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ANNUAL MEETING KEYNOTE FOCUSES ON PARENTS & CHILDREN LIVING IN SHELTERS

The Health Care for the Homeless Clinicians' Network will honor a five of its members during the **Ninth Annual Membership Meeting** on Thursday, June 17, 2004. The awards ceremony and meeting take place during the National HCH Conference in New Orleans. Noted researcher and author Donna H. Friedman, Ph.D., will deliver the keynote address. Dr. Friedman is director and senior fellow for the Center for Social Policy at the John W. McCormack Institute of Public Affairs, University of Massachusetts, in Boston. She is author of *Parenting in Public: Family Shelter and Public Assistance*, a consultant for the Massachusetts Department of Transitional Assistance Working Group on Family Homelessness, and the research advisor for the Paul and Phyllis Fireman Foundation's One Family Campaign and its work with the Governor's Executive Commission on Homelessness.

Dr. Friedman's keynote address, "The power of support/The paradox of help giving," will explore the power and paradox of help-giving interactions with parents and children living in shelters. Dr. Friedman will offer insights on clinicians' roles in influencing shelters' organizational practices that impact families' well-being and also focus on ways to promote system-level change that can prevent homelessness.

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NETWORK COMMITTEES RESPOND TO NEEDS FOR PEDIATRICS-FOCUSED EDUCATION

The Network's Pediatrics Interest Group articulated the need for **training homeless parents better parenting skills**, and Dr. Friedman [see above] responded by developing the workshop, "Parenting in public: Strength-oriented support for parents caring for their children in shelters," which is scheduled during the conference on Saturday morning, June 19, 8:30 - 10 A.M. The session will present culturally sensitive approaches to assisting parents in dealing with the challenges of parenting in shelter settings and consider organizational environments that minimize parenting stress. The Network's Pediatrics Work Group is developing a full-day institute on parenting skills, which will build upon this year's offering and be available in 2005.

The Education Committee and Pediatrics Work Group collaborated on a series of three workshops that focus on **at-risk and homeless adolescents**. Consisting of three advanced sessions, mini-track topics range from contraception for homeless adolescents to the impact of homelessness on the social, cognitive, developmental and physical health of adolescents to

best practices in delivering services to at-risk and homeless teens. These sessions are offered back-to-back at the conference on Friday, June 18. A related round table will provide workshop participants an opportunity to discuss what they learned, share best practices and identify issues related to at-risk and homeless adolescents to be addressed in future.

In an exciting new collaboration, the Network partnered with the Association of Clinicians for the Underserved to bring conference attendees the ACU's excellent training for non-dental providers in **Early Childhood Caries Prevention**. The Network presented this workshop to HCH providers in March, and it was so well received that we agreed to bring it to the National Conference.

Look for the ECCP training, parenting skills workshop, and adolescent mini-track on the conference registration form. **For more information** on any of these events, call 505/872-1151 or e-mail network@nhchc.org.

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ANNUAL FORUM FOR IMPROVING CHILDREN'S HEALTH CARE

Proposals due: July 16

The National Initiative for Children's Healthcare Quality (NICHO) invites you to submit proposals to present at the 4th Annual Forum for Improving Children's Health Care on February 28 - March 2, 2005, at the Loews Coronado Bay Resort in San Diego, California. This is your opportunity to showcase to colleagues from around the world what you and your organization have learned from your efforts in quality improvement.

The NICHO Forum is the premier national conference dedicated to improving the quality of health care for children and their families. We encourage you to share the work you are doing with others from around the world in an effort to further our shared mission to eliminate the gap between what is and what can be in health care for all children.

Topic areas for the 2005 NICHO Forum include:

- Reducing health disparities for children and families
- Clinical innovations in children's health care
- Organizational leadership in child health settings
- Policy innovations that promote quality of care for children
- Efforts to mobilize for change in children's health care
- Systems transformation in child health settings
- The role of information technology in children's health care
- Sustaining and spreading results: best practices and success stories from the field

Go to www.nichq.org/events/forum/2005 <<http://www.nichq.org/events/forum/2005>> to download the call for proposals form (CFP). CFPs are due back to Bonnie Rains at rains@u.washington.edu <[mailto:rains@u.washington.edu?subject=Call For Proposals](mailto:rains@u.washington.edu?subject=Call%20For%20Proposals)> by July 16, 2004.

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STUDY EXAMINES YOUTH PREPARING TO EXIT FOSTER CARE

Illinois, Wisconsin and Iowa are participating in a long-term study that will examine the outcomes of youth exiting out-of-home care. Earlier studies have demonstrated that a significant number of youth exiting foster care become homeless within a few years. Such findings have fueled efforts to improve outcomes for youth including increased federal resources for helping young people make a successful transition to independent living. Initial reports that provide demographic and background information on the youth who will be followed have now been completed. The findings reported below focus on youth from Illinois.

One-half of the 471 youth surveyed in Illinois who turned 17 in foster care and have spent at least one year in foster care anticipate turning to the foster care agency to help with problems dealing with housing in the future. They further report they were likely to turn to the foster care program for employment assistance (51%), financial assistance (46%) and help with personal problems (45%).

One-third of the youth are currently in the care of relatives and slightly less than one-third are in non-relative foster care. Over half of the youth had run away from care at one point. A third of those who ran away did so only once, however, 42% had five or more episodes.

The youth report that among the challenges their parents were struggling with upon their entrance to foster care was drug abuse (43%), alcohol abuse (33%), inadequate parenting skills (33%), and spousal abuse (23%).

A full copy of the Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care in Illinois is available online at http://www.chapinhall.org/article_abstract_new.asp?ar=1359&L2=61&L3=130

A second paper by the same authors that examines the same variables among youth in the three states (but does not separate them out for cross state comparison) is available at http://www.chapinhall.org/article_abstract_new.asp?ar=1355&L2=61&L3=131

SOURCE: National Alliance to End Homelessness, Online Newsletter, May 7, 2004

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FAMILIES' PATHWAYS TO HOMELESSNESS

The causes of homelessness for families is the focus of a recent qualitative study from the Center on Impact Research. The researchers identified five primary *pathways* that led the women with children they interviewed to enter a shelter. The primary cause of homelessness among the 45 homeless women they surveyed in the spring and summer of 2003 was a breakdown in shared living arrangements. The other four pathways to homelessness the researchers identified were:

- * Loss of employment
- * Domestic violence
- * Rent increases, changes in building status
- * Health problems

A substantial number of the women who were perceived to be eligible for TANF cash assistance were not receiving benefits and nearly half of the women had lost TANF cash assistance before or after becoming homeless. The reasons cited for the loss of benefits was a failure to meet program requirements including filling out paperwork, and missing appointments with a caseworker. Among the other findings were that over half of the women reported having experienced domestic violence in their lifetime and over half reported that living in an emergency shelter was traumatic for their children.

The researchers caution readers about lifting statistics from their study because the sample size is small and may not be representative of the larger population of homeless women and children. The experiences of the 45 women can, however, provide useful insight into some of the challenges that face families experiencing or at risk of homelessness. The report can be viewed online at: <http://www.impactresearch.org/documents/homelessnessreport.pdf>.

SOURCE: National Alliance to End Homelessness, Online Newsletter, May 7, 2004

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PREVENTION STRATEGIES FOR YOUTH IN STATE CARE

On Thursday, April 8, the Leadership to End Homelessness Audio Conference Series featured a

call that highlighted two existing state prevention strategies for youth at risk of homelessness. The featured speakers included Al Lick and Susan Wagner from the Division of Juvenile Services for the North Dakota Department of Corrections and Lisa Driscoll from the Connecticut Department of Children and Families.

Lick and Wagner shared information about the Department of Corrections' collaboration with the state's Department of Human Services to provide discharge planning and services to youth exiting the juvenile corrections system. Through this unique collaboration, young people in the juvenile corrections system are provided with a thorough needs assessment, intensive case management, and assistance with developing a transition plan while they are in the corrections system. The state then keeps the youth in its case management system after they leave the corrections system and continues to provide them with supports. These supports include housing ranging from group homes and residential treatment to transitional housing and assistance with securing an apartment. In addition to producing more stable outcomes, including recidivism rates that are among the lowest in the country, Lick reported that the collaboration saves the state money through its use of a common foster care system and targeted case management.

Focusing more on the foster care system, Driscoll provided a brief overview of Connecticut's range of housing options and services for transitioning youth, followed by a more detailed look at a program serving former foster care youth between ages 18 and 23. While Chaffee funds end at 21, she explained, the state uses its own resources to support young people, who have completed at least 2 semesters of college and are working toward a degree, until they reach the age of 23. One of the program measures is that the youth have an apartment, and when the program ends, the youth leave with employment skills and a lease that passes into their name. While there are a number of requirements for getting into the program, Driscoll explained that the providers take extra measures to see that the young people who want to be in the program do not fall through the cracks.

A recording of the call will be available on the PATH website. See <http://www.endhomelessness.org/audio> for more information. Further information on Connecticut's policies and programs for youth transitioning from foster care is available at <http://www.state.ct.us/dcf/Policy/Adoles42/42-1.htm>. Additional resources on helping youth in foster care make successful transitions to adulthood are available at <http://www.jimcaseyyouth.org>.

SOURCE: National Alliance to End Homelessness, Online Newsletter, April 9, 2004

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HIGH RATES OF ASSAULT AND UNMET HEALTH CARE NEEDS AMONG HOMELESS WOMEN

Homeless individuals have higher rates of victimization than the rest of the population. Two recent studies supported by the AHRQ examined victimization and the use of health care among homeless people. The first study, which appeared in the Archives of Internal Medicine (November 2003), concluded that sexual and physical assault are common experiences for homeless and marginally housed people, and the second study, which appeared in the Journal of General Internal Medicine (November 2003), demonstrated significant unmet need for medical care among homeless women. Both studies are summarized in the current issue of Research Activities.

SOURCE: Research Activities, U.S. Department of Health and Human Services, No. 282, Feb. 2004

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