

Currently, 437,283 children reside in the United States Foster Care system. About 270,000 youths are entered into the programs every year. Foster children deal with vast health issues due to poverty, abuse, neglect, death of a loved one, or witnessing violence. Children and youth placed in foster care because of abuse or neglect often enter care with significant health challenges. A government study that compared children receiving Medicaid who were in foster care with those not in care found that the children in foster care had much higher rates of developmental disorders, certain medical disorders (e.g., vision disorders, teeth and jaw disorders), and a number of behavioral disorders, including attention deficit and adjustment disorders (Center for Mental Health Services and Center for Substance Abuse Treatment, 2013). This same study showed that youth aged 12 through 17 in foster care had three times as many behavioral/mental health diagnoses and were more than twice as likely to require inpatient care of any kind compared to youth not in foster care.

The foster care system is complex and individuals in the system have faced traumas and barriers different from their peers. Oftentimes, specialists “resort to medication instead of actual resources”, Kirsten Buschbacher, medical case manager for Bringing Families Together, helps put into perspective. Pediatricians are unfamiliar with the structure, regulations, and intricacies of the child welfare system (American Academy of Pediatrics). As a result, “youth in foster care are far more likely than their peers to receive psychotropic medications, including atypical antipsychotic medications” which are dangerous to the developing mind (Department of Health and Human Services). Resorting to psychotropic medication without proper assessment can prevent foster care youth from having access to evidence-based trauma care and other mental health interventions.

Emphasizing the benefit of knowledge physicians acting on evidence-based practices can greatly improve the long-term quality of care for children in the foster care system. Being empathic and showing an investment of time, care, and patience while listening to the patient’s concerns develops a “therapeutic relationship” encouraging personalized medicine and more desirable outcomes (Lauer). Specifically in the psychological and physiological treatment of foster youth, having a genuine relationship with a person of authority increases the ability and desire to achieve educational goals, avoid incarceration, and practice family-planning measures (Morris). Instituting evidence-based treatment is the “key to success” and “using on-going progress monitoring” ensures that the patient is responding effectively and makes rectifying fallbacks simpler (Department of Health and Human Services). The combination of relationship development and effective medical care is a vital component of foster care alum success in their transition out of the system.

Healthcare professionals that are educated on the foster care system allow them to make component decisions regarding the care of children in the system. For more information on the lives of children in foster care, visit [Foster Care: Child Welfare](#). To hear the story of Carolyn Johnson, a foster care alum, visit [Impact Newsletter: Growing Up in Foster Care](#). Providing the best possible care requires continued education and outreach. Making an effort to develop meaningful relationships with foster care patients is drastic in their long-term success.

https://www.childwelfare.gov/pubPDFs/health_care_foster.pdf

<https://pediatrics.aappublications.org/content/136/4/e1131>

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6145817/>

<https://www.childtrends.org/the-importance-of-permanent-connections-for-youth-in-foster-care>

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>