Top Reasons Why Electronic Care Coordination Can Help Children and Youth in Foster Care Beat the Odds

November 2014

In California today, there are over 62,000 children and youth in foster care, many of whom face instability in their homes, schools, and health care.[1] While many foster youth overcome significant adverse experiences to become healthy and productive adults, for others the challenges can last a lifetime. Foster youth often have multiple, unique health and academic needs, but, because of frequent changes in their medical care, families, and the schools they attend, efforts to help them are often disjointed.

Digital technology offers a powerful opportunity to build information sharing into practice in a way that other coordination efforts have not. Electronic care coordination promotes more effective and reliable connections among caregivers, health providers, educators, and youth themselves. This can ease foster youth's transitions into adulthood and help them connect to the right resources they need to lead healthy and productive lives. Below we have outlined the current landscape for foster youth and the top benefits electronic care coordination can provide to alleviate their pressing needs.

UNIQUE VULNERABILITIES OF FOSTER YOUTH IN CALIFORNIA

Children and youth in foster care move frequently and have more complex health and mental health conditions than their peers, which significantly impacts caregivers' ability to have complete and accurate information to support the youth in their care.

Frequent Moves and Instability

Episodic shifts in homes, schools, and medical providers often lead to inaccurate and incomplete information being available for children and youth in foster care. While some can find stability, most do not.

- Multiple Foster Home Placements: Almost 40 percent of students in foster care in California experience two or more foster home placements in a single school year, and 13 percent experience three or more.[2]
- Multiple School Placements: Half of the children in California group homes experience two or more school placements per year, while 28 percent of students in kinship care also face this challenge.[3]

Disproportionate Health Disparities

Health disparities can begin very early. Children born to mothers who did not receive prenatal care were almost three times more likely to be placed in foster care.[4] As these children grow up, multiple health disparities emerge, including the following:

- Higher Rates of Chronic Health Conditions and Trauma: Over 90 percent of young children entering foster care have at least one health problem, with asthma, anemia, skin conditions, malnutrition, and manifestations of abuse being the most common.[5] Over 55 percent have two or more chronic conditions and almost 25 percent have three or more, which is considerably higher than the general pediatric population.[6]

- Higher Rates of Disability: About one in four foster youth are classified as having a disability, compared to one in ten in the general population.[7]
- Higher Rates of Teen Pregnancy: Nearly one third of girls who have been in foster care have at least one child by age 19.[8]

Impacted Academic Success and Life Opportunities

Frequent changes in schools can adversely affect young people's school performance and limit their short- and long-term opportunities in life. Placement instability and associated school instability for children and youth in foster care pose a significant challenge to their academic success.[9] Due to these circumstances, foster youth in California are currently *less likely* to

- Pass Key Exams: Longer stays in foster care are associated with lower California High School Exit Exam (CAHSEE) pass rates. The percentage of Grade 10 foster students who passed both the English language arts and mathematics exams is 54 percent for those in care for less than a year, compared to 46 percent for children in care for three or more years. The CAHSEE pass rate for all other students is 76 percent.[10]
- Finish High School: In California, 45 percent of foster youth completed high school, compared to 53 percent of other low-income youth and 79 percent of the general student population.[11]
- Stay Enrolled in Community College: Foster youth have lower continuation rates at community college with only 41 percent enrolling in their second year, compared to 62 percent of the general student population.[12]
- Graduate from College: Only three percent of foster youth earned a four-year degree despite most expressing a desire to do so.[13]

School instability can impact foster youths' long-term success—most dramatically when it leads to the lack of a high school diploma and inability to proceed to higher education, both of which result in significantly lower incomes and a higher risk of unemployment.[14] Once exiting the system, foster youth are more likely to

- Struggle with Unemployment: About 30 percent of foster youth are still looking for work at age 24.[15]
- Experience Homelessness: Thirty-seven percent of former foster youth have experienced homelessness or spent time moving from one temporary housing arrangement to another by the age of 24.[16]
- Struggle to Get Good Jobs: Less than a third of former foster youth are employed in full-time jobs by the age of 24.[17] Part-time means lower earnings and limited-to-no benefits.
- Face Problems with Identity Theft: Upon exiting care, many foster youth discover they have been victims of identity theft. This creates additional barriers to a successful adult life by undermining chances for obtaining student loans, renting an apartment, and securing stable jobs.[18]

A PROMISING SOLUTION: ELECTRONIC CARE COORDINATION

While young people in foster care do face daunting challenges, there are often many caring and concerned adults who are doing their best to meet their health, education, and social needs. As foster youth mature, they, too, are making important decisions about their own care. However, both caregivers and youth often lack the full record of past doctors' visits, prescriptions, school records, family history, or social service information that together would help inform better decisions about care and other life choices.

Though electronic records and information exchange have not been used extensively in the foster care arena, they have demonstrated their ability to facilitate better health outcomes for other child-based services.[19] Electronic care coordination has been demonstrated to benefit the general population of children in many health settings, including the following:

- Using a web-based asthma registry linked to an electronic medical record, the Cambridge Health Alliance in Massachusetts was better able to manage asthma care. They reduced pediatric asthma-related inpatient admissions by more than 50 percent during the first two years of the program and cut emergency room visits in half as well.[20]
- Texas Children's Hospital used information technology to integrate and process timely data from inpatient and outpatient settings to support multidisciplinary teams and experienced significant cost savings through reduced unnecessary care (including a reduction in the use of chest X-rays for those with acute asthma by 31 percent) and greater work efficiency, which freed up staff time to support other quality initiatives.[21]
- Health information technology (HIT) has been used to successfully support care coordination and improve engagement for children in school, public health, and other community settings through the Beacon Communities, demonstrations supported by the federal government to evaluate the effectiveness of electronic information exchange in health care services.[22]

There is some early evidence of the effectiveness of electronic care coordination for the foster care sector.[23] This includes targeted efforts, like Wraparound Milwaukee, that have leveraged electronic information exchange to bolster their efforts and deliver better results. Its technology-supported wraparound services have significantly reduced the use of residential treatment, use of psychiatric inpatient beds, and placement in juvenile corrections, while improving permanency and measures of success through the Child Behavior Checklist.[24]

Given the difficult odds children and youth in foster care face, they can benefit disproportionately from advances in electronic care coordination. Furthermore, in this era of fiscal austerity, when policymakers and program administrators are looking for efficiencies that really make sense, electronic care coordination offers a wise and effective strategy.

TOP BENEFITS OF ELECTRONICALLY COORDINATED CARE FOR FOSTER CHILDREN AND YOUTH

Children and youth in foster care face overwhelming challenges that can be effectively addressed with electronically coordinated support services. Here are the leading ways electronic care coordination would benefit children and youth in foster care.

1. Ensure Accurate and Complete Information Is Available to Support Appropriate Care

Electronic information exchange can improve the quality of information available to the caregiving team in a foster child's life and equip them to deliver the most effective care and treatment. Electronic tools support them in consulting one another easily, which helps ensure that services and health treatments are appropriate and effective. Without this coordination, a lack of oversight and accuracy may have negative consequences for foster youth.

For example:

- Almost half the children in foster care are prescribed psychotropic medications, often without identifiable health supports.[25]
- Of the 1.7 million US children in Medicaid receiving psychotropic medications, foster children represent almost 13 percent while comprising only 3 percent of the Medicaid population, and they are more likely to receive multiple psychotropic medications.[26] This raises concerns about the overprescription of such medicines to this population, even taking into account the increased trauma and other mental health challenges foster youth face.
- A 2004 survey by the Association of Community Human Service Agencies found that surveyed placements had a Health and Education Passport (HEP) for only 15 percent of the children, immunization records for only 35 percent, and Medi-Cal cards for only 43 percent.[27] An earlier study of state officials found that only 15-20 percent of case files included all of the health information that is supposed to be included in the HEP.[28]

Electronic care can reduce fragmentation between agencies, providers, and caregivers by providing reliable and up-to-date information about a child's health and well-being to the people who need it, when they need it.

2. Address Health Needs Holistically

Young people in foster care often have more complex health care needs than other children. Electronic care coordination can help the care team form an effective and tailored approach that takes into account all of their relevant health and mental health needs.

Due to adverse childhood experiences, many foster children and youth require care that addresses both their physical and mental health needs:

- Trauma-Informed Services: Eighty-three percent of the children in California who are removed from their families of origin are removed because of neglect, 8.5 percent for physical abuse, and 2 percent for sexual abuse, creating intensive health and mental health needs.[29]
- Behavioral Health Services: Foster children constitute only 3 percent of the children in Medicaid, but 15 percent of those using behavioral health services.[30]

Electronic care coordination allows providers to better identify, and then address, a child's unique needs based upon their complete history.

3. Reduce Costs While Providing More Effective Care

Electronic information exchange and coordinated care can result in a net cost savings, by eliminating unnecessary care and making more efficient use of time and resources.

- In Medicaid, few children in foster care receive the home and community-based services or other treatments that experts have established as most effective. It is all too common, instead, for these youth to be placed in residential and inpatient medical and psychiatric facilities at an average annual expense of nearly $29,000 per child nationally.[31]
- According to the most recent data available, the average annual expense for all children in Medicaid is $8,520 compared to $12,130 for children in foster care.[32]
- Of these expenses, average behavioral health expenditures for foster children are $8,094 compared to $4,868 for all other children in Medicaid.[33]

- Using HIT-enhanced wraparound services, Wraparound Milwaukee has seen a reduction in residential treatment for its child welfare and juvenile justice-involved youth from 375 to less than 80 youth per day.[34]

While the complex health and emotional needs of this population may mean that their care will always be more expensive than that of their nonfoster peers, electronic information exchange and care coordination can help improve the cost-effectiveness of that care.

4. Support Better Educational Outcomes

When teachers are aware of a child's particular needs, they are better able to understand their circumstances and encourage appropriate learning opportunities.

In fact, a major justification for the Uninterrupted Scholars Act (USA), enacted in 2013, was to promote the appropriate sharing of education records for those in foster care. The act recognized that the persistent lack of information sharing between relevant stakeholders about a foster child's education history interferes with school enrollment and success. A New York City study found that half of the postponed school entries for children in foster care were caused by lost or misplaced records.

Electronic systems can enable foster youth to enter school promptly, connect the dots across schools, and ensure that teachers and caregivers understand a child's particular needs, thus supporting better information sharing that can make a difference in outcomes.

CONCLUSION

The evidence is clear: children and youth in foster care stand to benefit greatly from electronic information exchange and the resulting coordination that it can bring to care. It is time these opportunities reach this vulnerable population and address the challenges created by the lack of continuity and connection that comes with being in foster care.

For more information about electronic care coordination for children and youth in foster care and early efforts to promote its wider use, visit http://www.childrenspartnership.org.

ENDNOTES

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