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UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Health Care Utilization of Young Adult Health First Colorado Members

by Lived Experience Emancipating from Foster Care and Medical Complexity

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Key Findings

- Young adults who emancipated were significantly more likely to use any health care service before the emancipation/ reference month compared to peers regardless of medical complexity.
- Following the emancipation/reference month, overall utilization differed only among young adults with concurrent chronic physical and behavioral medical complexity; those who emancipated were significantly less likely to utilize health care services versus their peers. Utilization for the other three groups dropped to a rate that is similar to that of their peer group.
- In examining types of services, young adults who emancipated with a diagnosed behavioral health complexity (with and without chronic physical complexities) had significantly lower primary care and higher emergency department utilization compared to matched peers of equal medical complexity after the emancipation/ reference month.
- Young adults who emancipated experienced significant declines in their utilization of primary care, capitated behavioral health and pharmaceutical services following their emancipation month across all four complexity categories; whereas significant decreases in all of these services were only experienced by peers with both chronic physical and behavioral health complexities after their reference month.

Purpose

This brief examines patterns in health care utilization trends among young adults who emancipated from foster care and their matched peers without foster care experience in the 12 months before and after the emancipation or reference month. The analysis distinguishes among members in four categories of medical complexity: no chronic conditions, chronic physical health only, chronic behavioral health only, and both.

Overview

Successful transitions from adolescent to adult health care requires preparation, planning, and integration to engage young adults in managing their own care. While health care transitions are challenging in general, adolescents and young adults who emancipate from the child welfare system may encounter additional barriers during these care transitions due to medical and social complexities. Identifying trends in health care service use based on chronic physical and behavioral health complexity may reveal opportunities to improve care transitions for those most at risk of encountering barriers in accessing needed services.

The Farley Health Policy Center at the University of Colorado School of Medicine, in collaboration with the Colorado Departments of Health Care Policy and Financing (HCPF) and Human Services (CDHS), analyzed health care utilization trends among more than 3,000 young adult Health First Colorado members, including individuals who emancipated from foster care (Emancipation Cohort) between January 2014 and December 2021 and a matched comparison peer group (Peer Cohort) of Health First Colorado members without foster care experience. This brief summarizes utilization trends in overall services, including services reimbursed fee-for-service (FFS) and those that are part of capitated behavioral health services (capitated BH). The brief separately reports service use for primary care, emergency department (ED), capitated behavioral health (BH),

and pharmaceutical services for the 12 months before and 12 months after the emancipation/reference month. Note that per 42 CFR Part 2, substance use services are excluded from the data HCPF provides to the Farley Health Policy Center and are, therefore, not included in this analysis.

To explore the relationship of medical complexity and health care utilization among young adults who had emancipated from foster care and their matched peers, we stratified members of both cohorts into one of four mutually exclusive categories using the Pediatric Medical Complexity Algorithm, version 3.0 (PMCA)[1] according to their chronic physical and behavioral health complexity as assessed in the month of emancipation or a reference month for the peer cohort:

1. **No Chronic Physical or Behavioral Health Condition (Non-Chronic, No BH)**
2. **Chronic Physical Health Condition and No Chronic Behavioral Health Condition (Chronic, No BH)**
3. **No Chronic Physical Health Condition and a Chronic Behavioral Health Condition (Non-Chronic with BH)**
4. **Both Chronic Physical and Behavioral Health Conditions (Chronic with BH)**

In 2020, approximately 200 young adults emancipated from foster care in Colorado.[2] Nationally, young adults who have emancipated from foster care are more likely to experience unmet health needs as few connect with health care services after their emancipation.[3] A companion brief detailed differences in patterns of health care utilization among young adult Health First Colorado members with and without emancipated lived experience (link to Emancipation Brief 1) but did not examine differences by medical complexity. Examining trends for young adults with different levels of medical complexity provides greater insight into health care utilization trends that may reveal opportunities to improve transitions from pediatric to adult health care for these populations.

Using CDHS data, we identified 1,658 young adults who emancipated from foster care between January 2014 and June 2021 and were enrolled in Health First Colorado. Young adults 17 years of age or older who had emancipated from foster care with one of three mutually exclusive child welfare categories were included in the analysis: 1) emancipated; 2) living with another (non-parental) relative; and 3) runaway. Young adults who had emancipated were matched to young adult peers also enrolled in Health First Colorado who, according to the Colorado child welfare data system (Trails), never experienced foster care and had similar sex, age, income, Medicaid-eligibility, and medical complexity characteristics.

The analysis assessed trends in health care utilization within each of the two cohorts by medical complexity status over a 25-month period of enrollment in Health First Colorado. The 25-month period included the month of emancipation (or reference month for peers), as well as the 12 months before and after the emancipation/reference month. Medical complexity status was determined using the PMCA for all Fee-for-Service claims and Capitated BH encounter data available prior to the emancipation or reference month. Findings are presented as averages of per member per month measures for the 12-month period before the emancipation/reference month and the 12-month period after the emancipation/reference month.

Research Questions and Findings:

1. **How do per member per month (PMPM) utilization rates of any services differ for those emancipating from foster care compared to their peers? Are there differences by medical complexity status?**
2. **How do the PMPM number of primary care, ED, capitated BH, and pharmaceutical services differ for those who have emancipated from foster care compared to their peers? Are there differences by medical complexity status?**

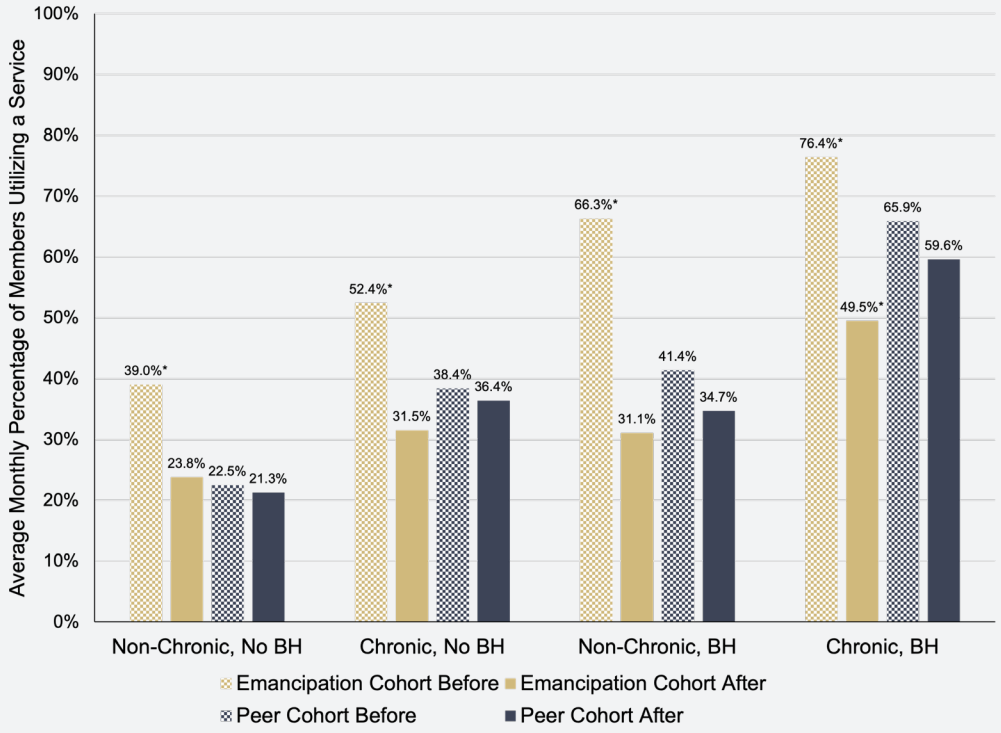
Utilization Rates of Any FFS or Capitated BH Services

Figure 1 presents the average monthly percentage of Health First Colorado members that utilized a FFS or capitated BH service in the 12 months before and the 12 months after the emancipation/reference month by foster care lived experience and medical complexity category.

As shown in this figure, in the 12 months before the emancipation or reference month, average monthly utilization rates were statistically significantly higher for young adults who emancipated from foster care compared to their peers in all four medical complexity categories. In the 12 months after the emancipation/reference month, average utilization rates decreased for young adults who emancipated in all four complexity categories; however the decrease was substantial enough for the most medically complex (Chronic with BH) members of the emancipation cohort such that the rate was statistically significantly lower compared to their peers. For the other three complexity groups, the average monthly utilization rates declined for both groups and there were no statistically significant differences between the two cohorts.

To further explore these changes from before to after the emancipation/reference month, Table 1 presents the percentage point difference in the average monthly utilization rate for the emancipation and peer cohorts for each of the four medical complexity categories. We also identify the differences that are statistically significant at the 1% level of significance. Finally, given the variability in the utilization rates before the emancipation/reference month, this table also presents the percentage change in the utilization rate in parentheses to facilitate the interpretation of the changes measured in percentage points.

Figure 1: Average Monthly Percentage of Members who Utilized FFS or Capitated BH Services in the 12 Months Before and After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical Complexity



**Difference between emancipation and peer cohorts statistically significant at the 1% level of significance (p <0.01)*

Table 1: Changes in Average Monthly Percentage of Members who Utilized FFS or Capitated BH Services Before Versus After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical Complexity (percentage change in parentheses)

	Medical Complexity Category			
Cohort	**Non-Chronic, No BH**	**Chronic, No BH**	**Non-Chronic, BH**	**Chronic, BH**
Emancipation	-15.2* (-39.0%)	-20.9* (-39.9%)	-35.2* (-53.1%)	-26.9* (-35.2%)
Peer	-1.2 (-5.3%)	-2.0 (-5.2%)	-6.7* (-16.2%)	-6.3* (-9.6%)

**Difference statistically significant at the 1% level of significance (p <0.01)*

As shown in Table 1, overall utilization rates declined substantially and with statistical significance for the young adults with lived experience emancipating from foster care for all four medical complexity categories. In contrast, only the young adults in the peer cohort with a BH condition had a statistically significant decrease in their utilization rates after the reference month. Examining the percentage changes in this table confirms the substantially larger decrease in utilization of health care services for the young adults who emancipated from foster care compared to their peers with similar medical complexities. Specifically, the percentage declines for the emancipation cohort range from about eight times the decline for the peer cohort for those young adults without a BH complexity to about three times for those with a BH complexity.

The findings in Figure 1 and Table 1 suggest that:

- Young adults with lived experience of emancipating from foster care experience a more challenging transition from pediatric to adult health care; and
- Young adults with BH complexities, regardless of their lived experience with foster care, encountered more difficulties in navigating this transition.

To provide additional insights into the types of health care services that drove these differences, below we examine changes in utilization of primary care, ED, capitated BH, and pharmaceutical services before and after the emancipation/reference month.

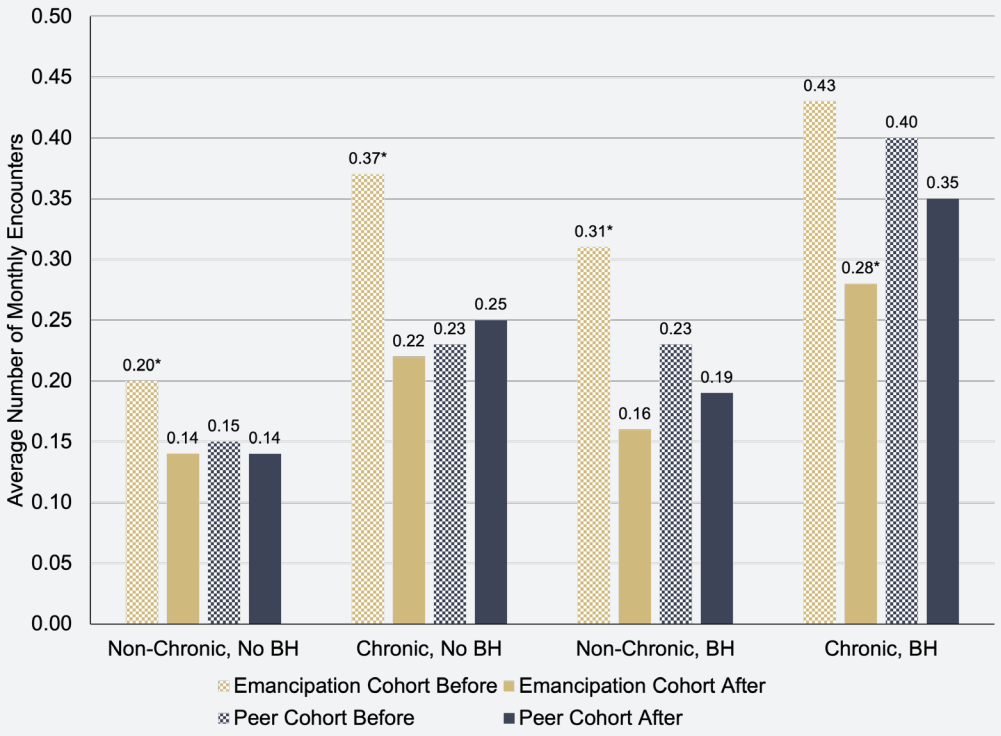
Utilization of Primary Care Services

Figure 2 presents the average number of monthly primary care service encounters per member in the 12 months before and the 12 months after the emancipation/reference month. The figure shows these averages for young adults who emancipated from foster care and matched peers by each of the four medical complexity categories.

As shown in this figure, use of primary care services differed by lived experience with emancipation and by medical complexity. As expected, young adults with a physical health complexity utilized more primary care services compared to their counterparts that did not have a chronic physical health condition in both time periods. During the 12 months before the emancipation/reference month, young adults who emancipated used a significantly higher number of primary care services in a month compared to their matched peers with equivalent medical complexity for all categories except for those in the category of Chronic with BH. Although not statistically significant, young adults in this most complex category who emancipated had a slightly higher number of primary care encounters in a month compared to their peers.

In contrast, over the 12 months after the emancipation/reference month, young adults who emancipated had the same or lower average number of primary care encounters compared to their peers. Of note, young adults with both a chronic physical and BH complexity and who had emancipated from foster care had significantly lower use of primary care services compared to their peers with the same medical complexity category. This suggests that this subpopulation experienced challenges transitioning from pediatric to adult primary care.

Figure 2: Average Number of Monthly Primary Care Encounters Per Member Before and After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical complexity



**Difference between Emancipation and Peer Cohorts statistically significant at the 1% level of significance (p <0.01)*

To further assess the changes in primary care utilization around the emancipation/reference month, Table 2 presents the difference in the average number of monthly primary care encounters before and after the emancipation/reference month for both cohorts for each medical complexity category. As shown, young adults with lived experience of emancipation from foster care across all four complexity categories experienced a statistically significant decline in primary care utilization. These changes represented decreases in primary care utilization of 30% to almost 50% over the number of primary care encounters before emancipation. In comparison, members of the peer cohort experience slight declines in utilization except that peers with a chronic physical complexity but no BH complexity had a small increase. Finally, all young adults with a BH complexity experienced statistically significant decreases in primary care utilization further indicating this subpopulation experiences challenges transitioning from pediatric to adult care.

Table 2: Changes in Average Number of Monthly Primary Care Encounters Per Member Before and After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical complexity (percentage change in parentheses)

	Medical Complexity Category			
Cohort	**Non-Chronic, No BH**	**Chronic, No BH**	**Non-Chronic, BH**	**Chronic, BH**
Emancipation	-0.06* (-30.0%)	-0.15* (-40.5%)	-0.15* (-48.4%)	-0.15* (-34.9%)
Peer	-0.01 (-6.7%)	0.02 (8.7%)	-0.04* (-17.4%)	-0.05* (-12.5%)

**Difference statistically significant at the 1% level of significance (p <0.01)*

The findings in Figure 2 and Table 2 are consistent with the results of the analysis of overall utilization rates reported above. Specifically, the findings for primary care services show that young adults with lived experience of emancipating from foster care had significant decreases in the number of primary care services in a month after emancipating suggesting they experienced challenges transitioning from pediatric to adult primary care. These findings are also consistent with the finding that young adults with BH complexities with and without lived experience with foster care encountered more difficulties in navigating the transition from pediatric to adult primary care.

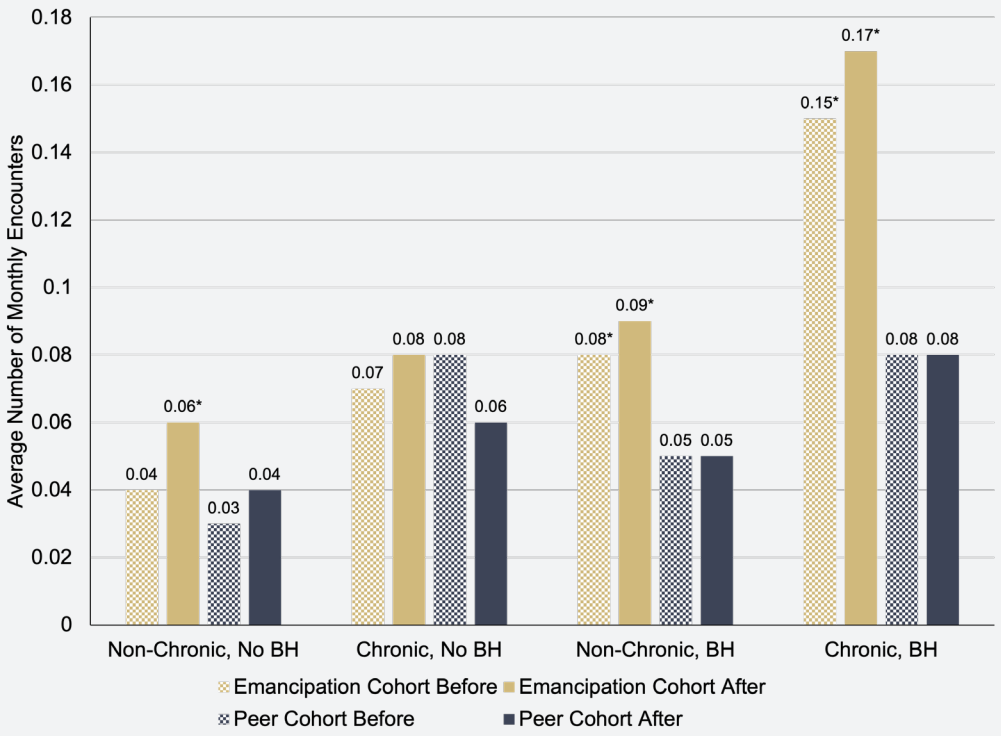
Utilization of Emergency Department Services

Increased utilization of ED services is often used as an indicator of limited access to primary care and other health care services. Figure 3 presents the average number of monthly FFS ED encounters per member in the 12 months before and the 12 months after the emancipation/reference month for young adults who emancipated from foster care and matched peers by each of the four medical complexity categories.

As shown in Figure 3, young adults with lived experience emancipating from foster care had higher utilization of FFS ED services both before and after the emancipation/reference month, with the exception that young adults with chronic physical but no BH complexity in the 12 months before emancipation had lower average number of encounters. These differences were statistically significant for the two categories of medical complexity that involved a BH complexity both before and after the emancipation/reference month. In addition, for both the emancipation and peer cohorts, utilization of ED services was higher for young adults with a BH complexity compared to their corresponding category with and without a chronic physical health complexity.

Figure 3 also shows that utilization of ED services increased from the 12 months before to the 12 months after emancipation for young adults with lived experience of emancipation across all four complexity categories. However, as shown in Table 3, none of these changes in the average number of monthly ED encounters were statistically significant. None of the peer complexity groups had significant differences in ED use when comparing the 12 months after to before the reference month.

Figure 3: Average Number of Monthly Emergency Department Encounters Per Member Before and After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical complexity



**Difference between Emancipation and Peer Cohorts statistically significant at the 1% level of significance (p <0.01)*

Table 3: Changes in Average Number of Monthly Emergency Department Encounters Per Member Before Versus After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical complexity (percentage change in parentheses)

	Medical Complexity Category			
Cohort	**Non-Chronic, No BH**	**Chronic, No BH**	**Non-Chronic, BH**	**Chronic, BH**
Emancipation	0.02 (50.0%)	0.01 (14.3%)	0.01 (12.5%)	0.02 (13.3%)
Peer	0.01 (33.3%)	-0.02 (-25.0%)	0.00 (0.0%)	0.00 (0.0%)

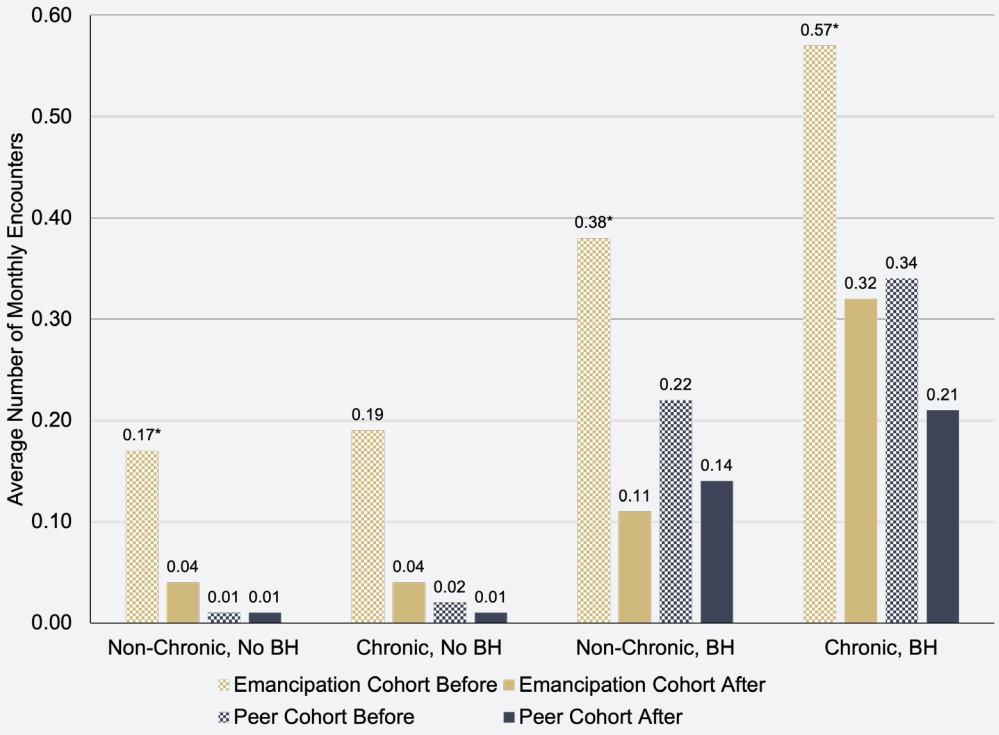
**Difference statistically significant at the 1% level of significance (p <0.01)*

Together, the findings presented in Figure 3 and Table 3 suggest that young adults with lived experience emancipating from foster care with a BH complexity had higher utilization of ED services compared to their peers. This provides additional evidence that young adults with foster care lived experience and BH complexities could benefit from improved transitions from pediatric to adult health care.

Utilization of Capitated BH Services

The findings presented above consistently show a difference in utilization of health care services for young adults with lived experience emancipating from foster care with a BH complexity after emancipation, as well as compared to their peers. To examine whether these differences extend to BH services, Figure 4 shows the average monthly number of capitated BH encounters excluding services related to substance use disorders. These encounters include capitated BH encounters for hospitalizations, ED, and other services.

Figure 4: Average Number of Monthly Capitated BH Encounters Per Member Before and After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical complexity



**Difference between Emancipation and Peer Cohorts statistically significant at the 1% level of significance (p <0.01)*

As shown in Figure 4, young adults with lived experience emancipating from foster care utilize capitated BH services at significantly higher rates compared to their peers in the 12 months before the emancipation/reference month across all four medical complexity categories. After the emancipation/reference month, however, capitated BH utilization did not significantly differ between young adults who emancipated and peers.

Figure 4 also shows that utilization of capitated BH services declined or remained the same after the emancipation/reference month for both emancipation and peer cohorts across all four complexity categories. Table 4 presents the change in the average number of monthly capitated BH encounters, along with the corresponding percentage change, from the 12 months before to the 12 months after the emancipation/reference month.

Table 4: Changes in Average Number of Monthly Capitated BH Encounters Per Member Before and After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical complexity (percentage change in parentheses)

	Medical Complexity Category			
Cohort	**Non-Chronic, No BH**	**Chronic, No BH**	**Non-Chronic, BH**	**Chronic, BH**
Emancipation	-0.13* (-76.5%)	-0.15* (-79.0%)	-0.27* (-71.1%)	-0.25* (-43.9%)
Peer	0.00 (0.0%)	-0.01 (-50.0%)	-0.08* (-36.4%)	-0.13* (-38.2%)

**Difference statistically significant at the 1% level of significance (p <0.01)*

As shown in this table, young adults with lived experience emancipating from foster care across all four medical complexity categories experienced a statistically significant decrease in utilization of capitated BH services. These represented declines of more than 70% for three groups; those who emancipated from foster care with both Chronic and BH complexities had rates that declined by more than 40%. Even among the peer cohort, those with a BH complexity experienced a statistically significant decrease in use of capitated BH services after the reference month.

Taken together, the findings in Figure 4 and Table 4 suggest that young adults with lived experience emancipating from foster care experienced challenges in transitioning from pediatric to adult BH care. In addition, these findings indicate that all young adults with a BH complexity (with and without chronic physical conditions) used fewer capitated BH services after the emancipation/reference month indicating there may be general difficulties in transitioning from pediatric to adult BH care services.

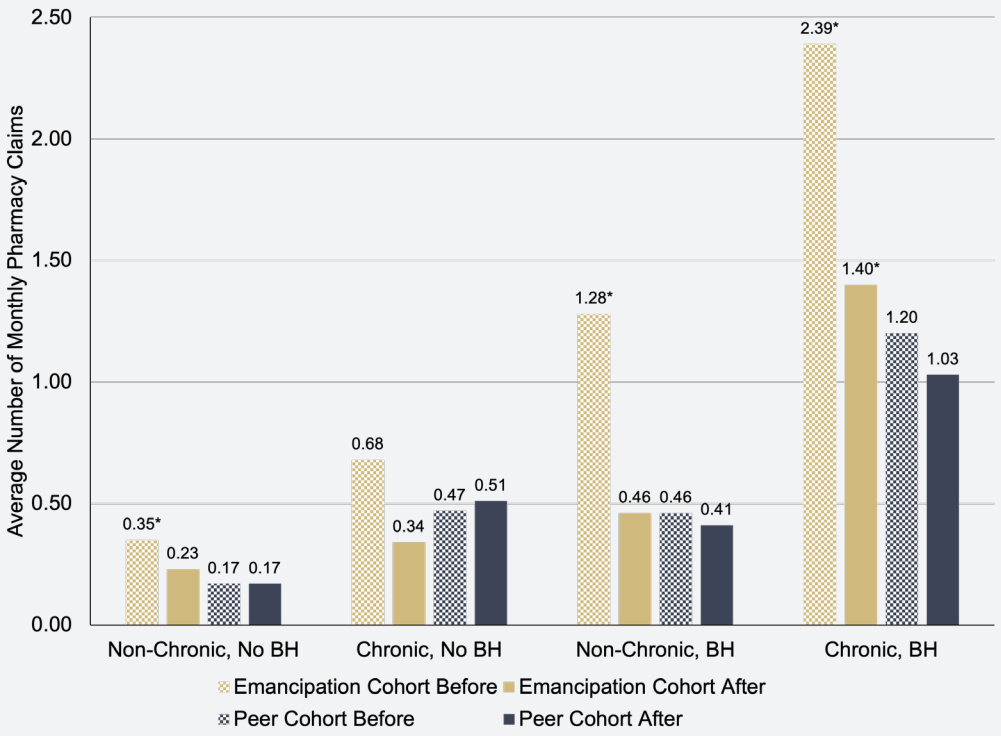
Utilization of Pharmaceutical Services

Prior research has documented that young adults who emancipate from foster care report reduced prescription medication use.[4] Figure 5 presents the average number of monthly claims for pharmaceutical services among those who emancipated from foster care and matched peers for the 12 months before and after the emancipation/reference month for each of the four medical complexity categories.

For all medical complexity categories young adults with lived experience emancipating from foster care utilized more pharmaceutical services before the emancipation/reference month compared to their peers. These were statistically significant across complexity categories except for the Chronic, No BH category. Over the 12 months after the emancipation/reference month, young adults who emancipated also had higher use of pharmaceutical services compared to their peers except for those in the Chronic, No BH category. However, the only statistically significant difference in the after period was for those with both chronic physical and BH complexities. This figure also shows the young adults with both chronic physical and BH complexities had the highest use of pharmaceutical services both before and after the emancipation/reference month.

Figure 5 also shows that utilization of pharmaceutical services declined following the emancipation month for young adults with lived experience emancipating from foster care across all four complexity categories. Table 5 presents the difference in the average number of monthly pharmaceutical claims before and after the emancipation/reference month for the emancipation and peer cohorts for each complexity category along with the percentage change.

Figure 5: Average Number of Monthly Pharmacy Claims Per Member Before and After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical Complexity



**Difference between Emancipation and Peer Cohorts statistically significant at the 1% level of significance (p <0.01)*

Table 5: Changes in Average Number of Monthly Pharmacy Claims Per Member Before and After the Emancipation/Reference Month by Lived Experience Emancipating from Foster Care and Medical complexity (percentage change in parentheses)

	Medical Complexity Category			
Cohort	Non-Chronic, No BH	Chronic, No BH	Non-Chronic, BH	Chronic, BH
Emancipation	-0.12* (-34.3%)	-0.34* (-50.0%)	-0.82* (-64.1%)	-0.99* (-41.4%)
Peer	0.00 (0.0%)	0.04 (8.5%)	-0.05 (-10.9%)	-0.17* (-14.2%)

**Difference statistically significant at the 1% level of significance (p <0.01)*

Table 5 shows that young adults with lived experience emancipating from foster care experienced a statistically significant decline in utilization of pharmaceutical services after their month of emancipation regardless of their medical complexity. These changes represented declines of between 34% and 64% suggesting a meaningful reduction in pharmaceutical use. Among the peer cohort, only the most complex (those with both a chronic physical and BH complexity) had a statistically significant decrease in pharmaceutical use. The decrease, however, was much smaller at less than a 15% decrease.

The findings in Figure 5 and Table 5 suggest that young adults with lived experience of emancipating from foster care had higher utilization of pharmaceutical services before emancipation compared to their peers and experienced substantial (and statistically significant) decreases in their use of these services after emancipation. Additional analyses are needed to understand if these patterns represent overutilization of pharmaceuticals before emancipation, or underutilization following emancipation, or some combination of these. In addition, the significant decrease in pharmaceutical use among peers with both chronic physical and BH complexities after the reference month deserves further exploration to understand the extent to which this change reflects any challenges encountered in making the transition from pediatric to adult health care.

Implications for Policy, Practice and Research

While all young adult Health First Colorado members would benefit from successful pediatric to adult health care transitions, focusing transition services on those members who experience additional challenges would likely be the most cost-effective approach.[5] Often, young adults who emancipate from foster care experience multiple, simultaneous transitions in services and supports in both health care and child welfare systems. The results presented in Figures 1-5 and Tables 1-5 suggest that young adults with lived experience emancipating from foster care, unlike peers, encountered heightened challenges in making the transition from pediatric to adult health care around their emancipation month. Moreover, those who emancipated from foster care with a BH complexity appeared to experience greater disruptions in their transitions. While some of the changes in health care service utilization after the emancipation/reference month may reflect alignment of health care services to meet an individual's perceived need, health care utilization trends among young adults who emancipated highlight opportunities to strengthen pediatric to adult health care transitions through collaboration between child welfare, health care and other youth-serving systems for a population that experiences significant decreases in receipt of health care services.

While the peer cohort experienced smaller changes in their health care utilization around the reference month, those with a BH complexity were more likely to have a significant change in their utilization as young adults. Additional analyses are needed to assess the extent to which this subpopulation could also benefit from transition supports as they shift between pediatric and adult health care.

Overall, the results highlight several areas where we could strengthen successful health care transitions for young adults who emancipate from foster care. For example, policies that facilitate the transfer of medical information at the time of emancipation to any new providers would support the transition of all young adult Health First Colorado members to adult health care, particularly those who emancipate from foster care and those with a BH complexity. However, additional analyses are needed to develop a more robust evidence-base to support the development and implementation of cost-effective care transition services. To inform additional analyses, an important first step involves engaging members with lived experiences emancipating from foster care to better understand priorities for and barriers to health care transitions. The lessons learned from engaging those with lived experiences will support quality improvement efforts in the health care and child welfare systems and can help tailor the implementation of evidence-based health care transition strategies to address the highest priorities and biggest barriers.

Appendix - Study Design

Our historical, observational study used linked child welfare and Medicaid administrative data, including all FFS claims and Capitated BH encounter data, for young adults in Colorado, aged 17 to 23 years old, from January 2014 through June 2021. Using child welfare data, we identified 2,059 young adults who emancipated from foster care using one of three mutually exclusive child welfare categories: 1) emancipated; 2) living with another (non-parental) relative; and 3) runaway. We excluded those individuals who lacked Medicaid-eligibility in the month of and month following emancipation to ensure we had information on health care utilization before and after the emancipation month. We matched young adults who emancipated to peers by age (within a six month window), the young adult member's income relative to the Federal Poverty Limit (FPL) in the first month after the emancipation/reference month, monthly Medicaid-eligibility pattern in the 12 months preceding the emancipation/reference month, Medicaid eligibility in the emancipation/reference month and the following month, and the presence or absence of chronic physical and BH complexities calculated using the PMCA through all FFS claims and Capitated BH encounter data available prior to the emancipation/reference month. A total of 401 young adults who emancipated were excluded from the analysis for the following reasons: (1) lack of Medicaid-eligibility in the month of (N=113) or month following emancipation (N=220); and (2) insufficient monthly Medicaid-eligibility information, inadequate PMCA categorization, or unresolvable data quality issues (N=68). Table A-1 presents the demographic characteristics of our study population.

Table A-1 Demographic Characteristics of the Study Population (N = 3,316)

Characteristic	Emancipation Cohort N=1,658 (%)	Peer Cohort N=1,658 (%)
Age		
17 – 18	63.6	63.4
19	20.6	20.8
20	10.4	11.6
21+	5.4	4.2
Sex		
Female	41.1	41.1
Race and Ethnicity		
American Indian/Alaska Native; Asian; Native Hawaiian/Other Pacific Islander	2.1	3.1
Black/African American	12.0	5.1
White/Caucasian	41.5	41.6
Hispanic/Latino	19.4	32.7
Other People of Color	6.7	5.2
Other Unknown Race	7.8	5.6
Not Provided	10.6	6.8
Income Relative to Federal Poverty Level		
Up to 40%	65.9	65.9
41-100%	30.8	30.8
101%+	3.4	3.4
Medical Complexity		
Non-Chronic, no BH	15.3	15.3
Non-Chronic, with BH	33.1	33.1
Chronic, no BH	6.4	6.4
Chronic, with BH	45.2	45.2

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