

Children's Oral Health Network of Maine

DATA BRIEF

MAINE FOSTER CARE PROFILE: CURRENT STATISTICS AND TRENDS REGARDING THE CHILD WELFARE SYSTEM

KEY HIGHLIGHTS

- In 2021, there were 203,770 children under the age of 18 who entered foster care in the United States. In Maine specifically, there were 2,202 children in foster care.
 - Maine had the highest rates of children in foster care at 9.2 per 1,000 children compared to 5.6 nationally.
- The racial and ethnic distribution of children in Maine's foster care system in 2021 was 76.8% were White, 6.6% were children of two or more races, and 3.0% were Black.
- The number of children in foster care in December 2022 was 2,320, indicating an increase of approximately 200 children since the previous year and the highest since 2005.
- In 2021, of all children who had MaineCare, 46.7% received any dental services. This compares to 67.3% of all children with commercial insurance receiving dental services.

Introduction

Foster care is an essential safety net for youth in the United States. A key component of the child welfare policy in Maine is foster care. As defined by the Annie E. Casey Foundation, foster care is "a temporary living situation for kids whose parents cannot take care of them and whose need for care has come to the attention of child welfare agency staff".⁷ In Maine, a child's journey through the foster care system is often complex and multifaceted. Compared to the national rate, Maine has had the highest rates of children in foster care at 9.2 per 1,000 children compared to 5.6.⁴

This data brief will present general demographic information on foster children in Maine. This includes the geographic distribution of foster children within the state, the racial/ethnic distribution, and how many of them are getting adopted. Data from the Maine Department of Health and Human Services, the Office of Child and Family Services, and The Annie E. Casey Foundation Kids Count Data Center will be used.

Purpose

The overarching goal of this data brief is to provide a "snapshot" of the demographics of foster children in Maine. The information gleaned from the study will be used to inform stakeholders, such as dentists, case workers, and public health officials.

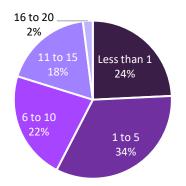
Entering and Exiting Foster Care

In 2021, there were 203,770 children under the age of 18 who entered foster care in the US, a rate of 3 per 1,000.¹⁴ In Maine specifically, there were 2,202 children in foster care in 2021. Of the 2,202, 1,137, or 52%, were male, and 1,065, or 48%, were female. Maine also has 1.9% of children in congregate care, which is the lowest rate in the nation.³

In December 2022, there were 2,320 children in foster care.⁴ This means there were about 200 more children entering foster care in 2023 than in 2022, and this was the highest number since 2005.⁴

The mean age at entry into foster care was 4.5. In 2021, 24% of children in foster care were less than the age of $1.^1$ 34% of children were between the ages of 1 and 5, 22% were between the ages of 6 and 10, 18% were between 11 and 15, and 2% were between 16 and 20 years old (Chart 1).¹

Chart 1: Distribution of children in Maine's foster care system by age group in 2021. (Source: Kids Count Data Center, The Annie E. Casey Foundation)

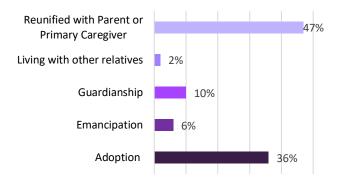


The average length of time a child spent in foster care in 2021 was 14.9 months, and in 2023 it was 15 months. This is similar to the US median of 15.9 months. ¹

Permanency

Working with parents after children have been removed from their homes is essential to address safety issues and work towards family reunions as best practice. However, when it is not safe for the child to remain with their parents, kinship placements are a valuable alternative when they enter state care.⁴ Almost half of the children who enter foster care are reunited with their primary caretaker or their parents.⁷

Chart 2: Reasons for exiting foster care in Maine, 2021. (Source: Kids Count Data Center, The Annie E. Casey Foundation)



As seen in Chart 2, in Maine, in 2021, 339 children have been adopted, which is an increase from 2019 when it was 294.¹⁷ It increased 15.31% since 2019. In 2021, 36% of children exiting foster care were adopted, and 47% were living with their parents or their primary caretaker.¹⁶

For the 2021 fiscal year, 32.5% of adoptions occurred within 12 months of removal, and 40.6% took place at least 24 months but less than 36 months of being in foster care.³ As of November 2023, the state average for all children in Maine achieving permanency within 12 months of entering state custody was 23%.⁵ Permanency, as defined here, includes discharges from foster care to reunification with the child's parents or primary caregivers, living with a relative, under guardianship, or being adopted. Maine has not met the federal goals for permanency in 12 months (40.5%) or 24 months (43.6%) of removal.³

Racial and Ethnic Distribution

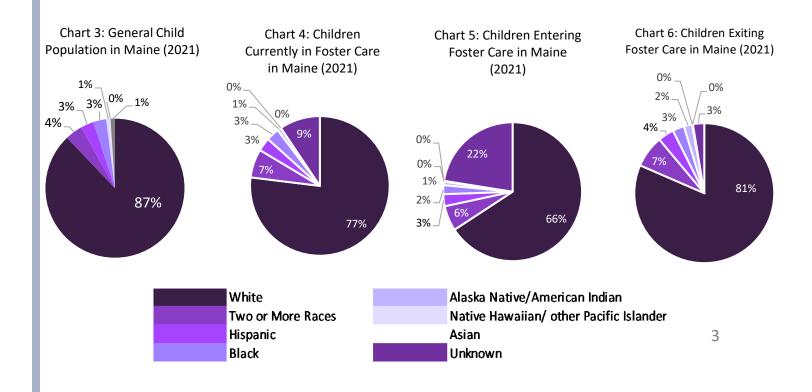
In the United States, in 2021, 391,641 children were in foster care.¹¹ Of those children, 43% were White, 22% were Black, 22% were Hispanic or Latino, and 8% were of two or more races.²³ In Maine, the general population of children was 87% White, 4% were of two or more races, 3% were Hispanic or Latino, and 3% were Black ²⁰ (Chart 3). The 0% values represent those who were Native Hawaiian/other Pacific Islanders (<0.5%)

The racial and ethnic distribution of children in Maine's foster care system from 2017 to 2021 varied. Data from the Adoption and Foster Care Analysis and Reporting System showed that White children had a predominant representation in the system every year from 2017 to 2021.² In 2021, at the end of the federal fiscal year (October 1, 2020, to September 30, 2021), 76.8% (1,691) of children in foster care were White. The next highest was children who were of two or more races at 6.6% (146). Hispanic children were at 3.1% (69), and Black children were at 3.0% (67) (Chart 4). The 0% values represent those who were Native Hawaiian/other Pacific Islanders (0.1%) and Asian (<0.1%).² The racial/ethnic identity was unknown for 9.4% (208) of children.²

In 2021, there were 66.1% (601) of White children who entered foster care. 5.9% (54) were two or more races, 2.8% (25) were Hispanic, and 2.1% (19) were Black (Chart 5).² The race/ethnicity of 22.1% (201) of children entering foster care in the 2021 fiscal year was unknown. The 0% values represent those who were Native Hawaiian/other Pacific Islanders (0.1%) and Asian (0.1%) (Chart 5).

In 2021, there were 81.6% (799) of White children who exited foster care. 7.4% (72) were two or more races, 3.7% (36) were Hispanic, and 2.7% (26) were Black (Chart 6).² The race/ethnicity of 2.6% (25) of children entering foster care in the 2021 fiscal year was unknown.² The 0% values represent those who were Native Hawaiian/other Pacific Islanders (0.1%) and Asian (0.1%) (Chart 5).

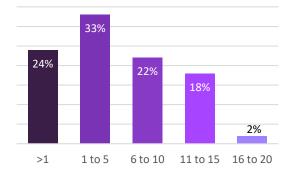
The demographic makeup of children within the foster care closely parallels that of Maine's general child population, exhibiting only a marginally higher proportion of non-White children. However, a closer look indicates that children of minority races join the foster care system at a disproportionately higher rate, whereas children who are White exit foster care at a disproportionately higher rate. This disparity shows underlying discrepancies that may not be readily apparent from an initial review of the statistical data.



Age at Entry

The mean age at entry into foster care in the United States was 5.2 as of September 30, 2020.¹ Among those who were newly entered into foster care in 2021, 24% of the children were less than the age of 1 when entering foster care. 33% of children were between the ages of 1 and 5, 22% were between the ages of 6 and 10, 18% were between 11 and 15, and 2% were between the ages of 16 and 20 years old (Chart 4).¹⁵

Chart 4: Breakdown by age groups of children entering foster care in 2021. (Source: Kids Count Data Center, The Annie E. Casey Foundation)

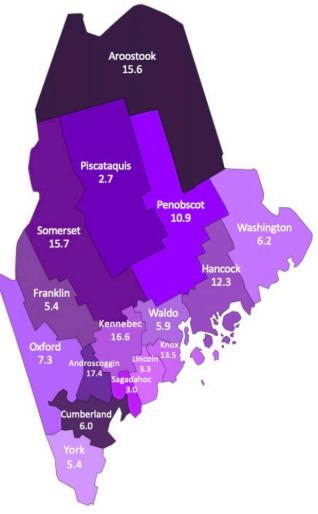


Removal From Home

The rate of youth placed in foster care also varies significantly by county. 7 of the 16 counties (Knox, Androscoggin, Somerset, Aroostook, Kennebec, Hancock, and Penobscot) had rates above 10 per 1,000 children in 2023. ⁶ These counties were: Knox (13.5), Androscoggin (17.4), Somerset (15.7), Aroostook (15.6), Kennebec (16.6), Hancock (12.3), and Penobscot (10.9) (Chart 5).⁶ There were also three counties with rates below 3.5 per 1,00 children. They were Sagadahoc, Lincoln, and Piscataquis counties with rates of 3.0, 3.3, and 2.7, respectively. ⁶

The rate of children being removed from their homes and being placed in foster care is five times as high in some counties compared to others. The rate in Maine was 9.6 in 2023.⁶

Chart 5: County-by-county foster care removal rates in 2023 per 1,000 children. (Source: Kids Count Data Center, The Annie E. Casey Foundation)



Abuse and Neglect

The national rate of children who have been confirmed by child protective services as victims of maltreatment in 2021 was 8 per 1,000 children under the age of 18.¹⁸ In Maine, the rate in 2021 was 17 per 1,000 children. The rate in Maine is one of the highest in the nation and is almost twice the national rate.¹⁸ The two other states that have similar rates are Massachusetts and West Virginia. In 2015, in Maine, the rate was 13 per 1,000, and it has been steadily increasing every year until 2020.¹⁸ The number of children experiencing maltreatment was the highest in 2020 at a rate of 19%. This was a 39.82% increase from 2015.¹⁸ The counties with the highest rates of child abuse and neglect were Aroostook and Somerset Counties in 2022, with rates of 26.3% and 31.7% per 1,000 children, respectively.¹⁹

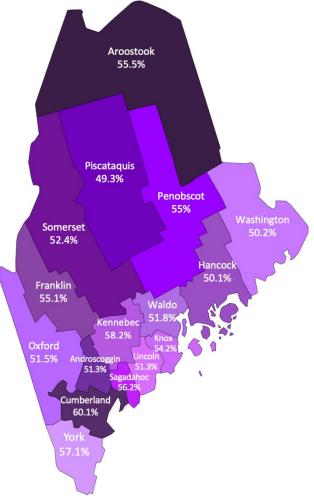
Insurance and Dental Services

While there is no specific data on the type of insurance children in foster care have, all foster children are eligible for Medicaid as a part of the Affordable Care Act.^{24.} In the absence of data specifically on children in foster care, this section looks more broadly at coverage and access for children with MaineCare.

Of all children in Maine as of June 30, 2023, 51.8% of children aged 0 to 5 have MaineCare, and 49.7% of children aged 6 to 18 were enrolled in MaineCare. The total percentage of all children aged 18 and under in Maine who were covered by MaineCare was 50.3%.²¹

The counties with the highest percentages of children with MaineCare were Washington (74.9%), Somerset (69%), Oxford (69.9%), and Androscoggin (62.8%) Counties.²²

Based on data from the Maine Health Data Organizations' All Payer Claims Dataset, of all children who have continuous Medicaid, or MaineCare, 46.7% received any dental services while 67.3% of those with commercial insurance did in 2021.¹² When commercial insurance and MaineCare-enrolled children were combined, the counties of Cumberland (60.1%), York (57.1%), and Kennebec (58.2%) had the highest rates of insured children receiving at least one dental service.¹² Washington (50.2%), Piscataquis (49.3%), and Hancock (50.1%) are the counties with the lowest total percentages of insured children receiving dental care in 2021 (Chart 6).¹² **Chart 6:** County-by-county dental service utilization percentages among insured children (both commercial and MaineCare) in Maine in 2021. (Source: Kids Count Data Center, The Annie E. Casey Foundation)



Similarly, the percentage of children who received preventative dental services who had commercial insurance in 2021 was 63.1%, while for those with MaineCare, it was 42%.¹³

Factors Affecting Life Outcomes

Researchers have found that there are a few possible causes for racial disparities in the child welfare system. A few of these causes include historical and systemic racism, socioeconomic factors that disproportionately affect families of certain racial/ethnic backgrounds, geographical contexts, or inequitable access to resources and support services for families of color.²⁴

Additionally, the transition out of the foster care system and aging out of it can be challenging, as many lose the systems and support. Those who are aging out of the system experience many different issues that could have a long-term and profound impact on them. They are more likely to experience mental, physical, and behavioral health issues, housing instability, which could lead to homelessness, difficulties finding and maintaining employment, or educational hurdles.¹¹

In the United States, the National Youth in Transition Database Outcomes baseline survey involves surveying individuals 45 days after they turned 17 and follow-up surveys at ages 19 and 21. The survey data is self-reported.⁸ Based on the latest data from the National Youth in Transition Database, in 2018, 20% of individuals aging out of foster care who participated in the study reported facing homelessness between the ages of 17 and 19, and 29% of youth between the ages of 19 and 21 experienced homelessness.⁸ 43% of American Indian/Alaska Native youth between the ages of 19 and 21 experienced homelessness two years after being out of the foster care system.⁹

One in five also reported being incarcerated between the ages of 17 to 19 and 19 to 21.¹⁰ To overcome these challenges it will require dedicated efforts towards comprehensive support systems that not only meet their immediate needs but also facilitate successful transitions to adulthood for those aging out of foster care.

Conclusion

In conclusion, the data presents a multifaceted picture of Maine's foster care system, indicating both successes and areas where improvement is needed. Each number and statistic reflect actual people whose lives have been impacted by the foster system's reach. Recognizing the problems and struggles faced by these children is important. Their difficulties are varied and range from mental and physical health concerns to housing. Specifically, oral health care plays a major role in their overall well-being. Effective and targeted oral health care interventions are critical components of creating a comprehensive strategy to improving their quality of life and on their path to adulthood. Addressing these hurdles and challenges is essential for supporting the youth to have successful lives, in the future. To reduce the effects of adversities, targeted treatments, and support systems must be constantly adjusted and strengthened for this population.

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