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Envision NM Telehealth
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Developmental Delays in Homeless Children
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Objectives:

Cite the magnitude of developmental delays among young homeless children relative to housed poor children.

Name one response from the system of care for young children & their families that addresses developmental delays in homeless children.
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DISCLOSURE

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• My content will not include discussion/reference of any commercial products or services
• I do not intend to discuss any unapproved or investigative use of commercial products or devises
Early childhood homelessness is highly prevalent.

- 2% of American children are homeless in one year
- 1.5 million children per year (over 600,000 families)
- 75% of homeless children reside in 11 states
- 4% of children <1 yo were homeless (1995)
- 42% of children in shelters are <6 yo
  - (vs. 34% general pop.)
- 35% of women in shelters are pregnant
  - (vs. 6% prevalence in general population)

Sources: National Center on Family Homelessness 2009, National Alliance to End Homelessness 2007, National Coalition for the Homeless 2007, Karr (no date), Family Housing Fund 1999
Homeless children as percent of total child population by State

Source: National Center on Family Homelessness 2009

Purple: highest 10 states (#50 LA)
Green: lowest 10 states (#1 RI)
Range 0.34-18.71%
New Mexico’s Homeless Children

New Mexico ranks 37th for percent of children homeless

1.76% of New Mexico’s children are homeless
=8,919 children
Homelessness is a chronic-recurrent condition.

- 25% of homeless children are homeless more than once
- Children are homeless on average 10 months at a time
- Families in homeless shelters had moved an average of 4 times during the year leading up to entering the shelter

Source: US Department of Health and Human Services 2001
Homeless children live in a high risk environment.

- 84% of homeless children are in families headed by a single mother
- Shelters may mandate separation of parents
- Increased risk of foster home placement
- Shelters are ill equipped for families and young children (lack of cooking facilities, old construction)
- Increased incidence of food insecurity
- Lack of prenatal care (40%)
- Increased prevalence of maternal depression (50%)

Homeless children live in high psychosocial & environmental stress.

• Resiliency literature indicates that risk of adverse outcomes due to stress quadruple when stress increases from 1 to 2 stressors
• DC:0-3R: Psychosocial and Environmental Stressor Checklist
• 68-element stressor checklist across 10 domains
• 23 (34%) likely present in homeless families

<table>
<thead>
<tr>
<th>Homelessness</th>
<th>Hospitalization</th>
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</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>Parental substance abuse</td>
</tr>
<tr>
<td>Multiple moves</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>Parental unemployment</td>
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<tr>
<td>Domestic violence</td>
<td>Single parenting</td>
</tr>
<tr>
<td></td>
<td>Chronic illness</td>
</tr>
</tbody>
</table>

Sources: Rafferty & Shinn 1991, Zero to Three 2005
Early childhood homelessness is associated with adverse outcomes.

- Increased infant mortality rate, low birth weight
- Malnutrition, increased blood lead levels
- Increased injuries
- Poor health, chronic health conditions, increased hospitalizations
- Immunization delays (half of homeless children)
- <25% of homeless children graduate from HS
- Increased risk for mental health/behavioral issues
  - 20% of preschoolers require professional MH care

Risk of Medical Issues Among Homeless Children Relative to Housed Poor

Source: Karr (no date)
Homeless children are at increased risk of developmental delays.

- 4 times more likely to have DD relative to general population
- 75% of homeless children <5 yo have at least 1 major DD (most common delay—speech)
- 44% have 2 or more DD (second most common, fine motor)
- 14% have delays in 4 areas
- 38% exhibit emotional/behavioral problems
  - Short attention span, sleep d/o, withdrawal, aggression, inappropriate interaction with adults

Percent of Homeless and Housed Poor Children by Developmental Delay Type

Study controlled for single-parent household

*Authors considered Personal/Social percent for homeless an underestimation because 10-15 families were turned away per week by each shelter and first families excluded were frequently those exhibiting behavioral problems.

Source: Bassuk & Rosenberg 1990
Homeless children lack needed service/interventions

- Shelters impose mobility, separation of families
- Nearly 50% of homeless families are not receiving food stamps or WIC
- Only 15-20% of homeless children are enrolled in early childhood programs compared to 65% of housed poor children

Interventions To Address Developmental Delays in Young Homeless Children
Overall rank by State
(1-50, 1=best)

States ranked 1-10

States ranked 41-50

Based on “report card” composite score for:

a. Extent of child homelessness
b. Child well-being (food security, health outcomes, educational proficiency)
c. Risk for child homelessness (benefits, household structure, housing market, extreme poverty)
d. State’s policy & planning efforts

#1: CN #50: TX

Source: National Center on Family Homelessness 2009
# Oregon-New Mexico Comparison Table

<table>
<thead>
<tr>
<th>Domain</th>
<th>Oregon Rank</th>
<th>Oregon</th>
<th>New Mexico Rank</th>
<th>New Mexico</th>
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</thead>
<tbody>
<tr>
<td>Extent of child homelessness</td>
<td>44</td>
<td>2.65%</td>
<td>37</td>
<td>1.76%</td>
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<tr>
<td>Child well-being</td>
<td>4</td>
<td>3.8%</td>
<td>32</td>
<td>5.6%</td>
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<tr>
<td>Risk for child homelessness</td>
<td>26</td>
<td>44</td>
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<tr>
<td>State policy &amp; planning (+/- State interagency council)</td>
<td>Extensive</td>
<td>Inadequate</td>
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<tr>
<td>Overall Rank</td>
<td>26</td>
<td>47</td>
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</tbody>
</table>

Source: National Center on Family Homelessness 2009,
Screening for Developmental Delays

• AAP recommends universal screening by standardized tool at 9, 18, 30 months WCC and whenever there are concerns
• Homeless children are a high risk population and warrant developmental screening on a more frequent basis including when hospitalized
• Case management—assessment of housing, food and other essentials
• Homelessness is a chronic condition adversely affecting child development and as such warrants a medical home model and facilitated referral to appropriate services

Sources: American Academy of Pediatrics 2006
Philadelphia’s Model for Delivering Developmental Services to Homeless Children

- Pennsylvania has defined homelessness as an “at risk” population (for EI services)
- Child Find funding is used to fund a DS position at a homeless shelter
- An EI agency works out of a homeless shelter—site was selected in collaboration with the metro homeless agency and chosen based on space, not on number of families served
- Out-reach services screen all children entering homeless shelters in the city

Source: Edmond 2008
The Minnesota Supportive Housing & Managed Care Pilot

- Study design: case-(matched)control
- Inclusion criteria: long periods of homelessness and complex needs
  - Adults in families & (175) children
    - >60% had been separated from their children for significant period
    - >50% of the children had experienced death of a close friend or family member
    - >50% of the children had witnessed >3 violent events
- Intervention model: housing first, individualized intensive services, trusting relationship-building
- 18-month study period

Source: Hearth Connection 2009
The Minnesota Supportive Housing & Managed Care Pilot

- Findings:
  - 90% of participants remained in stable housing
  - Cost for case management for pilot participants was $4.4k per person per year
  - Average pilot family adult’s service costs were $976 lower than matched controls
    - Less in-patient
    - Less out-patient mental health
    - Less out-patient medical
  - Average pilot child’s service costs were $297 higher than matched controls
    - Less in-patient mental health
    - Greater out-patient medical

Source: Hearth Connection 2009
The Minnesota Supportive Housing & Managed Care Pilot

• Conclusion:
  – Breaking the cycle of homelessness is not cost-effective in the short-term
  – Breaking the cycle of homelessness is not exorbitantly expensive

Source: Hearth Connection 2009
Portland’s “Shepherd’s Door”

• Residence for homeless mothers and their children
• Mothers >18 yo, children<9 (boys), 10 (girls)
• Faith-based
• 12-18-month program
• Wrap-around services and vocational training
• Capacity for 35 families
• For younger children
  – State-certified childcare center on site
  – 4-5 classrooms
  – Capacity for 52 children
  – Mainstreaming

“love, boundaries, guidance”
“give the children good memories”
Albuquerque’s own
*Cuidando los Ninos*

- Preschool, birth to 5 years old
- Maximum 52 children
- Developmental screening
- ABQ Healthcare for the Homeless Satellite
- Immunizations
- Parent education classes
Summary

- Homelessness in early childhood is:
  - Highly prevalent
  - A chronic, recurrent condition
  - A high risk environment for adverse growth & development
- A high percentage of homeless children have significant developmental delays & behavioral issues
- Interventional services are under-utilized by homeless children and families
- There exist models for supporting homeless children and families that suggest strategies for greater access to the system of care and policy change
Limitations

• Research studied *sheltered* homeless
• More recent research (2009) extrapolated from school data for early childhood homelessness
• Most studies’ control groups were families living in poverty
• Paucity of studies after mid 1990’s
• Lack of data on infant mental health, attachment, attunement
• Current economic state suggests homelessness, especially for families with children, may be on the rise


References


Thank you

Failure to house one child for even one day represents an unacceptable societal failing.