



**Promoting Positive Health Outcomes for Youth Involved with the
Foster Care System
National Foster Youth Advisory Council**

The National Foster Youth Advisory Council (NFYAC) believes that all children and youth in foster care are entitled to an array of resources, supports, and services that promote their health and well-being.

NFYAC believes that all young people in care need:

- Information and support to achieve positive physical and mental health outcomes;
- Education about healthcare options and support to create short and long term plans for accessing these options;
- Access to affordable health care coverage;
- Access to their medical records and detailed information about their health history;
- Continuity of medical care providers while in foster care;

During the NFYAC spring meeting in May of 2006, NFYAC members agreed to take a strong position on the need for the Federal Government to extend Medicaid eligibility to age 21 for youth aging out of foster care. For young people leaving foster care, the lack of health care coverage poses a significant challenge. In a study of former foster youth, one state found that 55% of the youth reported having no health insurance. (Casey Family Programs, Outcomes for Exiting Foster Youth, 2001). This research mirrors the experiences of NFYAC members who were informally polled during their meeting. Of the members present during the May 2006 meeting, 25% currently have outstanding medical debt, 65% have no health insurance and will not access medical care because they have no coverage. One member shared that she rushed to get married on her 19th birthday so that she would continue to be insured. As members shared their experiences, which were largely negative, it became apparent that youth involved with as well as transitioning out of foster care face broad health challenges that extend beyond the Medicaid debate.

To share their collective concerns about the dearth of resources that are needed to inform and support positive physical and mental health

outcomes for foster youth; members of NFYAC developed a series of recommendations.

NFYAC's Recommendations for Promoting Positive Health Outcomes for Young People Involved with the Foster Care System

1. Educate young people about health and well-being, health care options and ensures that every youth has a plan for accessing health care coverage PRIOR to their discharge from care.

Health care education should become part of preparing all youth for adulthood. Young people should have information about physical as well as mental health so that they can make informed and healthy decisions. They also need to understand that Medicaid eligibility will not continue indefinitely and should develop, with support from their foster parent, social worker, or other caring adult, both short term and long term plans for meeting their health needs. Eligibility for Medicaid and health care options available to transitioning foster youth vary greatly from state to state so it is critical for youth to have this information as well as a plan before they leave care. *Young people must be fully engaged in understanding and planning for their health care needs prior to their discharge from foster care.*

2. Extend Medicaid eligibility to the age of 21 in all states.

For young adults transitioning out of foster care, the years between 18 and 21 are often wrought with the challenges associated with achieving self-sufficiency. Current research shows significant numbers of former foster youth (at 12 to 18 months post-discharge) are uninsured and at increased risk for experiencing a variety of negative health consequences (American Psychological Association, 2006). In sharing their own experiences, NFYAC members highlight the fact that many young people are balancing multiple and often competing responsibilities, (work, school, and family) and are often forced to make difficult decisions between meeting their basic needs for food and housing versus paying out of pocket for health insurance. The majority of young people are not looking for “hand-outs or indefinite supports. Rather, they are simply looking for a “hand-up,” until they are able to meet their health needs independently. The extension of Medicaid eligibility to age to 21 for youth leaving foster care would provide a more realistic time frame for the acquisition of health care coverage and critical access to health care services during this time of transition. *Young people leaving foster care are in desperate need of health care supports until they are able to access coverage on their own.*

3. Provide training to foster parents, social workers, judges, and young people so that they have the information needed to access Medicaid and/or other health care resources.

As they prepare to be discharged from care, the sheer number of issues requiring their attention overwhelms foster youth. Foster parents and social workers are in a unique position to provide much-needed assistance in exploring options and completing paperwork necessary for accessing services. Judges can also play an essential role in ensuring that physical and mental health issues are part of the judicial review process. NFYAC members highlight the fact that the process for obtaining Medicaid (or other health supports) post-discharge is complicated and laborious. One NFYAC member sought out the support of her caseworker in accessing health care options and other supports when she was being discharged from care because she had graduated from high school early. Despite the fact that she was only 17 years old and employed part-time, she was told, “That’s not for you – Medicaid is for people who really need it.” Young people will frequently get discouraged and abandon their efforts because it is so difficult and time-consuming to get information and navigate the systems involved. *Social workers, foster parents, judges and young people themselves must have updated information about the health care options available to transitioning youth and clear guidelines for accessing these resources.*

4. Ensure that all youth in care have access to medical files/records and health history prior to discharge.

Youth in care need to feel empowered and able to make decisions about their physical and mental health. In order to do so, they must have access to their health histories and medical files *prior* to their discharge from care. A number of NFYAC members offered examples of both electronic and hard copy medical “passports” that have proven to be successful in maintaining current and comprehensive health related information for youth. *Youth in care must be provided with information, encouraged, empowered and supported in taking responsibility for their own physical and mental health.*

5. Make physical and mental health a priority by promoting continuity of care for youth in foster care.

NFYAC members underscore the importance of embracing a holistic approach to health and wellness for children and youth in foster care. Their experiences suggest that a “reactive” approach to health – only seeing the doctor for illness – is ineffective and will result in negative health outcomes, in the short and long-term. Members of NFYAC report sporadic access to medical, dental, and vision care, lack of ongoing health screenings and assessments, as well as difficulty in finding providers who accept Medicaid. Additionally, NFYAC members believe

that little importance has been placed on physical and mental health continuity of care for youth in care. Because of multiple moves, youth rarely have the same medical provider for any length of time and are forced to recount their health histories, often without supporting documentation, to numerous medical professionals. NFYAC members believe that this sporadic access and lack of continuity result in the misdiagnosis and overmedication of many youth in foster care. *The child welfare field needs to prioritize the health and well being of youth in care by ensuring access to comprehensive and on-going medical and mental health care.*

6. Provide specialized supports to youth who have chronic health conditions.

Many young people in foster care are dealing with serious physical and mental health issues. Without consistent and ongoing medical attention, these concerns often become chronic medical conditions that negatively impact them for the rest of their lives. Prior to their discharge from foster care, these young people must have a viable and realistic plan for accessing the treatment, medications, and support that they need to stay healthy. Where appropriate, they will also need assistance with transitioning to adult systems of care. *Young people with chronic health conditions need specialized attention, supports, and planning so that they are empowered to take control of their health care upon discharge from foster care.*

7. Every foster youth must be an advocate for him/herself and for all young people in foster care.

NFYAC members encourage all youth in foster care to become self-advocates. One NFYAC member shared that he had been involved in a car accident. Because he was uninsured, he ended up with hospital bills and medical debt for which he was unable to pay. Concerned that the mounting debt would negatively impact his credit, he contacted the hospital billing office and explained his situation. In this case, the hospital absorbed some of his expenses and was willing to set up a payment plan for the balance owed to them. Youth in care must be given information to be able to advocate for themselves and others around health care issues.

8. Provide uniform access to health care coverage for all youth in foster care regardless of the state in which they live. However, NFYAC also recognizes that the concerns of youth in care regarding inequity and lack of access are also part of the broader health care debate in our country. *Promote positive health outcomes by empowering young people to become their own best advocate and getting involved in the broader health care debate on behalf of youth in foster care.*

