

**Catholic Charities USA
Child Welfare League of America
National Association for the Education of Homeless Children and Youth
National Policy and Advocacy Council on Homelessness
Volunteers of America**

Helping Homeless Families: The Role of Health Care

Health care plays a critical role in preventing and ending family homelessness. Access to primary care services, along with mental health and substance abuse treatment, can prevent people from becoming homeless, while saving money by reducing the need for emergency room visits and other expensive health interventions. And these services, along with affordable housing, are vital components of any effort to break the cycle of homelessness and preserve family stability. For children, access to treatment for common problems such as asthma, malnutrition, vision and dental problems, and trauma helps keep them attending school and learning.

Many Eligible Homeless Families Do Not Receive Medicaid

- Mental health and substance abuse problems, and lack of needed services to address them, are substantial contributors to family homelessness.¹
- Although almost all homeless families are eligible for Medicaid, only 50-60% actually receive coverage.²
- Major barriers to Medicaid access for homeless families include the complexity and length of the application process, as well as the difficulty of providing required documentation.³

Homelessness Makes Children Sick

Children experiencing homelessness become sick more frequently than their housed peers. In addition, homeless children suffer from numerous chronic health conditions.

- 26% of all children and 33% of children under age five become ill more often during episodes of homelessness.⁴
- Compared to other children, homeless children have twice as many ear infections, four times as many asthma attacks, five times more stomach problems, six times as many speech problems, and twice as many hospitalizations – including 60% percent more emergency room visits.⁵

Homelessness and Trauma Result In Emotional Problems for Children

Homeless children live through numerous stressful and traumatic events, including domestic violence, repeated moves, and family separations. As a result, their mental health is negatively affected.

- More than 20% of homeless preschoolers have emotional problems serious enough to require professional care.
- Almost half (47%) of homeless school age children have problems such as anxiety, depression, and withdrawal, compared to 18% of other children.⁶

¹ U.S. Conference of Mayors, *A Status Report on Hunger and Homelessness in America's Cities: A 27-City Survey*, (December 2004).

² Homes for the Homeless and The Institute for Children And Poverty, *Homeless in America: A Children's Story – Part One*, (New York, NY. 1999).

³ General Accounting Office (now Government Accountability Office), *Homelessness: Barriers to Using Mainstream Programs* (Washington, D.C. 2000).

⁴ Homes for the Homeless, 1999.

⁵ The Better Homes Fund (now The National Center on Family Homelessness), *Homeless Children: America's New Outcasts* (Newton, MA. 1999); Sandel, Sharfstein, and Shaw, *There's No Place Like Home: How America's Housing Crisis Threatens Our Children* (San Francisco, CA. 1999).

Homeless Children Lack Access to Ongoing Preventive and Routine Health Care

Many homeless children lack health coverage, despite these severe health conditions. As a result, they do not obtain even the most basic interventions, including many that are taken for granted by most American children.

- 33% of homeless children lack essential immunizations.
- 27% of homeless children have never seen a dentist.
- 33% of homeless children under the age of 6 have never been screened for lead poisoning.
- 15% of homeless children receive their only medical care in emergency rooms.
- 43% of children seen by the federal Health Care for the Homeless program have no public or private health insurance.⁷

Policy Recommendations for the 109th Congress

These are steps that can be taken in this session of Congress, to improve health care delivery and coverage for homeless families.

- Maintain Medicaid as an entitlement, and require states to simplify Medicaid and SCHIP application, enrollment, and recertification procedures, to ensure that more homeless families are covered.
- Support continued HUD funding for supportive services such as mental health and substance abuse treatment, while also increasing SAMHSA's investment in providing these services to all homeless families.
- Fund Community Health Centers at \$2 billion, as recommended in the Administration's FY 2006 budget proposal. 8.6% of this money, or \$172 million, would support the Health Care for the Homeless program.

For more information, please contact Jeremy Rosen, Director for Homelessness and Mental Health, Volunteers of America, at jrosen@voa.org or at (703) 341-5096.

⁶ Better Homes Fund, 1999.

⁷ Burt, Aron, Douglas, et al., *Homelessness : Programs and the People They Serve : Summary Report – Findings of the National Survey of Homeless Assistance Providers and Clients* (Washington, DC: The Urban Institute, 1999).