

BETTER UNDERSTANDING OUR YOUTH

►► Purpose: To provide a better understanding of the experience and contributing factors of youth who become homeless in the Midlands of South Carolina.

Why It Matters

- Youth is a growing segment of the homeless population in the Midlands.
- Up to 37% of youth aging out of foster care are experiencing homelessness after their transition.
- Youth who experience homelessness at any point in their lifetime face substantially worse physical and mental health outcomes.
- Untreated childhood trauma is often misdiagnosed as mental illness, including ADHD.
- Healthcare and system costs to communities are significantly greater for individuals experiencing homelessness when compared to those stably housed.

Key Takeaways



NO PLACE TO GO

Between 2014-2017, there were

669

homeless unaccompanied youth (ages 17-24) in the Midlands. **More than 80%** of those youth were in Richland and Lexington counties when they became homeless.

BARELY IN THEIR 20S

The average age a youth first received a service indicating homelessness was

21.8

years old. While 14% reported being homeless more than 12 months at first service.

MEDICAL COSTS

There were more than

\$10M

in combined medical and pharmacy paid claims for the **444 youth** that had an inpatient, outpatient, or physician office visit claim paid by Medicaid between 2012-2017.

MENTAL HEALTH

Of the top 20 reasons youth received medical care

85%

of them were due to a mental health diagnosis. This could indicate unaddressed **childhood trauma**.

Analysis indicated **being Black or African American** is one of the **leading risk factors** of becoming homeless after exiting foster care.

Females who have a juvenile charge are at a **significantly higher risk of becoming homeless**. Of youth who became homeless with a charge, 42% were female. However, only 22% of all juvenile charges are by females.

Education data revealed that **nearly 60% of the youth repeated a grade** and 26% repeated two or more grades.

What's Next

Work with service providers and state agencies to develop strategies to eliminate youth homelessness.

Continue research to better understand the interconnectedness of factors that lead to youth homelessness.

Community transformation through the development of an integrated, child-serving system of care where trauma-informed public, private and community providers prevent, treat and respond to the needs of youth, families and society.