coordination plan for each young person in foster care. Child welfare agencies, state agencies that administer Medicaid, pediatricians and other health care experts collaborate in crafting these oversight and coordination plans. This law works to address the fragmentation and inadequate health care needs of young people in foster care.

Improving the health outcomes for youth in care is paramount in the District of Columbia. D.C.'s Child and Family Services Agency has a unique collaborative within the agency to coordinate and ensure youth in care receive adequate health care, dental care and mental health services. Health services are tracked, monitored and reviewed by CFSA's Office of Clinical Practice. The OCP leads a multidisciplinary team of professionals, including a pediatrician and registered nurses, in coordinating comprehensive physical, mental, and behavioral health services for children and youth and providing in-house expertise in domestic violence, substance abuse, education and family-involved conferencing. The CFSA completed the health care coordination plan and submitted it to the Administration for Children and Families on June 30, 2009.<sup>7</sup>

### **Current State Health Care Practice**

**California** is one of the states that provides Medicaid coverage through the age of 21 and has the longest history with medical passports. Also, Los Angeles County, which has the largest foster care population, has centers that specifically provide physicals, mental health screenings and follow-up care to those in foster care. **Colorado** and **Maine** also have a Medicaid passport program and **South Carolina** is developing one.

Several states, including **Alaska**, have programs that keep foster children with the same doctor throughout the life of the case. In rural areas where doctor shortages exist, states such as **Idaho** use teleconferencing to access health care specialists throughout the state.

In 2008, **New Hampshire** was recognized for its promising approach to addressing the health care needs of children in foster care. Each child receives a comprehensive health and developmental assessment within 30 days of placement. Foster care health nurses act as health care coordinators to ensure that all children have their medical, behavioral and oral health needs met. Nurses in each district office ensure strict oversight of prescription medications; social workers must have the permission of the DCYF director or an authorized DCYF administrator, in consultation with a nurse, to obtain narcotic, psychotropic and other prescriptions for children under DCYF guardianship or care, custody and control.

**Texas** uses a managed care approach in dealing with foster youth health needs. Older youth are able to receive health, mental health and case management services through *STAR Health*, which is a Medicaid managed care health and behavioral health model.

In many states, such as **Arizona**, **Delaware** and **Minnesota**, life skills and independent living training includes sessions on understanding medical needs, the danger of high-risk behaviors, and family planning. **Arizona** also hosts an annual youth education conference where interactive forums on various medical issues are discussed.

States such as **Connecticut** provide full Medicaid coverage, paid for through state-only funds. Additionally, the state provides direct nursing support for youth in group homes and those preparing to transition out of state custody. Several states such as **Indiana** have annual physicals and eye and dental exams.

States such as **Nebraska** provide detailed medical records, including immunization and medical histories to youth as they leave the system. These documents are necessary for self-sufficiency as adults. The state also conducts an assessment for youth residing in group homes. The young people are asked detailed questions such as:

- Do you know how to get your medical records?
- Do you know where to call if you need medical care?
- Do you know where to call if you need dental care?

- Do you know why you would take prescribed medications?
- Do you have Medicaid or other health insurance?
- Do you have Medicaid or other insurance that pays for part or all of your prescription drugs?

If the youth answers “no” to any of the above questions, the provider is expected to assist in finding the answers.

**New York** operates a health care coordination project. Separate from caseworkers, health coordinators facilitate a comprehensive evaluation at the time of placement, expedite referral, develop health care treatment plans and help youth understand their medical needs. At the Upstate Medical University in Syracuse, there is a one-stop shop medical home for all children in foster care in Onondaga County.

### **Conclusion**

The health care needs of young people in foster care are high. Their health outcomes are poor as they are more likely to experience acute medical conditions. Coordination and oversight of their health care will ensure that medical issues do not fall through the cracks.

Transitioning youth need Medicaid coverage extended past the age that they leave care. Currently 32 states have extended Medicaid coverage, including **Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Iowa, Indiana, Kansas, Louisiana, Massachusetts, Michigan, Mississippi, North Carolina, Nebraska, New Jersey, New Mexico, Nevada, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin and Wyoming.** The remaining states should examine their transitioning youth population to see if providing Medicaid through age of 21 would help address health care needs.

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<sup>1</sup> *Fostering Health: Health Care for Children and Adolescents in Foster Care*, 2<sup>nd</sup> edition. American Academy of Pediatrics, Task Force on Health Care for Children in Foster Care. March 2002

<sup>2</sup> *Healthcare Needs of Children and Youth in Foster Care*. Jan McCarthy & Maria Woolverton

<sup>3</sup> *Assessing the Effects of Foster Care*. Casey Family Programs 2003

<sup>4</sup> “Time for Reform: Aging Out and On Their Own. More Teens Leaving Foster Care without a Permanent Family.” Kids Are Waiting: Fix Foster Care Now Campaign. [www.kidsarewaiting.org](http://www.kidsarewaiting.org).

<sup>5</sup> *Federal, State and Local Spending to Address Child Abuse and Neglect in SFY 2006*. Kerry DeVooght, Tiffany Allen and Rob Geen. December 2008.

<sup>6</sup> State Practices for Assessing Health Needs, Facilitating Service Delivery, and Monitoring Children’s Care Government Accountability Office (GAO-09-26).

<sup>7</sup> Ibid.