



Health Care for Special Adolescent Populations: Homeless Youth, Incarcerated Youth, & Youth in Foster Care

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Vulnerable & Disconnected Youth

- ; Incarcerated youth
- ; Homeless youth
- ; Foster youth

Overview

- i Demographics, health status, & health care needs
- i Barriers that impede health care access
- i Overcoming barriers within existing legal & policy framework
- i Strategies for achieving access to comprehensive health care
- i Policy challenges
- i Research needed

Homeless, Incarcerated & Foster Youth

- ; Overlapping groups

- ; Similarities

- ┆ Multiple health concerns
- ┆ Intense health care needs
- ┆ Limited health care access

- ; Differences

- ┆ Size & stability of population
- ┆ Relationship to state custody
- ┆ Connections with family

Homeless Youth

- i 1 million to 2 million
- i Difficult to count
 - 1 Definition of youth
 - 1 Definition of homeless
 - 1 Transitory population
- i Causes of homelessness
 - 1 Homeless with family
 - 1 Abused or neglected
 - 1 Forced out or thrown away
 - 1 Exit from state custody

Incarcerated Youth

- > 2 million juvenile arrests per year
- > 80,000 committed youth in juvenile facilities in one year
- ~ 90,000 released each year
- Minorities overrepresented
- Youth of low socio-economic status overrepresented
- Placements in county detention facilities and state correctional institutions

Youth in Foster Care

- i ~ 500,000 children & adolescents in foster care
- i > 250,000 are adolescents
- i ~ 150,000 ages 11-15
- i ~ 100,000 ages 16-18
- i ~ 10,000 \geq age 19
- i Most placed in (related or unrelated) foster family homes, group homes, or institutions
- i Minorities overrepresented

Youth Leaving Foster Care

- i Youth \geq age 16
- i \sim 100,000 in foster care
- i One-fifth of foster care population
- i $>$ 60,000 leave care each year
- i $>$ 20,000 youth “emancipated” each year
- i Others reunited, placed under guardianship or with another agency, die, or run away

Health Status

- i Behavioral, psychosocial, & medical concerns
- i Acute, chronic, & disabling conditions
- i Generally compromised health
- i Mental disorders
- i Substance abuse
- i Pregnancy
- i STDs & HIV
- i Dental problems
- i Injuries

Access to Comprehensive Health Care: Obstacles & Strategies

- ; Health insurance
- ; Safety net programs
- ; Financing/payment systems influence structure of service delivery, fragmentation of services, type and availability of providers, comprehensiveness of benefits, quality of care
- ; Absence of medical home limits comprehensiveness and quality of care for all three groups

Incarcerated, Homeless, & Foster Youth: Health Insurance Coverage

- ;
- ;
- ;
- ;
- 1 Lack of follow up & transition assistance by child welfare and juvenile justice agencies
- 1 Disconnection from family
- 1 Lack of private insurance
- 1 Age & other barriers to eligibility for Medicaid or SCHIP

Health Insurance Coverage: U.S. Population 2005

- i 47 million in U.S. uninsured in 2005
- i 16% of population
- i Increase from 2004
- i Numbers are far higher if partial year of uninsurance is counted
- i Source: U.S. Census Bureau, 2006

Health Insurance Coverage: Older vs. Younger Adolescents

- i Older vs. younger adolescents
 - ┆ 13.7% of ages 15-18 uninsured in 2002
 - ┆ 11.0% of ages 10-14 uninsured in 2002
- i Source: Newacheck et al, 2004

Health Insurance Coverage: Adolescents & Young Adults

- i Adolescents

- ┆ 12.5% ages 12-17 uninsured in 2005
(3.2 million)

- i Young adults

- ┆ 30.6% ages 18-24 uninsured in 2005
(8.6 million)

- i Sources: U.S. Census Bureau, 2006

Health Insurance Coverage: Race & Ethnicity

- i Adolescents ages 10-18 uninsured in 2002
 - 1 27.7% Hispanic
 - 1 12% Black
 - 1 8.4% White
- i All age groups uninsured in 2005
 - 1 32.7% Hispanic
 - 1 19.6% Black
 - 1 17.9% Asian
 - 1 11.3% White (not Hispanic)
- i Sources: Newacheck et al, 2004; U.S. Census Bureau, 2006

Health Insurance Coverage: Adolescents & Family Income

- i Adolescents ages 10-18 uninsured in 2002
 - 1 19.7% family income \leq 100% FPL
 - 1 19.2% family income between 100% and 200% FPL
 - 1 6.3% family income \geq 200% FPL
- i Source: Newacheck et al, 2004

Health Insurance Coverage: Adolescents & Young Adults in Poverty

- i All income levels
 - 1 3.2 million adolescents ages 12-17 uninsured in 2005 (12.5%)
 - 1 8.6 million young adults ages 18-24 uninsured in 2005 (30.6%)
- i Income \leq 100% FPL
 - 1 0.9 million adolescents ages 12-17 uninsured in 2005 (22.8%)
 - 1 2.3 million young adults ages 18-24 uninsured in 2005 (45.9%)
- i Source: U.S. Census Bureau, 2006

Older Adolescents & Young Adults: Reasons for Lacking Health Insurance

- Medicaid & SCHIP coverage usually ends at age 19
- Employer-based dependent coverage ends at age 18 or 19
- Employer-based dependent coverage beyond age 18 often limited to full time students
- Cost of individual policies prohibitive

Public Health Insurance Coverage: Adolescents & Young Adults

- i Between 2004 and 2005 for all ages
 - ┆ Employer-based coverage decreased
 - ┆ Public coverage increased
- i Public coverage in 2004
 - ┆ 24.7% adolescents ages 12-17
 - ┆ 15.0% young adults ages 18-24
- i Source: U.S. Census Bureau, 2006

Health Insurance Coverage: Older Adolescents in Medicaid & SCHIP

- 1997 – 2001 number of states providing Medicaid to all poor adolescents doubled
- In 2005 all states provided Medicaid coverage for adolescents at least to 19th birthday up to 100% FPL
- Coverage to higher income levels in most states and in separate SCHIP programs
- In 2005 about 40% of states provided Medicaid coverage for very low income adolescents & young adults up to age 20 or 21 (Ribicoff)
- In 1999 Congress enacted option for states to provide Medicaid for young adults ages 18, 19, and 20 leaving foster care
- Sources: Morreale & English, 2003; English, Morreale, & Larsen, 2003

Health Insurance Coverage: Homeless Youth

- Many are eligible for Medicaid or SCHIP based on age & income
- Limited coverage options for homeless youth \geq age 19
- Obstacles to using existing coverage (public or private) due to disconnection from family
- Obstacles to enrolling in coverage for which they are eligible

Health Insurance Coverage: Incarcerated Youth

- Many incarcerated youth have been covered by Medicaid prior to incarceration
- Federal law disallows payment of Medicaid benefits while the youth is institutionalized
- Most states terminate eligibility
- Option exists to “suspend” eligibility allowing coverage to resume when youth leaves custody
- States have option of continuing eligibility with state-only funds

Health Insurance Coverage: Foster Youth

- i Most children in youth in foster care are eligible for Medicaid & have coverage
 - 1 Federal eligibility
 - 1 State eligibility

Health Insurance Coverage: Youth Leaving Foster Care

- i Virtually all had Medicaid coverage while in foster care
- i Many lose health insurance when leaving foster care between ages 18 and 21
 - 1 Would qualify based on income
 - 1 Often cannot qualify based on age, unless pregnant or disabled
- i FCIA Medicaid Expansion Option allows states to provide Medicaid up to age 21 for former foster youth

FCIA Medicaid Expansion Option

- i Optional state coverage
 - 1 Youth in foster care under state supervision on 18th birthday
 - 1 Up to 21st birthday
 - 1 No income limitations required
 - 1 Enrollment could be “automatic”
- i As of October 2006, 11 states had implemented this option: AZ, CA, IN, KS, MS, NJ, OK, SC, SD, TX, WY

Health Insurance Expansion Options for Older Adolescents & Young Adults

- Universal coverage for all ages
- Universal coverage for children, adolescents, & young adults
- Enrolling all who are eligible for Medicaid & SCHIP
- Expanding eligibility for Medicaid & SCHIP
- Raising upper age limit for dependent coverage in employer-based insurance
- Ensuring coverage for college & university students

Health Insurance Expansion Options: MediKids

- MediKids Health Insurance Act of 2005 (S. 1303/H.R.3055, 2005)
- Coverage for all children, adolescents, & young adults from birth to age 23
- Proposed by AAP
- Introduced in 109th Congress
- 5 co-sponsors in Senate; 55 co-sponsors in House
- Not enacted

Health Insurance Expansion Options: Medicaid & SCHIP for Young Adults

- i Health Care for Young Adults Act of 2005 (S.1298/H.R.3040, 2005)
 - 1 State option to offer Medicaid & SCHIP coverage to low-income youth up to age 23
 - 1 Introduced in 109th Congress
 - 1 3 co-sponsors in Senate; 15 co-sponsors in House
 - 1 Not enacted
- i Recent estimates suggest that doing so could cover 2.7 million uninsured adults ages 19-23 with incomes \leq 100% FPL

Health Insurance Expansion Options: SF Pilot Program

- i San Francisco Health Plan
- i Healthy Kids & Young Adults
- i City & County funded pilot program
- i Ages 19-24
 - 1 Low-income
 - 1 Aging out of Medicaid or SCHIP or parent of a child in Medicaid, SCHIP, or SF Healthy Kids
 - 1 No employer-based coverage
- i Coverage for U.S. citizens, legal & undocumented immigrants

Safety Net Programs

- i Community mental health programs
- i Substance abuse programs
- i Maternal & child health programs
- i HIV programs
- i Title X family planning programs
- i Homeless health programs

Targeted Safety Net Programs: Homeless Youth

- Health Care for the Homeless
- Runaway and Homeless Youth Act
- Projects for Assistance in Transition from Homelessness
- Treatment for Homeless Persons Program

Obstacles to Expanding Health Insurance/Safety Net Programs

- Federal deficit and debt
- State budget problems
- Increased health costs for employers
- Cuts & restructuring in Medicaid & SCHIP
- Lack of consensus about approach
- Insufficient political support for vulnerable young adults

Policy, Strategy, & Advocacy Challenges

- i Universal benefits vs. targeted benefits
- i Health insurance vs. safety net programs
- i Moral imperatives vs. economic rationales
- i Societal obligations vs. individual responsibility

Research Needed

- i Health status of homeless youth, incarcerated youth, foster youth reasonably well documented
- i Health care access issues require further research
 - 1 Insurance status and type of coverage
 - 1 Cost of coverage for these populations
 - 1 Availability of appropriate providers
 - 1 Usual source of care for these populations
 - 1 Utilization of services based on insurance status

Conclusion

- Homeless youth, incarcerated youth, & foster youth have multiple health concerns, intense health care needs, & limited health care access
- Health insurance coverage for older adolescents has improved but young adults remain at high risk
- Safety net programs fill some gaps but funds are limited
- Policy options exist for increasing health insurance for young adults, including special adolescent populations
- Research required to fully document needs & potential solutions
- Advocacy & political will required to protect existing coverage & expand coverage for these vulnerable young people