UnitedHealthcare Community & State

Child Welfare & Juvenile Justice

Over 650,000 children and youth interact with the child welfare and juvenile justice systems every year.[1] This population is inclusive of children and youth who reside in a variety of settings that include foster care, group homes, residential or other institutional settings, kinship care, or adoptive placements. It also includes youth who have 'aged out' of care. Each subgroup has overlapping characteristics and unique needs and challenges and all typically have more health care needs than children and youth not engaged in one or both of these systems.

Generally, these children and youth are more likely to have comorbid conditions and have higher rates of exposure to trauma compared to most youth.[2] Though only three percent of non-disabled children enrolled in Medicaid are in foster care, they account for 15 percent of behavioral health services used by all children on Medicaid.[3] Children and youth in foster care are also four times more likely to be prescribed psychotropic medications than other Medicaid adolescent members, and represent 13 percent of all Medicaid members, of all ages, who receive psychotropic medications.[4] As many as 70 percent of children and youth in the juvenile justice system have a mental health diagnosis.[5] In addition, approximately 20,000 youth 'age out' of the child welfare system every year[6] and face their own health care and social needs challenges.

The vast majority of these children and youth are mandatorily eligible for Medicaid. Most state Medicaid programs additionally require enrollment of this population into managed care. Given their unique and specific needs, it is critical that Medicaid programs and their managed care partners have tailored systems and services in place to effectively serve these children and youth. **By working together, we can help improve this population's overall health and well-being, as well as increasing their chances of reunification, securing a sustainable placement in a loving and supportive family, or achieving a successful transition to adulthood.**

3% of children on Medicaid are in **foster care** but account for **15%** of all behavioral health services used

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United Healthcare

Key Medicaid policy and program design features in serving children and youth engaged with the child welfare or juvenile justice system

Utilize a delivery system model that serves the population across all placements/living situations. Children and youth engaged with the child welfare or juvenile justice system should be served by the health plans contracted to serve the state's general TANF population. This approach decreases chances for duplication of costs, ensures a consistent approach to managed care across the state while being able to tailor requirements to the unique needs of the population, and minimizes disruption in care, enhances continuity of care, and protects freedom of choice for members.

Provide care that is coordinated, specialized, trauma-informed, and culturally competent. To effectively serve these children and youth, the care approach must be coordinated, individualized, provided by individuals trained in trauma-informed care, and available in formats or settings aligned with the needs of the child, youth, and family. This should include establishing a provider network that is culturally and linguistically congruent with the population and supporting the provision of care in the community and via modalities that meet the engagement needs, preferences, and capabilities of the population.

Ensure covered services are comprehensive and integrated. A comprehensive and integrated array of benefits—physical, behavioral, dental, pharmacy, and SDOH/HCBS (as needed)—should be available to all children and youth accessing Medicaid and interacting with the child welfare or juvenile justice systems. There should be a focus on evidence-based and informed care that can effectively address the population's unique needs to include clear best practice protocols and standards regarding the assessment and utilization of psychotropic medications.

Utilize unique rate cells to distinguish this population from the larger member pool. The use of a unique rate cell can help to reflect the intensity of care coordination, administration, and utilization of services required for these children and youth. Its utilization also helps with improved outcomes tracking and the determination of actuarially sound capitation rates to support the coordination and provision of services needed by the population.

[1] https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf; https://www.childrensdefense.org/wp-content/uploads/2021/04/The-State-of-Americas-Children-2021.pdf
[2] https://www.csp.edu/publication/trauma-children-in-foster-care-a-comprehensive-overview/#:~:text=Youth%20in%20foster%20care%20have,et%20al.%2C%202012)
[3] https://www.chcs.org/media/Medicaid-BH-Care-Use-for-Children-in-Foster-Care_Fact-Sheet.pdf
[4] Ibid.
[5] https://ojjdp.ojp.gov/mpg/literature-review/mental-health-juvenile-justice-system.pdf
[6] https://www.adoptuskids.org/meet-the-children/children-in-foster-care/about-the-children#:~:text=Each%20year%2C%20approximately%2020%2C000%20youth,state%20in%20which%20they%20live