

Supplemental Anticipatory Guidance

*For Children and Adolescents
Experiencing Homelessness*

Health Care for the Homeless

Clinicians' Network

2018

DISCLAIMER

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INTRODUCTION

In 2013, 2.5 million children—one in every 30—experienced homelessness in America (Bassuk, DeCandia, Beach, & Berman, 2014). This represents a historic high and an 8% increase nationally from the previous year. The U.S. Department of Education defines children and youth as homeless if they “lack a fixed, regular, and nighttime residence” or are have “a primary nighttime residence that is a) a supervised or publicly operated shelter designed to provide temporary living accommodations; b) an institution that provides a temporary residence for individuals intended to be institutionalized, including welfare hotels, congregate shelters, and transitional housing for the mentally ill; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings” (Bassuk et al., 2014, p. 12).

Nationally, 35.5% of people experiencing homelessness are in families, and unaccompanied children and youth account for 6.5% of the overall homeless population (U.S. Conference of Mayors, 2016). Several factors are associated with family homelessness, including a lack of affordable housing, poverty, declining public assistance, the challenge of raising children alone, the changing demographics of the family, domestic violence, and fractured social supports (National Center on Family Homelessness, 2011).

Once affected by homelessness, children may experience a variety of challenges to their health because of difficulty accessing health care, inadequate nutrition, education interruptions, trauma, and family dynamics (American Academy of Pediatrics, 2013). In the general homeless population, “as a consequence of poor nutrition, lack of adequate hygiene, exposure to violence and to the elements, increased contact with communicable diseases, and fatigue accompanying the constant stress of residential instability, people without homes suffer from ill health at much higher rates than do people living in stable housing” (McMurray-Avila, Gelberg, & Breakey, 1998). Children experiencing homelessness are significantly more likely to have acute and chronic illnesses and higher rates of emotional and behavioral problems and developmental delays than housed children (Grant et al., 2007; National Center on Family Homelessness, 2011).

The health effects of homelessness are evident among even the youngest children. Children born to homeless women are delivered preterm (before 37 weeks’ gestation), have low birth weight (less than 2000 grams), and are small for their gestational age at higher rates than the general population (Little et al., 2005). Children experiencing homelessness have respiratory infections four times as often as other children, ear infections twice as often, and gastrointestinal problems five times as often; they are also four times more likely to have asthma (National Center on Family Homelessness, 2011).

In addition to the impact to their physical health, children experiencing homelessness have twice the rate of learning disabilities, three times the rate of emotional and behavioral problems, and four times the rate of developmental delays of nonhomeless children (National Center on Family Homelessness, 2011; National Child Traumatic Stress Network, 2005).

Clinicians can play a critical role in identifying and responding to these challenges, however. Knowledge of psychosocial issues, strong interviewing skills, and diagnostic understanding equip

providers to “effectively counsel patients and families and improve many of the behavioral problems they encounter at early stages of their presentation” (Committee on Psychosocial Aspects of Child and Family Health, 2001).

A key component of well-child visits, anticipatory guidance—a proactive, age-based education and counseling technique—provides an opportunity for health care professionals, parents, and the child to ask questions and discuss issues of concern. While anticipatory guidance for children experiencing homelessness is fundamentally the same as for those who are housed, standard guidance may fail to adequately account for the unique challenges presented by homelessness that may affect a child’s health and development. Providers who routinely serve homeless patients recognize a need to tailor guidance and consider living conditions to foster better outcomes for these patients. This document is intended to serve as a supplement for health care professionals, students, and other service providers who have limited experience working with this population.

To create this supplemental guidance, the Anticipatory Guidance work group reviewed the anticipatory guidance sections of the American Academy of Pediatrics’ (AAP) *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (Hagan, Shaw, & Duncan, 2008) and made recommendations to address the special needs of children and youth experiencing homelessness. The AAP divides its guidance into the ages/stages of Infancy (prenatal to 11 months), Early Childhood (1 to 4 years), Middle Childhood (5 to 10 years), and Adolescence (11 to 21 years). These supplemental recommendations focus on areas missing from standard guidance that are particularly important to homeless health care. Information in the standard guidance will clarify a recommended practice or highlight standard guidance that is especially critical for children experiencing homelessness. To help facilitate finding relevant topics for a given patient’s age, the supplemental recommendations are compiled in charts by developmental stage.

While conversations between health care providers and patients address specific health and developmental concerns, the relationships fostered during these anticipatory guidance discussions can be valuable in their own right. Perlman, Sheller, Hudson, & Wilson (2014) advocate an emphasis on “supporting and helping parents find strength and enhance their capacity to parent rather than focusing exclusively on reprimanding or pointing out the shortcomings of the parent or child. Creating an accepting, supportive climate ... allows them to articulate their struggles, test out new ways of thinking and behaving, and then grow in their relationship with their children. Additionally, establishing trusting meaningful relationships is a critical ingredient to well-being and healing in general” (p. 65).

In addition to managing the physical, mental, and social health of their patients, clinicians can have an integral role in connecting children and adolescents to other community resources. In its policy statement *Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity* (2013), the American Academy of Pediatrics (AAP) recommends that pediatricians should:

- Facilitate the enrollment of eligible children in Medicaid
- Become familiar with the management of chronic diseases in homeless populations
- Optimize health visits to provide comprehensive, preventive care
- Connect families to community resources

- Identify the underlying causes of homelessness
- Assist in the development of shelter-based care

In addition to this supplemental anticipatory guidance, the Health Care for the Homeless (HCH) Clinicians' Network has previously developed numerous recommended clinical practice adaptations for the care of people experiencing homelessness. For detailed recommendations on the clinical management of specific health problems that are common among homeless people and particularly challenging for their caregivers, general recommendations for homeless patients (including children), recommendations for homeless children with asthma, and recommendations for homeless children with otitis media, visit www.nhchc.org/resources/clinical/adapted-clinical-guidelines/.

The next section of this guidance addresses general considerations for children and adolescents experiencing homelessness, followed by more detailed guidance based on each stage from infancy to adolescence.

GENERAL CONSIDERATIONS FOR CHILDREN AND ADOLESCENTS EXPERIENCING HOMELESSNESS

See *Adapting Your Practice: General Recommendations for the Care of Homeless Patients*, <http://www.nhchc.org/wp-content/uploads/2011/09/GenRecsHomeless2010.pdf> , for additional details.

Most individuals seeking homeless services are trauma survivors, and homelessness itself is considered a traumatic experience (Hopper, Bassuk, & Olivet, 2010). Trauma may include experiencing or witnessing interpersonal violence; physical, sexual, or institutional abuse or neglect; intergenerational trauma; or war, terrorism, or natural disaster (Hopper et al., 2010). While organizations serving children and adolescents experiencing homelessness may necessarily assess patients' experiences of trauma and provide trauma-specific services to address its effects on patients' health and well-being, adopting an overall framework of trauma-informed care also helps avoid retraumatization and facilitates healing (HCH Clinicians' Network, 2010).

Given the breadth and depth of topics to cover in any health supervision visit, the AAP recommends tailoring the visit to the needs of the individual child and family and addressing examinations, screening, and anticipatory guidance over a sequence of visits during an age range (Hagan et al., 2008). Because a significant number of homeless children do not have a regular source of health care (Simms, 1998), it is especially important for homeless health care providers to work with the child or family to prioritize concerns in a given visit. Usually, food and clothing are perceived as more important than health care for homeless individuals and families except in cases of acute illness. Developing an individualized plan of care with the patient that incorporates strategies to meet these basic needs will strengthen the therapeutic relationship, increase patient stability, and promote successful treatment.

Carefully assess the patient's immediate and long-term health care needs and what the patient identifies as priorities. Ask what the patient or family would like you to do. Address immediate medical needs first (the patient's reason for the visit) rather than underlying causes (e.g., provide cough medicine or pain relief where indicated even if you do not think they are medical priorities). Be sensitive to the patient's beliefs and values; encourage adults to select their own goals, even if they differ from the providers' goals or the patient prioritizes them differently. When a goal is chosen, work in every way possible to help the patient overcome barriers to achieving it.

A written action plan can give the patient and/or parent a sense of control. Most important is to clarify the plan of care in language they can understand. For those who are comfortable with written information, summarize key points on a pocket card that they can carry with them. If you suspect interpersonal violence or sexual abuse, help the patient develop a safety plan, and explain and follow your state's mandatory reporting requirements. A summary of state reporting requirements for domestic violence/adult abuse is available at https://www.acf.hhs.gov/sites/default/files/fysb/state_compendium.pdf. Information about state reporting requirements for child abuse/neglect is available at www.ndaa.org/pdf/ncpca_statute_mandatory_reporting_child_abuse_neglect_oct_08.pdf. If suspected child abuse is reported, let the parent know you are doing this to help the child. Offer

support to a parent whose child has been abused by someone else. An abused parent may also need protection. Part of treating the child is helping the parent avoid future abuse.

Recognize that adherence problems often result from unrealistic expectations of the provider. Explain the plan of care in simple language and elicit patient feedback to confirm understanding. Avoid medical jargon and euphemisms that can be confusing and perceived as “talking down” to the patient. Use an interpreter and/or lay educator to facilitate communication and ensure culturally humble care for patients who do not speak English or have limited English proficiency (see www.nhchc.org/cultural_linguisticcompetence.html). At the end of every clinic visit, ask the patient or parent, “Is there anything we talked about today that is unclear? Is there anything in the plan of care that will be difficult for you?” Work with the patient/family to find ways to reduce potential barriers to adherence or to modify the plan of care.

Explain health problems and proposed treatment in language the patient or parent can understand, and confirm understanding. Use illustrations to facilitate comprehension. If giving written instructions, provide educational materials in the patient’s first language, using simple terminology and large print to compensate for any visual limitations. Develop your own patient education materials or use existing resources. To document medical history for the next caregiver or for school authorities, provide a pocket card listing immunizations, any chronic illnesses, test results, and current medications.

Make parents aware of risks to their child from exposure to people who are sick. Explain what they can do to reduce the child’s susceptibility to future infections (e.g., smoke-free environment, frequent use of hand sanitizers, coughing into the crook of one’s elbow to prevent spread of viral infections, covering a small infant’s face with a blanket in crowded areas). Educate the patient or parent about the importance of seeking medical care immediately when symptoms occur and risks of delayed or interrupted treatment. Urge families to discuss potential barriers to follow-up (e.g., financial, transportation, or geographical barriers; limited time off from work; behavioral health problems; and family stressors).

Changing one’s behavior is often a necessary ingredient in successful self-management of health problems. Educate parents and patients about behavior changes necessary to protect/improve their health. Use motivational interviewing and other motivational enhancement techniques (HCH Clinicians’ Network, 2000; Morrison, 2007) to help them explore and resolve ambivalence about change. Help parents who are homeless learn effective parenting skills. Recognize that plans to shape new behaviors in children or extinguish old ones are difficult to carry out in congregate living situations, where parent–child interactions may be subject to public scrutiny, criticism, and interference from others.

Educate parents and children about nutritional health, diet, and dietary supplements. If possible, include a nutritionist on the clinical team who is knowledgeable about the limited food choices typically available to people who are homeless. Give examples of how to make the best dietary choices possible in settings where food is obtained.

Patients with substance-use disorders and/or mental illness may fear legal separation from their children. Recognize that a parent who loses child custody may also lose access to shelter and benefits and may not be able to get the child back until the parent has obtained housing. Specify shelter options and other resources for parents whose children have been placed in foster care. Refer the parent for addiction treatment, mental health care, or both to promote recovery and family reunification.

For a patient of school age, monitor school days missed because of illness. Reassure parents that children will not be “taken away” from them because of homelessness. Work with the patient, family, and school to address health and developmental problems of homeless children that interfere with learning and emotional stability and to help homeless adolescents remain in school or obtain a graduate equivalency diploma (GED). Develop a relationship with the school district homeless liaison.

INFANCY (Prenatal to 11 Months)

Mothers who are homeless often suffer a range of physical health difficulties, including acute and chronic illnesses such as asthma, anemia, ulcers, and dental problems (Rog & Buckner, 2007), which are often exacerbated by limited access to health care and insurance. Women who are homeless have lower rates of prenatal care than the general population, and their babies often have lower birth weight, increased preterm delivery, longer hospital stays, and a higher incidence of neonatal care than babies born to mothers who are stably housed (Richards, Merrill, & Baksh, 2011). Mothers who are homeless also face increased risk of mental health problems and substance use (Suglia, 2011).

Although shelters usually provide special services for pregnant women, limited access to healthy food choices, transportation, and small things that provide added comfort (e.g., herbal tea, extra pillows, a warm shower, and the presence of a nurturing partner) can make pregnancy stressful. Access to information about contraception and support for managing difficult relationships and their emotional fallout can be complicated by compromised privacy and constraining policies of shelters that temporarily house women. Shelters are often crowded, with limited space in communal rooms available on a first-come first-served basis, and open only in the evenings, limiting women's access to private conversations and consultations about health-promoting resources. During the newborn and infancy stage, policies promoting mother-infant feeding time and facilitating private moments for the mother-child dyad may create a calmer shelter environment, thereby helping mothers bond more fully with their children (David, Gelberg, & Suchman 2012).

Adjusting to caring for a newborn can be overwhelming for parents in any circumstances, and facing the stress that homelessness generates can amplify the effect for parents. Provide many opportunities to discuss newborn care and any parental concerns. Answering questions and providing reassurance can help reduce new parents' concerns. Discuss how and where to find support in the days ahead.

During health visits during the infancy stage, clinicians caring for parents and children experiencing homelessness can support the formation of attachment relationships, which is this stage's primary developmental issue. Health care professionals can also provide access to community resources and reiterate safety considerations.

Topic	Issue	Guidance	Prenatal	Infancy	Additional Resources
Housing	<p>Ask every patient or family about their living situation to assess residential stability and the possibility that they may be marginally housed or homeless.</p> <p>Living in foster care increases risk of future homelessness.</p>	<p>Sample questions: <i>Where do you live?</i></p> <p><i>Who lives there with you?</i></p> <p><i>How long have you lived there?</i></p> <p><i>Where do you spend time during the day?</i></p> <p><i>Has your child ever lived away from you?</i></p> <p>Guidance: Understanding your family's day-to-day situation will allow me to better answer your questions and discuss plans for your health.</p>	x	x	<p>Based on the living situation of the patient or family, assess environmental factors that may expose them to toxic substances, allergens, or infection or otherwise threaten health and safety.</p> <p>Explore available housing options that might be acceptable to the patient or family, and provide linkages to housing resources.</p> <p>The PRAPARE Assessment Tool provides sample questions for discussing social determinants of health, including housing status, housing stability, and safety: http://www.nachc.org/research-and-data/prapare/</p>
Nutrition and Physical Activity	<p>Families experiencing homelessness may have insufficient access to nutritious food and/or cooking facilities. Babies may be born with low birth weight because of poor nutrition.</p> <p>People who are homeless are at risk for malnutrition and obesity because of limited dietary choices.</p>	<p>Sample questions: <i>Where do you eat meals?</i></p> <p><i>What kinds of foods do you and your child eat?</i></p> <p>Guidance: You may be eligible for food programs such as the Commodity Supplemental Food Program and the Food Stamp Program. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.</p>	x	x	<p>Provide referrals for resources for community food or nutrition assistance programs for which children or families are eligible.</p> <p>Advocate for improved nutrition policies at local shelters; encourage shelters to use the Early Childhood Self-Assessment Tool for Family Shelters: https://www.acf.hhs.gov/sites/default/files/ecd/ech_family_shelter_self_assessment_tool_120114_final.pdf</p>

Topic	Issue	Guidance	Prenatal	Infancy	Additional Resources
Safety / Adverse Childhood Events (ACEs)	<p>Women experiencing homelessness may be involved in abusive relationships or experiencing sex trafficking or violence.</p> <p>Homeless pregnant youth may be escaping adverse events.</p>	<p>Sample questions: <i>What support systems do you have?</i></p> <p><i>What was your childhood like?</i></p> <p><i>Are you ever afraid to go home?</i></p> <p>Guidance: One way that I and other health care professionals can help you if your partner is hitting or threatening you is to support you and provide information about local resources that can help you.</p>	X	X	<p>Where indicated, use this domestic violence assessment guide: http://www.futureswithoutviolence.org/userfiles/file/Maternal_Health/ReferenceCard.pdf</p> <p>For a sample ACEs screening tool, see this website: https://acestoohigh.com/got-your-ace-score/</p>
Maternal Well-being	<p>Mothers who are homeless face increased risk of mental health issues and substance use.</p> <p>Housing instability and disarray increase the likelihood that mothers will experience depression and generalized anxiety disorder.</p> <p>Mothers who are homeless may be reluctant to disclose behavioral health concerns because of fear of losing child(ren).</p>	<p>Sample questions: <i>How are your spirits?</i></p> <p><i>Do you find that you are drinking or using drugs to help make you feel better?</i></p> <p>Guidance: Many parents feel overwhelmed when adjusting to a new baby. If you find that you are using alcohol or drugs to feel better, tell me more; we can talk about options for help.</p>	x	x	<p>The Patient Health Questionnaire-9 can be used to screen for mental health issues: http://www.phgscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf</p> <p>This tool screens for tobacco, alcohol, and drug use disorders: https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf</p>

Topic	Issue	Guidance	Prenatal	Infancy	Additional Resources
Newborn Care	<p>Caring for a newborn can be stressful and overwhelming and can have additional complications in a homeless setting.</p> <p>Keeping liquid formula preparations safe from spoilage can be difficult for families who are homeless.</p> <p>Families who are homeless may not have access to cribs or pack-'n-plays, which are the standard recommendation for safe baby sleep.</p>	<p>Sample questions: <i>Do you have a stroller, bedding, diapers, etc.?</i></p> <p><i>Where can you sanitize your baby's bottles and toys?</i></p> <p><i>Where can you get clean water to prepare baby formula and clean bottles and nipples?</i></p> <p><i>Where does your baby sleep?</i></p> <p>Guidance: If you are bottle-feeding, use a powdered formula that can be made as needed. Use clean water to prepare formula milk and cleanse bottles and nipples.</p>		X	<p>Discuss how to sanitize baby items in public restrooms and how frequently items should be cleaned.</p> <p>Review how long prepared formula or milk is safe to use without refrigeration.</p> <p>Free “baby boxes” for safe sleep are available in a number of locations: https://www.babyboxco.com/pages/active-programs</p>
Infant Behavior	<p>Dealing with colic or even typical newborn crying in a shelter or other communal housing setting can be extremely stressful.</p>	<p>Sample question: <i>Do you have trusted family members or friends who are willing to help with the baby?</i></p> <p>Guidance: Babies feel secure when they are spoken to gently and held closely. When you feel upset, put the baby down in a safe place.</p>		X	<p>When appropriate, refer parents to a mental health professional for support.</p>

Topic	Issue	Guidance	Prenatal	Infancy	Additional Resources
Enabling Services	Inadequate transportation can be a barrier to well-child visits for families experiencing homelessness.	<p>Sample Question: <i>Does transportation ever keep you from medical appointments?</i></p> <p>Guidance: You may be eligible for transportation programs to help you get to the clinic. If you bring your child onto the bus, use a front carrier so that the baby is secured to you. If you have a stroller, fold up your stroller and hold the baby tightly on your lap when seated.</p>	X	X	<p>Provide referrals to transportation assistance resources. Clinics can also provide bus passes or ridesharing vouchers.</p> <p>For parents who are nervous about taking a baby on public transit, contact a case manager or patient navigator to go on a bus ride with the parent, baby, and stroller.</p>

EARLY CHILDHOOD (1 to 4 Years)

Early childhood can be an especially challenging phase for families experiencing homelessness to navigate. As children become independent and explore their environment more, new concerns related to the family's living situation may emerge, testing the patience of parents already burdened by high stress levels (Park, Ostler, & Fertig, 2015).

While standard anticipatory guidance emphasizes the importance of routines (such as daily naptime and consistent child-care providers), these may be difficult for families who lack stable housing to implement. Lack of housing and equipment may complicate activities such as toilet training. Stress and fatigue may also affect a parent's ability to adjust to the child's changing behavior (David et al., 2012). Parents and children need private time together in shelters (or other living environments) to foster the development of healthy attachment (David et al., 2012). In addition to the standard guidance to "never leave your child alone, especially near cars, without a mature adult in charge" (Hagan et al., 2008), when discussing the issue of child supervision, health care providers can stress the importance of relying only on adults whom the parent trusts.

Health care professionals play an important role in supporting parents who are homeless in accessing safe environments and needed resources to support healthy parenting practices and prevent illness, injury, and maladaptive behaviors in children during early childhood.

Topic	Issue	Guidance	12 mo.	15 mo.	18 mo.	2 yr.	2.5 yr.	3 yr.	4 yr.	Additional Resources
Housing	<p>Ask every family about their living situation to assess residential stability and the possibility that they may be marginally housed or homeless.</p> <p>Living in foster care increases risk of future homelessness.</p>	<p>Sample questions: <i>Where do you live?</i></p> <p><i>Who lives there with you?</i></p> <p><i>How long have you lived there?</i></p> <p><i>Has your child ever lived away from you?</i></p> <p>Guidance: Understanding your family's day-to-day situation will allow me to better answer your questions and discuss plans for your health.</p>	x	x	x	x	x	x	x	<p>Based on the child's or family's living situation, assess environmental factors that may expose them to toxic substances, allergens or infection or otherwise threaten health and safety.</p> <p>Explore available housing options that might be acceptable to the patient or family and provide linkages to housing resources.</p> <p>The PRAPARE Assessment Tool provides sample questions for discussing social determinants of health, including housing status, housing stability, and safety: http://www.nachc.org/research-and-data/prapare/</p>
Nutrition and Physical Activity	<p>Families experiencing homelessness may have insufficient access to nutritious food and/or cooking facilities.</p> <p>Children who are homeless are at risk for malnutrition and obesity because of limited dietary choices and/or limited physical activity. Evaluate the family's knowledge of proper diet and food resources as well as cooking skills and availability of cooking facilities and facilities for physical activity.</p>	<p>Sample questions: <i>Where does your family eat meals?</i></p> <p><i>What kinds of foods does your child eat?</i></p> <p><i>Do you and your child talk about the foods you eat?</i></p> <p><i>How does your child stay active?</i></p> <p>Guidance: What parents eat has a strong effect on your child's food choices. When choices are available, talk with your child about why you choose certain foods, and model healthy eating.</p>	x	x	x	x	x	x	x	<p>Provide referrals for resources for community food or nutrition assistance programs for which they are eligible.</p> <p>Advocate for improved nutrition policies at local shelters. Encourage shelters to use the Early Childhood Self-Assessment Tool for Family Shelters: https://www.acf.hhs.gov/sites/default/files/ecd/ech_family_shelter_self_assessment_tool_120114_final.pdf</p>

Topic	Issue	Guidance	12 mo.	15 mo.	18 mo.	2 yr.	2.5 yr.	3 yr.	4 yr.	Additional Resources
Safety	Families experiencing homelessness may not be able to follow guidance related to the environmental safety and health of a caregiver environment.	<p>Sample question: <i>Where does your child spend time during the day?</i></p> <p><i>Do you have concerns about rodents, pests, chipped paint, etc., in the area where your child plays?</i></p> <p>Guidance: Make sure you do not leave your child where you think the child could get hurt or come into contact with harmful materials or pests.</p>	x	x	x	x	x	x	x	Provide a list of programs that provide free day care for low-income and homeless parents.
Establishing Routines	Establishing routines can be difficult for families experiencing homelessness. Much of their time is spent trying to make ends meet and accommodating meetings to access services.	<p>Sample Question: <i>Where does your child play?</i></p> <p><i>When does your child have meals and snacks?</i></p> <p>Guidance: Create as much routine as possible around mornings, meals, and bedtimes. If you can, try to find a regular time every day for your child to have playtime. Even 5 minutes of playing with you can help your child learn and develop.</p>	x	x	x	x	x			If the shelter where families reside in your community does not have supervised playrooms, consider setting up a meeting with the shelter director to discuss any opportunities to have regularly scheduled and supervised playtime.

Topic	Issue	Guidance	12 mo.	15 mo.	18 mo.	2 yr.	2.5 yr.	3 yr.	4 yr.	Additional Resources
Toilet Training Readiness	Homelessness can complicate tasks such as toilet training. Special planning may be required to accommodate regular potty breaks.	<p>Sample question: <i>Is someone able to help your child with potty breaks during the day?</i></p> <p><i>Is there a place where your child feels comfortable using the potty?</i></p> <p>Guidance: Children use the toilet more frequently than adults, often up to 10 times a day. Expect a need for frequent toilet breaks and make a plan for where to access restrooms.</p>			x	x	x			Parents living in homeless shelters may benefit from transportable potty seats and a plastic fitted sheet for the bed that the child uses.
Preschool Considerations	Subsidized child care and preschool may be an option for the family if any slots are available.	<p>Sample questions: <i>Do you know about preschool programs available for your child?</i></p> <p>Guidance: Playing with friends helps your child learn and develop and helps him or her understand the importance of taking turns. Show interest in your child's preschool and/or child care activities.</p>				x	x	x	x	Provide local resources as needed.

Topic	Issue	Guidance	12 mo.	15 mo.	18 mo.	2 yr.	2.5 yr.	3 yr.	4 yr.	Additional Resources
Development	<p>Children experiencing homelessness are more likely to show delayed development than are their housed peers</p> <p>Behavior problems frequently occur in response to the stress of being homeless and are not necessarily indicative of underlying pathology.</p>	<p>Sample questions: <i>Do you have any specific concerns about your child's development, learning, or behavior?</i></p> <p><i>How does your child interact with family members?</i></p> <p><i>Do you have any concerns about your child's behavior at day care or preschool?</i></p> <p>Guidance: If you notice behavior that surprises or concerns you, let me know so that we can talk more about it.</p>	x	x	x	x	x	x	x	<p>If problems are reported, assess for possible hearing loss and/or speech delays secondary to chronic ear infections, which are commonly seen in homeless children.</p> <p>Use an assessment tool that does not rely solely on parental report. Conduct the assessment with the parent present to demonstrate that a delay does or does not exist. Collaborate with the parent to address any delay identified. An annotated list of developmental and behavioral screening tools is available at this website: https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/sodbp/Pages/qi-best-practices.aspx</p>
Oral Health	<p>Parents may not be aware of dental coverage under the Medicaid program.</p>	<p>Sample question (if applicable): <i>Did you know that Medicaid might cover your child's dental care?</i></p> <p>Guidance: A dentist will help you keep your child's teeth healthy and will be available in case there is ever an emergency with his or her teeth, such as a broken tooth or severe pain.</p>	x	x	x	x	x	x	x	<p>Provide a list of dentists who are accepting Medicaid beneficiaries. Provide a list of dental benefits.</p>

MIDDLE CHILDHOOD (5 to 10 Years)

Children who are homeless also are at elevated risk for a broad range of other problems, including poor health, developmental delays, poor school performance, behavior problems, and poor coordination (Haber & Toro, 2004).

Chronic homelessness is associated with children's mental health problems, particularly internalizing disorders (e.g., anxiety, depression, social withdrawal, and somatic symptoms) that poverty alone cannot explain. In fact, whenever differences have been observed between poor-but-housed children and children in families who are homeless, poor-but-housed children invariably show better mental health outcomes (Haber & Toro, 2004).

During the middle childhood stage, clinicians caring for children experiencing homelessness can assist families in navigating the child's transition to school, in addition to emphasizing safety concerns and supporting physical and mental health. Provide many opportunities to discuss parenting challenges and freedoms and boundaries appropriate for the child's age.

Topic	Issue	Guidance	5-6 yr.	7-8 yr.	9-10 yr.	Additional Resources
Housing	<p>Ask every family about their living situation to assess residential stability and the possibility that they may be marginally housed or homeless.</p> <p>Living in foster care increases risk of future homelessness.</p>	<p>Sample questions:</p> <p><i>Where do you live?</i></p> <p><i>Who lives there with you?</i></p> <p><i>How long have you lived there?</i></p> <p><i>Has your child ever lived away from you?</i></p> <p>Guidance: Understanding your family's day-to-day situation will allow me to better answer your questions and discuss plans for your health.</p>	x	x	x	<p>Based on the child or family's living situation, assess environmental factors that may expose them to toxic substances, allergens, or infection or otherwise threaten health and safety.</p> <p>Explore available housing options that might be acceptable to the patient or family and provide linkages to housing resources.</p> <p>The PRAPARE Assessment Tool provides sample questions for discussing social determinants of health, including housing status, housing stability, and safety: http://www.nachc.org/research-and-data/prapare/</p>
Nutrition and Physical Activity	<p>Families experiencing homelessness may have insufficient access to nutritious food and/or cooking facilities.</p> <p>Children who are homeless are at risk for malnutrition and obesity because of limited dietary choices and/or limited physical activity. Evaluate the family's knowledge of proper diet and food resources, as well as cooking skills and availability of cooking facilities and facilities for physical activity.</p>	<p>Sample questions:</p> <p><i>Where does your family eat meals?</i></p> <p><i>What kinds of foods does your child eat?</i></p> <p><i>Do you and your child talk about the foods you eat?</i></p> <p><i>How does your child stay active?</i></p> <p>Guidance: What parents eat can have a strong effect on your child's food choices. When choices are available, talk with your child about why you choose certain foods, and model healthy eating.</p>	x	x	x	<p>Provide referrals for resources for community food or nutrition assistance programs for which they are eligible.</p> <p>Advocate for improved nutrition policies at local shelters; encourage shelters to use the Early Childhood Self-Assessment Tool for Family Shelters: https://www.acf.hhs.gov/sites/default/files/ece/ece_family_shelter_self_assessment_tool_120114_final.pdf</p>

Topic	Issue	Guidance	5-6 yr	7-8 yr	9-10 yr	Additional Resources
Safety	Children experiencing homelessness have a high incidence of reported accidents and injury.	<p>Sample questions: <i>Where does your child play when you are not there?</i></p> <p><i>Who do you trust to watch your child when you are not there?</i></p> <p>Guidance: It is important that anyone supervising your child is someone you trust.</p>	x	x	x	Work with community partners to identify safe places for children to play: community centers, YMCAs, mentoring programs, etc.
Mental Health	School-aged children experiencing homelessness are more likely to have a mental health problem (including withdrawn, anxious, and depressed behavior) than are their housed peers.	<p>Sample Questions: <i>Do you have any concerns about your child seeming withdrawn, anxious, or depressed?</i></p> <p>Guidance: If you notice behavior that surprises or concerns you, let me know so that we can talk more about it.</p>	x	x	x	See https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf for information on a variety of screening tools.

Topic	Issue	Guidance	5-6 yr.	7-8 yr.	9-10 yr.	Additional Resources
Development	<p>Children experiencing homelessness are more likely to show delayed development than are their housed peers.</p> <p>Behavior problems frequently occur in response to the stress of being homeless and are not necessarily indicative of underlying pathology. Behaviors that are adaptive while homeless may be maladaptive in other settings.</p>	<p>Sample Questions: <i>Do you have any specific concerns about your child's development?</i></p> <p><i>How does your child interact with family members?</i></p> <p><i>Do you have any concerns about your child's behavior at school?</i></p> <p>Guidance: If you notice behavior that surprises or concerns you, let me know so that we can talk more about it.</p>	x	x	x	<p>If problems are reported, assess for possible hearing loss and/or speech delays secondary to chronic ear infections, which are commonly seen in homeless children.</p> <p>Use an assessment tool that does not rely solely on parental report. Conduct the assessment with the parent present to demonstrate that a delay does or does not exist. Collaborate with the parent to address any delay identified. An annotated list of developmental and behavioral screening tools is available at https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/sodbp/Pages/qi-best-practices.aspx</p>
Oral Health	<p>School-age children experiencing homelessness are more likely to have dental decay than the general population and are less likely to receive treatment.</p>	<p>Sample Questions: <i>When did your child last visit a dentist?</i></p> <p><i>What did you like or dislike about that visit?</i></p> <p>Guidance: If your child does not have a regular dentist (also called a dental home), it is important to get one. Medicaid may cover your child's dental care.</p>	x	x	x	<p>Provide referrals to dental providers and offer case management and enabling services (such as transportation) to follow-up appointments to increase likelihood of accessing treatment.</p>

ADOLESCENCE (11 to 21 Years)

Adolescents who are homeless commonly experience emotional distress, developmental delays, and decreased academic achievement (Ammerman et al., 2004). Psychiatric and substance use disorders are common among youth who are homeless (Kozloff et al., 2013).

When working with adolescents experiencing homelessness, the most effective prevention strategies and health care interventions should be based on developmental stage rather than chronological age (Ammerman et al., 2004). In fostering a relationship and trust with the youth, health care professionals should listen nonjudgmentally to the youth's experiences and stories, including his or her pathway to homelessness. Not only does this foster trust and alliance with the individual (a best practice for engaging homeless youth), but it also helps in tailoring treatment plans and identifying additional risks.

The National HCH Council's Engaging Homeless Youth Advisory Work Group has characterized the following attributes as essential for providers seeking to establish connections with youth experiencing homelessness:

- Trust
- Safety
- Respect
- Cultural humility

Meeting adolescents where they are, both psychologically and geographically, is a central tenet of engaging youth. For full recommendations on supporting youth experiencing homelessness, refer to the National HCH Council's publication *Engaging Youth Experiencing Homelessness: Core Practices and Services* at <https://www.nhchc.org/wp-content/uploads/2011/10/engaging-youth-experiencing-homelessness.pdf>.

Given the high rates of trauma among youth experiencing homelessness, smoking, alcohol use, drug use, or sexual activity are common coping strategies. Harm-reduction interventions can help minimize harm to youth who use substances and can help nurture engagement with the individual (National Health Care for the Homeless Council, 2016).

For adolescents who may be at risk for sexually transmitted diseases, sex-related violence, and pregnancy, standard screenings and anticipatory guidance are appropriate, and the importance of using proven engagement techniques tailored for youth experiencing homelessness is especially relevant.

During the adolescence stage, clinicians can help youth experiencing homelessness (and, when relevant, their families) navigate the physical, cognitive, emotional, and social transformations they are undergoing.

Topic	Issue	Guidance	11-14 yr.	15-17 yr.	18-21 yr.	Additional Resources
Housing	<p>Ask every adolescent about his or her living situation to assess residential stability and the possibility that the adolescent may be marginally housed or homeless.</p> <p>Living in foster care increases risk of future homelessness.</p>	<p>Sample questions:</p> <p><i>Where do you live?</i></p> <p><i>Who lives there with you?</i></p> <p><i>How long have you lived there?</i></p> <p><i>Have you ever lived away from your family?</i></p> <p>Guidance: Understanding your day-to-day situation will allow me to better answer your questions and discuss plans for your health.</p>	x	x	x	<p>Based on the adolescent’s living situation, assess environmental factors that may expose him or her to toxic substances, allergens, or infection or otherwise threaten health and safety.</p> <p>Explore available housing options that might be acceptable to the person, and provide linkages to housing resources.</p> <p>The PRAPARE Assessment Tool provides sample questions for discussing social determinants of health, including housing status, housing stability and safety: http://www.nachc.org/research-and-data/prapare</p>
Nutrition and Physical Activity	<p>Adolescents who are homeless are at risk for malnutrition and obesity because of limited dietary choices and/or limited physical activity. Evaluate the person’s knowledge of proper diet and food resources, as well as cooking skills and availability of cooking facilities and facilities for physical activity. Irregular sleep patterns can contribute to poor mental and physical health.</p>	<p>Sample questions:</p> <p><i>Where do you eat meals?</i></p> <p><i>What kinds of foods do you eat?</i></p> <p><i>How do you stay active?</i></p> <p><i>How much do you usually sleep?</i></p> <p>Guidance: When choices are available, try to choose healthy foods. If you can, try to have a routine for going to sleep and waking at the same time every day. Try to get regular physical activity.</p>	x	x	x	<p>Provide referrals for resources for community food or nutrition assistance programs for which they are eligible.</p> <p>Advocate for improved nutrition policies at local shelters.</p>

Topic	Issue	Guidance	11-14 yr.	15-17 yr.	18-21 yr.	Additional Resources
Social and Academic Competence	Emotional distress, developmental delays, and decreased academic achievement are all more common in youth experiencing homelessness than in their housed peers.	<p>Sample questions:</p> <p><i>How involved is your family in your schoolwork or activities?</i></p> <p><i>What adults are important in your life?</i></p> <p><i>What are your interests?</i></p> <p>Guidance: (To parents) Being involved in your child’s schoolwork and activities can help his or her grades and behavior at school. Get to know your child’s friends. (To youth) This is a good time to figure out what interests you have.</p>	x	x		<p>Provide a list of local community resources, including youth-focused housing services, other social services, drop-in centers, and programs for the arts, sports, or other recreational and therapeutic activities.</p> <p>Schools, school district homeless liaisons, and other local education and vocational programs can offer support to adolescents experiencing homelessness or help refer youth to needed services. Each state is required to have a coordinator for homeless education; visit this website for a list of coordinators and contact information: https://nche.ed.gov/downloads/sccontact.pdf</p>
Emotional Well-being	Mental health disorders present a significant burden among youth who are homeless.	<p>Sample questions:</p> <p><i>Do you have difficulty sleeping or do you often feel irritable?</i></p> <p><i>Do you ever feel so upset that you wished you were not alive or that you wanted to die?</i></p> <p>Guidance: If you feel too sad, depressed, hopeless, nervous, or angry to keep on track with your life, I’d like to talk about it with you. If you ever feel that way, it is important for you to seek help. Turn to an adult you trust when you feel sad, down, or alone.</p>	x	x	x	<p>See this website for a list of mental health and trauma screening tools by age and format: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf</p>

Topic	Issue	Guidance	11-14 yr.	15-17 yr.	18-21 yr.	Additional Resources
Risk Reduction	<p>Youth who are homeless may use substances as a coping strategy.</p> <p>Youth who are homeless are more likely to use substances than their peers who are stably housed.</p>	<p>Sample question: <i>Have you experimented with smoking, drugs, or alcohol?</i></p> <p>Guidance: If you smoke, use drugs, or drink alcohol, let's talk about it. We can talk about options for help. If you are worried about any family member's drug or alcohol use problems, you can talk with me.</p>	x	x	x	<p>See this website for a list of substance use screening tools by age and format: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf</p> <p>Harm reduction interventions such as needle exchange programs, drug replacement and maintenance therapies, safe injection sites, overdose prevention programs, and other strategies can help minimize harm to youth who use substances and can help nurture engagement with the individual.</p>
Violence	<p>Youth experiencing homelessness are at increased risk for intimate partner violence.</p>	<p>Sample question: <i>Have you ever been in a relationship with a partner where you were hurt or threatened or felt unsafe?</i></p> <p>Guidance: Confide in trusted adults if anyone abuses you or threatens your safety. Healthy relationships are built on respect.</p>	x	x	x	<p>The Hollywood Homeless Youth Program's <i>Addressing Intimate Partner Abuse in Runaway and Homeless Youth: A Practical Guide for Service Providers</i> (2010) details strategies for assessing and addressing abuse, including sample assessment questions: http://hhyp.org/wp-content/uploads/2012/02/HHYP_Addressing_Intimate_Partner.pdf</p>
Oral Health	<p>Adolescents who are homeless are more likely to have dental decay than the general population and are less likely to receive treatment.</p>	<p>Sample questions: <i>When did you last visit a dentist?</i> <i>How often do you brush your teeth?</i></p> <p>Guidance: Brush your teeth at least twice daily.</p>	x	x	x	<p>Provide referrals to dental providers and offer case management and enabling services (such as transportation) to follow-up appointments to increase likelihood of accessing treatment.</p>

CONCLUSION

While children and adolescents who are homeless may experience a variety of challenges to their health and well-being, clinicians can meet patients where they are and tailor guidance and treatment to the patient's unique situation. By supplementing standard anticipatory guidance with questions and information that address the unique challenges presented by homelessness that may affect a child's health and development, clinicians can foster better outcomes for children without homes. Conversations between health care providers and patients provide an opportunity for patients and families to address specific concerns, and the relationships fostered during these discussions can be valuable and beneficial in their own right. Furthermore, in addition to addressing patients' physical, mental, and social health care needs, clinicians have an important opportunity to connect patients to other community resources and address social determinants of health for children and adolescents experiencing homelessness.

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ABOUT THE HCH CLINICIANS' NETWORK

Founded in 1994, the Health Care for the Homeless Clinicians' Network is a national membership group that unites hands-on care providers from many disciplines who are committed to improving the health and quality of life of our neighbors experiencing homelessness. The Network is engaged in a broad range of activities that includes publications, training, research, and peer support. The National Health Care for the Homeless Council, Inc. operates the Network, and a Steering Committee that represents diverse community and professional interests governs the Network.

To learn about more clinical resources for providing care to individuals who are homeless, visit www.nhchc.org/clinicians.