

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

Office of Homeless Youth Services January 2003 Report

Submitted to the Office of the Governor and the Colorado Legislature
By the Division of Prevention and Intervention Services for Children and Youth
Colorado Department of Public Health and Environment
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OFFICE of HOMELESS YOUTH SERVICES

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EXECUTIVE SUMMARY
Office of Homeless Youth Services
Division of Prevention and Intervention Services for Children and Youth
Colorado Department of Public Health and Environment

Purpose of Report:

- To highlight the plight of homeless youth;
- To report on the activities and accomplishments of the Office of Homeless Youth Services between July 1, 2002 and December 31, 2002;
- To provide recommendations for action related to priority areas affecting homeless youth services;
- To comply with the reporting requirement of House Bill 02-1159, also known as the “Colorado Homeless Youth Services Act.”

Background: The Office of Homeless Youth Services was created by the General Assembly in 2002 in response to recognition that “providing services to the homeless youth of Colorado is extremely challenging due to the need for services in a great number of diverse, yet overlapping, areas such as education, housing, employment, community support, family support and reunification, health care, and counseling.” The General Assembly further declared, “It is in the best interests of the youth of Colorado to establish the Office of Homeless Youth Services to act as a resource for and a coordinator of the efforts of public and private entities serving the homeless youth of the State of Colorado.”

There are an estimated 1,500 homeless youth in Colorado at any given time. Many of these youth have left homes affected by physical, sexual, and/or emotional abuse, neglect, substance abuse, mental illness or other family problems. Among these youth, substance abuse, survival sex, and mental health problems are common.

Objectives of the Office of Homeless Youth Services: The report includes information on progress toward achieving the following four statutorily defined objectives for the office:

- Identify and remove obstacles to the provision of services.
- Improve the quality of services provided to homeless youth.
- Reduce needless expenditures caused by the provision of overlapping services.
- Identify funding resources available to entities serving homeless youth.

Duties of the Office of Homeless Youth Services: The report details the activities related to the eight statutorily defined duties of the office. Significant progress has been made, including website development to consolidate information on services and service providers, rights, resources and funding. Public and private agencies and organizations have come together to identify obstacles and recommendations for reducing barriers and coordinating services for homeless youth.

Priorities Identified: Service providers, stakeholders, and public and private agency representatives have identified the following issues as those with the greatest number of barriers and the top priorities for serving homeless youth:

- Access to health insurance
- Access to health care
- Access to mental health treatment
- Access to substance abuse treatment

Recommendations: The recommendations in this section reflect the focus in recent months on identifying both procedural and substantive obstacles to the provision of services to homeless youth. The priority areas include access to health insurance and health care including mental health and substance abuse services. The following recommendations are related to these priorities.

Recommendations to improve eligibility and access to health insurance:

- Create a special waiver program for presumptive and continuous eligibility for homeless youth under Medicaid and/or CHP+ .
 - Allow licensed homeless youth shelters to certify youth as homeless in able to qualify for the program.
 - Designate homeless youth shelters and service providers as satellite eligibility determination sites for Medicaid/ CHP+ eligibility.
 - Waive proof of income/assets test for homeless youth for Medicaid/CHP+ eligibility.
 - Allow presumptive eligibility to be continuous for one year or until the youth's 21st birthday unless the youth qualifies for Supplemental Security Income (SSI) which provides Medicaid coverage past the age of 21.
- Educate and train homeless youth and providers on how to access SSI benefits, which include Medicaid for those 21 and older. Eligible homeless youth include those with a mental or physical disability and limited income.
- Compare Colorado Medicaid rules and regulations with federal regulations to determine opportunities for providing greater flexibility and coverage for homeless youth.
- Develop a coordinated health care system tying together local, state and other related agencies thus creating a health care network for homeless youth. Assign a navigator/ombudsman at each participating agency that can help homeless youth and providers maneuver through the system.
- Encourage private sector participation in creation of special health care programs for homeless youth.

Recommendations to improve access to care:

- Design facilities and services that are responsive to the unique needs of homeless youth.
 - Establish locations and hours that are convenient for homeless youth, and encourage their participation.
 - Take the services where the youth are, instead of expecting them to seek out health centers around the community.
 - Provide facilities or service areas that are separate from adult services where possible because homeless youth often feel 'preyed upon' by adults.
 - Develop scheduling priorities that allow for homeless youth to be seen first or within a limited waiting period as homeless youth can have a different sense of time and may not wait long to see a provider.
 - Provide shelter-based health care modeled after school-based health centers.
 - Explore the feasibility of providing health services to homeless youth via a mobile clinic that bring the services to the youth.
- Expand the provider base by increasing the number of community health sites serving homeless youth, including community health centers, homeless youth shelters, youth centers, school-based health clinics and other medical facilities.
- Educate community providers, such as emergency room personnel, about the rights of homeless youth so that homeless youth are not denied care to which they are legally entitled.
- For youth in school, coordinate with local school district's homeless youth liaison to assist youth with accessing health care services.

Recommendations to improve access to mental health services:

- Provide mental health services in locations accessible to homeless youth. This includes locating some publicly funded mental health services in homeless youth shelters.
- Provide mental health services that are acceptable to the unique needs of homeless youth. This may include street outreach, creating a more relaxed environment in lieu of formal appointments, and special measures to establish trust and rapport.
- Assure that practitioners serving homeless youth are trained and sensitive to the particular needs of

homeless youth including co-occurrence of mental health and substance abuse problems.

- Create an exception for homeless youth that removes the requirement for an evaluation by a SSI-designated mental health practitioner in order to qualify for a mental disability under SSI. Some youth are already receiving services from a clinician when they apply for SSI. SSI will not accept the evaluation and diagnosis from a practitioner unless they are designated by SSI. This leads the youth to have to see yet another person just to determine eligibility. Instead, SSI could accept the evaluation and diagnosis of the practitioner the youth is already seeing versus creating another step in the process.
- Create incentives for mental health providers to serve homeless youth.
- Assure appropriate evaluation and treatment for co-occurrence of mental health and substance abuse problems.

Recommendations to improve access to substance abuse services:

- Change Colorado's policy of not providing substance abuse treatment as a Medicaid benefit under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program to be consistent with federal regulation and intent.
- Provide substance abuse services in locations accessible to homeless youth. This includes locating some publicly funded substance abuse treatment services in homeless youth shelters.
- Provide both inpatient and outpatient substance abuse services that are acceptable to the unique needs of homeless youth. This may include street outreach, creating a more relaxed environment in lieu of formal appointments, and special measures to establish trust and rapport.
- Assure appropriate evaluation and treatment for co-occurrence of mental health and substance abuse problems. Assure that practitioners serving homeless youth are trained and sensitive to the particular needs of homeless youth including co-occurrence of mental health and substance abuse problems.

Other Recommendations:

- Remove or relax existing state or program-specific eligibility or participation criteria that exclude homeless youth due to requirements of parent/guardian consent or participation and requirements for documentation or other evidence not readily available to homeless youth.

Conclusion: Significant progress has been made in the past months in beginning to identify the complex needs of homeless youth within multiple systems and to develop recommendations to address these needs. In the months to come, the Office of Homeless Youth Services will provide the leadership and coordination for addressing these recommendations. The office also will facilitate the development of recommendations related to other systems critical for serving homeless youth, including education, judicial, housing, job training and employment, self sufficiency, family reunification, and other services.

I. BACKGROUND INFORMATION

The Office of Homeless Youth Services was created during the 2002 session of the Colorado Legislature to help address the many and complex needs of homeless youth. It is located within the Division of Prevention and Intervention Services for Children and Youth of the Colorado Department of Public Health and Environment. As stated in the Legislative Declaration, the Colorado General Assembly found that providing services to homeless youth is extremely challenging due to the need for services in a great number of diverse, yet overlapping, areas such as education, housing, employment, community support, family support and reunification, healthcare, and counseling. Because issues that face homeless youth are so diverse, there is a great need for cooperation among private nonprofit, not-for-profit, and public agencies serving these youth to break down barriers and provide more seamless, collaborative, and effective services to homeless youth. The Office of Homeless Youth Services was established to act as a resource for and a coordinator of the efforts of public and private agencies serving the homeless youth of Colorado. The office exists to provide information, coordination, and support to public and private entities serving homeless youth.

For purposes of the Office of Homeless Youth Services, “homeless youth” means a youth who is between 15 and 21 years of age and who is not imprisoned or otherwise detained pursuant to federal or state law and who (a) lacks a fixed, regular, and adequate nighttime residence; or (b) has a primary nighttime residence that is either a supervised, publicly or privately operated shelter, designed to provide temporary living accommodations or a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.

A parent calls the local county department on a 15 year old who is a chronic run-away and she doesn't know what to do. Mom was told she should move to Denver County to get help because their county of residence does not have any services to help her situation.

- Where do parents whose child is not involved in the child welfare or juvenile justice systems turn for support?
- How do we create communities that care where parents can receive assistance when problems arise so situations don't escalate to a worse level?

A. Reporting Requirement

On or before January 15, 2003, and on or before January 15, 2004, the Office of Homeless Youth Services must prepare a written report, which may be submitted electronically, to the Governor and the General Assembly concerning the performance of the Office of Homeless Youth Services and whether the office is effectively and efficiently meeting its goals.

B. Statutory Objectives and Duties

OHYS Objectives:

(1.) Identify and remove obstacles to the provision of services.

- (2.) Improve the quality of services provided to homeless youth.
- (3.) Reduce needless expenditures caused by the provision of overlapping services.
- (4.) Identify funding resources available to entities serving homeless youth.

Duties:

1. Provide information, coordination, and technical assistance as necessary to reduce needless expenditures associated with the provision of overlapping services, and to improve the quality of services for homeless youth.

2. Identify both procedural and substantive obstacles to the provision of services, and make recommendations concerning procedural, regulatory, or statutory changes necessary to remove such obstacles.

3. Obtain information from service providers concerning known services available for homeless youth in Colorado, and post such information on a Website on the Internet.

4. Develop, maintain, and make available a listing of all rights and organizations that may be relevant to the homeless youth population in Colorado, including but not limited to a listing of legal, educational, and victim’s rights and organizations.

5. Obtain information concerning known funding sources available for the homeless youth.

6. Work with entities to identify issues concerning sharing of information in providing services to homeless youth and to facilitate resolution of such information sharing issues.

Custody of a 17-year-old homeless male was given to a family friend when the young man’s father died and his mother was placed in a nursing home with Alzheimer’s. The friend was supposed to be caring for this young man but instead kicked him out of the house but continues to take the SSI death benefit intended for him.

•How does an underage youth receive the benefits he is entitled to when there is no responsible adult to advocate for him?

•Because he is a minor, shouldn’t Social Services or some other agency intervene to help this young man?

7. Examine the federal definition of “status offender” and make legislative recommendations concerning the ramifications of defining this term in Colorado statute.

8. On or before January 15, 2003, and on or before January 15, 2004, submit a written report, which may be submitted electronically, to the Governor and the General Assembly concerning the performance of the Office of Homeless Youth Services and whether the office is effectively and efficiently meeting the goals specified in this section.

C. The Face of Homeless Youth

Half of America's youth are at risk of an unsuccessful transition into adulthood. An estimated 2.8 million youth living in the United States reported a runaway experience during the prior year (Research Triangle Institute, 1995). In a March of 1999 statement to the U.S. Congress, Patricia Montoya of the U.S. Department of Health and Human Services stated that over 127,000 children were "throwaway" children who had been told to leave the house, abandoned, or prevented from returning home. Homeless youth are approximately one-third of the homeless population. Many youth are leaving homes affected by physical, sexual and/or emotional abuse, neglect, substance abuse, mental illness, or other family problems. For many young people, returning home is not an option and the sad reality is that each year 5,000 runaway and homeless youth die from assault, illness and suicide. (National Network for Youth Web-site).

According to Urban Peak Youth Shelter, there are approximately 1,500 homeless youth in Colorado at any point in time. In 2001, Urban Peak helped 739 homeless youth between the ages of 14 and 21. Over 80 percent were from Colorado while 75 percent were from metro Denver. Urban Peak of Colorado Spring served 156 youth and made 1,222 street outreach contacts. At Urban Peak Colorado Springs, 75 percent of the youth are from Colorado Springs; 7 percent are from other cities in El Paso County; 15 percent are from out of state, and 3 percent are from other Colorado cities outside of El Paso County. Each night, approximately 284 young people are on their own in metro Denver, including youth on the streets, in shelters, in transitional housing, and in programs that are a combination of shelter and supportive care. In an initial two-hour count of street youth in Colorado Springs conducted in 1999, Urban Peak staff found 55 young people under the age of 21 with no place to live. Because of the brutal nature of life on the streets and the lack of support from family and the community, homeless and runaway youth experience extreme economic and social deprivation. Most have been hardened by their experiences and do not trust adults or institutions to assist them. They perpetuate their risk by remaining on the streets where crime, violence, and victimization are a way of life and a matter of daily survival.

The Consequences:

In the midst of an array of dangers on the streets--violence, drug abuse, sexual exploitation, as well as health risks that were unheard of just 25 years ago, such as AIDS and new antibiotic-resistant strains of tuberculosis--homeless youth are left with no attention, no guidance, and with the responsibility of caring for themselves. Very few turn to the charity of others because

most are too ashamed to do so. While their counterparts are learning the basic subjects in high school, homeless youths learn different skills:

“Hungry and homeless, [*those youths*] may learn to panhandle, locate soup kitchens, squat in abandoned buildings and get food from dumpsters. They may join surrogate families, like gangs or street families, and seek benefits from those connections . . . some will survive through prostitution and drug sales. As they do, they will learn about the violence of disease, and the violence of poverty.”¹

According to data from Urban Peak, the following high-risk factors were reported among Colorado homeless youth:

- 71 percent reported having difficulty finding a safe place to stay
- reported an average annual income of merely \$660
- 53 percent have a history of drug or alcohol treatment
- 52 percent have a history of mental health treatment
- 43 percent reported attempting suicide
- 74 percent had been arrested
- 55 percent had been placed in detention
- 69 percent reported drinking alcohol, 8 percent reported that they drink it daily
- 75 percent reported having used marijuana, and 42 percent reported that they use it daily
- 13 percent reported having shared needles
- 12 percent reported using heroine/opiates, 4 percent reported using it daily
- 19 percent reported using crack cocaine
- 25 percent reported using Ecstasy
- 18 percent reported using amphetamines
- 30 percent reported using hallucinogens, 25 percent between 1-3 times per month
- 11 percent participated in survival sex

The following demographics apply to the Colorado homeless youth surveyed in 2001:

- 65 percent are male, 35 percent are female
- 37 percent are Anglo; 25 percent, African-American; 6 percent, American Indian; 18 percent Hispanic; and 12 percent, multiracial
- 47 percent are Denver natives, and 86 percent lived in Denver for at least six months

Few homeless youths, even fewer than homeless families as a whole, receive public assistance²:

- 2.2 percent of homeless youth received food stamps (compared to 20.9 percent of the total homeless population)
- 7.6 percent of homeless youth receive SSI assistance (compared to 11.5 percent of the total homeless population)
- 2.2 percent of homeless youth receive Aid to the Needy and Disabled benefits (compared to 3.9 percent of the total population)
- 9.8 percent of homeless youth receive Medicaid (compared to 24.8 percent of homeless families)

The Great Potential of Homeless Youth:

The future of homeless youth may include a life of prostitution, theft, drug trafficking and use, incarceration, educational failure, welfare dependence, and temporary or low-paying jobs - all at a great cost to society. Often overlooked, however, is the potential that these youths have for contributing to the workforce and the community. According to Hagan and McCarthy³, some of the same attributes that create successful, legitimate business people may operate in the criminal world of street youth. For example, young homeless people who were the most successful at crime also have a strong desire to succeed, specialize, are risk-takers, and are competent and willing to collaborate with others.

In Colorado, there are a number of key agencies working to save our homeless youth, build their hope, and to draw out their potential. Two such agencies, Urban Peak, which operates in metro Denver, and Urban Peak Colorado Springs, are licensed centers for homeless and runaway youth. Both agencies help youth develop protective factors and live crime-free lives while being extremely cost effective. At Urban Peak in Denver, where services are more comprehensive and longer-term, the agency can move a young person from homelessness to independence for just over \$5,500. Urban Peak Colorado Springs can accomplish its mission for just \$3,818 per youth. This represents a tremendous cost savings to the community when compared to the annual cost of \$48,000 for residential placement or approximately \$59,000 for incarceration. Urban Peak's program focuses

An 18-year-old female fled her home because her father was sexually assaulting her. She had nowhere to go and lived from friend to friend. The homeless liaison at the school district learned of her situation and took her to local youth shelter for help.

- How do we make our young people aware of the help that does exist for them so we can prevent them from turning to the streets as their only alternative?

on helping young people develop individualized case plans; helping the young person find employment that is engaging and long-term; and helping youth develop a sense of trust and overcome their fear of adults and authority figures.

II. PRIORITIZATION AND ACCOMPLISHMENTS OF DUTIES

The Office of Homeless Youth Services was created in House Bill 02-1159 as of July 1, 2002 and is staffed by one part-time person. The work of the office began in August 2002 and this interim report reflects accomplishments through December 2002.

In order to efficiently and effectively manage the tasks of the Office of Homeless Youth Services, a process of prioritization was necessary. A group of key stakeholders and homeless youth experts, who were instrumental in creating the office (see Appendix A), was first convened on August 14, 2002, to provide advice in setting direction and priorities for the office. This core workgroup advised that addressing the obstacles to serving homeless youth (Office of Homeless Youth Services Duty #2) should be the top priority, so that duty will be reported on first.

Each of the following duties are outlined in the Office for Homeless Youth Services statute (House Bill 02-1159) and can be found in numeric order on page 6 of this report. This section begins with Duty #2, stated below, because it was identified as the top priority. Accomplishments-to-date for the remaining six duties of the Office of Homeless Youth are reported in order of the time and resources allotted to them.

Duty 2. Identify both procedural and substantive obstacles to the provision of services, and make recommendations concerning procedural, regulatory, or statutory changes necessary to remove such obstacles.

The core workgroup met on August 14; September 11; November 6; and on December 12 , 2002 to identify barriers to the provision of health services to homeless youth and strategies to address those barriers. It was agreed that homeless youth face a number of obstacles in accessing needed services in all domains – food, shelter, health care, education, and legal representation to name a few. Many of the systems created to serve our state’s most vulnerable populations are large, complex, and bureaucratic organizations that are difficult to maneuver for even the most astute person-- much less a homeless youth.

The core workgroup selected as its top priorities, access to health insurance and health care including mental health and substance abuse service. These issues were selected as critical in nature and requiring immediate attention because treating medical, mental health and substance abuse problems is essential to helping homeless youth permanently exit the streets. Yet accessing these services is extraordinarily difficult and fraught with barriers for youth who are homeless. The workgroup developed recommendations for these priorities that can be found in Section III. which begins on page 16.

The office also has begun to explore issues related to the educational, legal and judicial systems, and housing. These issues will be pursued in greater depth during year two.

Duty 3. Obtain information from service providers concerning known services available for homeless youth in Colorado, and post such information on a Web-site on the Internet.

Information on community providers serving the homeless was collected from a number of sources. This information has been categorized on the Office of Homeless Youth Services section of the Colorado Department of Public Health and Environment's Web-site in two

categories. These include Community Services for the Homeless and Information and Other Resources for the Homeless. Community Services for the Homeless is a list of community service providers in Colorado that address needs such as shelter, food, clothing, counseling, and medical care. This resource list is primarily comprised of agencies in the Denver metropolitan area where the majority of homeless services are located. The list provided is not exhaustive, and research will continue to identify and add other related services throughout the state.

[The Information and Other Resources for the Homeless](#) is a list of resources in Colorado, in other states, within the federal government, and from other national groups who offer information. These resources include research data and best practices related to awareness, advocacy and assistance to the homeless including Youth.

A 17- year-old male, who has an IQ of less than 70 and a history of aggressive behavior, who formally was in the custody of Social Services. Parental rights were terminated, and custody was given to his grandmother. Grandmother feels she is not able to provide appropriate care for him, and Social Services has closed the case.
•There are no systems involved with this family so where do they turn for help?
•What system or program is responsible or available to assist this family?
•How do they access such services given their limited means of functioning?

The Office of Homeless Youth Services welcomes public input and suggestions to the site and encourages the addition of other related and important information. The office is also working

with the organizers of Colorado's proposed 211 information and referral lines to assure that relevant information for homeless youth resources will become part of that system.

Duty 5. Obtain information concerning known funding sources available for the homeless youth.

A number of [private and public funders](#) have been identified and will be posted on the Office of Homeless Youth Services web site by January 31, 2003. As potential funding resources for homeless youth have been identified in the past six months, that information has been passed on to Urban Peak and other service providers. Again, public input and suggestions to the site are welcomed, and there are plans to include additional funding sources supporting homeless youth as they are identified.

Duty 1. Provide information, coordination, and technical assistance as necessary to reduce needless expenditures associated with the provision of overlapping services, and to improve the quality of services for homeless youth.

Duty 6. Work with entities to identify issues concerning sharing of information in providing services to homeless youth and to facilitate resolution of such information sharing issues.

Providers meet regularly to more efficiently and effectively serve homeless youth through information sharing and service coordination, resulting in the reduction of duplicative services and enhanced service quality. This is one of the greatest strengths among the providers of services to homeless youth, and the Office of Homeless Youth Services has been a welcomed addition to this coordination process, especially at the state level. The office staff has reached out to these groups to join their on-going efforts and to act as a resource to them to improve services to homeless youth. To illustrate the existing work in this area, below is a list of homeless youth groups that convene to address such issues as networking, advocacy, outreach, youth development, and policies and procedures related to housing and shelter, education, substance abuse, and mental health.

Colorado Network for Youth (Appendix B): Homeless youth providers in the state that meet quarterly to network and coordinate services, to increase advocacy and outreach efforts, and to increase resources for needy youth.

National Network for Youth: CONET participants are members of this national group. Each region has a representative that attends the bi-monthly policy council and several people attend the annual conference.

Colorado Department of Education, Homeless Education Task Force: Community and state agencies that convene monthly to address the implementation of the McKinney-Vento Act which secures educational services for all homeless children and youth.

Colorado Department of Human Services, Colorado Mental Health Plan and Advisory Council: Related parties that meet bi-monthly to discuss and address the mental health needs of young people ages 16 to 24 years.

Colorado Department of Human Services, Homeless Policy Academy: State and community homeless providers and advocates working to formulate and implement a statewide plan for the homeless.

Colorado Department of Human Services, Adolescent Programs: State and community housing providers that meet monthly to address state-wide needs of those transitioning out of child welfare.

Colorado Department of Public Health and Environment, Office of Homeless Youth: Core workgroup (please see Appendix A) gather monthly to fulfill the intent of HB02-1159.

Duty 4. Develop, maintain, and make available a listing of all rights and organizations that may be relevant to the homeless youth population in Colorado, including but not limited to a listing of legal, educational, and victim’s rights and organizations.

In the research thus far, it was discovered that there is no central source that delineates this vast and extremely complex information. There are, however, a number of public and private agencies and organizations at the state and national level that collect, provide, and/or interpret relevant information. These organizations have extensive knowledge and information concerning the rights of the homeless. Links to these organizations can be found on our [Office of Homeless Youth Services web home page](#) under Information and Other Resources for the Homeless.

In working with schools, agencies find it very hard to get homeless youth enrolled. If a young person arrives mid-semester, he or she is not given any credit until the new semester starts. Schools are reluctant to enroll youth if a parent is not available.

- What motivation is there for a homeless youth to attend school when they do not feel welcome and they are not adequately being assisted given their unique circumstances?
- The McKinney-Vento Act requiring school districts to accommodate homeless youth is the right thing to do but these young people still encounter resistance and stigma because they are homeless.

The Rocky Mountain Children’s Law Center, Colorado Legal Services, the Colorado Center on Law and Policy, and the Office of the Child’s Representative were major contributors in assisting with the identification of the information related to the legal rights of homeless youth, as well as victim’s rights and relevant organizations. The Department of Education’s Homeless Education Program, which is responsible for assuring the educational rights of homeless children and youth through the McKinney-Vento Act, has been of great assistance in identifying the rights of homeless youth as they pertain to the educational system. Below is a sampling of the types of organizations related to this task:

The Office of Legislative Legal Services

The non-partisan, in-house counsel for the Colorado Legislature, the Office of Legislative Legal Services, writes laws, produces statutes, reviews administrative rules, comments on initiated measures, and serves as a resource of legislative information for the public. Its vision is to serve Colorado’s General Assembly and citizens, providing these services with excellence, to forward the cause of effective self-government. They provided assistance with the Colorado Children’s Code.

A mother is living in a domestic violence shelter but her son is not allowed to stay there because of his aggression and acting out. How does this mom get shelter and supportive services for her child? Should Social Services/Child Protective Services get involved, because the parent is unable to care for her son?

Colorado Department of Education

The department ensures that each child of a homeless individual and each homeless youth has access to a free, appropriate public education.

Colorado Coalition for the Homeless

The Colorado Coalition for the Homeless works collaboratively toward the prevention of homelessness and the creation of lasting solutions for homeless and at-risk families, children, and individuals throughout Colorado. The Coalition advocates for and provides a continuum of housing and a variety of services to improve the health, well-being and stability of those it serves.

National Coalition for the Homeless

The mission is to end homelessness. Their focus is in the following four areas: housing justice, economic justice, health care justice, and civil rights. The Coalition’s approaches include grassroots organizing, public education, policy advocacy, technical assistance, and partnerships.

[U.S. Department of Health and Human Services](#)

[Family and Youth Services Bureau](#)

The U.S. Department of Health and Human Services provides information about homelessness in America through the department's homeless assistance programs, publications, research results, as well as many other resources related to homelessness, including information on the Runaway and Homeless Youth Act.

[National Law Center on Homelessness and Poverty](#)

The Law Center works to alleviate, ameliorate and end homelessness by serving as the legal arm of the nationwide movement to end homelessness. To achieve its mission, the Law Center pursues three main strategies; the impact of litigation, policy advocacy, and public education. To amplify the work of its small staff, the Law Center relies on interns, volunteers, and the pro bono assistance of the private bar.

[National Network for Youth](#)

The National Network for Youth is dedicated to ensuring that young people can be safe and lead healthy and productive lives. In doing so, young people are championed, especially those who, because of life circumstance, disadvantage, past abuse or community prejudice, have less opportunity to become contributing members of their communities.

Duty 7. Examine the federal definition of “status offender” and make legislative recommendations concerning the ramifications of defining this term in Colorado statutes.

The federal definition of status offender, according to CFR Part 31.31.304, is, “A juvenile offender who has been charged with or adjudicated for conduct which would not, under the law of the jurisdiction in which the offense was committed, be a crime if committed by an adult.” The Division of Criminal Justice of the Colorado Department of Public Safety was the lead agency promoting the review of this definition within the scope of the Office of Homeless Youth Services. The concern stems from runaway and homeless youth who are picked up by local law enforcement for status offenses, such as runaway, truancy or possession of alcohol. Youth, who have committed these offenses and are homeless, frequently fail to appear in court, leading to a warrant for contempt of court and then an arrest and detention. At times, the young person

may be involved with an agency and working to transition off the streets but that work is interrupted, and made worse, by incarceration.

The Office of Homeless Youth Services staff met with the Division of Criminal Justice staff on October 21 and November 18 to begin to understand this complex legal issue. The Division of Criminal Justice convened a meeting on December 3, 2002, at the Capitol with State Representative Rosemary Marshall to discuss the impact of defining status offense in Colorado statute. Also present were representatives of the Colorado Judicial Branch; Office of the State Court Administrator; Office of the Child's Representative; and Office of Probation Services, the Colorado Department of Human Services; Child Welfare, Legislative Legal Services, Office of Homeless Youth Services and other homeless youth advocates. Representative Marshall indicated she would introduce a bill in the 2003 legislative session to define status offense in Colorado statute to create clarity and consistency among the federal and state definitions. All those present at the meeting agreed on this action. However, further research and discussion is needed to change the laws in support of homeless youth. Laws are needed to help and protect homeless youth and to prevent them from being unnecessarily locked up. In year two of the work of the Office of Homeless Youth Services, a workgroup will be convened to explore this area and make specific recommendations.

III. RECOMMENDATIONS

The recommendations in this section reflect the focus in recent months by the core workgroup on identifying both procedural and substantive obstacles to the provision of services to homeless youth. As stated, the group identified access to health insurance and health care, including mental health and substance abuse services, as its top priorities. These following recommendations are related to these priorities.

Recommendations to improve eligibility and access to health insurance:

- Create a special waiver program for presumptive and continuous eligibility for homeless youth under Medicaid and/or CHP+ .
 - Allow licensed homeless youth shelters to certify youth as homeless in order to be able to qualify for the program.

- Designate homeless youth shelters and service providers as satellite eligibility determination sites for Medicaid/ CHP+ eligibility.
 - Waive proof of income/assets test for homeless youth for Medicaid/CHP+ eligibility.
 - Allow presumptive eligibility to be continuous for one year or until the youth's 21st birthday unless the youth qualifies for SSI which provides Medicaid coverage past the age of 21.
- Educate and train homeless youth and providers how to access SSI benefits which include Medicaid for those 21 and older, for eligible homeless youth with a mental or physical disability and limited income.
 - Compare Colorado Medicaid rules and regulations with federal regulations to determine opportunities for providing greater flexibility and coverage for homeless youth.
 - Develop a coordinated health care system to tie together local, state and other related agencies and to create a health care network for homeless youth. Assign a navigator/ombudsman at each participating agency that can help homeless youth and providers maneuver through the system.
 - Encourage private sector participation in creation of special health care programs for homeless youth.

A far too common scenario involve those youth who are admitted to a psychiatric facility and released with no follow-up appointments and medication for only a couple of days. No discharge planning is provided and many times such youth are released to shelters not aware of their psychiatric condition and needs. •What is the appropriate protocol for hospitals when dealing with homeless youth to ensure proper aftercare?

Recommendations to improve access to care:

- Design facilities and services that are responsive to the unique needs of homeless youth.
 - Establish locations and hours that are convenient for homeless youth, and encourage their participation. Take the services where the youth are, instead of expecting them to seek out health centers around the community.
 - Provide facilities or service areas that are separate from adult services where possible, as homeless youth often feel 'preyed upon' by adults.

- Develop scheduling priorities that allow for homeless youth to be seen first or within a limited waiting period, because homeless youth can have a different sense of time and may not wait long to see a provider.
 - Provide shelter-based health care modeled after school-based health centers.
 - Explore the feasibility of providing health services to homeless youth via a mobile clinic that brings the services to the youth.
- Expand provider base by increasing the number of community health sites serving homeless youth including community health centers, homeless youth shelters, youth centers, school-based health clinics and other medical facilities.
 - Educate community providers, including emergency room personnel, about the rights of homeless youth so that homeless youth are not denied care to which they are legally entitled.
 - For youth in school, coordinate with the local school district’s homeless youth liaison to assist youth with accessing health care services.

Recommendations to improve access to mental health services:

- Provide mental health services in locations accessible to homeless youth. This might include locating some publicly funded mental health services in homeless youth shelters.
- Provide mental health services that are acceptable to the unique needs of homeless youth. This may include street outreach, creating a more relaxed environment in lieu of formal appointments, and implementing measures to establish trust and rapport.
- Assure that practitioners serving homeless youth are trained and sensitive to the particular needs of homeless youth including the co-occurrence of mental health and substance abuse problems.
- Create an exception for homeless youth that removes the requirement for an evaluation by a SSI-designated mental health practitioner in

A 19-year-old young man has his first psychotic break. There is no documentation of past mental illness and he has never seen a psychiatrist. His first Medicaid application is denied. He must wait to incur a longer history of mental illness while continuing to apply to Medicaid and grieving the rejection. After two years of a long and complex process, he is awarded Medicaid SSI and can proceed with seeking appropriate care.

•How can a young mentally ill person be expected to navigate through such complex and lengthy bureaucratic systems to access services they are entitled to?

order to qualify for a mental disability under SSI. Some youth are already receiving services from a clinician when they apply for SSI. SSI will not accept the evaluation and diagnosis from a practitioner unless they are designated by SSI. This requires the youth to see yet another provider, in order to determine eligibility. Instead, SSI could accept the evaluation and diagnosis of the practitioner the youth is already seeing versus creating another step in the process.

- Create incentives for mental health providers to serve homeless youth.
- Assure appropriate evaluation and treatment for co-occurrence of mental health and substance abuse problems.

Recommendations to improve access to substance abuse services:

- Change Colorado's policy of not providing substance abuse treatment as a Medicaid benefit under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program to be consistent with federal regulation and intent.*
- Provide substance abuse services in locations accessible to homeless youth. This includes locating some publicly funded substance abuse treatment services in homeless youth shelters.
- Provide both inpatient and outpatient substance abuse services that are acceptable to the unique needs of homeless youth. This may include street outreach, creating a more relaxed environment in lieu of formal appointments, and special measures to establish trust and rapport.
- Assure appropriate evaluation and treatment for co-occurrence of mental health and substance abuse problems.

* The underlying premise for EPSDT is to provide regular screenings in order to diagnose and treat health problems early. Furthermore, Section 5124 of the State Medicaid Manual states that "you must make available health care, treatment, or other measures to correct or ameliorate defects and physical and mental illnesses or conditions discovered by screening services..." Federal regulation 42 CFR 440.230 stating that "The Medicaid agency may not arbitrarily deny or reduce the amount, duration or scope of a required service....solely because of the diagnosis, type of illness or condition."

- Assure that practitioners serving homeless youth are trained and sensitive to the particular needs of homeless youth including co-occurrence of mental health and substance abuse problems.

Most homeless youth do not own a photo identification. However, to get a job or to get in school, a young person must have identification, but to get identification they must have documentation such as a certified birth certificate. It costs money to get a birth certificate. These young people do not have the money to get a birth certificate but they might if they had a job, which they can't get without picture identification.

- How do homeless youth get easier access to documents necessary to proceed with school and work?

Other Recommendations:

- Remove or relax existing state or program-specific eligibility or participation criteria that exclude homeless youth due to requirements of parent/guardian consent or participation and requirements for documentation or other evidence not readily available to homeless youth.

IV. CONCLUSION

Much work has been done in the past six months to begin to understand the breadth of the issues, systems and barriers related to coordinating services for homeless youth. Initial priorities were identified in the areas of access to health care and health insurance, including mental health and substance abuse treatment. Specific recommendations to address these priorities were developed with input from stakeholders, including state agency representatives, and service providers. These short and long-term recommendations include statutory, policy, regulatory, and service level approaches to removing obstacles for provision and coordination of services for homeless youth. In the next year, the Office of Homeless Youth Services will provide leadership and coordination for addressing these recommendations.

In addition, the Office of Homeless Youth Services will continue working with state and local agencies, service providers, and other experts in the field to assist with further identification of system barriers and recommendations related to the judicial system, education, employment, housing, food and self-sufficiency. The attention and resources dedicated to this most vulnerable of populations, as evidenced by the creation of the Office of Homeless Youth, is a positive first step. Much has been accomplished, but much work remains to be done in order to provide the comprehensive support these youth need to facilitate their transition from situations of homelessness, rejection and despair to becoming productive members of society. The investment is less costly than the long-term consequences of homelessness that continues into adulthood: crime, incarceration, untreated substance abuse, and the potential loss of contributing members of society.

V. APPRECIATION

The Office of Homeless Youth Services would like to extend a special thanks and recognition to the individuals serving on the core workgroup (see Appendix A). These people, among others, were instrumental in the creation of the Office of Homeless Youth Services and have added their time, energy and ideas to the implementation of its work. In addition, we thank staff at the Colorado Department of Health Care Policy and Financing; the Division of Criminal Justice; the Office of the Child's Representative; the Colorado Medical Society; the Colorado Center for Law and Policy; Colorado Legal Services; Covering Kids and Families; Urban Peak; Rocky Mountain Youth; and the Colorado Department of Human Services including the department's Children's Health and Rehabilitation Unit, Mental Health Services, Division of Supportive Housing and Homeless Programs, the Alcohol and Drug Abuse Division, and the Division of Child Welfare. Our appreciation goes to our support staff members Nancy Donnelly and Robin Rocke, and intern Azadeh Sami, for their contribution to this report. Most importantly, we thank the youth who so willingly shared their stories of homelessness.

APPENDIX A

Office of Homeless Youth Core Workgroup

August, 2002

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END NOTES

¹Cwayna, K. Knowing Where the Fountains Are: Stories and Stark Realities of Homeless Youth. Fairview Press. October 1993

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