

NHLC

Access to Mental Health Treatment: Unhoused Youth and Young Adults

The Advocates Path to Improving State Policy
Presented by National Homelessness Law Center



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MENTAL

health

MATTERS

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Thank you to the pro bono attorneys and volunteers that made this report possible!

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INTRODUCTION

Unhoused young people face multiple barriers in accessing health care and have disproportionately high rates of chronic mental health issues. Some studies have found as many as 80-90% of unhoused youth and young adults meet the criteria for depression, post-traumatic stress disorder (PTSD), and anxiety disorders. This isn't surprising, considering the profound trauma caused by housing instability in and of itself, and the high rates of childhood abuse, violence and victimization reported by unhoused youth both before and after homelessness.

Accessing effective mental health treatment is a challenge for adults with housing, income, and comprehensive health insurance; for a young person without these resources, the challenge can feel insurmountable. **This guide is meant to outline how lawmakers and advocates can remove unnecessary barriers and improve access.**

Unfortunately, whether or not unhoused youth can technically access health insurance coverage or consent to mental health treatment is not the end of the story. Mental health treatment alone will not solve youth homelessness. But it is an important tool in helping young people heal from the trauma of homelessness and in maintaining safe and stable housing.

CONTENT WARNING AND A NOTE ABOUT LANGUAGE CHOICES:

At the Law Center, we recognize that language is a powerful tool. The words we use can humanize or dehumanize. As such, we make every effort to avoid demeaning or erasing young people with our language. For example, we do not use the word “alien” to refer to immigrant youth but several states still use this term in the name of their programs. As such, in this publication, it is used only when naming or referring to a specific program. Finally, we include information about the ability (or inability) of LGBTQ+ youth to receive mental health services without discrimination in each state. The language used in some of the bills targeting medical care for trans and non-binary youth (and in some cases, imposing civil and criminal liability on medical providers) is incredibly dehumanizing. Please take care when accessing this information.

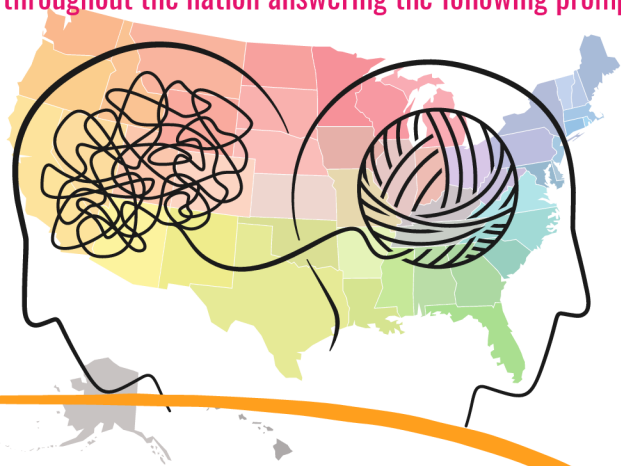
Katie Meyer Scott,
Youth Homelessness Program Director

TWO PART GUIDE!

The Advocacy Guide is the second part of our Youth Mental Health Access Guide series. Be sure to check out part one, [linked here](#), which details the legal landscape throughout the nation answering the following prompt:

OVERARCHING QUESTION

Can all unhoused youth consent to and access mental health treatment in their state?



METHODOLOGY

Researchers were asked to find answers to and citations for the following questions related to youth mental health access in each state and the District of Columbia. To see the detailed results of their research visit the [LEGAL GUIDE HERE](#).

Age or Other Limitations:

Is there an age range for consent (e.g., only 16-17 yo)?

Is consent conditional on the status of a youth (e.g., only homeless youth)?

Consent:

Are there limitations on the consent (e.g., inpatient, outpatient, therapy, medication)?

Access:

Can a youth apply for medical coverage that includes mental health treatment (usually CHIP, up to age 19) on their own?

- If YES, how? Is this info easy to find?
- If No, how would they be able to apply (e.g., via a next of kin or caseworker)? Is this info easy to find?

Can someone over age 19 access coverage (e.g., was Medicaid expanded in the state, is there any option for low-income adults to get medical coverage)?

Are there any programs for undocumented youth?

Coverage:

What do the state insurance programs actually cover re: mental health treatment? To review federal coverage and requirements, please see: [Health Insurance and Mental Health Services | MentalHealth.gov](#); [Benefits | Medicaid](#)

Issues Specific to LGBTQ Youth:

Is there anything in state law that would negatively affect LGBTQ youth in accessing nondiscriminatory and gender-affirming mental health treatment? These types of laws may be more focused on trans youth and physical rather than mental health.

A Path Forward:

Based on your research, do you have any recommendations regarding how advocates can advocate for increased access to mental health treatment for homeless youth in this state? If it would impact the recommendations, please note if the state has a “parental bill of rights” or similar law.

WHAT IS IN THIS GUIDE?

The Advocacy Guide is the second part our Youth Mental Health Access Guide series. We hope that this information can be used to elevate and push for policies that will increase access, comprehensiveness, and quality of care for all youth. Be sure to check out part one, which [details the legal landscape throughout the nation.](#)

EXECUTIVE SUMMARY

A summary of the current legal and policy landscape regarding mental health access.

A PATH FORWARD

A few key areas where advocacy (legislative and otherwise) could improve access.

SNAPSHOT FROM THE YOUTH HOMELESSNESS INDEX

Each state will have a snapshot of a few relevant metrics that we track in the Youth Homelessness Index. Visit www.youthhomelessnessindex.org to find more information on the more than 100 metrics we track, as well as legal resources, model legislation, and more!



A LOOK AT ALABAMA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

*Please note that some states may have more advocacy information than others. If you have ideas about how to make mental health care more accessible for unhoused youth and young adults, WE WANT TO HEAR FROM YOU! Please contact the youth homelessness staff at the National Homelessness Law Center by emailing index@homelesslaw.org.



SUMMARIES

& the Path Forward

BY STATE

ALABAMA EXECUTIVE SUMMARY

Minors over 14 or who have been legally “emancipated” by way of pregnancy or marriage have broad legal right to consent to mental health services in Alabama.

However, this right is qualified in practice by the barriers to applying for and obtaining health insurance, including the requirement for an adult living with the child to apply for them and additional requirements for parental consent for certain services to be covered.

Alabama has opted out of several federally funded expansions of eligibility related to Medicaid and coverage for immigrants. Mental health services covered by Medicaid are sometimes qualified by “necessity.” However, if a young person is eligible, the application process for healthcare appears to be user-friendly.

Alabama law is becoming increasingly discriminatory regarding immigrant and LGBTQ youth, although there are some protections & allowances for mental health services specifically. It is likely that the state legislature will continue to push anti-LGBTQ and other harmful bills, which may significantly inhibit funding for, access to, and efficacy of health services in the state.



There is little information addressing how youth experiencing homelessness or those of other marginalized communities can or should navigate the healthcare system, and many resources seem to be outdated or insufficient.

A PATH FORWARD FOR ALABAMA

“Know-Your-Rights” Toolkits

As the legal landscape continues to develop rapidly, youth may not have access to information about what their rights are in various situations (e.g. the right to consent to substance use services or the option to not disclose certain information such as family immigration status on an insurance application). Additionally, as discriminatory bills become enforceable, it’s important that minors who may be endangered or criminalized by such bills be made aware of situations in which they could be legally or societally targeted. Such political turmoil also often leads to the spreading of false information to further deter youth from enforcing their rights, so this could be an opportunity to combat that.

Clinics. Advocates could host virtual or in-person clinics where youth can meet with an informed case worker or lawyer to discuss their options in light of the legal and bureaucratic landscape.

Tip sheets or websites with resources & information

Many of Alabama’s resources are convoluted and outdated, and it can be tough to find all the relevant information for a particular demographic in one place. To the extent advocates have not already done this, some sort of flow chart or consolidated source of information might be helpful for youth who are looking for information and eligibility/options specific to their own situation. Additionally, a list of current providers or organizations that can help in the absence of insurance or recognition from the government might be helpful.

Challenge proposed & recently signed discriminatory bills, while promoting ones that codify the rights of minors.

Advocates could comment on and advocate against the bills that are currently being proposed to limit the rights of LGBTQ children, while pushing policies such as the extension of Medicaid and the opting-in to additional coverage under CHIPRA. To the extent advocates are involved in strategic litigation, this seems to be an important time to do so to block the increasing infringement on access and support empowerment of young people.

Narrow the Parental Bill of Rights

Alabama recently (as of June 2023, effective September 2023) enacted HB6, a “parental bill of rights,” which provides the government may not burden a parent’s fundamental right to direct the upbringing of their children unless narrowly tailored to a compelling state interest.

Parents of transgender youth and human rights advocates are wary of the “compelling state interest” clause, which may be weaponized to allow the government to restrict access to gender-affirming and other life-saving medical care.

There is also be a concern that the state legislature will use the law to restrict minors’ ability to consent to mental and physical health services, especially in the absence of a consenting parent. As the law starts to be enforced, advocates could help track and flag potential concerns that stem from this and advocate for a narrow interpretation of compelling state interest.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the **[Jurisdiction Fact Sheet!](#)**

Learn more by visiting www.youthhomelessnessindex.org.



A LOOK AT ALABAMA **YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

ALASKA EXECUTIVE SUMMARY

In general, not all youth residing in Alaska can consent to and access mental health treatment. While there is a pathway for minors to access medical services without parental consent in certain situations, it is not clear whether medical services also include mental health services. There is also no clear pathway for minors to access Medicaid services without consent from a parent or guardian.

Further, our research has shown that even when minors have access to mental health treatment, they are not able to use those services. A recent study showed that 64% of LGBTQ youth in Alaska who wanted mental health care in the past year were still not able to access those services.



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A PATH FORWARD FOR ALASKA

It may be worthwhile for advocates to seek an expanded definition of “medical services” to include mental health treatment services and/or clarify the types of mental health services that are available to minors.

Advocates could also seek a clear process for emancipated minors to access coverage through the Denali Kids Care program without assistance from a parent, guardian, or state caseworker.

Homeless youth in Alaska would also benefit from better access to information about available programs and resources. For example, the Alaska Division of Public Health has an [Adolescent Health Program](#) that can be leveraged to provide additional information to help homeless youth access health services.

The Alaska Bar Association offers a [resource guide](#) for teens and young adults, but it does not include detailed information on how to access medical services. These resources can be enhanced to provide clear information about mental health access.

NHLC Policy Recommendations

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A LOOK AT ALASKA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

ARIZONA EXECUTIVE SUMMARY

Generally speaking, not all youth can consent to and access mental health treatment in the state of Arizona without the written or oral consent of a parent or a legal custodian of the minor child (unless an emergency exists that requires a person to perform a mental health screening or provide mental health treatment to prevent serious injury to or save the life of a minor child. See Ariz. Rev. Stat. § 36-2272.) “Minor children” means persons under 18 years of age. Ariz. Rev. Stat. § 1-215.



There are, however, limited exceptions:

An emancipation order issued pursuant to Ariz. Rev. Stat. § 12-2454 recognizes a minor as an adult for the purpose of consenting to medical, dental and psychiatric care without parental consent...or liability and eligibility for social services (Ariz. Rev. Stat. § 12-2454)

Any emancipated minor, any minor who has contracted a lawful marriage or **any homeless minor**, may give consent to the furnishing of hospital, medical and surgical care to such minor (Ariz. Rev. Stat. § 44-132)

Veterans who are entitled to benefits under the servicemen's readjustment act ...or the spouse of that veteran, are “not under legal disability by reason of minor to make any contract.”(Ariz. Rev. Stat. § 44-131)

A PATH FORWARD FOR ARIZONA

Advocates could host information sessions in accessible and safe locations to explain to the minors their rights and ways in which young people can take advantage of these rights, as well as resources like this confidential [hotline](#), where teens can discuss issues such as stress, suicide and depression, family issues, LGBTQ issues, and bullying. Advocates could also seek to expand current laws to cover “mature” minors (as determined by a physician) or to specify types of mental health services that children are able to seek without parental consent.

This may be an uphill battle, though, because there is a statutory “Parents’ Bill of Rights” in Arizona, that specifically grants parents the right to, among other things: “access and review all records relating to the minor child”, “make all healthcare decisions for the minor child” and “request, access and review all written and electronic medical records of the minor child unless otherwise prohibited by law or unless the parent is the subject of an investigation of a crime committed against the minor child and law enforcement official requests that the information not be released.” *Ariz. Rev. Stat. 1-602.*

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT ARIZONA YOUTH HOMELESSNESS INDEX:	
A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	0/1

ARKANSAS EXECUTIVE SUMMARY

Consent laws in Arkansas are codified in the Arkansas State Code. Minors are generally not allowed to consent to medical treatment, including mental health treatment, unless there is a specific exception provided in the law.

Some of the exceptions, like marriage, emancipated minor, and incarceration are straightforward. However, other exceptions, like proving that one has “sufficient intelligence” to understand and appreciate the requested care are more subjective and leave room for interpretation.

A local educational agency McKinney Vento liaison can consent to mental health treatment on behalf of unhoused youth meeting federal definitions of homelessness.



Exceptions like proving that one has sufficient intelligence to understand and appreciate the requested care are subjective and leave room for interpretation

A PATH FORWARD FOR ARKANSAS

Adding an exception for unhoused youth to consent to mental health treatment on their own, rather than through a LEA liaison would be an improvement to the current exceptions.



Arkansas law continues to be hostile to life-saving gender-affirming care for youth. Though generally focused on physical health care, these kind of laws have a detrimental effect on mental health and a chilling effect on youth being able to access the mental health support they need. Advocates should oppose and try to reverse any bans.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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**A LOOK AT ARKANSAS
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	0.5/1

CALIFORNIA EXECUTIVE SUMMARY

California allows minors 12 or older to consent to mental health treatment or counseling in outpatient settings. California has robust and accessible mental health treatment options for minors 12 or older. There are no specific hurdles for homeless or LGBTQ+ youth.

California recently updated its laws (effective July 2024) to ensure that minors covered by the Medi-Cal program (which would be most unhoused youth) no longer need to “present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services,” or be “the alleged victim of incest or child abuse” in order to consent to mental health services.

Also, all immigrant children and young adults 25 years of age or younger can access Medi-Cal coverage, regardless of immigration status, if they meet all other program requirements.



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A PATH FORWARD FOR CALIFORNIA

California’s Medicaid program, Medi-Cal, offers a minor consent program which allows youth ages 12-20 to apply for health insurance without their parent’s consent. This program does not take the parent’s income into eligibility consideration. This “teen only” coverage is limited in scope but does cover mental health outpatient care.

Teens must apply for this program in-person or via telephone...and we all know how much teens love using a telephone. Allowing for an online application option and ability to communicate about the application via text would increase accessed for unhoused youth.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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**A LOOK AT CALIFORNIA
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0.5/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	1.5/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1

COLORADO EXECUTIVE SUMMARY

Colorado allows youth as young as 12 to consent to psychotherapy and youth 15 and up can access mental health services more broadly. However, parents can be notified about the treatment without the consent of the minor and minors can be forced into psychotherapy without their consent. Healthcare information is generally accessible, but it is unclear whether youth can apply for health insurance on their own.



A PATH FORWARD FOR COLORADO

Colorado could provide more protections for young people seeking mental health treatment, ensuring that parents won't be notified if it would put the young person at risk of harm or if the young person is managing their own affairs. Also, Colorado should provide a clear path for unaccompanied youth to apply for health insurance on their own, especially when they reach the age of consent specified in healthcare laws.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet](#)! Learn more by visiting: www.youthhomelessnessindex.org.

Information for Colorado youth is accessible, and there are not specific hurdles for undocumented or LGBTQ+ youth.

A LOOK AT COLORADO YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

.5/1.5

A minor living apart from caregivers can consent to mental health care

.5/1

CONNECTICUT EXECUTIVE SUMMARY

A psychiatrist, psychologist, independent social worker, or marital and family therapist may provide outpatient mental health treatment for a minor without the consent or notification of a parent or guardian under specified conditions:

(i) the minor would otherwise reject treatment, (ii) treatment is clinically indicated, (iii) the failure to provide treatment would be seriously detrimental to the minor's well-being, (iv) the minor has knowingly and voluntarily sought the treatment, and (v) in the opinion of the provider, the minor is mature enough to participate in treatment productively.

After six treatments, the provider must require parental or guardian notification unless the provider deems it would be seriously detrimental to the minor's well-being. This determination must be reviewed and documented after every sixth treatment.

The provider cannot notify a parent or guardian of the treatment without consent of the minor, unless:

(a) the provider determines the notification is necessary for the minor's well-being,

(b) the treatment is solely for mental health and not for a substance use disorder, and

(c) the minor is given an opportunity to object to the notification.



Up to six outpatient mental health treatment sessions may be conducted, if medically necessary, without the consent of a parent or guardian.

A PATH FORWARD FOR CONNECTICUT

Since the definition of mental health outpatient treatment does not currently encompass prescribing or dispensing certain medication, this may be an area for legislative improvements. Mental health treatment without medication may severely limit the efficacy of services for some homeless youth. Also, the limitation on the number of sessions before seeking parental consent could be broadened.

Also, there does not appear to be a clear way for unaccompanied youth to apply for health insurance. This is an easy, impactful change that can generally happen at the regulatory level.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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**A LOOK AT CONNECTICUT
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	.5/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1

DELAWARE EXECUTIVE SUMMARY

Generally not all youth cannot consent to and access mental health treatment in the state of Delaware without consent from a parent or legal guardian.

Minors between the ages of 14 and 18 in need of mental health treatment may request voluntary outpatient treatment from a licensed treatment facility or community provider and may give written consent to receive outpatient treatment (Del. Code tit. 16 § 5003). There are further limited situations in which a minor may access healthcare without the consent of a parent or guardian, including:

- 1.** When a minor is serving as temporary custodian of another minor at the request of a parent or guardian for the examination and treatment of any “symptom, disease or pathology which may, in the judgment of the attending personnel preparing such treatment, if untreated, reasonably expect to threaten the health or life of the minor; provided, however, that the consent given shall be effective only after reasonable efforts shall have been made to obtain the consent of the parent or guardian of said minor” (Del. Code tit. 13 § 707); and
- 2.** When a minor 12 years of age or over is pregnant or afflicted with a contagious, infectious, or communicable diseases, or who professes to be exposed to the chance of becoming pregnant, may give written consent, except to an abortion (Del. Code tit. 13 § 710)



**Only some youth
can consent to and
access mental
health treatment in
the state of
Delaware without a
parent or legal
guardian**

A PATH FORWARD FOR DELAWARE

The state can also continue to fund and promote efforts like **Project DeIAWARE** – where school district partners are implementing evidence-based mental health services in school settings within the context of MultiTiered System of Support (MTSS). Providing school-based services and supports is a proven strategy to ensure that unhoused youth can easily access what they need.

NHLC Policy Recommendations

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In DE, all minors age 15 and up can contract for health insurance on their own. This provision could be expanded to include all unaccompanied unhoused youth.

A LOOK AT DELAWARE YOUTH HOMELESSNESS INDEX:	
A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1

DISTRICT OF COLUMBIA EXECUTIVE SUMMARY

Absent an emergency situation, no minor may be admitted for inpatient mental health services without the consent of a parent or legal guardian. (D.C. Code § 7-1231.14 (a))

A provider may deliver outpatient mental health services and mental health supports other than medication to a minor who is voluntarily seeking such services without the permission of a parent/legal guardian if the provider determines that: (a) the minor is knowingly and voluntarily seeking the services; and (b) provision of the services is clinically indicated for the minor's well-being. Such services or support is limited to a period of 90 days before a new determination must be made. (D.C. Code § 7-1231.14 (b))

Youth sixteen or older may consent to psychiatric medication without the permission of a parent/legal guardian or a judge's order when his/her doctor finds that the youth can consent and that the medication is appropriate and:

(1) the parent/legal guardian is not available;

(2) requiring the consent of the parent/legal guardian would be detrimental or harmful to the child; or

(3) when the parent/legal guardian refuses to consent.

(D.C. Code §§ 7-1231.08, 7-1231.14 (c)(2))



Youth sixteen or older may consent to psychiatric medication under certain circumstances

A PATH FORWARD FOR DISTRICT OF COLUMBIA

D.C. has made significant strides in helping homeless youth consent to mental health services, both in terms of legislative action and resources available. Advocates could push for greater clarity around whether minors can apply for DC's Medicaid/CHIP - it was difficult to find online and unclear if there is better in-person assistance.

Advocates could also work on legislation that protects the privacy of the medical records of unhoused youth.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT DISTRICT OF COLUMBIA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

.5/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

FLORIDA EXECUTIVE SUMMARY

Minors of any age can consent to obtaining voluntary substance abuse impairment services from a licensed service provider. Further, minors aged 13 and up who experience “emotional crisis” can consent to outpatient evaluative, diagnostic and therapy services. However, the minor cannot be seen more than twice in a one-week period without parental consent and cannot consent to psychotropic medication.

“Certified unaccompanied homeless youth” aged 16 and older can consent to mental health treatment generally but cannot consent to certain types of voluntary inpatient psychiatric facility admission.

Minors are not able to enroll in health insurance plans without the consent of a parent or legal guardian.



**Minors cannot
be seen more
than twice in a
one-week
period without
parental
consent and
cannot consent
to
psychotropic
medication**

A PATH FORWARD FOR FLORIDA

Florida has a parental bill of rights that makes it a misdemeanor for a physician to provide medical treatment without parental consent (except where exempt by law). Even though there is a carve out for exemptions in the law, this kind of policy can have a chilling effect on both youth seeking services and their providers. These kind of laws are harmful and should be overturned.



Advocacy to broaden the criteria and ease the process for a homeless youth to be certified as a “certified unaccompanied homeless youth” is needed. Further, advocating for children to have to ability to apply for health insurance through Florida KidCare without parental/guardian consent would be extremely helpful.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#) Learn more by visiting: www.youthhomelessnessindex.org.

**A LOOK AT FLORIDA
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	.5/1

GEORGIA EXECUTIVE SUMMARY

Youth can access some mental health treatment in Georgia but only in a limited manner and under limited circumstances under existing law. Generally, parental consent is required, and there does not appear to be any specific provision for homeless youth.

Georgia’s “PeachCare for Kids” provides comprehensive coverage to uninsured children, including for mental health care, but the application must be completed by an “adult in the family.” Georgia’s Medicaid program also covers comprehensive mental health treatments, but there is no guidance regarding youth being able to access this coverage alone. Similarly, “Georgia Families 360” provides coverage for eligible children in Foster Care and Department of Juvenile Justice, but it appears an adult must complete the application and then a child is assigned a “Care Coordinator” in order to receive behavior health services.



**Georgia’s
“PeachCare for
Kids” provides
comprehensive
coverage to
uninsured
children, including
for mental health
care, but the
application must
be completed by
an “adult in the
family.”**



A PATH FORWARD FOR GEORGIA

As Georgia already has some provisions for specific circumstances under which a minor may access care, a law providing such an exception to allow all unaccompanied homeless minors to consent to mental health care without parental consent would be a helpful first step.

In addition to consent laws, advocating for youth to be able to apply for medical coverage without requiring an adult to complete the application would be beneficial for expanding care and coverage options for homeless youth.

Advocates should be on the lookout for expansions of parental bill of rights law (there is currently one related to education) and to additional efforts to restrict or criminalize access to gender affirming care.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#) Learn more by visiting: www.youthhomelessnessindex.org.

**A LOOK AT GEORGIA
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1

HAWAII EXECUTIVE SUMMARY

All youth over the age of 14 years old can consent to and access outpatient mental health treatment in the state of Hawaii without the consent or participation of their parents, so long as the minor has consulted with a licensed mental health professional and the licensed mental health professional has agreed to provide treatment.

Youth can also apply for CHIP through Hawaii's Department of Human Services, Med-Quest Division but it is unclear if they can apply on their own. Further, there is currently no state law that would negatively affect LGBTQ youth in accessing nondiscriminatory and gender affirming mental health treatment.



All youth over the age of 14 years old can consent to and access mental health treatment in the state of Hawaii so long as the minor has consulted with a licensed mental health professional



A PATH FORWARD FOR HAWAII

Advocates could focus on ensuring that unaccompanied unhoused youth are able to apply for health insurance on their own or add “homeless youth” to the list of people who are automatically eligible without applying (see HI Admin Rules §17-1711.1-10).

For a young person to enter into a residential or out-of-home treatment program or to receive medication in HI, they need the consent of a parent or legal guardian. Advocates could seek an exception to this limitation for unhoused youth, particularly in regard to medication.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT HAWAII YOUTH HOMELESSNESS INDEX:	
A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
Youth housing providers must offer optional mental health supports	0/1
A minor living apart from caregivers has a right to privacy in health care	1/1.5
A minor living apart from caregivers can consent to mental health care	1/1



MENTAL

health

MATTERS

IDAHO EXECUTIVE SUMMARY

Idaho has a law that appears to broadly grant all people the right to consent to medical care, however, current analysis of Idaho law indicates that this broad law is unlikely to be interpreted to include minors. Idaho does allow minors ages 14-18 to voluntarily admit themselves for in-patient mental health treatment but the provider must notify guardians, who may apply for minor's release. It also explicitly allows emancipated minors to voluntarily admit themselves for mental health treatment with no other conditions



While Idaho has a law that appears to broadly grant all people the right to consent to medical care, this broad law is unlikely to be interpreted to include minors

A PATH FORWARD FOR IDAHO

Since it is not explicit whether minors are able to apply for health insurance programs without parental involvement, advocates could push to make this clear, especially for unhoused youth.

Also, there is a statutory “Parents’ Bill of Rights” in Idaho, that specifically grants parents the right to, among other things: “access their children’s educational or associated health records” and be notified “regarding known changes in the student’s mental, emotional or physical health or well-being.”

These kinds of laws can create barriers for unhoused young people seeking mental health supports and should be opposed.

There are organizations in Idaho where teens can connect with in-person and virtual support groups. In addition, the Idaho Federation of Families for Children’s Mental Health has a comprehensive website where teens can access resources based on their zip code.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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**A LOOK AT IDAHO
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	.5/1

ILLINOIS EXECUTIVE SUMMARY

Whether youth can consent to mental health treatment varies depending on age and is not conditional upon the status of a youth.

Unaccompanied minors may apply for and receive medical benefits as the head of household without parental permission. However, they need documentation from one of the following six sources: an adult relative, a representative of a homeless service agency, an attorney licensed in Illinois, a public-school homeless liaison or social worker, a social service agency providing services to at risk, homeless or runaway youth, or a representative of a religious organization.

There are some benefits and eligibility for undocumented children as well called [All Kids](#).



Unaccompanied minors may apply for and receive medical benefits as the head of household without parental permission but certain documentation is needed



A PATH FORWARD FOR ILLINOIS

Currently, Illinois law only allows youth under 16 to receive eight 90 minute sessions without permission from a parent or guardian. Illinois could create an exception to the limit on sessions for unhoused minors.

Unaccompanied unhoused minors could also use more help obtaining the documentation needed to apply for medical benefits.

There is currently no “parental bill of rights” or similar law in place in Illinois. Illinois is currently considered a safe haven for LGBTQ+ youth.


NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet](#)!

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**A LOOK AT ILLINOIS
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	1/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	1.5/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1



INDIANA EXECUTIVE SUMMARY

There are significant limitations on a minor, under the age of 18, who seeks to consent to mental health treatment in Indiana without assistance or involvement from a parent or guardian.

The child would need to be emancipated through a juvenile court decree and there is no process under which a minor may initiate proceedings for emancipation.

Additional scenarios under which consent is permitted:

- Minor is or has been married; is in the U.S. military; or is at least 14, and not dependent on support from a parent and managing one's own affairs
- Minors 16 and older can consent to health care if pregnant or within 60 days post partum, but health care does not explicitly include mental health treatment.
- Under certain circumstances, a court may designate a child as “a child in need of services” when “a child’s physical or mental health is seriously endangered” and could order mental health treatment.
- A minor who voluntarily seeks treatment for alcoholism, alcohol abuse, or drug abuse from the Indiana Division of mental health and addiction or a facility approved by the division may receive treatment without notification or consent of the parents, guardian, or person having control or custody of the minor.



There are significant limitations on a minor, under the age of 18, who seeks to consent to mental health treatment in Indiana without assistance or involvement from a parent or guardian

However, notification and consent is at the discretion of the government agency or facility providing treatment. Indiana Code Title 12. Human Services § 12-23-12-2. Otherwise, consent must be provided by a judicially appointed guardian or parent; under certain circumstances consent may be provided by an adult sibling or grandparent.

A PATH FORWARD FOR INDIANA

As described above, homeless youth who voluntarily seek help for “alcoholism, alcohol abuse or drug abuse” do not need parental consent to receive services. It also appears that there may be very limited circumstances where homeless youth would be able to access mental health services, including by a court ruling the child was a minor in need of services.

Indiana needs to expand the circumstances in which young people can consent to mental health treatment, including a clear exception for unaccompanied unhoused youth.

Also, pregnant youth are allowed to apply for health insurance on their own in Indiana - this should be expanded to include unaccompanied unhoused youth.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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**A LOOK AT INDIANA
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	0/1



MENTAL

health

MATTERS

IOWA EXECUTIVE SUMMARY

Individuals under 18 are considered “minors” unless they are married, have been convicted of a crime as an adult, or have been emancipated. Only these minors may consent to mental health services, although minors who have been subject to sexual conduct or a forcible felony may consent to immediate and short term medical or mental health services.

Iowa Medicaid has three main coverage groups—IA Health Link, Medicaid Fee-for-Service (FFS), and Healthy and Well Kids in Iowa program (Hawki) – which offer coverage for mental health services. Although there does not appear to be a direct prohibition, youth are likely unable to apply for their own medical coverage. Further, Iowa has recently passed legislation limiting gender affirming care services for LGBTQ+ youth.



Although there does not appear to be a direct prohibition, youth are likely unable to apply for their own medical coverage

A PATH FORWARD FOR IOWA



Advocates could encourage existing pro-bono programs to assist with emancipation hearings for homeless youth. This would allow consent for all needed medical services. But Iowa urgently needs a minor consent law for mental health services, or an exception allowing all unhoused minors to consent to mental health treatment.

Advocates could also advocate with the Iowa Department of Health and Human Services to create a process for youth to be able to apply for medical coverage themselves. This is a critical step in ensuring that homeless youth can gain access to health care services if they do not have an adult in their family to submit the application on their behalf.

NHLC Policy Recommendations

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**A LOOK AT IOWA
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	0/1

KANSAS EXECUTIVE SUMMARY

While the state of Kansas does have access to mental health treatment for youth, it appears for the most part to be limited to a certain age range. There is reference to access for youth at any age but only if no parent or guardian is immediately available and it is limited to examination and treatment for drug abuse, misuse or addiction.

The state of Kansas KanCare helps provide coverage to Kansas' most vulnerable including health services for children, youth in foster care, and kids with disabilities and complex medical needs and helps the mental and emotional wellbeing of kids and families by coverage critical behavioral health services. However, youth cannot apply for coverage on their own, even if they are homeless.



**Youth cannot
apply for
coverage on
their own,
even if they
are homeless**



A PATH FORWARD FOR KANSAS



In Kansas, minors 14 years of age and older may consent to outpatient (as well as inpatient) treatment at a treatment facility as a voluntary patient, but the treatment facility must notify the minor’s parent, legal guardian or other person known to the head of the treatment facility to be interested in the care and welfare of the minor. Advocacy efforts could focus on getting an exception to the parental notification requirement for unhoused youth or when notification is not in the best interest of the young person.

Kansas also doesn’t have a process for unaccompanied unhoused youth to be able to apply for health insurance on their own. This is a simple way to increase mental health access.

NHLC Policy Recommendations

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**A LOOK AT KANSAS
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	.5/1

USEFUL LINKS FOR KANSAS BY RESEARCH CATEGORY



All Youth:

https://www.ksrevisor.org/statutes/chapters/ch38/038_001_0023b.html https://ksbsrb.ks.gov/docs/default-source/ag_opinions/ag2004_22.pdf?sfvrsn=6f98885_4
https://www.ksrevisor.org/statutes/chapters/ch65/065_028_0092a.html

Consent:

https://www.ksrevisor.org/statutes/chapters/ch65/065_028_0092a.html

Access:

https://www.kancare.ks.gov/docs/default-source/consumers/benefits-and-services/fact-sheets/fs-1-medical-coverage-basic-eligibility-requirements.pdf?sfvrsn=ee5c531b_6 [https://kancare.ks.gov/docs/default-source/kancare-ombudsman/resources/general-fact-sheets-\(english\)/refugee-immigration-fact-sheet.pdf](https://kancare.ks.gov/docs/default-source/kancare-ombudsman/resources/general-fact-sheets-(english)/refugee-immigration-fact-sheet.pdf)

Mental Health Treatment: Benefits & Services (ks.gov).

<https://www.kac.org/what-is-kancare>

Issues Specific to LGBTQ Youth:

http://kslegislature.org/li/b2023_24/measures/sb180/
http://www.kslegislature.org/li/b2023_24/measures/hb2138/
http://kslegislature.org/li/b2023_24/measures/HB2238/

KENTUCKY EXECUTIVE SUMMARY

Only children aged 16 or older may obtain mental health services without parental consent. Access to such services is limited to outpatient services. Access to treatment by a “qualified mental health professional” (as defined by KRS 202A.011) is further limited to an “unaccompanied youth” (as defined by 42 U.S.C. sec. 11434a(6)).

Youth cannot apply for medical coverage that includes mental health services on their own. No programs for undocumented youth exist. Through Kentucky Children’s Health Insurance Program (KCHIP), youth can access the following state-sponsored services: (i) adolescent substance use prevention and treatment, (ii) crisis intervention, (iii) early childhood mental health, (iv) high-fidelity wraparound, (v) peer support, (vi) school-based behavioral health, and (vii) trauma-informed care.



**Youth cannot
apply for
medical
coverage
that includes
mental
health
services on
their own**



A PATH FORWARD FOR KENTUCKY



Advocates should ensure that unaccompanied homeless youth can access healthcare coverage without parental consent and work to expand the age range of consent for mental health services. They should also provide a path for youth to apply for health insurance on their own via regulation or agency policy.

NHLC Policy Recommendations

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A LOOK AT KENTUCKY YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

.5/1

LOUISIANA EXECUTIVE SUMMARY

As a matter of public policy in the State of Louisiana, children, regardless of age or maturity, are entitled to medical care without the consent of a parent or legal guardian. Louisiana law allows children to consent to comprehensive medical services, including pre-hospital, hospital and rehabilitative care.

Additionally, the law allows minors to consent to treatment of drug abuse and sexually transmitted diseases. The law does not explicitly state that minors may consent to mental health services but does specify that minors 16 years of age and older may consent to inpatient mental health care.

Young people may also apply for health insurance without the consent of a parent or legal guardian.



**Young people
may also
apply for
health
insurance
without the
consent of a
parent or
legal
guardian**

A PATH FORWARD FOR LOUISIANA



Louisiana’s medical consent and health insurance access laws are broad and potential models for other jurisdictions. However, it might be helpful to make it explicit that comprehensive medical services includes outpatient mental health services and medication.

Also, Louisiana law is extremely hostile to transgender minors. Advocates should do everything they can to repeal these laws and protect trans youth, as well as ensure they have access to safe and affirming mental health care.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [**Jurisdiction Fact Sheet!**](#)

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A LOOK AT LOUISIANA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

MAINE EXECUTIVE SUMMARY

Generally speaking, youth can consent to a set of enumerated forms of mental health treatment in Maine, provided that they fall into a specific category of individuals, including those who are living separately and independent of parental support, married, former military, or formally emancipated. The treatment available includes medical, mental, dental, substance abuse, and family planning treatment.

Youth can also apply for medical coverage that includes mental health treatment, and this information is easy to find.



**Youth can
apply for
medical
coverage that
includes
mental health
treatment, and
this
information is
easy to find**

A PATH FORWARD FOR MAINE



Maine provides fairly broad access to mental health care for unhoused youth, as well as access to health insurance for minors, regardless of immigration status.

Advocates could try to expand access to MaineCare for non-citizen young adults.

NHLC Policy Recommendations

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A LOOK AT MAINE YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

.5/1

A minor living apart from caregivers has a right to privacy in health care

1/1.5

A minor living apart from caregivers can consent to mental health care

1/1

MARYLAND EXECUTIVE SUMMARY

Maryland's age of consent for mental health care is 12 years old. So long as a health care provider determines that the minor patient is capable of giving informed consent, such minor patient can receive consultation, diagnosis and treatment of mental and emotional health disorders. However, minors under 16 years of age cannot consent to the use of psychiatric medication.

Maryland law also generally provides that a minor who is living separate and apart from their parent(s) or guardian(s) and is self-supporting has the same capacity as an adult to consent to medical treatment. However, minors under 16 years of age cannot consent to the use of psychiatric medication.



Maryland law also provides that a minor who is living separate and apart from their parents and is self-supporting has the same capacity as an adult to consent to medical treatment

A PATH FORWARD FOR MARYLAND

The Maryland Department of Health should create resources, such as a fact page, for homeless youth that contain information relevant to obtaining coverage (including whether they need an adult to apply for them), what services are covered under Maryland Medicaid and MCPH, and the costs of such services through these programs.

The Maryland Department of Health should also align the MCPH enrollment eligibility with the state’s current laws regarding consent to treatment. For example, individuals who are under the age of 18 and are living “separate and apart” from their parents or are self-sustaining should be able to enroll in MCPH without needing a primary applicant over 18 years of age to enroll on their behalf. Creating pathways for homeless youth to independently enroll in MCPH or Medicaid could lead to an increase in the number of homeless youth who seek out mental health treatment and medical treatment in general by reducing if not entirely removing the cost-barrier.

The Maryland Governor’s Office for Children identified a lack of access to identification documents as one of the biggest hurdles that homeless youth face when seeking public assistance. Maryland Medicaid and MCPH require all applicants to provide their social security number, which many homeless youth may not know or have access to. Implementing a program to help homeless youth obtain their identity documents or creating an exception could increase access for homeless youth.



NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the **Jurisdiction Fact Sheet!**

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**A LOOK AT MARYLAND
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	1/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	1.5/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1

MASSACHUSETTS EXECUTIVE SUMMARY

Only minors ages 16 and above can consent to mental health treatment in Massachusetts. Minors under the age of 16 can only consent to mental health treatment if one of the following eight conditions is met:



They are 12 and above and are seeking treatment for drug addiction;

They are married, widowed, or divorced;

They are the parent of a child;

They are a member of the armed forces;

They are pregnant or believe they are pregnant;

They are living separate and apart from their parent or legal guardian and managing their own financial affairs;

They believe they are at risk of exposure due to sexual activity or have a disease defined to be a danger to the public health and are seeking treatment for that disease; or

They qualify as a “mature minor” as deemed by a treating physician.

A PATH FORWARD FOR MASSACHUSETTS

Massachusetts has fairly broad mental health consent laws for minors, however, unhoused youth in the state would benefit from better access to information about available benefits and programs. The researchers noted how difficult it was to find information geared towards homeless youth and access to medical services. For example, the Attorney General’s resource guide mentioned in the Legal Guide is a great resource for homeless youth, but it is not easily accessible.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [**Jurisdiction Fact Sheet!**](#)

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A LOOK AT MASSACHUSETTS YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING	SCORE/POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	1/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	1.5/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1

MICHIGAN EXECUTIVE SUMMARY

In the state of Michigan, youth over the age of 14 may consent to outpatient mental health treatment with some limitations. Youth over the age of 14 may request inpatient mental health treatment; however, parental consent is required for admission. There are specific limitations to inpatient mental health treatment and the processes of admission, suitability, and objection, as well.

There are several different avenues for youth to obtain medical coverage in the state of Michigan. Youth under the age of 18 may apply for medical coverage under Michigan CHIP but unfortunately, the application states that that an “adult in the family” needs to be listed as the contact person. Youth over the age of 19 may apply for medical coverage using the Michigan Medicaid Health Care Program.



Youth under the age of 18 may apply for medical coverage under Michigan CHIP but the application states that that an “adult in the family” needs to be listed as the contact person

A PATH FORWARD FOR MICHIGAN



There are two programs that youth may utilize in Michigan. First, U-19 is a Medicaid health care program for low-income children under age 19. There is only an income test. There is no monthly premium for this Medicaid program. Most children who are eligible for U-19 Medicaid are enrolled in a Medicaid health plan. This program provides a comprehensive package of health care benefits including vision, dental, and mental health services.

Second, MIChild is a health care program for children who are under age 19 administered by the Michigan Department of Health and Human Services. It is for the low-income uninsured children of Michigan's working families. MIChild has a higher income limit than U-19 Medicaid. There is only an income test. There is a \$10 per family monthly premium for MIChild. The \$10 monthly premium is for all of the children in one family. The child must be enrolled in a MIChild health and dental plan in order to receive services. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services.

However, we describe them in full here because locating these programs on the internet was difficult. One suggestion is that advocates host information and educational sessions at local youth-based organizations and that state agencies create a page for homeless youth that make these resources easy to find. Agencies should also undertake rulemaking or policy change to ensure that unhoused youth can apply for these programs without an adult (or implement automatic enrollment).

In terms of consent, youth may consent for outpatient mental health treatment if 14 years or older. This information is not passed to parents unless there are significant issues, such as self-harm, harm to others, etc. One avenue for advocacy could allow unaccompanied unhoused youth the ability to consent to outpatient treatment at an earlier age.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#) Learn more at www.youthhomelessnessindex.org.

**A LOOK AT MICHIGAN
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1

MINNESOTA EXECUTIVE SUMMARY

Minnesota allows minors to consent to medical treatment, including mental health treatment, if the minor either (a) has been living separate and apart from their parents or guardian and manages their own financial affairs or (b) has been married or has given birth. Further, minors who are 16 or 17 may request admission to a treatment facility or state-operated treatment program as a voluntary patient and may consent to hospitalization, routine diagnostic evaluation, and emergency or short-term acute care at the facility or program.

Minors (regardless of age or status) may also consent to medical and mental health services relating to pregnancy and associated conditions, venereal disease, and alcohol and other drug abuse.

Minors may apply for medical coverage that includes mental health treatment on their own, but the online application is not designed for minors to apply, and the paper application is discouraged due to long turn-around times. Minors will have the most success in applying for healthcare by doing so through a social service organization in their county.



Minors may apply for medical coverage that includes mental health treatment on their own, but the online application is not designed for minors to apply, and the paper application is discouraged due to long turn-around times

A PATH FORWARD FOR MINNESOTA



While the law lets a minor access care on their own, in practice, the process is complicated. **There could be a clearer state-wide landing page for homeless youth on accessing care rather than needing to discover county-specific resources and assistance to create an account and complete an application for health care coverage.**

In addition, one of the county workers we talked to indicated that if she was able to **text unhoused youth regarding their coverage and need to re-apply or sign forms, etc., it would be “a gamechanger” in ability to communicate with the youth and make sure they don’t lose or forego care.** Unhoused youth are difficult to reach via phone calls and letters and being able to text would greatly facilitate communication.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the **[Jurisdiction Fact Sheet!](#)**

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A LOOK AT MINNESOTA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

MISSISSIPPI EXECUTIVE SUMMARY

In Mississippi, consent for unemancipated minors under age 18 (but at least 15) is conditional on the minor being treated by a physician or psychologist for mental or emotional problems caused by or related to alcohol or drugs ONLY. (See Miss. Code § 41-41-14). There is also no indication that young people under 18 can apply for health insurance on their own (nor did Mississippi expand access to Medicaid, so there likely isn't any coverage options for unhoused young adults either.

A PATH FORWARD FOR MISSISSIPPI



Mississippi has almost no policies that ensure access to mental health services for unhoused youth. Mississippi should follow the lead of almost every other state and provide a path for unhoused young people to access the care they need, including the ability to consent to mental health treatment in certain circumstances and the ability to access healthcare coverage that includes mental health (both the ability to apply as a minor and expansion of Medicaid for those over 18).

Advocates should also be vigilant regarding efforts to pass Parental Bill of Rights laws and work to overturn laws targeting LGBTQ+ youth.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet](#)! Learn more at: www.youthhomelessnessindex.org

A LOOK AT MISSISSIPPI YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

0/1

MISSOURI EXECUTIVE SUMMARY

Missouri state law includes an explicit exception for unhoused and domestically abused minors who are 16 or 17 to consent to mental health care, as well as general exceptions for minors seeking pregnancy, venereal disease, and substance use treatment. However, even then, there are some requirements that may be a barrier to accessing treatment, including provider requirements to document the homeless status of a minor.

Minors may only apply for health coverage through public programs, including Medicaid and CHIP on their own if pregnant, lawfully married, a parent, legally emancipated, or 16 or 17 years old and homeless or a victim of domestic violence and self-supporting.

A PATH FORWARD FOR MISSOURI

The requirements surrounding access to health care and a minor's eligibility to apply for medical coverage are fairly complicated. Advocates could encourage a more simplified scheme - broadening the age range and simplifying the verification requirements for unhoused youth.

Unhoused youth ages 16 and 17 can consent to mental health treatment under certain circumstances

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#) Learn more at www.youthhomelessnessindex.org.

A LOOK AT MISSOURI YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

.5/1

MONTANA EXECUTIVE SUMMARY

Generally speaking, an emancipated minor can consent to the provision of health services, including mental health services, at any time. However, a minor (under 18) may consent to the provision of mental health services, only if they meet specific circumstances:

- Was or is married;
- Has a child;
- Graduated from high school;
- Is separated from their parent(s) or legal guardian for whatever reason and is providing self-support by whatever means; or
- Needs emergency care, without which their health would be jeopardized – if emergency care is rendered, the minor’s parent(s) or legal guardian must be informed as soon as practical, except if given under the circumstances mentioned above.

Minors suffering from a mental disorder and requiring commitment, who are at least 16 years of age may, without parental (or guardian) consent, consent to receive mental health services from: (a) a facility; (b) a person licensed in the state to practice medicine; or (c) a mental health professional licensed in the state.



**A minor (under 18)
may consent to
the provision of
health services,
including mental
health services,
only if they meet
specific
circumstances**



A PATH FORWARD FOR MONTANA



Montana has a helpfully broad consent rule for any minor that is “separated from their parent(s) or legal guardian for whatever reason and is providing self-support by whatever means”. This language can serve as a model for other states.

Montana also allows minors to contract for necessities, so there shouldn’t be a barrier in applying for health coverage, however, this could be made explicit on the application page.

For additional policy ideas, see below.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the **Jurisdiction Fact Sheet!**

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**A LOOK AT MONTANA
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	.5/1

NEBRASKA EXECUTIVE SUMMARY

Generally speaking, no, all youth cannot consent to and access mental health treatment in the state of Nebraska without the consent of a parent or a legal custodian until they are 18 years of age or older (note that Nebraska’s age of majority is 19, but there is an exception that allows minors to consent to mental health treatment starting at age 18). (See Neb. Rev. Stat. § 43-2101(2)(b).)

The only generally applicable exception is that minors who are legally emancipated are granted the right to “making decisions regarding their own healthcare, medical care, dental care, and mental health care, without parental knowledge.” (Neb. Rev. Stat. § 43-4809(1)(a); see also Neb. Rev. Stat. § 43-4810(1)(c) A judgment of emancipation allows a minor to make their own decisions about medical, dental, or psychiatric care without needing their parents or guardian to know, give permission, or be responsible.)



Generally speaking, only emancipated youth can consent to and access mental health treatment in the state of Nebraska without the consent of a parent or a legal custodian

A PATH FORWARD FOR NEBRASKA

In Nebraska, advocates should try to expand consent to mental health services beyond emancipated minors to include unhoused or self-supporting minors. They should also ensure that unhoused youth can apply for medical coverage for mental health services through Nebraska Medicaid or CHIP on their own.

Advocates should also keep an eye on the Parents’ Bill of Rights and Academic Transparency Act. This misguided bill would codify that “[e]very parent of a child in this state shall have a fundamental right to direct the upbringing, education, care, and mental health of the parent's child. The following rights are reserved to each parent of a child in this state: . . . (7) The right to make healthcare and medical decisions for such child, including the right to make decisions regarding vaccinations and immunizations as provided in section 79-221.” (See NE Leg. Bill 374.)

These kinds of laws do not protect young people and they make it much more difficult for unhoused youth to access the services they need.



NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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**A LOOK AT NEBRASKA
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	0/1

NEVADA EXECUTIVE SUMMARY

A minor may consent to mental health care if they:

- Are living apart from his or her parents or legal guardian, with or without the consent of the parent, parents or legal guardian, for a period of at least 4 months;
- Understand the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily request it;
- Provide “documentary proof” they are living apart from parent or legal guardian (written statement signed by governmental agency or nonprofit providing services to individuals experiencing homelessness; school social worker/counselor, or attorney, documentation demonstrating minor has been placed in protective custody, or decree of emancipation.)

Before initiating treatment, a provider must make prudent and reasonable efforts to communicate with the minor's parents or legal guardian and make a note of such efforts in the record of the minor’s care.

This reasonable effort is required unless the physician determines that communicating with the parents or guardian to the minor will jeopardize treatment necessary for the minors life, or to avoid a serious and immediate threat to the minors health.



**Unemancipated
minors may not
apply for
health
coverage
through public
programs,
including
Medicaid and
CHIP**



A PATH FORWARD FOR NEVADA



Advocates could work to lower “consent” requirements for youth other than emancipated minors, specifically minors who are unhoused without all of strict requirements to document the unhoused status of the youth or depending on provider discretion as to whether or not to notify parents. They should also consider pushing for automatic healthcare enrollment of unhoused youth, as there is for foster youth and youth involved in the juvenile legal system.

Advocates should also support bills like SB 419 (2023), which would have created a Medicaid look-alike program for undocumented immigrants and ensure that it would cover unhoused undocumented youth.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT NEVADA
YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	.5/1

NEW HAMPSHIRE EXECUTIVE SUMMARY

Generally, youth under 18 years of age must have parental or other authorized adult consent for health care, except for services related to drug dependency or other drug-related problems. (N.H. Rev. Stat. § 21:44 (2019)/N.H. Rev. Stat. § 135- C:12 (2022)/ N.H. Rev. Stat. § 318-B:12-a (2017)).

Mental health services are available to everyone in New Hampshire, regardless of age or ability to pay through ten Community Mental Health Centers. Minors may apply to an approved community health program for mental health services, but the application must be made by a parent or guardian.

New Hampshire requires that an adult in the family apply for health care coverage (if they otherwise meet the eligibility requirements at <https://nheasy.nh.gov>).

New Hampshire does not actively prevent LGBTQ youth from accessing nondiscriminatory and gender affirming mental health treatment.



Mental health services are available to everyone in New Hampshire, regardless of age or ability to pay through ten Community Mental Health Centers



A PATH FORWARD FOR NEW HAMPSHIRE



New Hampshire advocates should focus on creating a clear minor consent to mental health law, ensuring that unhoused youth are able to access care and apply for health insurance without requiring parental consent.

In the meantime, there needs to be a single, easy to navigate place where unhoused young people can access to information about mental health care resources (it took our researchers hours to sift through dozens of sites containing confusing and sometimes conflicting information).

Finally, advocates should keep an eye on efforts to revive the “parental bill of rights” that was defeated in 2023.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [**Jurisdiction Fact Sheet!**](#)

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**A LOOK AT NEW HAMPSHIRE
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	0/1

NEW JERSEY EXECUTIVE SUMMARY

New Jersey State law has codified the ability of minors aged 16 or older to consent to certain mental health treatment without parental consent, albeit such consent is limited solely to temporary outpatient treatment which excludes the administration of medication.

Additionally, all minors (regardless of status, but subject to certain eligibility requirements) have the ability to access New Jersey's Family Care Program (which includes Medicaid & CHIP) and receiving corresponding mental health treatment. It is not explicitly clear if they can apply on their own.

Further, executive action has made clear that the discriminatory treatment on the basis of receipt of gender-affirming healthcare is prohibited.



**Consent is
limited solely
to temporary
outpatient
treatment
which excludes
the
administration
of medication**

A PATH FORWARD FOR NEW JERSEY



Advocates should consider efforts to lower the age range for consent or create an explicit exception for unhoused youth, while also broadening the scope of services that may be obtained without parental consent. Efforts should also be made to make it more clear and accessible for unhoused youth to apply for health insurance on their own.



NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT NEW JERSEY YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

.5/1

NEW MEXICO EXECUTIVE SUMMARY



The age of majority in New Mexico is 18; anyone younger than age 18 is legally a minor. (NM Stat § 28-6-1 (2021) **For youth who are minors, the consent of a parent or another authorized adult is generally required.** There are, however, exceptions based on a minor's specific status and for specific services, described below.

New Mexico laws authorizing some minors to consent to health care based on a minor's specific status:

- Emancipated Minor
- An unemancipated minor age 14 or older who is living apart from the minor's parents or legal guardian
- A minor age 16 or older who is or has been married
- An unemancipated minor age 14 or older who is the parent of a child may
- A minor age 16 or older who is on active duty with the armed forces of the U.S.

A minor age 14 or older with capacity to consent may consent to treatment, including individual psychotherapy, group psychotherapy, guidance counseling, case management, behavioral therapy, family therapy counseling, substance abuse treatment or other forms of verbal treatment that do not include aversive interventions.

Psychotropic medications may be administered but the clinician must notify the legal custodian of the child 14 or older.

A PATH FORWARD FOR NEW MEXICO



New Mexico consent laws are fairly broad and explicitly describe the types of treatment covered. However, advocates should seek clarification if unhoused youth are able to apply for health insurance on their own and ensure that this information and process is readily available on government and other resource websites.

Advocates should also pursue efforts to ensure that the medical records (including insurance claim records) of unhoused youth are protected and private.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT NEW MEXICO YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1



MENTAL

health

MATTERS

NEW YORK EXECUTIVE SUMMARY

The law is very favorable for youth to consent to and access mental health treatment in New York. All minors can consent to mental health treatment under the law without age restriction, so long as a physician determines that the treatment is necessary and obtains a second opinion confirming the same. See N.Y. Mental Hyg. Law § 33.21(a). Minors over the age of 16 can also independently consent to prescriptions of psychotropic medications in an outpatient setting. N.Y. Mental Hyg. Law § 33.21(e)(2).

Coverage for mental health treatment is also widely available in New York. **The Child Health Plus insurance program is available to all children under the age of 19, regardless of the child's income or immigration status.** The Child Health Plus program includes coverage for both outpatient and inpatient mental health treatment. However, the requirements for youth to apply independently are confusing and needlessly stringent.



All minors can consent to mental health treatment under the law without age restriction, so long as a physician determines that the treatment is necessary and obtains a second opinion confirming the same

A PATH FORWARD FOR NEW YORK



The law in New York is favorable for youth to be able to consent to mental health services in New York and recent bill has strengthened this right for unhoused youth. It **permits “runaways and homeless youth under the age of 18 who are receiving approved crisis or support services to consent to medical, dental, health and hospital services.”** See N.Y. Senate Bill 8937.

However, the requirements to apply for health insurance independently are onerous. A minor must be legally married OR 16 or older, stayed in school until age 16, does not live with or receive money from a parent or guardian, and does not live in foster care OR 16 or 17, pregnant or a parent, and does not live with the minor’s parent or guardian because no parent or guardian is available OR the minor and his or her child would be at serious risk of harm if they lived with the minor’s parent OR the young person is 18-20 and pregnant or a parent. OR the young person is 18-20, and the parent or guardian is unavailable or cannot or does not offer a safe home for the young person. This outdated scheme is in place to allow the government to sue the young person’s parent for the cost of medical care. This does not help unhoused youth and may in fact deter them from seeking services. Advocates should ensure that unhoused youth can apply on their own period, or better yet, allow for automatic enrollment of unhoused youth.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the **Jurisdiction Fact Sheet!**

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A LOOK AT NEW YORK YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE’RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

1/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

NORTH CAROLINA EXECUTIVE SUMMARY

Generally, under North Carolina law, the consent of a parent, guardian or person standing in loco parentis is required to provide health services to a minor.

There are, however, limited exceptions to this requirement. Pursuant to G.S. 90-21.5(a), a minor has the legal capacity to consent to medical health services for the prevention, diagnosis, and treatment of venereal and other reportable diseases, pregnancy, abuse of controlled substances or alcohol, and emotional disturbance.

In addition, pursuant to G.S. 90-21.5(b), any minor who is emancipated may consent to any medical treatment, dental and health services for himself or for his child. (G.S. 90-21.5(b).)

Youth can technically apply for medical coverage on their own, but this was difficult to determine, and it may be challenging for youth to obtain the documents/information necessary to apply for such coverage.



**A number of bills
were recently
passed that could
negatively affect
LGBTQ youth in
accessing
nondiscriminatory
and gender
affirming mental
health treatment**

A PATH FORWARD FOR NORTH CAROLINA

In May of 2019, a bill known as “The Essential Services for Homeless Youth” was introduced and passed in the House of Representatives in the state of North Carolina. This bill would make it easier for kids who are “unaccompanied” by any adult in their lives to receive basic medical care, including physical screening exams so they can play school sports and receive mental health, dental and vision services. This bill could be a starting point for advocates to move the ball forward in expanding mental health access for unhoused youth.

In addition, because it was so difficult to locate information about how a minor could apply for health care coverage, **it would be helpful if advocates provided a step-by-step guide for homeless youth, walking them through how to apply for health coverage and information about how they can get the documents they need to apply for such coverage.**

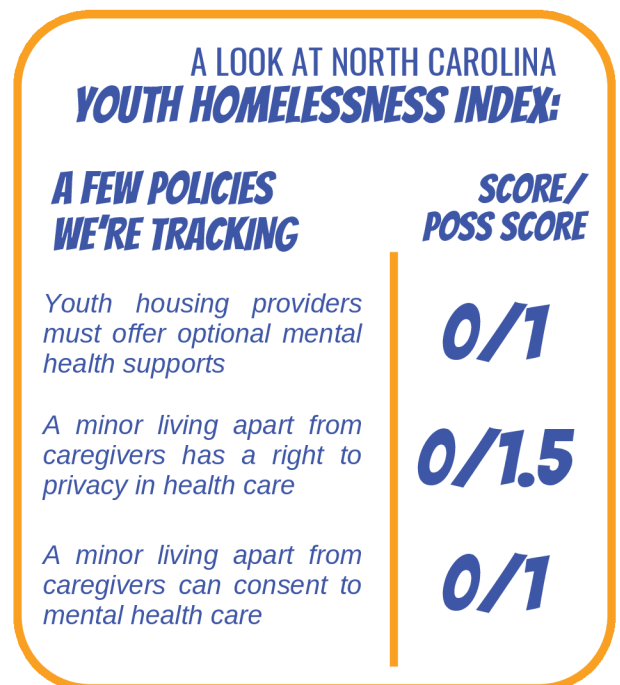
Finally, advocates should be vigilant about whether the recently passed Parents’ Bill of Rights is making it more difficult for unhoused youth (and especially LGBTQ+ youth) from accessing mental health services.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the **Jurisdiction Fact Sheet!**

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NORTH DAKOTA EXECUTIVE SUMMARY

There is a law that permits homeless minors over 14 years old to be able to consent to and contract for behavioral health examinations, care, and treatment without permission, authority, or consent of a parent or guardian. It appears that this includes a wide variety of mental health treatment but it isn't defined in the statute.

However, despite the fact that unhoused youth can contract for the actual care, the application for health insurance states that “an adult in the family” must be the contact person for the application.



**There is a law
that permits
homeless minors
over 14 years old
to be able to
consent to and
contract for
behavioral health
examinations,
care, and
treatment**

A PATH FORWARD FOR NORTH DAKOTA

Advocates could push for a clear definition of behavioral health examination, care, and treatment in the minor consent law to ensure it covers the full range of mental health treatment.



Also, minors who can consent to treatment should also be able to apply for health insurance programs on their own. This is usually remedied by a change in regulation or even in agency policy.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [**Jurisdiction Fact Sheet!**](#)

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**A LOOK AT NORTH DAKOTA
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	.5/1

OHIO EXECUTIVE SUMMARY

Any youth age 14 or older can access outpatient mental health services on a limited basis without parental consent.

While Ohio Children's Health Insurance Program (CHIP) covers mental health care, there is no enumerated path for children applying on behalf of themselves. Next of kin may apply on behalf of a child in their care; however, this information is not easy to find. **It seems there is a gap in CHIP coverage for homeless youth applying for themselves in the State of Ohio.**

Certain undocumented youth may be able to access healthcare under Alien Emergency Medical Assistance and Refugee Medical Assistance.

The current political climate is not favorable towards LGBTQ youth, and there is no statewide law in Ohio that protects LGBTQ people from discrimination.



The current political climate is not favorable towards LGBTQ youth, and there is no statewide law in Ohio that protects LGBTQ people from discrimination

A PATH FORWARD FOR OHIO



Homeless youth can seek outpatient mental health services on a very limited basis - services must be outpatient, cannot include the use of medication, and are limited to no more than six sessions or 30 days of services, whichever occurs sooner. Expanding the type of services and removing the limits on these services could be a good first step for advocacy.

However, obtaining coverage for this type of care under CHIP or any other programs may be challenging. There is no enumerated path for children applying on behalf of themselves. The website is silent. The Administrative Code does not go into that level of detail. Even the Ohio Medicaid hotline provider was unable to determine whether a youth could apply for coverage on their own, unless they were pregnant. This is generally an easy fix via agency regulation or policy change.



NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

Learn more at:
www.youthhomelessnessindex.org.

A LOOK AT OHIO YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/
POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

0.5/1

OKLAHOMA EXECUTIVE SUMMARY

Generally, a minor must be 16 years of age or older to consent to treatment. A minor who is separated from his parents or legal guardian for whatever reason and is not supported by his parents or guardian may consent to medical treatment, including mental health treatment, at any age.

If they meet the citizenship and income guidelines, website specifically says that children up to 19 years old can apply for SoonerCare. BUT the application says “We need one adult in the family to be the contact person for your application.”



A minor who is separated from his parents or legal guardian for whatever reason and is not supported by his parents or guardian may consent to medical treatment, including mental health treatment



A PATH FORWARD FOR OKLAHOMA



Advocates in Oklahoma could encourage a change in regulation or policy to allow unhoused youth to apply for health insurance on their own.

Also, advocates should be ready to address ways that Oklahoma’s “parental bill of rights” (*25 OK Stat § 25-2002*) creates a chilling effect on unhoused youth seeking care since it allows parents to access and examine all medical records. Advocates could encourage a medical privacy law for youth who can consent to care.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the **[Jurisdiction Fact Sheet!](#)**

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A LOOK AT OKLAHOMA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

OREGON EXECUTIVE SUMMARY

A minor who is 14 years or older may access outpatient mental health, drug treatment, or alcohol treatment (excluding methadone) without parental consent.

Normally, the person providing treatment (known as the provider) must involve the parents of the minor before the end of treatment unless the parents refuse or unless there are clear clinical indications to the contrary, which must be documented in the treatment record. A provider does not need to involve the young person's parents if they have been abused by the parent(s) or have been living apart from their parents or legal guardian for a period of 90 days.

Oregon Health Plan is open to all children and teens younger than 19, regardless of immigration status who meet income thresholds and reside in Oregon. OHP provides coverage for mental health treatment.



OHP is open to all children and teens younger than 19, regardless of immigration status who meet income thresholds and reside in Oregon

A PATH FORWARD FOR OREGON



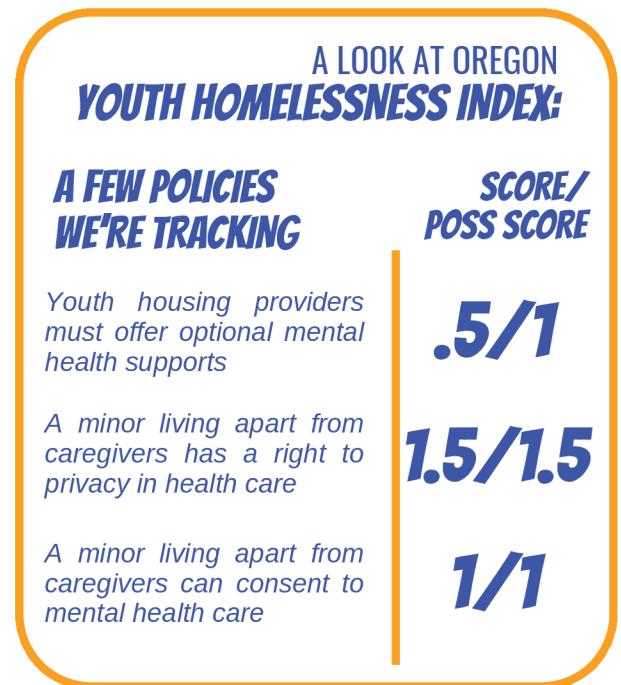
It would be beneficial for Oregon to remove the requirement that a young person has to be living apart from their caregivers for more than 90 days to be exempt from parental notification requirements. Many youth shelters are only able to provide services for 30 days and oftentimes, accessing medical services is an important part of stabilizing a young person. Notification requirements are a huge barrier to access.

Advocates should also keep an eye on any so-called “parental rights” bills that have been making the rounds in Oregon.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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PENNSYLVANIA EXECUTIVE SUMMARY

Any Pennsylvania youth, aged 14 or older, can consent to voluntary inpatient or outpatient mental health treatment and parental consent is not necessary.

Additionally, any youth can sign up for Medicaid and CHIP, and Pennsylvania's Medicaid and CHIP programs cover mental health treatment. Pennsylvania's Medicaid and CHIP programs cover mental health and drug/alcohol treatment services.

However, a young person cannot apply for health insurance on their own - the application says "We will need to contact an Adult/Parent/Caretaker."



**Any
Pennsylvania
youth, aged
14 or older,
can consent
to voluntary
inpatient or
outpatient
mental health
treatment**

A PATH FORWARD FOR PENNSYLVANIA



Pennsylvania has a strong minor consent law for mental health care that can serve as a model for other states. However, it is very difficult for a young person to actually access the health care they can consent to if they can't apply for health insurance to pay for it.

Pennsylvania should ensure that there is an avenue for unhoused or other youth living apart from their caregivers to apply for CHIP or other medical assistance on their own (or perhaps allow for automatic enrollment of unhoused youth).

Advocates can also support efforts to ensure that immigrant youth and young adults are able to access coverage.



NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [**Jurisdiction Fact Sheet!**](#)

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A LOOK AT PENNSYLVANIA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

RHODE ISLAND EXECUTIVE SUMMARY

Youth 16 years of age or older and married individuals of any age can access mental health treatment in Rhode Island with minimal barriers. Young people that are under the age of sixteen but are pregnant and need mental health treatment directly related to prenatal, delivery, or post-delivery care may also access this treatment. Mental health treatment could possibly be evaluated on a case-by-case basis under an emergency exception.

There are also a variety of state supported programs that offer mental health benefits.



**Youth 16 years of
age or older and
married
individuals of any
age can access
mental health
treatment in
Rhode Island**

A PATH FORWARD FOR RHODE ISLAND



Advocates should focus on lowering the age of consent for mental health treatment or incorporating a specific exception for unhoused youth.

Similarly, unaccompanied unhoused youth need to be able to apply for health insurance on their own. Currently, the application states, “If there is no parent or working individual, you can select any **adult** to be the head of household.” Allowing for a child-only application can usually be accomplished via regulation change or agency policy.



NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT RHODE ISLAND YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

.5/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

.5/1

SOUTH CAROLINA EXECUTIVE SUMMARY

Generally, parental consent is not required for young people who are 16 years old or older, and for those under 16 years old, parental consent is not needed if the health services are “deemed necessary.” There does not appear to be any specific provision for homeless youth.

Youth with a Social Security Number can apply for the Children’s Health Insurance Program (CHIP) through the South Carolina Department of Health and Human Services. However, an adult in the household needs to be listed as a contact person. The name of the program is Healthy Connections. Minors are eligible until their 19th birthday, or until their 26th birthday if they were formerly in foster care. The application is easily accessible online.



**Generally,
parental
consent is
not required
for young
people who
are 16 years
old or older**

A PATH FORWARD FOR SOUTH CAROLINA



South Carolina has not adopted full Medicaid expansion, which is a huge barrier to coverage for unhoused young adults who don't fall into other narrow coverage categories. Advocates should continue to push for full expansion.

South Carolina's mental health consent statute has a fairly broad provision to allow consent if the provider deems the services to be necessary. Advocates should determine whether unhoused young people are actually able to access care under the statute and if not, seek a stronger or clearer consent provision for unhoused youth. Unhoused youth also need a way to apply for health insurance coverage without requiring an adult to be the contact person - a change in agency regulation or policy to create a process for this should cover it.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet](#)! Learn more at: www.youthhomelessnessindex.org.

A LOOK AT SOUTH CAROLINA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

.5/1

SOUTH DAKOTA EXECUTIVE SUMMARY

South Dakota law indicates that persons under age 18 are considered minors and cannot request health care services without being either declared emancipated by a court (minors can petition the court for emancipation at age 16) or have a court-appointed legal guardian that can apply for them.

Children leaving foster care (age 18-64) may apply for Medicaid, and additional support is available for them such as housing and employment assistance.

Current South Dakota law is silent on mental health care consent and there is a parental rights law stating that **only parents or court-appointed guardians hold the fundamental right to make decisions concerning the upbringing, education, and care of a child.**



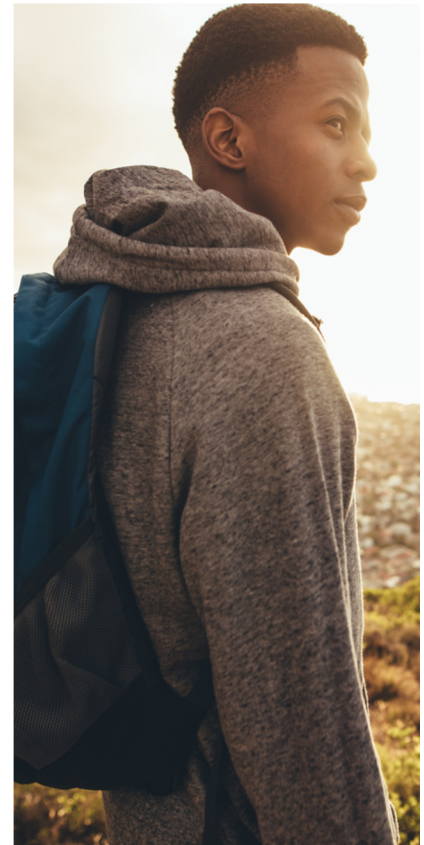
Persons under age 18 are considered minors and cannot request health care services without being declared emancipated by a court

A PATH FORWARD FOR SOUTH DAKOTA



There is an urgent need in South Dakota for a path for unhoused young people to access lifesaving health care, including mental health care, that does not require a court process like emancipation.

There are many examples of mental health consent laws in this guide that advocates can use to get started, as well as advice around changing agency regulations or policy to allow unhoused youth to apply for health insurance on their own.



NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [**Jurisdiction Fact Sheet!**](#)

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A LOOK AT SOUTH DAKOTA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

0/1

TENNESSEE EXECUTIVE SUMMARY

While there are exceptions, youth under the age of sixteen years old generally cannot consent to or access mental health treatment in the state of Tennessee without the consent of a parent, legal guardian or legal custodian. Section 33-8-202 of the 2021 Tennessee Code provides that a child that is sixteen years or older may consent to such mental health services without requiring the consent of a parent. However, those under the age of sixteen must rely on a separate exception, such as those listed below:

- **“Mature Minors”:** Court precedent has found that when a young person is between the ages of fourteen and eighteen, there is a rebuttable presumption of capacity, and the physician may treat without parental consent unless the physician believes the minor is not sufficiently mature to make his or her own health care decisions;
- **Emancipated Minors:** By court order or minors who are married or in the military; or
- **Emergencies:** A physician does not need to receive consent if the physician in good faith believes that it is necessary to save the life of the minor or prevent further deterioration of the minor’s condition.



While there are exceptions, youth under the age of sixteen years old generally cannot consent to or access mental health treatment without the consent of a parent or guardian

A PATH FORWARD FOR TENNESSEE



It appears that young people can apply for outpatient mental health treatment through the Tennessee Department of Mental Health and Substance Abuse Services' Behavioral Health Safety Net of Tennessee insurance program ("BHSN"), if they don't have insurance coverage or lack full behavioral health coverage. But it isn't clear if they can apply on their own. Another program, the TennCare (CoverKids) program requires that a custodial parent apply for the program on behalf of the child. Advocates could help get clarity around whether unhoused youth can independently apply for BHSN and push for a path for youth to apply for TennCare on their own.

Tennessee hasn't expanded Medicaid, which mean most unhoused young adults will not be able to access health insurance and will not be able to pay for mental health services. Advocates should continue to push for expansion.

Tennessee does have a Parental Bill of Rights, which grants each parent the right to receive medical records directly from the treating professional or provider unless otherwise provided by law. (Tenn. Code Ann. §36-6-101(a)(3)(A)). Advocates should work to protect the medical records of youth living apart from their parents.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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**A LOOK AT TENNESSEE
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	.5/1

TEXAS EXECUTIVE SUMMARY

The following people may consent to medical, dental, psychological, and surgical treatment of a child when the person having the right to consent as otherwise provided by law cannot be contacted and that person has not given actual notice to the contrary:

- (1) a grandparent of the child;
 - (2) an adult brother or sister of the child;
 - (3) an adult aunt or uncle of the child;
 - (4) an educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent;
 - (5) an adult who has actual care, control, and possession of the child and has written authorization to consent from a person having the right to consent;
 - (6) a court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject;
 - (7) an adult responsible for the actual care, control, and possession of a child under the jurisdiction of a juvenile court;
- or
- (8) a peace officer who has lawfully taken custody of a minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment.



**Texas has a
variety of laws
regarding
medical
consent that
apply in
different
circumstances**

Pursuant to Section 32.003 of the Texas Family Code, **a child may consent to psychological treatment** by a licensed physician if the child:

- Is on active duty with the United States military; OR
- Is 16 years of age or older and resides separate and apart from their parents, with or without the consent of their parents, and managing their own financial affairs, regardless of the source of the income.



Also, children may consent to counseling for suicide prevention, substance addiction, or abuse without parental consent. Licensed professionals can counsel children under these circumstances and inform parents about the treatment provided, relying on the child's written statement as grounds for their capacity to consent.

Counselors cannot counsel a child without consent if prohibited by court order. Parents or guardians who do not consent are not liable for counseling fees.

Physicians or psychologists can examine a child without parental consent if they suspect abuse or neglect has harmed the child's condition (TX Fam. Code 32.005).

A PATH FORWARD FOR TEXAS



Texas has a variety of laws regarding medical consent and mental health treatment that apply in different circumstances. This is very difficult for a young person to navigate and potentially confusing for providers as they attempt to discern if they can legally provide care. Advocates should explore whether or not a simpler age-based consent law might be a helpful reform.

Access to health insurance is also a huge issue in Texas. Young people under 18 cannot apply for health insurance without an adult listed on the application. And Texas has rejected Medicaid expansion, meaning that most unhoused young adults will not be able to access health insurance and thus, mental health care. Advocates should push for more expansive access to health insurance.

NHLC Policy Recommendations

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A LOOK AT TEXAS YOUTH HOMELESSNESS INDEX:	
A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	.5/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	0/1



MENTAL

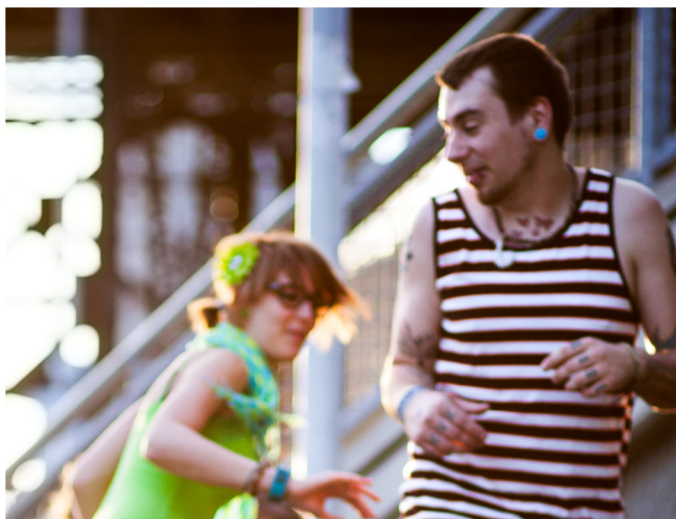
health

MATTERS

UTAH EXECUTIVE SUMMARY

Not all youth can consent to mental health treatment in the state of Utah. However, minors who are legally emancipated; in active military service; married; or homeless, unaccompanied and over 15 would be able to consent to mental health treatment if not otherwise prohibited by law.

In terms of access, minors who are able to consent to their own medical care can apply for Medicaid or enroll in CHIP, which offers mental health services. Youth that are over 19 can also access Medicaid in Utah for the purpose of mental health treatment.



Minors who are homeless, unaccompanied and over 15 can consent to mental health treatment if not otherwise prohibited by law

A PATH FORWARD FOR UTAH

Pursuant to Utah Code Ann. § 53E-9-203m, policies adopted by a school district or charter school shall include “prohibitions on the administration to a student of any psychological or psychiatric examination, test, or treatment, or any survey, analysis, or evaluation without the prior written consent of the student’s parent, in which the purpose or evident intended effect is to cause the student to reveal information, whether the information is personally identifiable or not, concerning the student’s or any family member’s ... mental or psychological problems; [or] sexual behavior, orientation, or attitudes.”

This prohibition also applies “within the curriculum and other school activities unless prior written consent of the student’s parent has been obtained.” There are certain exceptions in connection with emergency situations, suicide prevention and bullying, but this law is extreme and will cause harm. Many young people access or get connected with mental health services at school and this law completely prevents any kind of screening and may also prevent identification of children who are homeless, which would violate federal law. Advocates should consider efforts to repeal this law.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT UTAH YOUTH HOMELESSNESS INDEX:	
A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	1/1

VERMONT EXECUTIVE SUMMARY

In Vermont, minors can agree to get outpatient mental health treatment on their own. This means they don't need permission from their parents or guardians. Once they give consent, they can't take it back just because they are under 18.

Outpatient treatment from a mental health professional includes:

- Outpatient treatment defined as psychotherapy and other counseling services that are supportive, but not prescription drugs
- Mental health professional defined as a person with professional training, experience, and demonstrated competence in the treatment of mental illness, who shall be a physician, psychologist, social worker, mental health counselor, nurse, or other qualified person designated by the Commissioner.

It does not include inpatient treatment.



**In Vermont,
minors can
agree to get
outpatient (but
not inpatient)
mental health
treatment on
their own**



A PATH FORWARD FOR VERMONT



Despite having a very broad consent statute for mental health services, young people under 18 cannot enroll in State of Vermont Medicaid and Dr. Dynasaur programs without a parent/guardian unless they are emancipated. This is a fairly simple fix, usually requiring a change in agency regulation or policy, rather than legislation.

And while there is some case law indicating that sharing medical records with non-custodial parents is not in the best interest of a child, advocates should consider pursuing a medical privacy law for youth who access mental health and other services under minor consent laws.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT VERMONT YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

1/1

VIRGINIA EXECUTIVE SUMMARY

Virginia law has an emancipation process for minors who are 16 and over. Virginia also allows non-emancipated minors to consent to certain health care services, specifically including certain services for mental illness, emotional disturbance, and substance abuse.

Virginia's Medicaid program has a helpful website that is easy to access. www.dmas.virginia.gov

However, a parent, guardian, authorized adult representative, or adult caretaker relative with whom the child lives must sign the application for health insurance for a child under the age of 18.

Children under the age of 18 cannot apply for themselves unless they are emancipated.



**Children under
the age of 18
cannot apply
for health
insurance
themselves
unless they are
emancipated**



A PATH FORWARD FOR VIRGINIA



Virginia provides for access to mental health care for minors, treating them as adults for the purposes of outpatient care. However, advocates should expand paths for minors to access health care coverage on their own behalf via agency regulation or policy.

Advocates should also keep an eye on proposed legislation that places mental health care limitations on minors seeking gender affirming care. See [SB 960 Youth Health Protection Act](#).

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet](#)!

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A LOOK AT VIRGINIA YOUTH HOMELESSNESS INDEX:	
A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
Youth housing providers must offer optional mental health supports	0/1
A minor living apart from caregivers has a right to privacy in health care	0/1.5
A minor living apart from caregivers can consent to mental health care	1/1

WASHINGTON EXECUTIVE SUMMARY

In the state of Washington, youth over the age of 13 may consent to outpatient mental health treatment. For inpatient treatment, youth over the age of 13 may consent on their own, but their parents must be notified.

Apple Health is the Medicaid system in Washington. Apple Health is available to unaccompanied youth aged 18 and under who are not residing with a parent or legal guardian. See [Apple Health provides behavioral health services](#).



NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet](#)! Learn more at www.youthhomelessnessindex.org.

A PATH FORWARD FOR WASHINGTON



In March 2024, the Washington State Legislature passed [Initiative 2081 \(I-2081\)](#), known as the Parents' Bill of Rights, which took effect on June 6, 2024.

Advocates should monitor this closely, as it includes provisions that expand parental rights to inspect their child's public school records to include items such as medical or health records and records of any mental health counseling.

A LOOK AT WASHINGTON YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/POSS SCORE

Youth housing providers must offer optional mental health supports

.5/1

A minor living apart from caregivers has a right to privacy in health care

1.5/1.5

A minor living apart from caregivers can consent to mental health care

1/1

WEST VIRGINIA EXECUTIVE SUMMARY

In West Virginia, the general rule is that persons under eighteen years of age lack the legal capacity to give valid consent to medical treatment. However, in certain limited contexts, individuals under the age of 18 may give consent to receive care: notably, emergencies, treatment for sexually transmitted diseases, addiction treatment, and contraception and family planning-related treatment.

In addition, certain individuals under the age of 18 may acquire the ability to give consent in all contexts, namely:

- Individuals over the age of 16 who have been emancipated by a court “[u]pon a showing that the child can provide for his or her physical and financial well-being and has the ability to make decisions for himself or herself[.]” W.V. Code § 49-4-115(b)
- A child over the age of sixteen years who marries is emancipated by operation of law.



**In West Virginia,
the general rule
is that persons
under eighteen
years of age lack
the legal
capacity to give
valid consent to
medical
treatment**

A PATH FORWARD FOR WEST VIRGINIA



There is an urgent need in West Virginia for a path for unhoused young people to access lifesaving health care, including mental health care, that does not require a court process like emancipation. There are many examples of mental health consent laws in this guide that advocates can use to get started.

The West Virginia CHIP application does appear to allow youth to apply on their own for health insurance but this isn't explicit. Advocates could work to make sure the process is clear and accessible.

Also, several “parental rights” bills were introduced during the 2023 regular legislative session but did not pass. Advocates should keep an eye these efforts.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

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A LOOK AT WEST VIRGINIA YOUTH HOMELESSNESS INDEX:

A FEW POLICIES WE'RE TRACKING

SCORE/ POSS SCORE

Youth housing providers must offer optional mental health supports

0/1

A minor living apart from caregivers has a right to privacy in health care

0/1.5

A minor living apart from caregivers can consent to mental health care

0/1

WISCONSIN EXECUTIVE SUMMARY

Generally, minors need to obtain parent or guardian consent to access inpatient, outpatient, or emergency outpatient mental health treatment.

If a minor wants to obtain inpatient or outpatient mental health treatment but lacks parent or guardian consent (as defined in [Wis. Stat. § 51.13\(1\)\(c\)](#)), then the minor may petition the court and the minor may request that the court temporarily approve the admission or treatment pending a hearing. [Wis. Stat. § 51.14](#).

If any age minor wants to obtain emergency outpatient mental health treatment, but lacks parent or guardian consent, a treatment director of such facility may provide such services to such minor for 30 days without first obtaining informed consent if the criteria in [Wis. Stat. § 51.138\(2\)](#) are satisfied.

Children under the age of 19 are eligible regardless of finances) to apply for Wisconsin Medicaid (BadgerCare Plus) benefits in their own name, if they are not living with a parent or caretaker relative. [BadgerCare Plus Handbook, §2.1](#), Wisconsin Medicaid covers inpatient and outpatient and mental health services for a limited period of time without prior authorization.



**Children under 19
are eligible to apply
for Wisconsin
Medicaid benefits in
their own name, if
they are not living
with a parent or
caretaker relative**

Outpatient psychotherapy services are covered up to the lesser of 15 hours or \$825 per year although more may be authorized through prior authorization.

[Wisconsin Department of Health Services](#)

A PATH FORWARD FOR WISCONSIN



Wisconsin’s policy around access to health insurance for unaccompanied unhoused youth is refreshingly clear. However, the process for a young person to consent to mental health services generally requires court involvement and the amount of services covered is extremely limited.

Advocates could push to expand access to outpatient mental health treatment by allowing unaccompanied unhoused youth to consent on their own.

Additionally, Wisconsin has not expanded Medicaid. Practically, this means that most unhoused young adults will not be able to access health insurance coverage and will be unable to obtain even basic mental health treatment. Advocates should continue to support expansion.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [Jurisdiction Fact Sheet!](#)

Learn more at:
www.youthhomelessnessindex.org.

**A LOOK AT WISCONSIN
YOUTH HOMELESSNESS INDEX:**

A FEW POLICIES WE'RE TRACKING	SCORE/ POSS SCORE
<i>Youth housing providers must offer optional mental health supports</i>	0/1
<i>A minor living apart from caregivers has a right to privacy in health care</i>	0/1.5
<i>A minor living apart from caregivers can consent to mental health care</i>	.5/1

WYOMING EXECUTIVE SUMMARY

Generally, youth cannot consent to and access mental health treatment in the state of Wyoming without the written or oral consent of a parent or a legal custodian.

However, there are exceptions set out in Wyo. Stat. §[14-1-101](#) that apply if:

- The minor is or was legally married;
- The minor is in the active military service of the United States;
- The minor's parents/guardian cannot be located the minor's need is sufficiently urgent;
- The minor is living apart from his parents/guardian and is managing his own affairs;
- The minor is emancipated; or
- The minor is 12 years of age or older and is consenting to a tobacco cessation program.

It does not appear that youth can apply for medical coverage on their own, though this information is very difficult to find.



It does not appear that youth can apply for medical coverage on their own, though this information is very difficult to find

A PATH FORWARD FOR WYOMING



Wyoming has fairly broad exceptions to their consent statute that will like cover most unhoused youth. However, there is a need to ensure that these youth can actually obtain health care coverage. The process can be expanded and made more easily accessible and understandable via agency regulation or policy.

Additionally, Wyoming has not expanded Medicaid. Practically, this means that most unhoused young adults will not be able to access health insurance coverage and will be unable to obtain even basic mental health treatment. Advocates should continue to support expansion.

NHLC Policy Recommendations

The detrimental effect of homelessness and poverty on mental health and the additional trauma of navigating nonprofit and government systems was a common theme that young people asked us to address when creating policy priorities for the Youth Homelessness Index. This snapshot covers just a few of these policies. To see the full range of recommended policies and how this jurisdiction scores, check out the [**Jurisdiction Fact Sheet!**](#)

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CONTACT US

WE WANT TO HEAR FROM YOU!



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If you are an unhoused youth or young adult (25 or younger) in need of legal services to help you navigate and advocate for your rights, please visit the [Homeless Youth Legal Network](#) page of the [Youth Homelessness Index](#) website to find help in your area!

If you are having trouble finding legal services, you can contact Kelly Russo of the ABA's Homeless Youth Legal Network by emailing kelly.russo@americanbar.org.





YOUTH HOMELESSNESS INDEX

www.youthhomelessnessindex.org