The paths that lead to contact with the state’s child welfare and juvenile justice systems overwhelmingly include exposure to trauma or adverse childhood events such as exposure to violence in one’s community or home, bullying, housing instability, or discrimination. As a result, children in these systems have a higher need for behavioral health services.

Children involved in Connecticut’s child welfare and juvenile justice systems are disproportionately children of color in lower income families—due to a confluence of factors including systemic racism and higher rates of adverse childhood experiences.

Trauma in childhood can have a lifelong impact, including increased risk of obesity, depression, and suicide.

Federal law requires Medicaid programs to cover screening and treatment for all medically necessary services for children and youth up to age 21.* Enrolling in Medicaid means access to developmental and behavioral health services that can help mitigate the impact of trauma and give children a better chance of fulfilling their potential.

*These rules do not apply to children enrolled in HUSKY B, Connecticut’s CHIP program. See: ctvoices.org/HUSKYManual
Child welfare

Foster children have universal exposure to the trauma of separation from their family of origin and the trauma of abuse or neglect that led to that separation.

A 2018 analysis of Medicaid data showed that DCF involved youth were more likely than non-DCF-involved youth to have a behavioral health diagnosis by the age of 18. Being enrolled in HUSKY programs makes services accessible to those who need them.

Juvenile justice

Children who enter the juvenile justice system have a high level of unmet need for physical, oral, and mental health care. Not all children involved in the justice system are eligible for Medicaid. Yet, for those who are, HUSKY Health services can provide access to screening and treatment for conditions from tuberculosis to substance use disorders.

Further, behavioral health services funded through HUSKY Health may prevent some children from entering the juvenile justice system through preventive screening and treatment.

Medicaid can also complement services for children involved in programs meant to help keep them out of the justice system, particularly for those with complex needs. Specific therapies, which children can access through Medicaid, are effective at reducing recidivism and have high (over $7 per dollar spent) return on investment. In other words, enrollment in Medicaid can mean access to services known to be effective and shown to improve outcomes for children so that they can exit the justice system for good.

Connecticut’s Department of Children and Families jointly manages the Medicaid behavioral health partnership and is tasked with overseeing implementation of the state’s behavioral health plan for all children, regardless of insurance type or family involvement with the child welfare system. For more information on the state’s behavioral health partnership see www.ctbhp.com. For more on the behavioral health plan see www.plan4children.org.