



PROMISING PRACTICES FOR HEALTH CENTERS: SERVING YOUTH EXPERIENCING HOMELESSNESS

Profiles Bridging Health & Housing | April 2018

Terminology

Youth Homelessness:

Individuals under 25 years of age who meet a federal definition of homelessness.⁸

Supportive Housing:

Affordable permanent housing with supportive services to help people live with stability, autonomy, and dignity.⁹

Opening Doors:

Federal strategic plan to prevent and end homelessness. Includes criteria for ending youth homelessness.¹

Resources

No Strings Attached: Helping Vulnerable Youth with Non-Time-Limited Supportive Housing:

<http://www.csh.org/2016/03/csh-report-on-non-time-limited-youth-supportive-housing/>

National LGBT Health Education Center: A Program of the Fenway Institute:

<https://www.lgbthealtheducation.org/topic/lgbt-youth/>

Engaging Youth Experiencing Homelessness: Core Practices and Services

<https://www.nhchc.org/wp-content/uploads/2011/10/engaging-youth-experiencing-homelessness.pdf>

Overview

Preventing and ending homelessness among youth is currently a national focus and local priority in communities across the country. The US Interagency Council of Homelessness established the goal of ending Youth Homelessness by 2020 in Opening Doors, the federal strategic plan to prevent and end homelessness.¹ Health centers play a key role, both in connecting this population to housing and providing needed health services for this vulnerable population.



In 2016, there were 45,578 unaccompanied youth and parenting youth experiencing homelessness in the United States.² According to 2015 UDS data, youth ages 0-24 represented over 22% of clients served at Health Care for the Homeless health centers.³ While this is a significant percentage of patients that utilize care in Health Care for the Homeless settings, youth experiencing homelessness here at a much higher risk of underutilizing services compared to their housed counterparts and have significant health disparities. Youth experiencing homelessness have higher rates of mental illness and substance use disorders compared to their housed counterparts and up to four times the rate of a psychiatric disorder compared to young people who aren't experiencing homelessness.⁴ Barriers in accessing healthcare services for this population includes significant recent trauma, history of poor relationship with adults, stigma around issues related to substance use, gender identity, and cultural competency of health and other service providers.

Youth who experience homelessness have high rates of significant trauma that impact their physical and behavioral health. Adverse Childhood Experiences, documented in the landmark study by Vincent Felitti, have shown a significant relationship between the amount adverse childhood experiences with chronic disease, depression, alcoholism, and other health conditions.⁵

One specific subgroup that is overrepresented among youth experiencing homelessness is the LGBTQ population. According to the Williams Institute at UCLA School of Law, 40% of youth experiencing homelessness are LGBTQ, with family rejection and abuse the key cited reasons for homelessness among this group.⁶ This subgroup has even higher rates of behavioral health and substance use compared to non-LGBTQ youth experiencing homelessness.⁷

Hennepin County Public Health, MN

Hennepin County Public Health Department is a comprehensive county system that houses the Hennepin County Health Care for the Homeless (HCH) program as well as a medical respite program in addition to a variety of other services. The HCH program has clinics in 9 sites around the county including shelters, community-based facilities, and at the Youth Opportunity Center, a drop-in center operated by YouthLink. The clinic at the Youth Opportunity Center employs staff with an expertise in serving youth, which is covered by health center grant funding, while YouthLink provides the physical space. Providers take walk-ins to reduce barriers to accessing care and the proximity to other service providers, such as housing advocates, helps to create a provider community for youth.

Outside In, Portland, OR

Outside In has been serving youth in Portland since 1968. Started to address the behavioral health needs of a transient youth population, Outside In has evolved into a health center with a vast array of services to address emerging issues. Today, Outside In has a clinic located in a facility with a local youth drop-in center as well as two School Based Health Centers. Providers are also trained in cultural humility to ensure positive experiences for LGBTQ youth. In addition to co-location with housing units and social services at the drop-in center, Outside In is an active member of the local Homeless Youth Continuum, which started in 1998 to coordinate services for vulnerable youth. Outside In and their partners have a release of information to allow them to share data and streamline coordination of care between providers addressing youth needs.

Youth Homelessness | April 2018

Population

1.6 Million
Youth experiencing homelessness

Ages 0-24
Sometimes separated:
Youth - 18-24; Children - 0-17



40% identify as LGBTQ

35,686 Unaccompanied Youth
9,892 Parenting Youth

Considerations for Health Centers: Unique Needs



Unique developmental needs for youth

Providers at Hennepin County Health Care for the Homeless find that providing healthcare to this population is a specialization (providing care to the homeless) within a specialization (providing care to youth) as youth have unique needs navigating the health and homeless systems. Since youth are still developing, their mood, reactions, and articulation of stress or health needs can be different than adults.



Engaging youth in their care

Engaging youth requires strategic thinking about where youth are accessing services in the community and what resources are best to engage youth in healthcare. Both Hennepin County HCH and Outside In have found that co-locating a health center in a facility with a local youth drop-in center or housing program allows the health center staff to provide services to where youth are located and continue service engagement when youth are placed in housing.



Harm Reduction and Trauma Informed Care

Hennepin County HCH and Outside In agree that it is critical to have staff trained in harm reduction and trauma informed care to effectively meet the needs of young people who are actively using substances and engaging in risky behaviors, including unsafe sex. Survival sex (engaging in sex work for cash or shelter) is also common among youth experiencing homelessness.¹⁰ In addition, since youth may have a history of trauma and the current trauma of homelessness in addition to their developmental stage, they may have difficulty navigating interpersonal boundaries.



Cultural Humility

LGBTQ youth are overrepresented among youth experiencing homelessness. Outside In has adopted strategies to ensure positive health encounters for youth who identify as LGBTQ, with staff training on the unique challenges they face, health related needs, and culturally sensitive communication for this population. Staff take care to identify an individual's preferred pronouns and consider trauma history, and the health center gives youth the opportunity to list their gender identity in addition to their sex at birth.

Innovations & Promising Practices



Recruiting staff with expertise working with youth

Both Hennepin County HCH and Outside In have found value in recruiting staff that has demonstrated a passion for working with youth or background in serving youth. Actively seeking out this expertise can be helpful as health centers expand their partnerships and services to effectively serve youth.



Meeting youth needs

Hennepin County HCH and Outside In are working to engage youth via technology. Hennepin County HCH reminds young people about healthcare appointments via a text message, which can be an effective way of communicating with youth who might not be accessing care in traditional ways and are more connected with technology. They also invite young people to assist in the creation of resources to increase their relevance for youth experiencing homelessness. Outside In also uses text messages and email to connect with youth and has worked to update their electronic communications policy to allow prolific communication using these methods while also being HIPAA¹⁰ and 42CFR Part 2¹¹ compliant.



Building trusting relationships and coordination

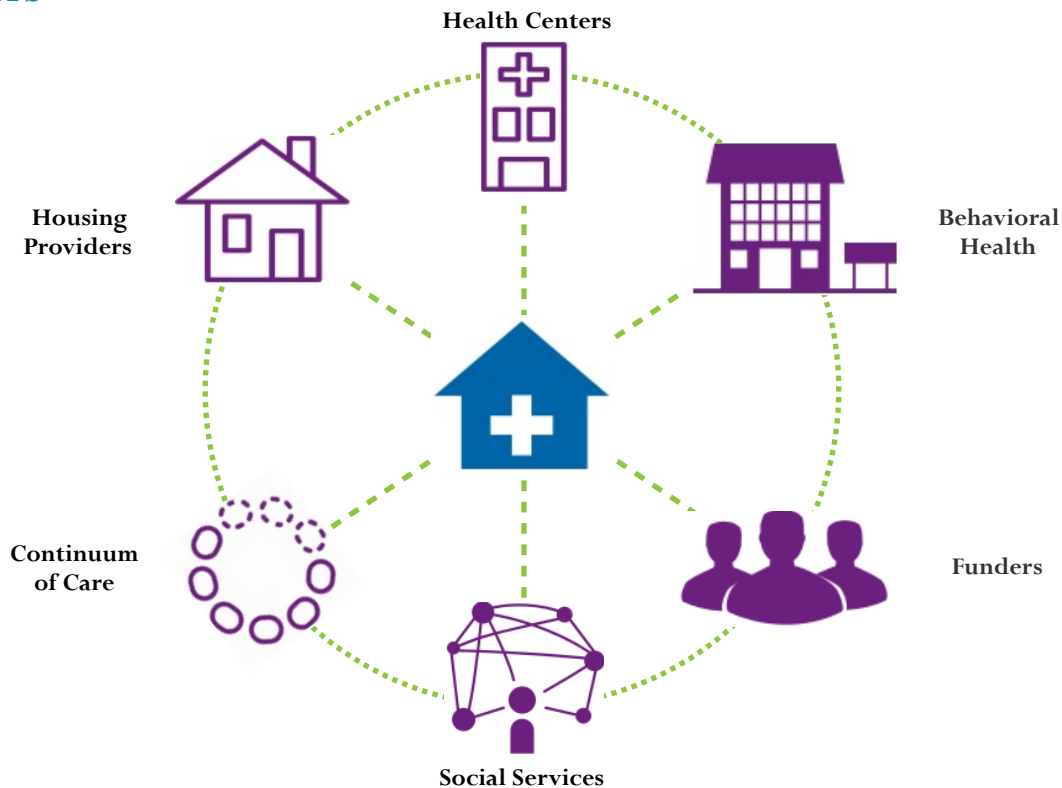
Building trusting relationships with youth experiencing homelessness is crucial to addressing their full behavioral, physical, and social needs. One promising approach both Hennepin County HCH and Outside In use is to work onsite where youth physically are visiting or residing, either in a drop-in center or supportive housing. Housing providers may be amenable to giving the space to health centers, which wouldn't directly increase costs for health centers. This can enable an approach to engage youth who would not necessarily visit an offsite health center.



Population Health Initiatives

To further focus on preventive care and to access additional resources, Outside In has partnered with local Coordinated Care Organizations on population health initiatives, such as flu vaccination clinics. This has given them the opportunity to bring in additional nursing staff and focus on prevention of health conditions.

Partners



Housing Providers

Hennepin County HCH and Outside In have both developed partnerships with housing providers in their communities. Effective program components include a harm reduction and trauma informed care approach for this population, with high rates of trauma, behavioral health conditions, and substance use. Non-time limited supportive housing has been shown to be an effective model for the highest need youth, with mental health and/or substance use disorders.¹³

Behavioral Health

Health centers, like Hennepin County HCH and Outside In, play a key role in addressing the behavioral health needs of a high need population. Both Outside In and Hennepin County HCH embrace a harm reduction approach to effectively serve a population that has barriers to engaging with the traditional health system and faces stigma as it relates to drug use and potentially high-risk behaviors.

Funders

Hennepin County's Office to End Homelessness has taken advantage of federal investment in tackling youth homelessness through HUD's Youth Homeless Demonstration Project. Additionally, the Administration for Children and Families through the Family and Youth Services Bureau (FYSB) funds youth shelters that provide emergency shelter, outreach services, and crisis intervention, etc.

Health Centers

As demonstrated by Outside In and Hennepin County HCH, health centers play crucial roles in providing health services for youth who are experiencing homelessness and providing a continuity of supportive services for individuals placed in supportive housing.

Continuum of Care

CoCs play a critical role in developing the strategy for addressing youth homelessness. Many health centers, like Hennepin County HCH, have representatives who regularly serve on their CoC's governance committees, playing a key role in housing strategy. CoCs are tasked with partnering with broader systems, including the healthcare system, and connecting individuals experiencing homelessness to resources.

Social Service Providers

The social determinants of health are broad and may require additional service providers to address. Both Hennepin County HCH and Outside In are co-located within a drop-in center that provides a space for various partners and social service providers. In Hennepin County, this includes housing advocates, and both YouthLink in Hennepin County and Outside In in Portland provide social services that incorporate nutrition classes, access to SNAP benefits, transportation assistance, education, and employments.

About CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. Visit csh.org to learn how CSH has and can make a difference where you live.

About NHCHC

The National Health Care for the Homeless Council is a network of doctors, nurses, social workers, consumers, and advocates who share the mission to eliminate homelessness. Since 1986 we have been the leading organization to call for comprehensive health care and secure housing for all. We produce leading research in the field and provide the highest level of training and resources related to care for persons experiencing homelessness. We collaborate with government agencies and private institutions in order to solve complex problems associated with homelessness. Additionally, we provide support to publicly funded health centers and Health Care for the Homeless programs in all 50 states. Visit nhchc.org to learn more.

"This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number # U30CS26935, Training and Technical Assistance National Cooperative Agreement (NCA) for \$325,000 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."



Challenges & Opportunities

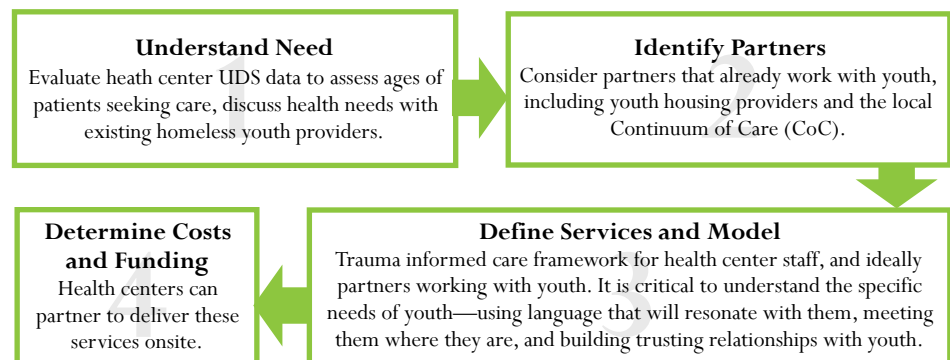
Challenges

- Youth have significant challenges in effectively navigating a complex healthcare system and many have histories of trauma. Health centers in particular have an increased need to meet youth “where they are at,” both in terms of a physical location and in trauma informed care.¹⁴
- Stigma with drug use can cause individuals to not seek care. Having a core coordinated team that embraces a harm reduction approach, from health centers and housing providers can reduce this challenge.¹⁵
- There are often perceived and real challenges as it relates to privacy and parental consent.
- Potential partners may not see youth as a priority as they do not have as many complex medical needs or be as costly as other populations, despite higher needs compared to housed youth.

Opportunities

- Many communities, including local Continuums of Care, are actively involved in developing systems to address youth homelessness. While ten communities were selected to participate in HUD’s Youth Homeless Demonstration Project, many others are actively working on this population. For ways to engage housing partners including Continuums of Care (CoCs) in this work, please see [CSH’s Health and Housing Partnership Guide](#).
- Partnering with available housing providers that work with youth enable health centers to meet vulnerable populations who might not normally access their health centers.
- Early interventions to address homelessness can have a lasting impact.
- Strategies that work for youth work for other populations. A welcoming, trauma informed environment will be effective across the board.

Getting Started



¹ Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, As Amended In 2015. https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

² HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatTerrDC_2016.pdf

³ Uniform Data System. Analysis of de-identified data sets from 2013-2015. <https://bphc.hrsa.gov/datareporting/reporting/index.html>

⁴ In Focus: A Quarterly Review of the National HCH Council. Vol 3, Issue4. Behavioral Health among Youth experiencing homelessness. <http://www.nhchc.org/wp-content/uploads/2011/09/in-focus-behavioral-health-among-youth.pdf>

⁵ Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/abstract](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract)

⁶ The Williams Institute UCLA School of Law. America’s Shame: 40% of Homeless Youth are LGBT Kids: <https://williamsinstitute.law.ucla.edu/press/americas-shame-40-of-homeless-youth-are-lgbt-kids/>

⁷ Keuroghlian, Alex S, Shtasel, Derri, & Bassuk Out on the Street: A Public Health and Policy Agenda for Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless. American Journal of Orthopsychiatry 2014, Vol. 84, No 1, 66-72.

⁸ HUD Definition of Homelessness as it related to youth: <https://www.hudexchange.info/resources/documents/HUDs-Homeless-Definition-as-it-Relates-to-Children-and-Youth.pdf>

⁹ <http://www.csh.org/supportive-housing-facts/introduction-to-supportive-housing/>

¹⁰ The Urban Institute: Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex <http://www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex/view/full-report>

¹¹ <https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>

¹² <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>

¹³ CSH, No Strings Attached: Helping Vulnerable Youth with Non-Time Limited Supportive Housing.

¹⁴ HRSA: Health Center Program. Understanding the Healthcare Needs of Homeless Youth. <https://bphc.hrsa.gov/archive/policiesregulations/policies/pal200110.html>

¹⁵ Healing Hands: A Publication of the HCH Clinician Network, Substance Use Among Youth Experiencing Homelessness. <https://www.nhchc.org/wp-content/uploads/2016/09/healing-hands-substance-use-among-youth-experiencing-homelessness-v2-web-ready.pdf>