

Promoting the Health and Well-Being of Current and Former Foster Youth



Background

Children and youth in foster care have experienced abuse, neglect, and other adverse childhood experiences that can negatively impact their health. In fact, half of all children and youth in foster care have endured four or more adverse childhood experiences.ⁱ As a result of this trauma, they often have complex physical, behavioral health, and developmental needs.ⁱⁱ Children and youth in foster care are up to six times more likely than their peers to experience mental health challengesⁱⁱⁱ, and 35-60% of children and youth have at least one chronic or acute physical health condition that needs treatment at the time they enter foster care.^{iv} Moreover, recent research found that children with any Child Protection System history had three times the odds of death by suicide compared to children with no history.^v Without quality services and supports, the health challenges faced by children and youth in foster care often continue into adulthood.

Children and youth in foster care have health care insurance through Medi-Cal and those who age out stay covered until age 26. Despite this coverage, they continue to face barriers accessing needed services. Common barriers include:

- Challenging care coordination because of the multiple individuals and systems involved and frequent moves.
- Health history is often unavailable or incomplete at the time of foster care entry.
- A shortage of providers who understand and are equipped to meet the needs of children in foster care.
- Long waits for services.
- Difficulty navigating the complex healthcare system for caregivers and social workers.

The American Academy of Pediatrics recommends children in foster care receive more frequent monitoring given their special health care needs. However, many children in foster care in California do not receive timely preventive exams, required screenings, or follow-up services, especially to meet their behavioral health needs.

Next Steps

Access to comprehensive targeted healthcare services is imperative to helping children and youth in foster care heal and thrive, supporting stable placements in family homes, reducing the use of congregate care, and ensuring young adults aging out of foster care are able to successfully navigate the transition to adulthood. Moving forward, it will be important to ensure:

1. The Health Care Program for Children in Foster Care (HCPCFC), which provides specialized health care coordination for children and youth in foster care, is sufficiently resourced as it transitions to a stand-alone program by July 2024 as the Child Health and Disability Prevention (CHDP) Program sunsets;
2. The effective formulation and implementation of various state healthcare reforms with the potential to improve service access and quality for children and youth in foster care, including efforts within CalAIM and BH-CONNECT intended to improve service access and quality for children and youth in foster care;
3. A broad continuum of behavioral health services, including non-traditional therapeutic supports, are universally available to children and youth in foster care and can be easily accessed on an ongoing basis; and
4. Cross-system collaboration between child welfare and health and strong cross-system oversight and accountability.

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ⁱ Connecting Youth Placed Out of County to Trauma-Informed Care, Trauma Transformed, available at <https://traumatransformed.org/documents/BTC-TT1-care-coord-report.pdf>

ⁱⁱ Health Care Issue for Children and Adolescents in Foster Care and Kinship Care, Pediatrics, October 2015, Volume 136, Issue 4, available at <http://pediatrics.aappublications.org/content/136/4/e1131>

ⁱⁱⁱ Connecting Youth Placed Out of County to Trauma-Informed Care, Trauma Transformed, available at <https://traumatransformed.org/documents/BTC-TT1-care-coord-report.pdf>

^{iv} Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues, Congressional Research Service, Nov. 2014, available at <https://fas.org/sgp/crs/misc/R42378.pdf>

^v A Population-Based Examination of Suicide and Child Protection System Involvement, Journal of Adolescent Health, February 2021, available at <https://www.datanetwork.org/wp-content/uploads/A-Population-Based-Examination-of-Suicide-and-Child-Protection-System-Involvement.pdf>