

Issue At A Glance:

Health Care for Children in Foster Care

Children and adolescents in the foster care system disproportionately experience chronic medical, developmental, and psychosocial problems. This issue brief aims to delineate the unique health issues faced by this population, describe the most common pathway by which foster children obtain health care coverage, illustrate shortcomings in health care afforded to foster children, and propose solutions to these problems.

Introduction

Children and adolescents in foster care are a vulnerable population with complex medical, emotional, and psychosocial needs, many of which stem from the adverse experiences that necessitated placement in foster care in the first place. According to the Administration for Children and Families of the United States Department of Health and Human Services, of the 423,997 children in the US foster care system in 2019, 63% of removals were associated with neglect, 34% with drug abuse by a parent, and 13% with physical abuse.¹ The neglectful, disorderly, and even violent conditions leading to foster care placement have important implications for the health of the affected children. According to the American Academy of Pediatrics (AAP), children in foster care can be classified as a population with special health care needs, as 30% to 80% of children entering the foster care system do so with at least one medical problem, 1/3 have a chronic medical condition, up to 80% have significant mental health issues, and 60% of children under five years of age have developmental health issues.² This designation by the AAP provides recognition that this population is at increased risk for developing chronic physical, developmental, and behavioral conditions requiring more health services than do average children.³

Major Child Welfare Legislation Timeline

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| 1935 | Enactment of the Social Security Act secures limited funds for child welfare services under Title V |
| 1967 | Child welfare funding under Title V becomes Title IV-B, Child Welfare Services |
| 1980 | Enactment of the Adoption Assistance and Child Welfare Amendments establishes a new Title IV-E Foster Care and Adoption Assistance entitlement program, providing reimbursements for costs associated with foster care |
| 2008 | Fostering Connections to Success and Increasing Adoptions Act is enacted to improve health care and education outcomes for foster children |
| 2010 | The Affordable Care Act is enacted, extending Medicaid coverage to children up to age 26 and to families at risk for involvement in the foster care system |

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Health-Related Issues Faced by Foster Children

Trauma-Induced Conditions

The adverse experiences faced by foster children give rise to or exacerbate many health issues due to their ability to alter neurodevelopment. This population is disproportionately affected by intrauterine drug exposure, prematurity, and associated health outcomes. During childhood and adolescence, many of these individuals then experience indirect or direct violence, are deprived of basic needs, and may be victims of abuse. These exposures and experiences have been shown to contribute to dysregulation of the neuroendocrine stress system; epigenetic changes; and other changes in neurodevelopment, which disproportionately affect those parts of the brain that are most important for executive function; stress response and emotional regulation; and attention and memory.^{4,5}

The trauma and neglect experienced by foster children also contribute to behavioral and emotional issues. Young children may experience sleeping and feeding dysregulation, as well as withdrawal syndromes from intrauterine drug exposures. School-aged children may experience problems with emotional expression, regulation, and reactivity and may also exhibit impulsive and destructive behavior. Adolescents and teens may engage in high-risk activities, including substance abuse, violence, and sexual activity and may begin to manifest symptoms of posttraumatic stress disorder, anxiety, and depression. The mental health issues faced by foster children are then intensified by the instability and impermanence associated with placement in the foster care system.⁷

Development and Education

Children in foster care have been shown to suffer from higher rates of developmental problems and are less likely to pursue higher education.⁶ Many children and adolescents in foster care have developmental disabilities, learning disabilities, and difficulty engaging in cognitive tasks. Compounding these issues are behavioral disorders that render school and education even more difficult. As a result, foster children experience higher rates of grade retention and placement in special education. In addition, high school dropout rates in this population are nearly triple that of low-income children, and only 1% to 2% of foster care children eventually obtain four-year college degrees.²

Access to Health Care

Children and adolescents who enter the foster care system often do so having been deprived of basic necessities. As a result, many have unclear health histories, as well as undiagnosed and untreated problems. In addition, many may not have received routine preventive screenings and interventions, leading to higher risk of developing preventable illnesses and conditions.² Upon entering the foster care system, these children may then face additional barriers to health care due to limitations in funding and insurance, difficulty in coordination of care, and failure to receive adequate and comprehensive health status evaluations. These issues are even further complicated by gaps in care caused by the frequent change in providers often necessitated by movement within the foster care system.

Health Care Coverage for Foster Children

Foster care children most commonly gain access to comprehensive health care through Title IV-E of the Social Security Act, which provides funding to ensure safety for children displaced from their homes. Those who receive Title IV-E payments are then eligible for Medicaid coverage across the United States, although specific medical necessity criteria vary by state.⁸

Medicaid benefits generally include full health care coverage, including preventive, diagnostic, and therapeutic services. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is mandatory under federal Medicaid and the Social Security Act. EPSDT includes comprehensive health and developmental screening, immunizations, screening laboratory tests, vision services, dental services, hearing services, and other diagnostic and therapeutic services deemed medically necessary.⁸

Under section 1905(a) of the Social Security Act, EPSDT services must also include those related to mental health. These include mental health screening, therapy, substance abuse treatment, psychotropic medications, and inpatient treatment. Under section 1915 of the Social Security Act, on a state by state basis, coverage may also be extended to include home and community-based programs for behavioral health treatment, as well as psychosocial rehabilitation, transition care, and social skills training.⁸

Shortcomings in Health Care for Foster Children

Despite various legislative efforts to ensure access to comprehensive health care for foster children and adolescents, including the enactment of the Patient Protection and Affordable Care Act, which expanded Medicaid benefits to children up to age 26 and mandated coverage of mental health services, the persistence of adverse health outcomes disproportionately seen in this population reflect ongoing disparities in our health care systems.⁸

While Medicaid benefits theoretically provide comprehensive health care coverage to foster children, in practice, state Medicaid systems often fail to provide adequate reimbursement for health care services, particularly those related to mental health.⁹ This problem is escalated by difficulty finding and accessing providers and specialists who accept Medicaid in the first place. Although this has been addressed by certain community-based programs that enroll foster children in prepaid capitated health plans, these plans are neither widely available nor a component of a streamlined health care system.¹⁰

In addition to problems with Medicaid coverage and access to necessary health care services, many foster children and adolescents experience difficulty meeting their health care needs due to lack of access to consistent care. Moving between families and different homes in the absence of a streamlined health care system compromises continuity of care and leads to significant disconnect between different providers and disciplines, rendering access to quality care even more difficult.

Moving Forward

Many of the health care barriers faced by children and adolescents in the foster care system may be ameliorated by the creation of an organized health care plan specific to this population. This may not only increase access to providers and specialists necessary for adequate treatment of the complex health problems associated with displacement from the home, but it might also reduce discrepancies amongst health care services covered in different states, allowing for more consistent access to necessary care across the United States.

In the meantime, it is important to continue enforcing current mandates requiring recipients of Title IV-B funding to report their plans for the provision of health care to foster children to ensure that they receive the highest quality care possible. In addition, further legislative efforts must be made to ensure adequate funding for all physical, mental and oral health needs of foster children and to encourage multi-disciplinary care coordination to facilitate continuity of care in this population.

References

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Did you know?

San Bernardino County's Children's Network coordinates and provides a variety of services to foster children in the community. Many of these services are great volunteer opportunities!

To learn more, visit:
<https://www.sanbernardinoforkids.com/volunteer/>



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