

Child & Youth Homelessness

Summary of Recommendations:

- **Guarantee access to comprehensive and affordable health insurance, including coverage for mental health services and treatment of substance use disorders, for every person under age 21**
- **Fully fund the State Children’s Health Insurance Program (SCHIP) to cover all uninsured children and their parents with family income at or below 200% FPL**
- **Provide sufficient Federal funding to support participation of all eligible children in the Head Start program**
- **Fully fund Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act at \$210 million**

The transition to adulthood should be supported with adequate access to medical care, including treatment for mental illness and substance use disorders, particularly for low-income uninsured youth. Over nine million children and youth in the United States currently have no form of health insurance and are ineligible for public insurance programs. The most effective and efficient way to assure that all people—children and adults—receive adequate medical care, mental health services, and addiction treatment is through a universal health insurance program with a single-payer financing mechanism. Until true universal coverage is achieved, however, we must continue to support and strengthen existing safety net programs. Medicaid and the State Children’s Health Insurance Program (SCHIP) provide high quality, comprehensive, affordable health coverage for low-income children and youth. Of those under age 19 served by the Health Care for the Homeless Program in 2007, 1,509 (1%) were SCHIP recipients, 54,834 (44%) were Title XIX Medicaid recipients, and 63,956 (51%) were uninsured.¹ To help low-income youth retain their health care coverage as they transition into adulthood, 17 states have extended Medicaid coverage up to age 21, in addition to expanding SCHIP eligibility.²

Impoverished youth are at high risk of experiencing homelessness. Each year, 800,000 children and youth become homeless in the United States,³ and an estimated 520,000 children reside in foster care.⁴ Research indicates that children from low-income families are at especially high risk for mental health and substance use problems but often lack access to necessary treatment. Seventy-five percent of adults with mental health disorders had been diagnosed prior to age 18.⁵ The increased incidence of attention-deficit/hyperactivity disorder (ADHD), depression, and other psychological disorders among homeless youth and children in the foster care system indicate a need for expanded mental health services.⁶ Uninsured and underinsured parents who are unable to access mental health and addiction services for their children are increasingly dependent on the child welfare system to provide these services. The GAO reported that an estimated 12,700 children in 19 states were placed into child welfare or juvenile justice systems so that these children could receive mental health services.⁷

Educational opportunities for homeless youth are essential to break the cycle of homelessness.

Research shows that children learn better when they have strong mental and physical health. The Head Start program has a long tradition of providing comprehensive and high-quality services that advance healthy development for low-income youth; however, Federal support for this program has

¹ Health Resources and Services Administration (HRSA). Health Care for the Homeless Rollup Report for CY 2007.. <http://bphc.hrsa.gov/uds/2007data/National/homeless/NationalTable4ho.htm>

² Patel, S. & Roherty, M. (2007). Medicaid Access for Youth Aging Out of Foster Care. *The American Public Human Services Association*.

³ U.S. Department of Education. Education for Homeless Children and Youths Grants for State and Local Activities. <http://www.ed.gov/programs/homeless/index.html> (page last modified on 9/09/08)

⁴ U.S. Department of Health and Human Services, Administration on Children and Families (AFCARS), Administration on Children, Youth and Families, Children’s Bureau. The AFCARS Report: Interim FY 2003 Estimates as of June 2006. http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm

⁵ Kim-Cohen, et. al (2003), Prior Juvenile Diagnoses in Adults With Mental Disorder, *Archives of General Psychiatry*, 60: 709-717.

⁶ Warfield, M. & Gulley, S. (2006). Unmet Need and Problems Accessing Specialty Medical and Related Services Among Children with Special Health Care Needs. *Maternal and Child Health Journal*, 10 (2). 201-216.

⁷ “Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the number of Children Placed Solely to Obtain Mental Health Services”, Government Office of Accountability (GAO), 2003. <http://www.gao.gov/new.items/d03397.pdf>

decreased by 11% since 2002.⁸ This has caused Head Start programs to reduce transportation, social services, educational programming, parental support, and other essential services. In an effort to revitalize the program, the Improving Head Start for School Readiness Act of 2007 (H.R. 1429) was signed into law with the goal of improving young children's preparation for kindergarten by increasing income eligibility to 130% of the Federal poverty level. Expanding eligibility requirements for Head Start has improved homeless children's access to essential services.

Recommendations

1. **Guarantee access to comprehensive and affordable health insurance, including mental health and substance use treatment, for every person under age 21.** Until universal health insurance is enacted, we recommend that this be achieved by expanding Medicaid and the State Children's Health Insurance Program (SCHIP). Currently, the Federal government allows states to extend Medicaid coverage to children up to age 21; however, not all states take advantage of this federally-matched option. The Federal government should also provide funding to support an extension of Medicaid coverage up to age 23 for youth transitioning out of foster care. It is unreasonable to ask those from the most difficult circumstances to be self-sufficient when their more advantaged counterparts are still dependent on parents for the majority of their needs.⁹
2. **Fully fund the State Children's Health Insurance Program (SCHIP) to cover all uninsured children and their parents with family income at or below 200% FPL.** SCHIP currently provides high quality, comprehensive, affordable health coverage to children who would otherwise be uninsured. SCHIP was reauthorized in February 2009 for five years and will cover approximately nine million children, but the reauthorization act prohibits approval of any new State waivers to cover parents with CHIP funds.¹⁰ When parents have health insurance, children are more likely to be covered and have access to health care.¹¹ Therefore, we urge Congress to revisit the issues debated as part of the 2009 SCHIP reauthorization, within the context of a broader effort to reform the U.S. health care system and assure health coverage for adults as well as children.
3. **Provide adequate federal funding to support participation of all eligible children in the Head Start program.** In the FY 2008 Appropriations bill, funding to Head Start was cut by more than \$10 million. Only 42% of eligible children are able to enroll in the Head Start program due to lack of funding. We call upon Congress to increase Federal funding for the Head Start program so that all eligible children may be served.
4. **Fully fund Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431) at \$210 million.** Between the 2006-2007 school year and the 2007-2008 school year, there was an 18% increase in the number of homeless children and youth identified and enrolled in public schools. In the current school year, 2008-2009, schools are reporting even more dramatic increases. In the first few months of the school year, many school districts had already identified the entire previous year's caseload. Congress must strengthen the education of homeless children by ensuring that every homeless child can enroll in and attend school and receive the services needed to succeed.

⁸ Office of Head Start, U.S. Department of Labor, Bureau of Labor Statistics and the Congressional Budget Office. 2007.

⁹ Ammerman SD, Ensign J, Kirzner R, Meininger ET, Tornabene M, Warf CW, Zerger S, Post P. *Homeless Young Adults Ages 18–24: Examining Service Delivery Adaptations*. National Health Care for the Homeless Council, Inc., 2004. <http://www.nhchc.org/Publications/101905YoungHomelessAdults.pdf>

¹⁰ Georgetown University Health Policy Institute, Center for Children and Families. The Children's Health Insurance Program Reauthorization Act of 2009 [CHIPRA]: Overview and Summary. March 2009. <http://ccf.georgetown.edu/index/schipreauthorization>

¹¹ Artiga S and C Mann. "Family Coverage Under SCHIP Waivers." Kaiser Commission on Medicaid and the Uninsured. (#7644; May 2007). <http://www.kff.org/medicaid/upload/7644.pdf>