Health Concerns Among **Children in Foster Care**

Children in foster care tend to have greater physical and behavioral health needs than

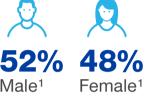
other American children. It is important that Medicaid programs that serve these children have systems and services in place to address these needs. This can help improve these children's overall health and well-being, as well as increase the chances of stable placement in a loving and supportive family.

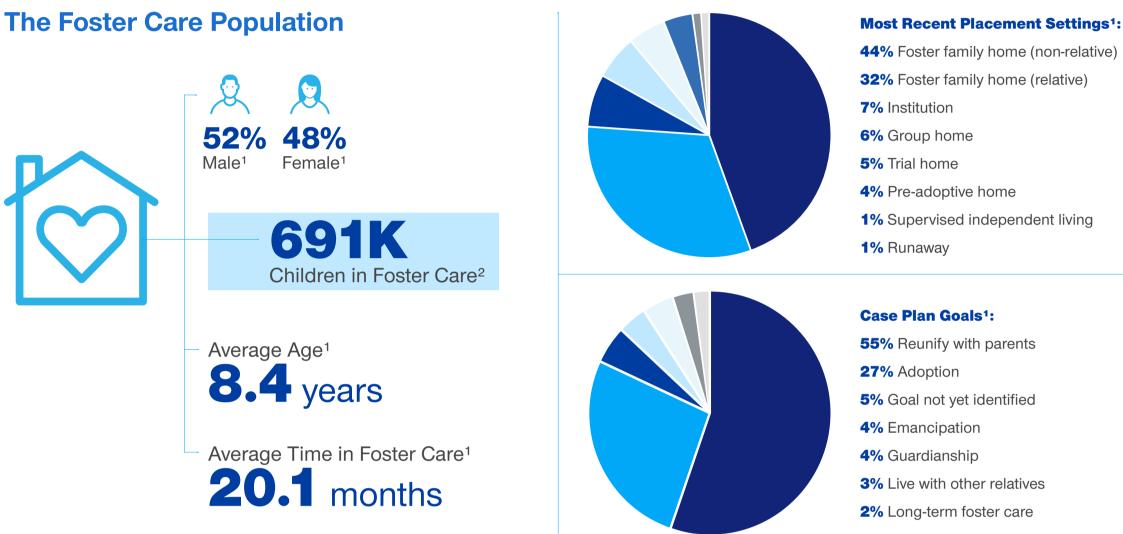


UnitedHealthcare and the Foster Care Population

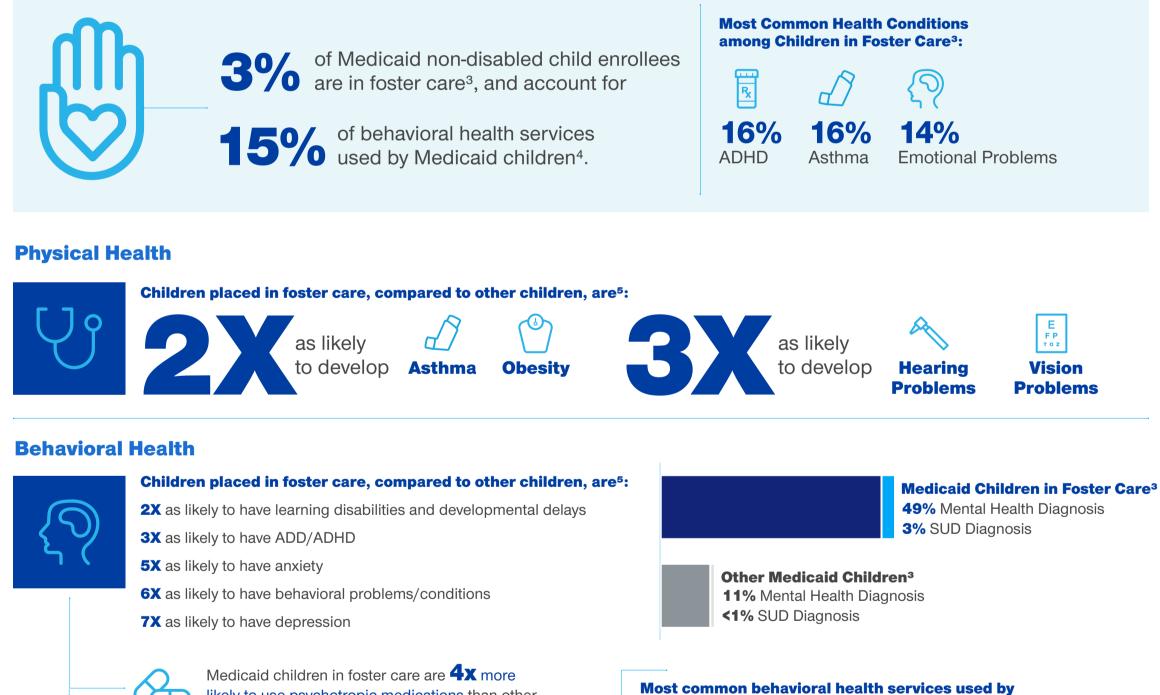
- In 2019, UnitedHealthcare Community & State served 55,000 foster children across 12 markets, all part of integrated plans.
- Partnership with the National Foster Parent Association provides training about the foster care system and how to best assist foster parents.
- UnitedHealthcare has a **dedicated clinical model for children in foster care** anchored in the principles of traumainformed care and coordination.
- Online continuing education (CEU's) specific to children in foster care is available.
- UnitedHealthcare offers unique products to serve children in foster care, including an app for transition aged youth to plan for adulthood and store confidential documents they will need as adults to access services.







Children in foster care have significantly greater behavioral health care needs, and a higher spend, compared to physical health care spending.



likely to use psychotropic medications than other Medicaid children.⁴

In fact, these children represent **13%** of ALL Medicaid enrollees receiving psychotropic medications.4

2.6x higher behavioral health costs for foster care population compared to TANF.6

1.9X higher physical health costs for foster care population compared to TANF.6

Common issues later in life:

Former foster children, compared to the general population, are⁷:

5X as likely to develop PTSD

2X as likely to have alcohol use disorder

7X as likely to have a substance use disorder

61% Individual Therapy 49% Psychotropic Medications 41% Screening, Assessment and Evaluation Y 27% Medication Management Visits

20% Family Therapy

Medicaid children in foster care (2005)³:

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11% to 36% of the youths who age out of foster care become homeless during the transition to adulthood.8

¹ Based on a snapshot of the 443K individuals reported in foster care on September 30, 2017. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2018). The AFCARS report: Preliminary FY 2017 estimates as of August 10, 2018 (25). https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf.

² Based on number of individuals served by the foster care system in FY 2017. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2018). The AFCARS report: Preliminary FY 2017 estimates as of August 10, 2018 (25). https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf.

³ MACPAC Report to Congress on Medicaid and CHIP, June 2015.

⁴ Allen KD, Hendricks T. Medicaid and Children in Foster Care: State Policy Advocacy and Reform Center. Hamilton, NJ: Center for Health Care Strategies, 2013.

⁵ Turney K, Wildeman, C. Mental and Physical Health of Children in Foster Care. Pediatrics 138 (5), November 2016.

⁶ Center for Health Care Strategies). 2014. Medicaid behavioral health care use among children in foster care. Accessed April 15, 2019 at http://www.chcs.org/media/Medicaid-BH-Care-Use-for-Childrenin-Foster-Care_Fact-Sheet.pdf.

7 Assessing the Effects of Foster Care: Mental Health Outcomes from the Casey National Alumni Study. The Foster Care Alumni Studies, 2004.

⁸ Dworsky A, Napolitano L, Courtney M. Homelessness during the transition from foster care to adulthood. Am J Public Health. 2013;103(suppl 2):S318–S323.





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