

Dr. Cindy Christian
Chair, Prevention of Child Abuse and Neglect, Children's Hospital of Philadelphia
Faculty Advisor, The Field Center for Children's Policy, Practice & Research

“Youth Aging Out of the Foster Care System”
Pennsylvania Senate Committee on Youth and Aging
Claudia Cohen Hall, University of Pennsylvania

November 2, 2011

Introduction

Good morning. It is an honor to testify today at this important discussion on youth transitioning out of the foster care system. My name is Dr. Cindy Christian, and I am a pediatrician specializing in child abuse at the Children's Hospital of Philadelphia and a Faculty Advisor at the Field Center. Last year, I co-authored a study with Dr. Donald Schwarz, the Deputy Mayor for Health and Opportunity in Philadelphia, on the health outcomes of maltreated children and those in foster care, and the barriers to transitioning these adolescents to adult systems of care. I'd like to share the findings of our research with you today.

Child maltreatment is a public health problem with lifelong health consequences for survivors. Results of recent population-based research suggest that as many as 125 in 1000 American children are victims of maltreatment. At any given time, more than half a million of those children reside in foster care, and over 800,000 children pass through the foster care system annually. Adolescents represent about 20% of the foster care population, and each year over 29,000 adolescents leave foster care via emancipation, without achieving permanency through reunification with their biological families, adoption, or guardianship. These young adults face extraordinary challenges as they attempt to navigate society while burdened with high rates of physical and mental health disease, inadequate education, economic insecurity, unemployment, and housing instability without the family and social structures available to most young adults.

The Health of Maltreated Children and Children in Foster Care

Maltreated children, whether living at home or in foster care, have poor health, and despite decades of research and concern by health and social service professionals, little progress has been made in improving services to address these health needs. The poor health of maltreated children results from their family and socioeconomic circumstances, as well as the historic inability of the child welfare and health care systems to adequately address the health needs of dependent children.

The past 30 years of research suggests that children who enter foster care have received less routine health care than their peers; nearly all of them enter care with at least one physical health problem, and a majority enter with multiple health problems. When compared with children who require foster care placement, maltreated children who remain at home exhibit similarly high rates of physical, developmental, and mental health needs.

Child maltreatment also threatens the sexual health of adolescents. In addition to the direct physical and psychological consequences of having been a victim of sexual abuse, maltreated children have high rates of sexual risk behaviors, including early initiation of sexual intercourse and early pregnancy.

Maltreated children and those in foster care have high rates of mental health and behavioral problems; estimates range from 50% to 80%. The prevalence of mental health conditions increases with age, along with the use of psychotropic medications. By the time adolescents reach emancipation, rates of major depression and posttraumatic stress disorder are 2 to 3 times greater than in the general population. These high rates are related to the child's family environment, the maltreatment experienced, and the trauma of separation that defines being placed into foster care. For these reasons, children in foster care require high rates of psychiatric services, and account for high Medicaid expenditures for inpatient and ambulatory mental health services and psychotropic drugs.

The Impact of Child Maltreatment on Adult Health

Adult health outcomes for maltreated children are poor, and there is accumulating evidence that early adverse childhood experiences are the origins of many adult diseases. In fact, many recent studies have identified strong associations between cumulative traumatic childhood events and adult physical and mental health disease. This research highlights the need for early prevention of child maltreatment, the need for aggressive treatment for young maltreated children, and the challenges faced by adolescents and young adults who have experienced a lifetime of trauma and by those who care for them.

Barriers to Improving Health Care for Maltreated Adolescents and Young Adults

It should be clear by now that, as a group, children and adolescents in foster care are children with special health care needs. Historically, however, children's health has not been a priority for the child welfare system. Once in care, accessing quality health care services for children in foster care is often quite difficult, due to the complexity of both the child welfare system and the health care system itself.

Many of the barriers to the transition to adult care that exist for the general population may also jeopardize the transition for maltreated children, including lack of shared planning among pediatric and adult systems, loss of case management, and loss of insurance coverage. In Pennsylvania, only certain youth who age out of foster care are eligible to continue receiving Medicaid coverage post-emancipation.

Of course, the barriers to providing quality medical care for adolescents emerging from foster care go well beyond simply those specific to the health care system. Young adults who are emancipated from the foster care system leave care with little education, poor finances, limited support from the child welfare system, and few personal adult resources.

Although demographic evidence has shown that in modern US society it is developmentally inappropriate to expect a young person to be independent by the age of 18, this is the age at which most adolescents in foster care leave the child welfare system. It is ironic that they require more supports than most adolescents, yet are least likely to have them. The medical literature on transitioning children with special health care needs to adult systems of care highlights the challenges inherent in navigating from pediatric to health care systems, even for adolescents with supportive biological families. These challenges are much greater for those without supports.

Emerging Strategies for Health Care Transitions for Maltreated Children

Although for children in foster care, health care management is the legal responsibility of the state and child welfare agency, it cannot be accomplished without medical expertise. Indeed, there are multiple opportunities for pediatricians to work alongside child welfare agencies to improve the health outcomes of maltreated children.

Recently enacted federal legislation has the potential to help Pennsylvania improve the health outcomes of children in foster care. The Fostering Connections to Success and Increasing Adoptions Act, enacted in 2008, represents the most significant federal child welfare reform in more than a decade. Importantly, this legislation requires that state child welfare and Medicaid agencies plan, in consultation with pediatricians and experts in child welfare services, for the oversight and coordination of health care services for children in foster care. The plans must outline schedules for initial follow-up health screens; how the needs identified by the screens will be monitored and treated; how medical information will be shared; steps to ensure continuity of health care services; and oversight of prescription medicines. These provisions are among the first federal statutory requirements of state child welfare agencies that focus specifically on the health and well-being of children in foster care, as opposed to their need for safety and permanency.

I applaud the Department of Human Services for its commitment to addressing the Fostering Connections mandates and improving the health and health care for dependent and foster children. However, there are many barriers to accomplishing these goals. In order to successfully address the health care needs of children aging out of the child welfare system, we need to measure and monitor the health of children in the system, identify strategies to address their additional health needs, and begin to build partners in health care who will provide the specialized care these children need during childhood, adolescence and as they transition to adulthood. Confidentiality and HIPAA laws, the lack of electronic health records in many of our health care systems, and the historic lack of focus on health are all real barriers that will need to be addressed.

Conclusion

In sum, the health of child and adult survivors of child maltreatment is poor. Both physical and mental health problems are significant, and many maltreated children have special health care needs. Although children often have complex medical problems, they infrequently have a medical, home, their complex health care needs are poorly understood by the child

welfare system that is responsible, and they lack the family supports that most young adults require for success. I look forward to working with you in the future to help address these issues on behalf of Pennsylvania's maltreated youth and youth in foster care.