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Presentation to LRC Committee on  
Homeless Youth, Foster Care and Dependency  
April 5, 2016

# Many Types of Homeless Youth

- ▶ With families
- ▶ Unaccompanied minors - can and do receive medical treatment
  - ▶ Truly unaccompanied
  - ▶ Unofficial supports
  - ▶ Victim of Trafficking
- ▶ Pregnant (~10%)

**Being homeless is and of itself  
a health issue**

# Homeless in NC

- ▶ About 55,200 homeless youth - US rank of 21 (2012/13, National Center on Family Homelessness at American Institutes for Research Research)
- ▶ About 22% of all homeless people in NC are children age 17 and younger (2014, NC Coalition to End Homelessness)
- ▶ Homeless rate is highest in the Northwest part of the state (2014, NC Coalition to End Homelessness)
- ▶ Mental and physical health issues can contribute to becoming homeless
- ▶ Mental and physical health issues can make being homeless even harder

# Homeless Children Have Higher Rates of Acute and Chronic Health Problems Than Poor Children who Live in Homes

- ▶ 2.5 times more likely to have health problems
  - ▶ 3 times more likely to have severe health problems
  - ▶ More likely to skip meals/eat non-nutritious food
  - ▶ Increased risk of abuse, exposure to violence and psychological trauma
- ▶ Increased risk for many poor health outcomes
    - ▶ Multiple infections
    - ▶ Respiratory, gastrointestinal & derm diseases
    - ▶ Bronchitis
    - ▶ Scabies
    - ▶ Lice
    - ▶ Ear infections
    - ▶ Dental caries
    - ▶ Asthma
    - ▶ Injuries

# Risk Factors Associated with Homelessness

- ▶ Parents who are unemployed, have served in the military, have a history of domestic violence or sexual abuse, abuse substances or have mental illness
- ▶ Youth who are not heterosexual
- ▶ Youth with a history of foster care placement or school expulsion
- ▶ Youth who are minorities

# Situations are complex; solutions are rarely simple

- ▶ Biggest medical need is a home and family
- ▶ Better to support families, offer affordable housing, further strengthen DSS and foster care system, provide health and education for foster care graduates, deter and treat domestic violence and other underlying causes
- ▶ Once homelessness occurs
  - ▶ Support the good adults
  - ▶ Separate youth from traffickers
  - ▶ Attach youth to a range of supports, including physical and mental health services
  - ▶ Provide transitional supports

# Some NC Policies Work Well (or should) to Protect Homeless Youth

- ▶ Strong minor consent law allows access to key services
  - ▶ Family Planning
  - ▶ Mental Health
  - ▶ Communicable Diseases
- ▶ Universal reporting law - if a child is homeless, DSS should be notified.
  - ▶ Current law
  - ▶ Doesn't always seem to happen
- ▶ Foster care services, including Medicaid, up to age 21

# Some proposed changes would also be helpful

- ▶ Medicaid waiver proposals
  - ▶ Fostering Health maintained and expanded (improves medical treatment of foster system involved youth by attaching them to medical homes and improving communication between local DSS, Medicaid and medical practice)
  - ▶ Health coverage extended to biological parents after the child is removed from the home
  - ▶ One single statewide PHP for foster children - bonus points if it also pays for mental health without a practice having to credential with multiple LME/MCO
- ▶ Helping with supports for families and supports for youth aging out of foster care, including health care, education and other transitional services



# Closing Thoughts

- ▶ Being without a home is bad for child health
- ▶ Being without a family is bad for child health
- ▶ Keeping children in families in homes will improve child health
- ▶ Providing transitional services to help children move into successful adulthood is another needed step
- ▶ Appreciate your attention and work on these important issues

# Contact Information for North Carolina Pediatric Society

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