

Child & Youth Homelessness

Summary of Recommendations:

- **Support Keeping Families Together Act, H.R. 687**
- **Medicaid extension beyond age 21**
- **Reauthorize State Children's Health Insurance Program**
- **Authorize School-Based Health Centers**

Children and youth need access to quality mental health assessment and care. Each year, 800,000 children and youth become homeless¹ and an estimated 520,000 children reside in foster care.² These children are at high risk of mental health problems and often do not have access to treatment. With the increase in the diagnoses of ADHD, conduct disorder, depression, and other psychological disorders in children and youth comes a need for more available assessment and treatment services^{3,4}. These services, if provided, could prevent a host of complications such as entry into foster care, high-risk behaviors such as violence and runaway, other medical conditions, and utilization of emergency room care. Kim-Cohen, et. al (2003) found that 75 percent of adults with mental health disorders had been diagnosed prior to age 18.⁵ More accurate and timely treatment in childhood and adolescence could alleviate mental illness in adulthood.

The transition to adulthood should be supported with adequate access to medical care, including treatment for mental illness and substance use disorders. Many lower-income youth who are treated for mental health and other conditions as children suddenly lose their health insurance at age 18. This is the reality of children aging out of foster care in most states. Only 17 states have exercised the option to extend Medicaid coverage to age 21 for these youth⁶ despite the fact that 80 percent of youth in foster care are reported to have received mental health services while in state custody.³ Youth transitioning out of care are among those most at risk for homelessness, incarceration, mental illness, dropping out of school, and having children at a young age. Financial barriers to healthcare for young people with behavioral health disorders will result in much larger costs to society as they reach adulthood.

Recommendations

1. **Support legislation such as the Keeping Families Together Act, HR 687 and S 382, that would guarantee the provision of mental health services to children and youth at risk of entering foster care due to lack of access to needed mental health services.**

Parents who are unable to access mental health and substance abuse services for their children need 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 these children could receive mental health services.⁷ In order to prevent these needless and costly custody episodes, Federal dollars can be directed to services that allow youth

¹ Retrieved from <http://www.ed.gov/programs/homeless/index.html> on March 21, 2007.

² AFCARS report retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm on March 21, 2007.

³ DeBar, L., Clarke, G., O'Connor, E., & Nichols, G. (2001). Treated Prevalence, Incidence, and Pharmacotherapy of Child and Adolescent Mood Disorders in an HMO. *Mental Health Services Research*, 3(20), 73-89.

⁴ 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.

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

⁶ Patel, S. & Roherty, M. (2007). Medicaid Access for Youth Aging Out of Foster Care. *The American Public Human Services Association*.

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>

to get the mental health care they need in the least restrictive setting and within the context of the family and community while reducing the likelihood that emergency services will be needed.

2. Medicaid extension beyond age 21

Currently, the Federal government allows states to extend Medicaid coverage to children until age 21 in certain circumstances, such as foster care. Not all states take advantage of the programs available to these young adults in a way that is accessible to them. Recent research suggests that even in the best of circumstances, the average age of full adulthood is now 26⁸. 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. State exercise of this Medicaid option should be a mandatory part of Chafee grants awarded to states to support youth transitioning out of foster care and funding should follow from the Federal government to automatically cover all young people transitioning from foster care to adulthood to at least age 23.

3. State Children's Health Insurance Program (SCHIP)⁹

The SCHIP program will end this year unless it is reauthorized or replaced by a new program and adequately funded. SCHIP should be extended to cover all children up to 300% of the poverty line. This more inclusive program would fall short of providing comprehensive and cost-effective health insurance to parents and adults without dependent children, however. In addition to the interim step of reauthorization of and increased funding for SCHIP, we urge Congress to guarantee health insurance for all medically necessary services, as proposed in HR 676 through a single payer system. . In either approach to broader insurance coverage, parity of behavioral health with physical health provisions is particularly important for children and youth with behavioral health issues.

4. School-Based Health Centers¹⁰

Creation of federally funded school-based health care program will help reduce educational barriers for children and youth. An overwhelming two-thirds of the American voters support school-based health centers¹¹. There are currently over 1,700 school-based health centers serving nearly 2 million children across the country. We call for enactment of Senate bill 600, which would establish a Federal funding stream for these programs.

⁸ Greene, M. (2004). Independence Day: After a lifetime in foster care, how does a teenager learn to be a man?, *Readers Digest*, February 2004.

⁹ Retrieved from <http://www.familiesusa.org/issues/medicaid/medicaid-action/#Where> on March 21, 2007

¹⁰ www.nasbhc.org

¹¹ Congressional briefing news release retrieved from <http://www.nasbhc.org/Jan07/nationalrelease1%2025.pdf> on April 12, 2007