

Addressing the Mental Health of Youth in Foster Care

"There should be a broad emphasis on social and emotional health to set youth on the path to wellness and recovery. Early identification and treatment is the best thing for children in foster care."

- Bryan Samuels, Commissioner, Administration for Children & Families

Youth in Foster Care in the United States

- In 2010, there were 408,452 youth in the foster care (FC) system. Approximately half of these youth live in non-relative, out-of-home placements.
- The Administration for Children and Families reports that the average length of stay is just over two years.
- The average age of these children is 9.4 years; 46 percent are between 11 and 18 years of age.
- Many children placed in out-of-home care have experienced physical abuse, neglect, domestic violence, or other trauma – factors that are associated with an increased risk of poor overall health.^{1, 2, 3}

Health Status of Youth in Foster Care

- The rate at which these youth suffer from at least one chronic health condition is estimated to range from 40 to 79 percent.⁴

According to the American Academy of Pediatrics (AAP), youth entering foster care typically suffer from a high prevalence of undiagnosed and chronic health problems, especially in the area of mental and behavioral health.

- Approximately 25 percent suffer from three or more chronic health conditions.⁵

Elevated Risk of Mental Disorders

- A 2006 literature review concluded that "between 50 and 75 percent of children in out-of-home care exhibit social competency problems that warrant mental health care."⁶
- In a national survey following more than 5,000 youth placed in child protective services, 43 percent of youth aged ≥11 years displayed externalizing behaviors and 29 percent presented internalizing behaviors.⁷
- A 2007 study found 19 percent of youth in FC suffered from major depressive disorder compared with 11.9 percent of youth in the general population.⁸

- Adolescents living with foster parents or in group homes have two to four times the rate of serious psychiatric disorders as those living with their own families.^{9, 10, 11}

Youth in Foster Care Should Receive Comprehensive Health Screens & Services

- Under federal law, youth in FC are eligible for Medicaid coverage, including the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.
- The EPSDT benefit specifically provides for comprehensive preventive screenings to assess both physical and mental health, as well as medically necessary follow-up care.
- Additionally, comprehensive assessments are recommended for all youth upon entry to FC as part of the standard Medicaid well-child benefit.
- Medical professional and child welfare organizations emphasize the particular importance of assessing mental health status:

The AAP and the Child Welfare League of America have developed well-child visit guidelines for youth in FC recommending a "mental health screen using validated screening instruments for all children over age 5 years."

Many Youth Do Not Receive Health Screens

- In a nationally representative sample of child welfare agencies in 2003, less than half had comprehensive policies that required physical, mental, and developmental assessments for children entering out-of-home care.¹²
- A 2005 review of health care access for children in FC in eight states by the Department of Health and Human Services Office of Inspector General found variable rates of access to screening and assessment services:



- Not all youth received Medicaid EPSDT examinations in accordance with state-established frequency guidelines – rates ranged from 60 to 100 percent;
- Mental health screenings were not received and mental health needs were undocumented for some sampled children, e.g. not recorded in the chart or not communicated to FC providers.¹³

Poor Access to Mental Health Services

- Youth in FC access mental health services at a higher rate than other youth in Medicaid. Yet, a significant number do not receive needed services.¹⁴
- A 2004 study found that 48 percent of youth in the child welfare system had clinically significant emotional or behavioral issues, but only 25 percent had received treatment during the previous year.¹
- In a random sample of 302 school-aged children in FC, 80 percent were diagnosed with mental health problems, but only 51 percent received mental health services.¹⁵

Unique Barriers to Coordinating Care

Multiple Placements

- According to the National Foster Care Coalition, in 2008 a child in FC experienced an average of three different placements in 27.2 months.

Inter-Agency Hurdles

- Services for children in FC are administered by multiple separate government agencies, such as child welfare and Medicaid.

Youth who suffer from social or emotional problems not rising to the level of a diagnosable mental disorder may not be eligible for necessary services under existing funding structures, making early intervention more difficult.¹⁴

Communicating with Foster Parents/Providers

- Forty-three percent of caregivers for youth in FC reported that they had received no medical history for the child placed in their care.¹³

Parental Consent

- Rules regarding parent/guardian consent for health care services for children in FC vary.

Improving Access to Health Assessments and Follow-up Services

- The *Fostering Connections to Success and Increasing Adoptions Act* of 2008 requires that state agencies charged with administering child welfare and Medicaid programs collaborate to develop a plan for ongoing oversight and coordination of health care services for children in FC, including mental health and dental needs.

Some required plan components include:

- a schedule for initial and follow-up health screenings;
- how health needs identified through screenings will be monitored and treated;
- steps to ensure continuity of health care services;
- oversight of prescription medicines.

- These changes hold great potential to improve the overall well-being of youth in foster care.

“While these children wait for a place to call home, it is our nation’s responsibility to not only ensure that their basic needs are met, but also to provide the necessary services that will help them stay on track for future success. This law is a step in the right direction . . .”

-Bruce Lesley, President
First Focus

- Proposed plans were due at the end of 2010; 35 state plans have been reviewed and approved so far and implementation will begin shortly.

- The Child and Family Services Reviews (CFSR) – a set of federal reporting measures to monitor child welfare services – are being reformatted to reflect components of the *Fostering Connections Act*.

- The Administration for Children, Youth and Families is working to expand trauma-informed services and supports to better meet the social and emotional needs of youth in FC.

¹ Burns, B.J. et al. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *JAACAP* 43: 960-970.

² Rubin, D.M. et al. (2004). Placement stability and mental health costs for children in foster care. *Pediatrics* 113: 1336-1341.

³ Taussig, H.N., Culhane, S.E., & Hettleman, D. (2007). Fostering healthy futures: An innovative preventive intervention for preadolescent youth in out-of-home care. *Child Welfare* 86: 113-131.

⁴ Kools, S. and Kennedy, C. (2003). Foster child health and development: Implications for primary care. *Pediatric Nursing* 29(1): 39-41, 44-46.

⁵ Chernoff, R. et al. (1994). Assessing the health status of children entering foster care. *Pediatrics* 93:594-601.

⁶ Landsverk, J.A. et al. (2006). Mental Health Care for Children and Adolescents in Foster Care: Review of Research Literature. Casey Family Programs, Seattle, WA.

⁷ National Survey of Child and Adolescent Well-Being, USDHHS. Analysis courtesy of C. Simmel, Rutgers University School of Social Work.

⁸ Casey Family Programs. (2007). Executive Summary- Mental Health, Ethnicity, Sexuality, and Spirituality Among Youth in Foster Care. Findings from the Casey Field Office Mental Health Study.

⁹ Child Welfare League of America. (1996-2007). Health care services for children in out-of-home care: Facts and figures.

¹⁰ Harman, J.S., Childs, G.E., & Kelleher, K.J. (2000). Mental health care utilization and expenditures by children in foster care. *Archives of Pediatric and Adolescent Medicine* 154: 1114-1117.

¹¹ dosReis, S. et al. (2001). Mental health services for youths in foster care and disabled youths. *American Journal of Public Health* 91: 1094-1099.

¹² Leslie, L.K. et al. (2003). Comprehensive assessments for children entering foster care. *Pediatrics* 112: 134-142.

¹³ US Dept of Health and Human Services, Office of Inspector General. (2005). Children's Use of HC Services While in FC: Common Themes.

¹⁴ Moira Inkelas and Neal Halfon. (2002). Medicaid and Financing of Health Care for Children in Foster Care: Findings from a national survey. UCLA Center for Healthier Children, Families and Communities, Los Angeles, CA.

¹⁵ Zima, B.T. et al. (2000). Help-seeking steps and service use for children in foster care. *Journal of Behavioral Health Services and Research* 27: 271-285.