UNHOUSED YOUTH IN LA: A PERSPECTIVE ON PROVIDING HEALTH CARE FROM CHILDREN'S HOSPITAL LOS ANGELES



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(She/Her/Hers)

Homeless Adolescent Wellness Center

DISCLOSURE

I do not have any relevant financial relationships with the manufacture(s), any commercial product(s), or services discussed or referenced in this CME activity.

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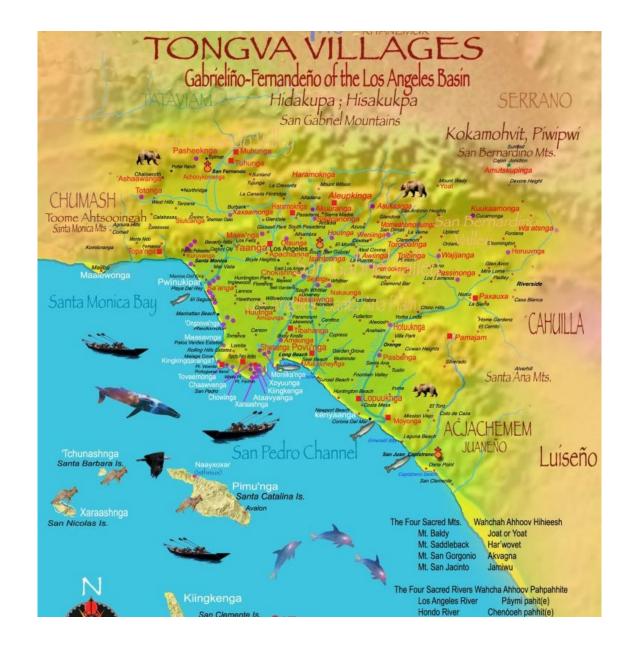
LAND ACKNOWLEDGEMENT

We acknowledge that Children's Hospital Los Angeles is included in the region of the ancestral and traditional lands of the Hamog'na Tongva people

The Tongva people historically inhabited the Los Angeles area

We honor their connection to this region and give honor and thanks for the opportunity to live, learn, and work on their traditional homeland

Please give respect and honor to the indigenous people and their elders, past and present



OBJECTIVES

List a programmatic barrier faced by the clinical team that impedes List provision of health care to youth experiencing homelessness Identify a characteristic of adolescent and young adult development that Identify makes providing effective health care to unhoused youth challenging Describe a component of clinical care for youth experiencing Describe homelessness that you can integrate into your practice

HAWC OUTREACH TEAM: WHO ARE WE?

- HOT consists of a Nurse Practitioner and a Program Specialist who provide integrated health services to unhoused youth from 12 – 24 years old
- Youth are seen at drop-in centers, shelters, and transitional living facilities
- Clinical services provided onsite at Covenant House Los Angeles
- We are mobile, using our personal vehicles to transport ourselves and clinic supplies to outreach sites



WHERE DO WE GO?

- The Way In/Salvation Army
- **LGBT** Center Los Angeles
- The Village/Hope of the Valley
- Jovenes, Inc.
- Good Seed
- Covenant House/Los Angeles campus
- Volunteers of America
- My Friend's Place
- Home at Last

Los Angeles County Service Planning Areas Lake Los Angeles Angeles National Forest Angeles National Forest Service Planning Areas 1 - Antelope Valley 2 - San Fernando 4 - Metro 5 - West 6 - South 7 - East Note: City names are shown in BLACK

HAWC CALENDAR:





HAWC OUTREACH TEAM March 2024

Mon	Tue	Wed	Thu	Fri
Children's Hospital Los Angeles DIVISION OF ADDIESCENT ADUIT MEDICINE				1 Covernant House Clinic 09:00 AM - 12:00 PM ALL ARE WELCOME
4. My Friend's Place 10:00AM-2:00PM Covernant House Clinic 1:30 - 4:00 PM ALL ARE WELCOME	5 VOA 09:00AM-11:30AM The Village 12:00-2:30PM	6 WOA South 09:00AM-12:00PM Covernmt House Clinic 1:00 - 4:00 PM ALL ARE WELCOME	7 VOA 09:00AM-12:00PM The Village 01:00PM-2:30PM	8 VOA Soulth PPD readings Only Covernant House Clinic 09:00 AM - 12:00 PM ALL ARE WELCOME
Good Seed (Male and Female Sheller) 09:00AM - 12:00 PM 5th Ave (Good Seed) 01:00PM-03:45PM Covernant House Clinic 1:00 - 4:00 PM ALL ARE WELCOME	The Way In (Hollywood Site) 09:00AM-11:45AM LGBT Center 1:00-4:00PM	Good Seed & 5th Ave PPD readings Only Home of Look 08:00AM-12:00PM Coverant House Clinic And 1:00PM-4:00PM ALL ARE WELCOME	The Way In (Hollywood Site) 09:00AM-10:00AM LGBT Center 11:00AM-12:00P M	Home at Last PPD readings Only Covenant House Clinic 09:00 AM - 12:00 PM ALL ARE WELCOME
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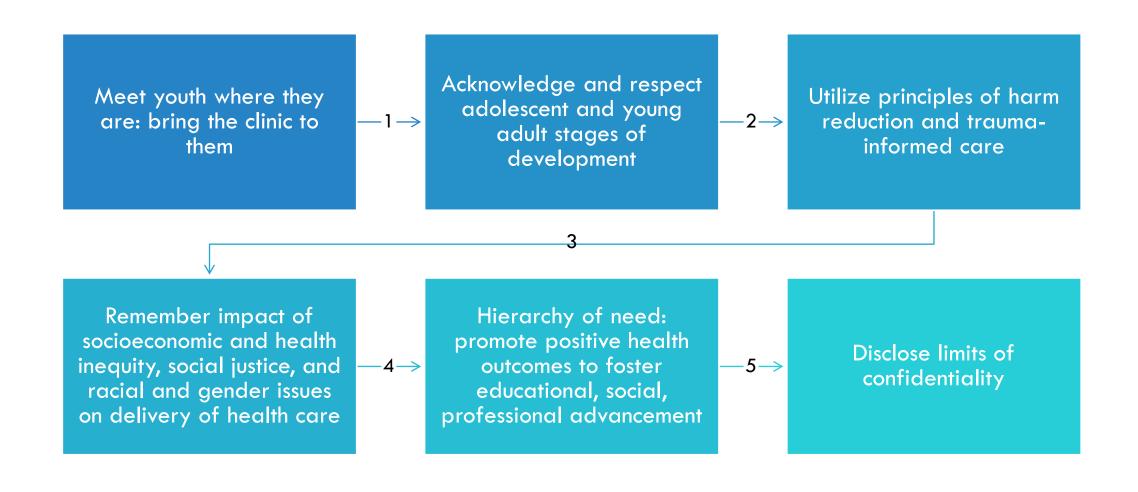
Street Outreach with Dr. Mo: March 28, 2024

My Friend's Place: 5850 Hollywood Blvd., LA 90028 (323) 908-0011 The Way In: 5939 Hollywood Blvd., LA 90028 (323) 469-2946

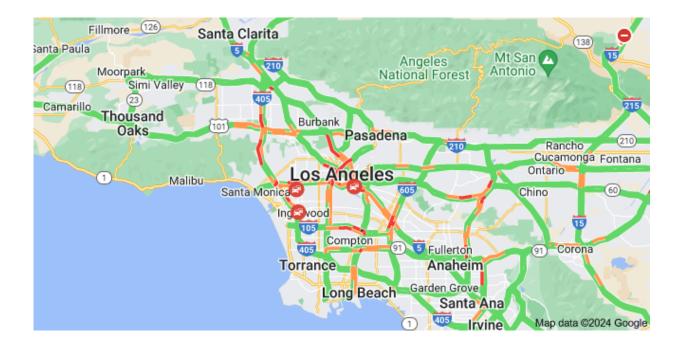
Covenant House: 1325 N. Western Ave., LA 90027 (323) 461-3131 Ext. 243 (For Appointments)

Ruth's Place: 4775 S Broadway, Los Angeles, CA 90037 (323)432-2440 LGBT Center :1118 N. McCadden Place., LA 90038 (323) 860-2280

HAWC TENANTS OF CARE:



HAWC CHALLENGES:



Time and traffic

Pandemic and ongoing woes

Safety issues

Coordination and collaboration with outreach sites

Adolescent and young adult stages and rages

Grant funding: expectations and obligations

HAWC SETTINGS:

TABLE AND CHAIRS

OUTLETS

WI-FI

ROOM WITH A DOOR FOR PRIVACY

BATHROOM





HAWC VISIT:

- •Initial Encounter: Registration; behavioral health assessment (PHQ-9, GAD-7); HEADSS; medical history; substance use inventory; sexual health history; brief/problem-focused exam
- •Plan of Care: TB screening, pregnancy testing, HIV/STI screening (approved sites); minor wound care
- Medication Dispensing (Rx and OTC)
- Survival Needs: Hygiene kits; tents; sleeping bags; clothing; donation du jour
- Coordination with agency Staff; referral to PCP or Covenant House clinic; triage to emergency room or urgent care





TB SCREENING:

- Mandatory for housing
- Methods: PPD; chest x-ray; Quant Gold blood test
- ■Follow-up in 48 72 hours
- Referral for positive PPD
- A lot can happen in 2 days...

Tuberculosis (TB)

Homeless Shelter TB Screening Fact Sheet



TUBERCULOSIS (TB) TESTING AND SCREENING FOR HOMELESS SHELTER TB CLIENTS







1. What are the symptoms of TB?

- · Coughing for more than 2 weeks
- Pain in chest
- Fever
- Chills
- Night sweats

- · Coughing up blood and/or mucus
- Weight loss
- No appetite
- · Shortness of breath

2. What is a TB test like?

A medical provider will ask you a few questions to learn if you have any TB symptoms, or if you were
around anyone with TB. The medical provider will then take a TB test. It may be a skin test, blood
test, or a chest X-ray.

3. How often should I be TB tested?

- · Once before you enter the shelter
- Once a year, or per the rules of a shelter
- . If you think that you've been in contact with someone with TB disease

4. How do I get TB clearance for shelter entry?

You'll need to get paperwork from a medical provider showing that you had a TB test, and that there
is no TB in your lungs.

5. What if I don't have a TB clearance at the time of shelter entry?

 Clients who need TB clearance will be referred for a TB screening either onsite or offsite. They must bring back the TB clearance paperwork within 7 days of shelter entry.

For More Information

Los Angeles County Department of Public Health Tuberculosis Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb

Los Angeles County Department of Public Health www.publichealth.lacounty.gov REVISED 8.26.2016

HAWC CASE STUDY # 1:

FG is a 20 y/o Honduran male newly admitted into a 60-day male shelter in Hollywood. Needs a health check and TB screen for shelter requirement

Denies chronic medical issues

TB status unknown other than receiving the BCG vaccine in early childhood

Complains of intermittent dysuria for 1 month

Identifies as heterosexual
Has 1 female sexual
partner who is in first
trimester of pregnancy with
who he shares 1 child with

Has an additional female sexual partner who he has condomless sex with

Last HIV/STI screening unknown

PLAN OF CARE:

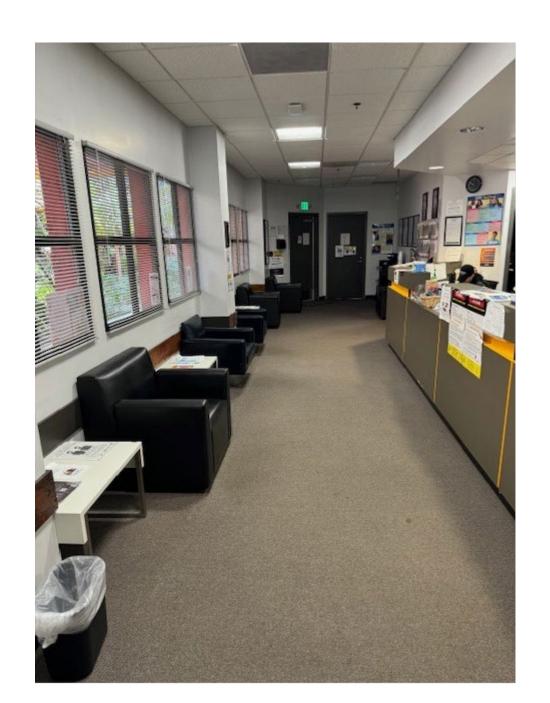
- Problem focused exam
- Provide education and choice to have a PPD placed vs. send for CXR or blood test
- PPD skin test placed
- Referral for follow-up testing at Covenant House clinic: STI and HIV screening; empiric treatment for presumptive STI
- •Insurance eligibility: undocumented, needs referral for benefits

Competing Priorities and roadblocks:

- Client attending school (difficult to make walk-in clinic appointment)
- Client went to arranged appointment 3 days later at and alternate site, provider left for the day
- Delayed testing and empiric treatment
- Presumptive continued exposure of STI to pregnant girlfriend and other partner due to condomless sex

COVENANT HOUSE CLINIC:





WHAT HAPPENED NEXT?

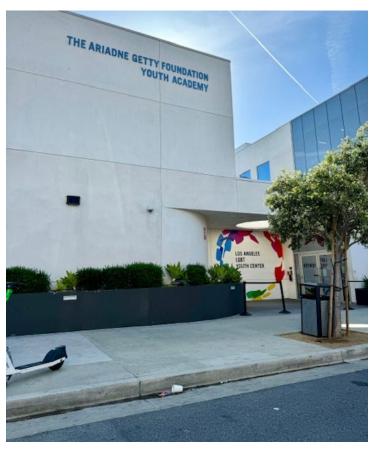
- Client eventually seen/evaluated at shelter clinic 1 week later
- Dysuria persists; client has not notified any sexual partners of STI concern and continues to have condomless sex
- •HIV/STI screening tests performed (HIV, RPR, GC & CT urine); client declined site specific screening of throat or rectum
- Empiric treatment for GC and CT administered (Ceftriaxone 500 mg IM x 1 dose and Doxycycline 100 mg BID x 7 days)
- •Pt declined to take treatment to partners; advised to disclose that they both need testing/treatment; advised pelvic rest for minimum of 7 days after treatment
- •Follow-up in 1 week
- Pt lost to follow-up for over 2 weeks; Doxycycline treatment was not completed

WHAT HAPPENED NEXT (CONT'D)?

- Next clinic follow-up; lab results reviewed; client positive for urogenital chlamydia
- Repeat treatment with Doxycycline x 7 days
- Pregnant girlfriend came to clinic but declined to check-in and under limits of confidentiality, unable to disclose why she should be seen today.
- Condoms dispensed
- Follow-up test for re-infection in 1 month at clinic and while in the field
- Education, education, education









The Way In/Salvation Army LGBT Center Los Angeles

HAWC OUTREACH SITES:

HAWC CASE STUDY #2:

SC is a 22 y/o Black female newly admitted into a 60-day co-ed shelter in the valley area. Needs health check and TB screen for shelter requirement. Last PPD placement/result unknown

PMH: eczema (treated with Rx and OTC topicals); H/O intermittent asthma, using rescue albuterol inhaler frequently

Behavioral health Hx:
Depression; anxiety; panic
attacks; difficulty sleeping;
linked to therapy at community
clinic with visits every 2 weeks

Not currently taking psychotropic meds

Identifies as heterosexual.

Disclosed 1 or more male sexual partners over 2 months ago. Most sexual activity condomless

Pt interested in Depo shot for contraception

Sex trafficked in past and disclosed transactional sex for survival needs

Has a 3 y/o daughter living with paternal grandfather

Last HIV/STI screening 6 months ago and needed treatment for chlamydia in 2023

PLAN OF CARE:

- Problem-focused exam
- PPD placement
- Sexual health history: Denies acute GU symptoms; LMP started 3 days prior and continues today
- Insurance eligibility: PCP information provided for follow-up primary care
- No medication dispensed; pt has adequate topicals and albuterol
- Education provided about appropriate use of rescue inhaler; pt may be using albuterol to relieve anxiety symptoms

Competing Priorities and roadblocks:

- Multiple appointments (DPSS, job interview)
 that make staying at shelter difficult
- Requesting contraception on first visit (need to pick-up at office) so plan to give Depo shot with PPD reading in 2 days
- Impatient patient

WHAT HAPPENED NEXT?

- •Pt left shelter the morning of follow-up visit and was found walking down the block by Program Specialist
- Pt has an urgent appointment but wants Depo shot ASAP
- Declined urine pregnancy test stating last condomless sex over 2 months ago and has had 2 normal periods since, LMP finished morning of this visit
- Depo administered and condoms dispensed
- Advised pt to speak with therapist about developing tools to use when feeling anxious or panic attack (instead of using albuterol)
- Advised to follow-up with PCP for eczema and asthma follow-up and for next Depo due in 12 weeks; recommended PAP screening and immunization updates
- Education, education, education



HAWC PEARLS:

Meet youth where they are

Develop rapport;
may be a slow
process depending on
what the youth has
experienced

Involve client in plan of care and offer choices

Stay curious, ask questions

Disclose limits of confidentiality, ask permission to disclose to staff about plan of care

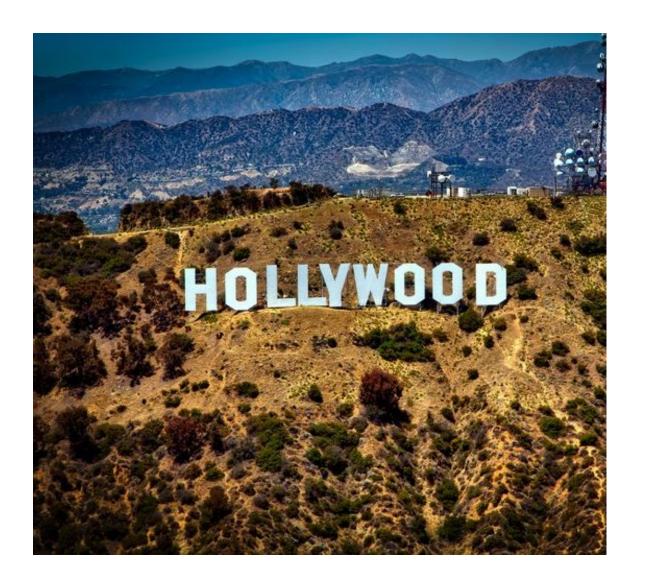
Provide incentives when available (gift cards, swag)

Stay flexible and adapt to the environment

Foster good will with agency staff

QUESTIONS/COMMENTS?

Thanks for listening.



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