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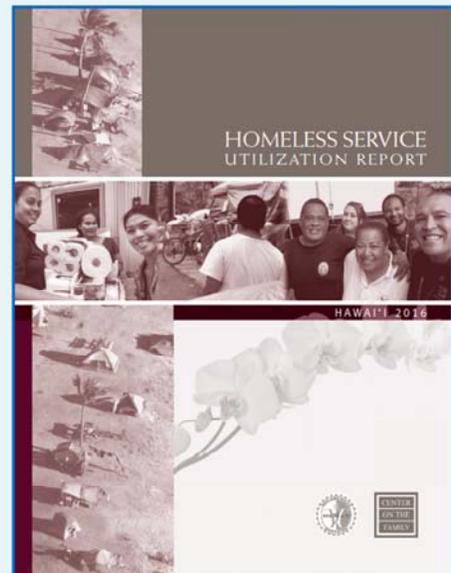
HOMELESS SERVICE UTILIZATION REPORT: HAWAII 2016

The Center on the Family at the University of Hawai'i at Manoa and the Programs Office of the Hawai'i State Department of Human Services released the *Homeless Service Utilization Report: Hawai'i 2016*. The report provides the most current data on the utilization patterns of homeless services in the state for fiscal year 2016. This year's report was funded by the U.S. Department of Housing and Urban Development, and is the eleventh one to be published.

During fiscal year 2016, a total of 14,015 individuals received homeless services, a decrease of 6.3% from last year's record high 14,954 clients served. The decrease was a result of more clients leaving the homeless service system in FY 2015, a smaller number continuing to FY 2016 (i.e., fewer "stayers"), and less re-seeking homeless services again after exiting the service system in the previous year (i.e., less "returnees"). Hawai'i's homeless service system has improved in assisting homeless individuals and families obtain stable housing. Clients stayed an average of 250 days in shelter programs, 22 days shorter than a year ago. The average stay in emergency shelter programs was 124 days, a reduction of 7 days from the previous year.

The Permanent Supportive Housing Program (PSHP) was examined in the 2016 report. PSHP is designed to pair housing with ongoing service support to those who might otherwise have difficulty maintaining housing. Since its implementation in 2013, the Housing First Program, which is part of the PSHP, has yielded positive results and shown a remarkable housing retention rate. As of the end of fiscal year 2016, 96.7% of the Housing First Program households remained stably housed.

The 2016 report also provides overall patterns of inflow, outflow and return flow to the homeless service system; a demographic profile of those in Hawai'i receiving homeless services; and a comparison of service outcomes among different homeless sub-populations.



Child and family related data presented in this year's report include the following:

- Homeless families accounted for the majority of the decrease in service utilization. A total of 4,834 individuals in families sought services in FY 2016, a 17.8% decrease from the previous year vs. a 1.2% decrease for people in single-person or adult-only households.
- A total of 2,834 children under the age of 18 received services, representing about one-fifth of the homeless service population. Of these children, 1,257 were age 5 or below.
- Over one-third (34.5%) of clients served by the homeless programs were members of households with children.
- Among homeless subpopulations under age 25, children in family households had the highest rates of exit to permanent housing (66.3%), followed by parenting youth 18–24 (59.5%) and unaccompanied youth under 18 (54.3%). In contrast, unaccompanied young adults 18–24 had the lowest rate of all, at 26.1%.

To read the full report, please visit:

http://uhfamily.hawaii.edu/publications/brochures/b761f_HomelessServiceUtilization2016.pdf

HEALTH INSURANCE COVERAGE IMPROVES CHILD WELL-BEING

Child Trends recently released a research brief, *Health Insurance Coverage Improves Child Well-Being*, outlining the substantial boost that having health insurance offers to overall child well-being, especially where low-income children are concerned. According to the brief, over half (52%) of the country's children are covered by private insurance plans, while 43% are covered by government-sponsored programs, like Medicaid and the Children's Health Insurance Program (CHIP), and 5% are uninsured. While over four in 10 of children nationwide rely on government-sponsored health insurance, that varies by state. In Hawai'i, 51% of our children are insured by private sources, 48% by public sources, and 2% are uninsured.

Children who have health insurance are more likely than uninsured children to be healthy and to get medical care. Children with health insurance are also more likely to receive early care for health problems, are at a lower risk for hospitalization, and tend to have improved outcomes in health, education, and other important areas of life.

The brief provides several recommendations for increasing coverage rates and reducing barriers and inequities in obtaining insurance. Some recommendations include:

- maintaining and expanding government initiatives such as the Affordable Care Act, Medicaid expansions, and CHIP, which have resulted in unprecedented numbers of children receiving coverage;
- addressing issues of affordability that make out-of-pocket costs fair and consistent across the states to ensure that children have equitable access to health care;
- addressing gaps in health insurance coverage for parents;
- reducing barriers to essential services, such as access to subspecialty services (e.g., dentistry, pediatric cardiology, or endocrinology) in rural areas, insufficient providers, transportation issues, and language and cultural barriers; and
- strengthening state data systems for health services to collect information like how children access health services and whether services are addressing their healthcare needs.



The research brief may be accessed at: <https://www.childtrends.org/publications/health-insurance-coverage-improves-child-well/>

FACTORS AFFECTING STATES' ABILITY TO RESPOND TO FEDERAL MEDICAID CUTS AND CAPS: WHICH STATES ARE MOST AT RISK?

The Henry J. Kaiser Family Foundation recently released the brief, *Factors Affecting States' Ability to Respond to Federal Medicaid Cuts and Caps: Which States Are Most At Risk?* The brief builds on a previous 2012 report and examines 30 key factors that play a role in Medicaid spending variation from state to state, such as demographics, health needs, health care market, and state fiscal capacity. In this update, the foundation highlights states that would face challenges and be considered at high risk in response to federal Medicaid cuts and caps. It also emphasizes that although some states would be affected more significantly than others, all states could face challenges responding to federal Medicaid cuts and caps to varying degrees.

States, such as Hawai'i, that adopted the Medicaid expansion have experienced gains in coverage and financing, which are now at risk under health care policy proposals that would end the enhanced federal match for expansion. Other states that have not adopted expansion would lose the option to access enhanced federal matching funds for future coverage. States with limited Medicaid programs and poor demographic indicators (e.g., low state fiscal capacity, high share of people in health professional shortage areas, and large aging population) could face more challenges in responding to cuts and caps.

Findings from the report are organized within five key areas: Medicaid policy choices, demographics, health status, available tax revenues and state budget choices, and health care markets. See where Hawai'i stands and access the full brief at: <http://files.kff.org/attachment/Issue-Brief-Factors-Affecting-States-Ability-to-Respond-to-Federal-Medicaid-Cuts-and-Caps-Which-States-Are-Most-At-Risk>



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