

# Unhoused Youth in LA: A Perspective on Providing Health Care From Children's Hospital of Los Angeles

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NATIONAL  
HEALTH CARE  
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HOMELESS  
COUNCIL

# HCH2024

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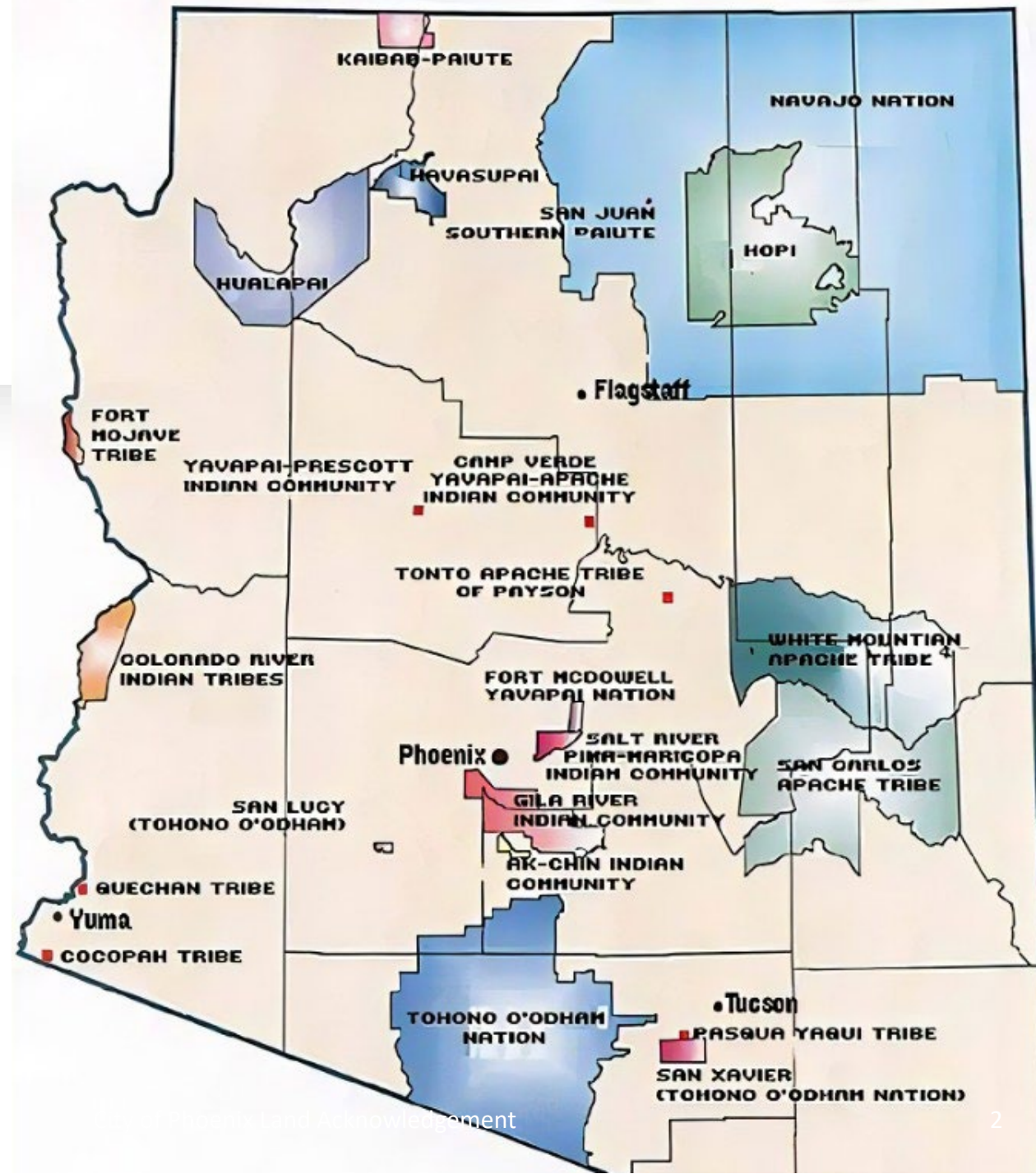


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# Land Acknowledgement

- Phoenix is on the traditional lands of the Akimel O’odham (Pima) and the Tohono O’odham and before that their ancestors (Hohokam) as well as the Pee-Posh (Maricopa) .
- We honor the elders of both past and present, as well as the future generations that enable us to live and work here today
- Further, we acknowledge the sovereignty of the 22 tribal nations who continue to steward the lands that make up the state of Arizona



# Learning Objectives

- Describe the etiologies of youth homelessness
- Name at least one youth population that is particularly vulnerable to experiencing homelessness
- Name at least two medical and conditions that impact youth experiencing homelessness

# Definition of Youth Homelessness



An individual who lacks a fixed, regular, and adequate nighttime residence

Primary nighttime residence is a public or private space not meant for human habitation

Living in a publicly or privately operated shelter designed to provide temporary living arrangements

If a youth is <25 years old and homeless, they meet the federal definition for youth homelessness

380,000 of YEH are under age 18 years (Nat'l Alliance to End Homelessness)



# Definition of Youth Homelessness in CA

## Youth homelessness refers to:

- Unaccompanied minors aged 12-17 years who live apart from their parents or legal guardians
- Young adults 18-24-years-of-age who are economically detached from their families

## Homeless youth population includes:

- Runaway minors who have left home for one or more nights without permission
- Youth who are told to leave home, or are abandoned, deserted, or prevented from returning home
- Systems youth who have aged out of foster care or released from juvenile justice with nowhere to go



# Precariously Housed Youth

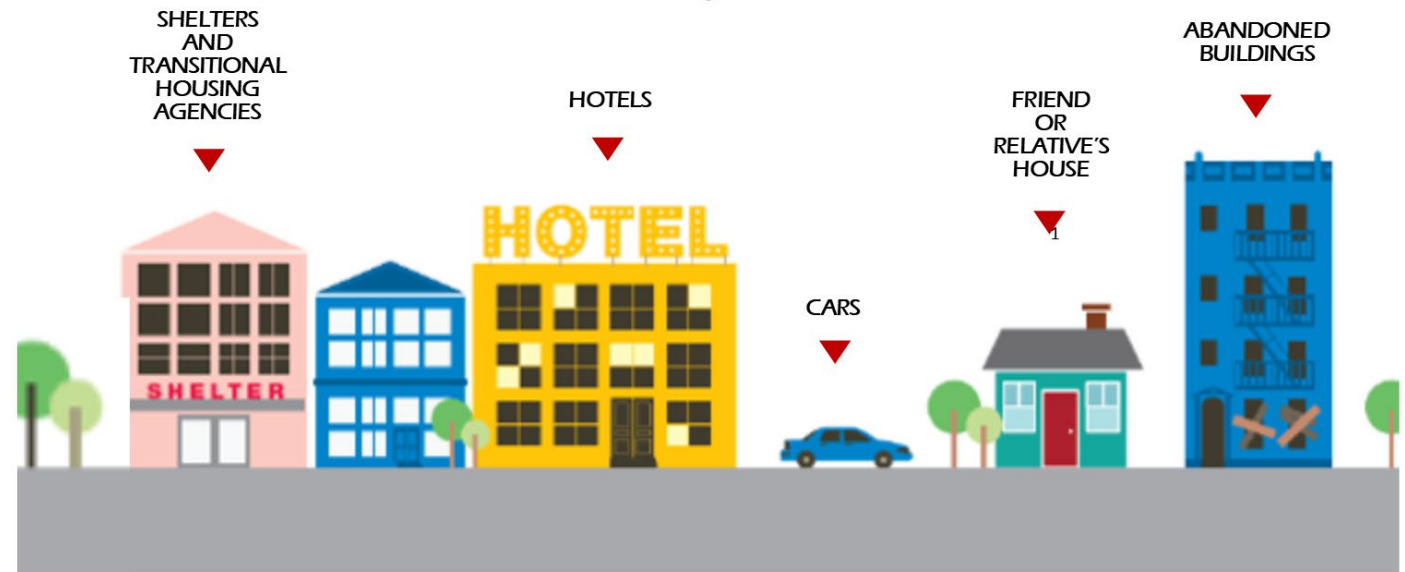
- At risk of losing housing
- Lack the resources to stay in a home
- Couch surfing
- Fleeing domestic violence
- Fleeing child abuse
- If you spend >50% of your income on housing (LA Homeless Coalition)

# Where Do Homeless Youth Find Shelter?

## At Risk "Homelessness" defined:

Individuals who lack a fixed, regular and adequate nighttime residence.

THERE IS A COMMON MISCONCEPTION THAT THE HOMELESS LIVE ON THE STREETS. THE TRUTH IS MORE LIKE THIS:



**One in 10 young adults ages 18-25 experienced homelessness over a 12-month period.**



That's approximately 3.5 million young adults

**One in 30 youth ages 13-17 experienced homelessness over a 12-month period.**



That's approximately 700,000 youth



# Why Do YEH Leave Home?

- Abuse and neglectful families
- Family breakdown
- Disruptive family relationships
- Economic forces
- Family conflict/parental substance abuse
- Forced by parents to leave home



# Youth Homelessness

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25% to 50% of former foster youth experienced housing instability after aging out of the foster care system

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YEH are evenly male and female, although females are more likely to seek help through shelters and hotlines

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Between 6% and 22% of homeless girls are estimated to be pregnant

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75% of homeless or runaway youth have dropped out, or will drop out, of school

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## How Do Youth Experiencing Homelessness Differ From Homeless Adults?

- Try to blend in with housed youth
- Tend not to congregate with older homeless adults
- Are less willing to disclose that they are homeless
- Do not identify as experiencing homelessness

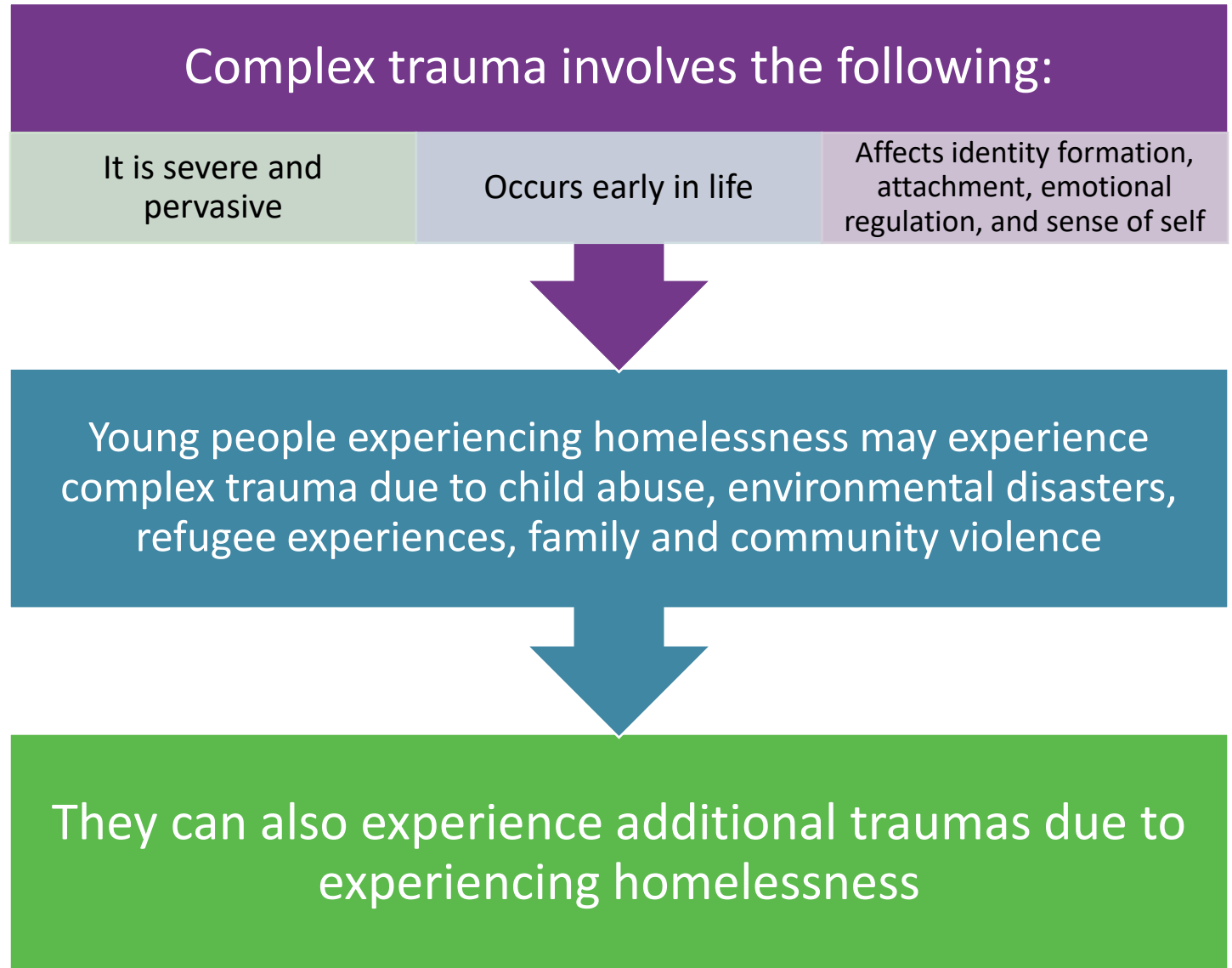
# Adolescent Psychosocial Development

Psychosocial development occurs throughout adolescence

Future-orientation and autonomy emerges

Identity is established

Complex Trauma  
Has A Negative  
Effect on  
Adolescent  
Development




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# Complex Trauma: Negative Impacts



- Emotions: depression, anxiety
- Cognition, learning, concentration
- Impulse control
- Self-image
- Relationships with others
- Chronic disease (diabetes)
- Self-harming behaviors
- Other psychiatric disorders



# Complex Trauma and Youth Experiencing Homelessness

- Most have experienced early and multiple traumas
- Increased rates of depression, anxiety, PTSD, SI, attachment issues, and substance use disorders
- History of involvement with child welfare and/or juvenile justice systems
- Re-traumatized, once homeless
- Safety and trust issues are very important

# Vulnerable Youth Populations and Homelessness



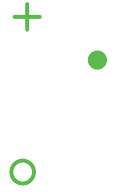


# Vulnerable Youth Populations at Increased Risk to Experience Homelessness

- Youth living with a mental health diagnosis
- Youth living with substance use disorders
- Youth living with a trauma history
- Youth who are undocumented
- 40% of YEH have spent time in foster care
- 40% of YEH identify as LGBTQ
- 80% of YEH have experienced physical or sexual violence



# LGBTQ Youth Experiencing Homelessness

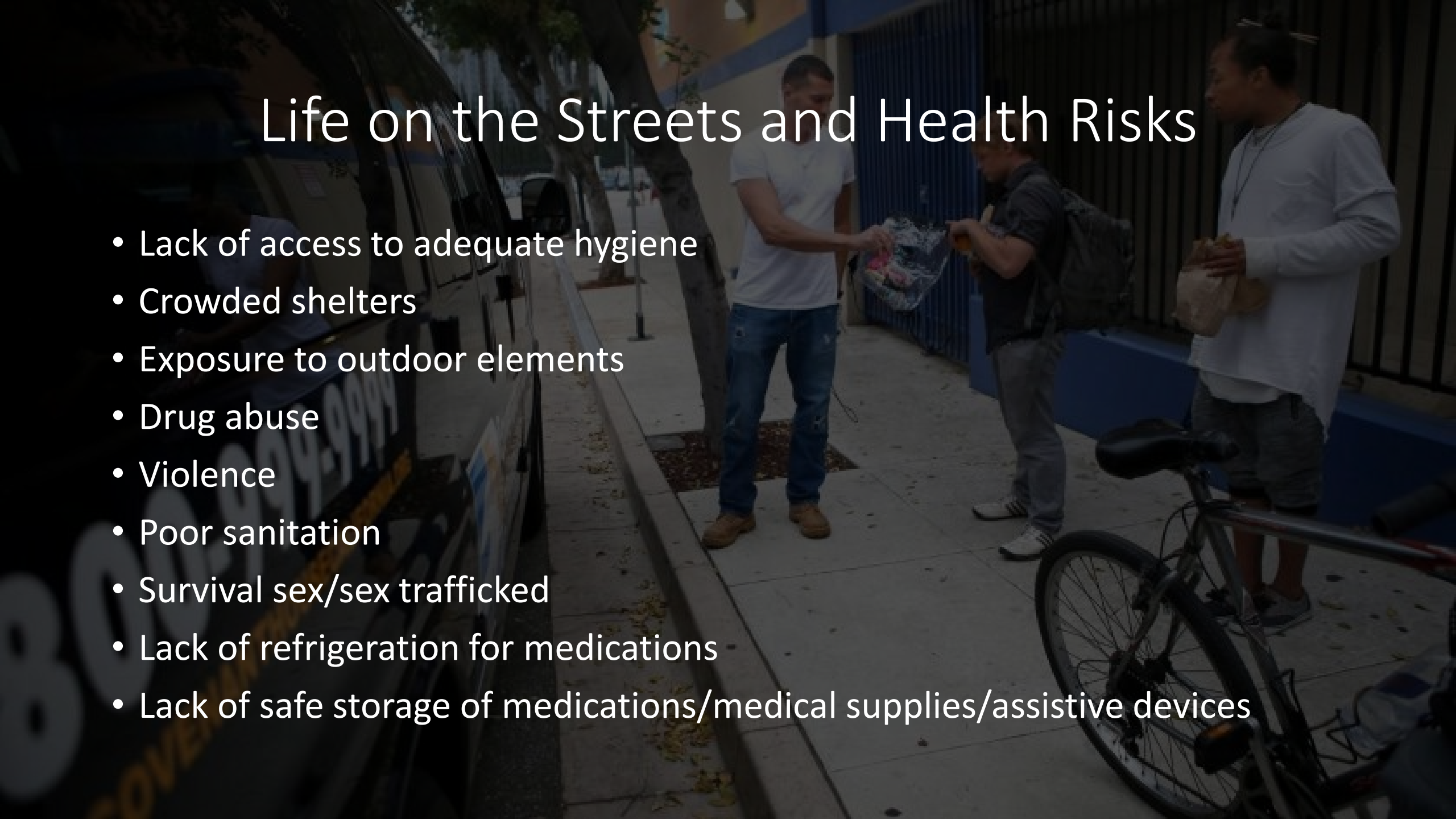


- 46% of LGBTQ homeless youth ran away because of familial rejection
- 43% of LGBTQ homeless youth report being forced out by parents/guardians because of sexual orientation and/or gender identity
- 32% of LGBTQ youth report their homelessness status is related to physical, sexual, or verbal abuse at home



# Clinical Issues Affecting Youth Experiencing Homelessness

# Life on the Streets and Health Risks

- Lack of access to adequate hygiene
  - Crowded shelters
  - Exposure to outdoor elements
  - Drug abuse
  - Violence
  - Poor sanitation
  - Survival sex/sex trafficked
  - Lack of refrigeration for medications
  - Lack of safe storage of medications/medical supplies/assistive devices
- 

# Health Conditions Affecting YEH

- Skin infestations: scabies, bedbugs
- Respiratory diseases: asthma and pneumonia
- Diabetes
- Dental problems
- Tuberculosis
- Physical injuries, including traumatic brain injury
- Lack of prevention and early intervention for illnesses
- High risk for influenza, hepatitis, Covid-19

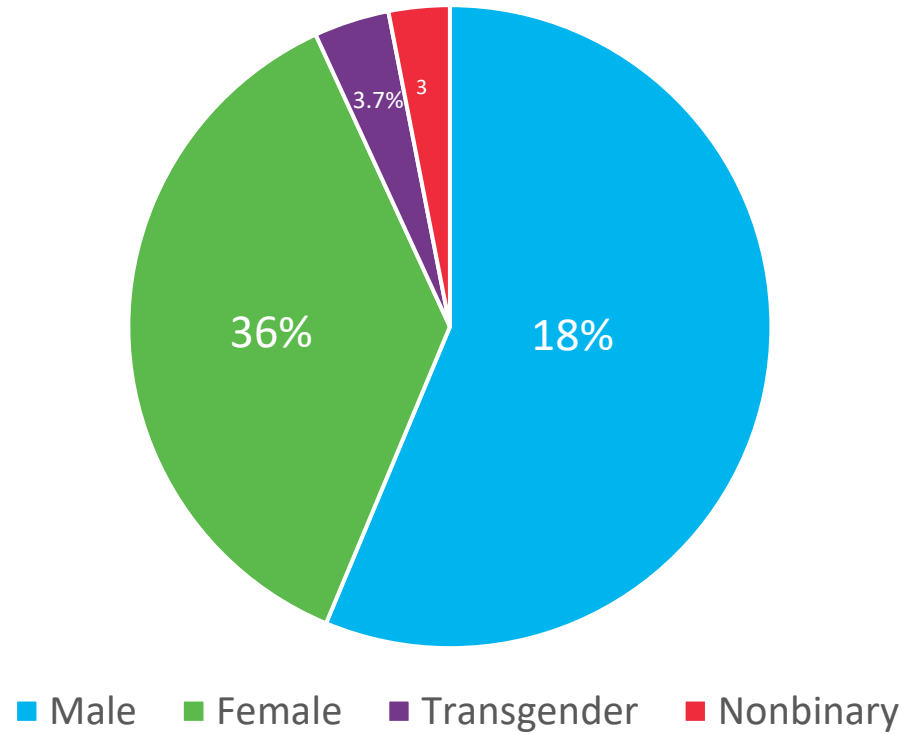


## Youth Experiencing Homelessness and Mental Health Issues

- 61.8% of homeless youth report depression
- 71.7% report experiencing major trauma such as physical or sexual abuse
- 79.5% experienced symptoms of PTSD for more than a month

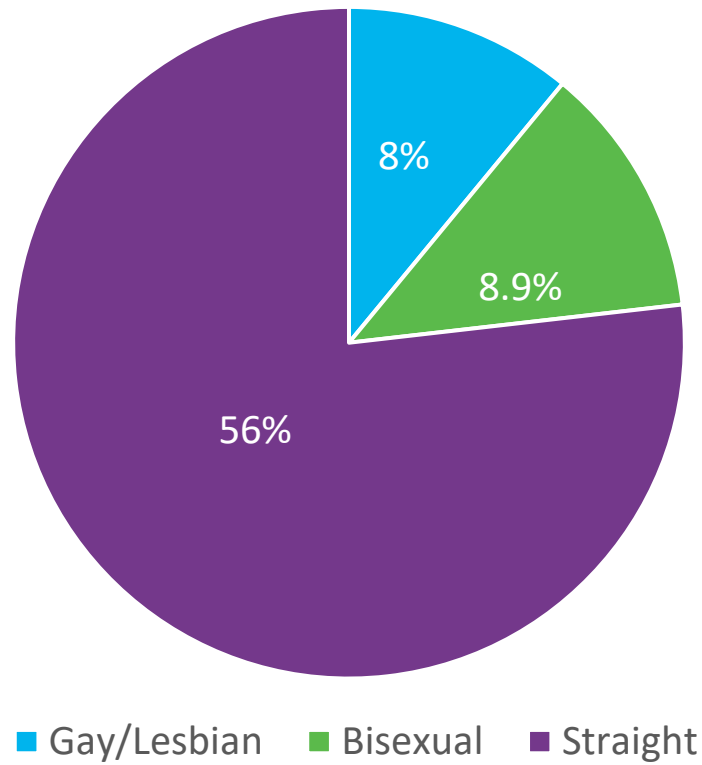
# Demographics of Who We Serve

# Gender



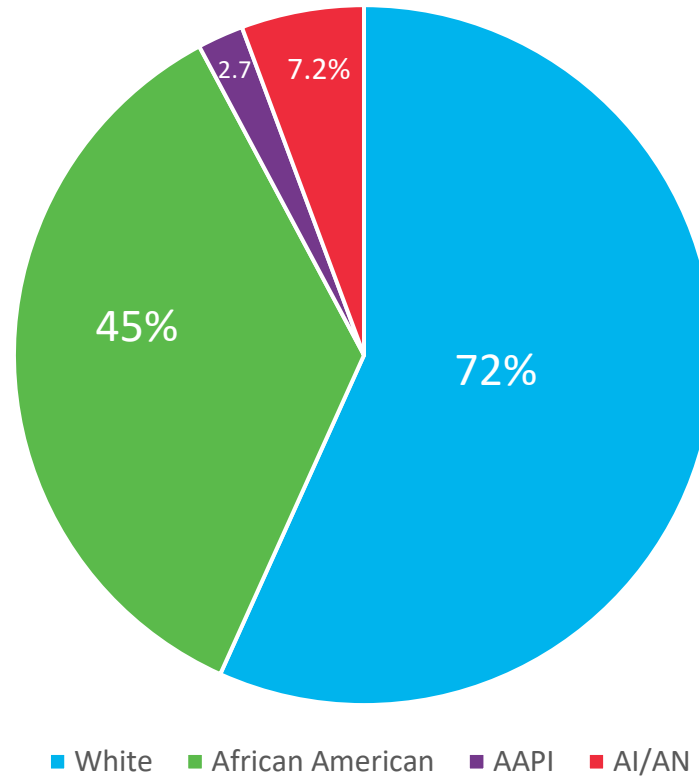


# Sexual Orientation



# Race/Ethnicity

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# OBJECTIVES

List

List a programmatic barrier faced by the clinical team that impedes provision of health care to youth experiencing homelessness

Identify

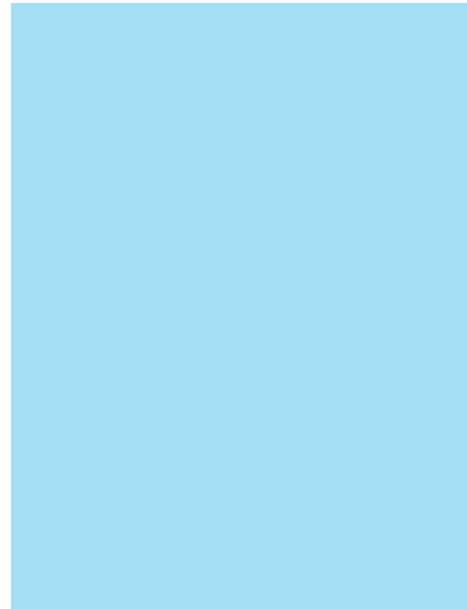
Identify a characteristic of adolescent and young adult development that makes providing effective health care to unhoused youth challenging

Describe

Describe a component of clinical care for youth experiencing 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 WE PROVIDE OUR CLINICAL CARE:

## San Fernando Valley

- The Village
- Volunteers of America/Care Cottage

## Hollywood

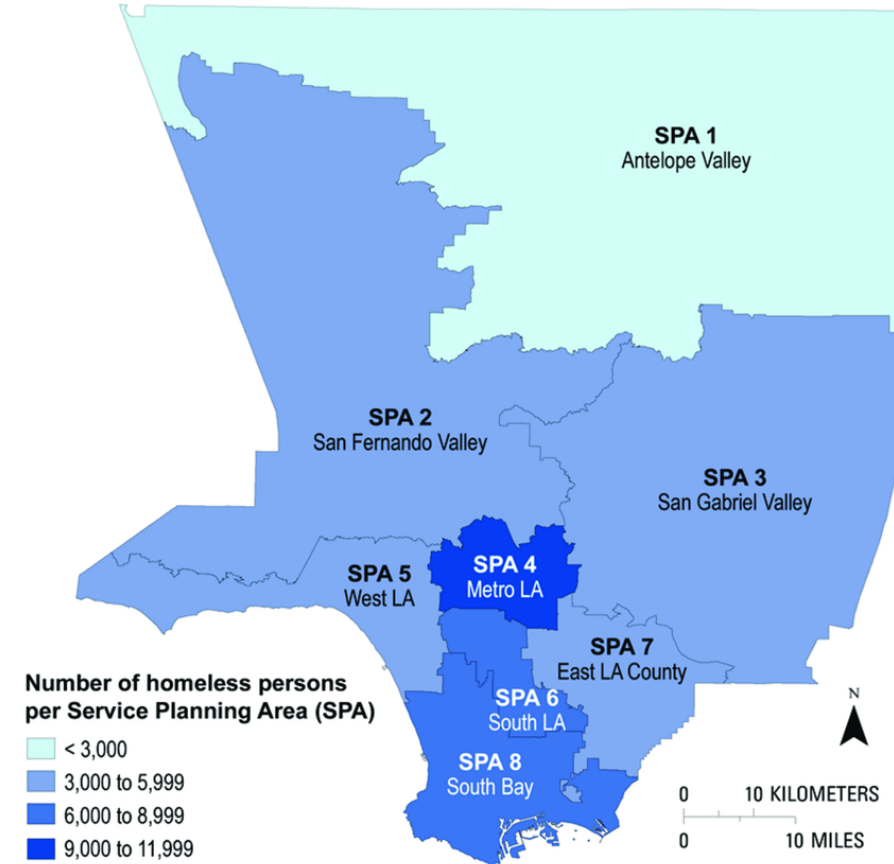
- The Way In/Salvation Army: male shelter
- Covenant House of CA: serves young adults 18-24 years
- Youth Emerging Stronger: serves adolescent minors 12-17 years
- Jeffrey Griffith Center/LGBTQ Center: serves young people 12-24 years
- My Friend's Place: daytime drop-in Center

## South Los Angeles

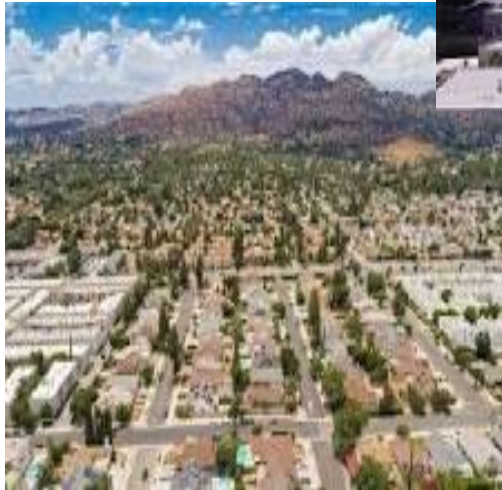
- Ruth's Place
- Home At Last
- The Good Seed
- South Park: therapeutic exercise group
- VOA/Haven's House: unaccompanied/undocumented youth

## Boyle Heights and Long Beach

- Jovenes La Posada male shelter in Boyle Heights and Mariposa female shelter in Long Beach



# HAWC CALENDAR:



## HAWC OUTREACH TEAM March 2024

Mon	Tue	Wed	Thu	Fri
 DIVISION OF ADOLESCENT AND YOUNG ADULT MEDICINE				<b>1</b> Covenant House Clinic 09:00 AM - 12:00 PM ALL ARE WELCOME
<b>4</b> My Friend's Place 10:00AM-2:00PM  Covenant House Clinic 1:30 - 4:00 PM ALL ARE WELCOME	<b>5</b> VOA 09:00AM-11:30AM  The Village 12:00-2:30PM	<b>6</b> VOA South 09:00AM-12:00PM  Covenant House Clinic 1:00 - 4:00 PM ALL ARE WELCOME	<b>7</b> VOA 09:00AM-12:00PM  The Village 01:00PM-2:30PM	<b>8</b> VOA South PPD readings Only  Covenant House Clinic 09:00 AM - 12:00 PM ALL ARE WELCOME
<b>11</b> Good Seed (Male and Female Shelter) 09:00AM - 12:00 PM  5th Ave (Good Seed) 01:00PM-03:45PM  Covenant House Clinic 1:00 - 4:00 PM ALL ARE WELCOME	<b>12</b> The Way In (Hollywood Site) 09:00AM-11:45AM  LGBT Center 1:00-4:00PM	<b>13</b> Good Seed & 5th Ave PPD readings Only  Home of Last 09:00AM-12:00PM  Covenant House Clinic And 1:00PM-4:00PM ALL ARE WELCOME	<b>14</b> The Way In (Hollywood Site) 09:00AM-10:00AM  LGBT Center 11:00AM-12:00PM	<b>15</b> Home of Last PPD readings Only  Covenant House Clinic 09:00 AM - 12:00 PM ALL ARE WELCOME
<b>18</b> Mariposa -Jovenes Inc 09:30AM-1:00PM  Covenant House Clinic 1:00 - 4:00 PM ALL ARE WELCOME	<b>19</b> VOA 09:00AM-12:00PM  The Village 01:00PM-3:30PM	<b>20</b> Mariposa -Jovenes Inc 09:30AM-1:00PM  Covenant House Clinic 01:00PM-4:00PM ALL ARE WELCOME	<b>21</b> VOA 09:00AM-12:00PM  The Village 01:00PM-3:30PM	<b>22</b> Covenant House Clinic 09:00 AM - 12:00 PM ALL ARE WELCOME
<b>25</b> Covenant House Clinic 1:00 - 4:00 PM ALL ARE WELCOME	<b>26</b>	<b>27</b> Covenant House Clinic And 1:00PM-4:00PM ALL ARE WELCOME	<b>28</b>	<b>29</b> Covenant House Clinic 09:00 AM - 12:00 PM ALL ARE WELCOME

### 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

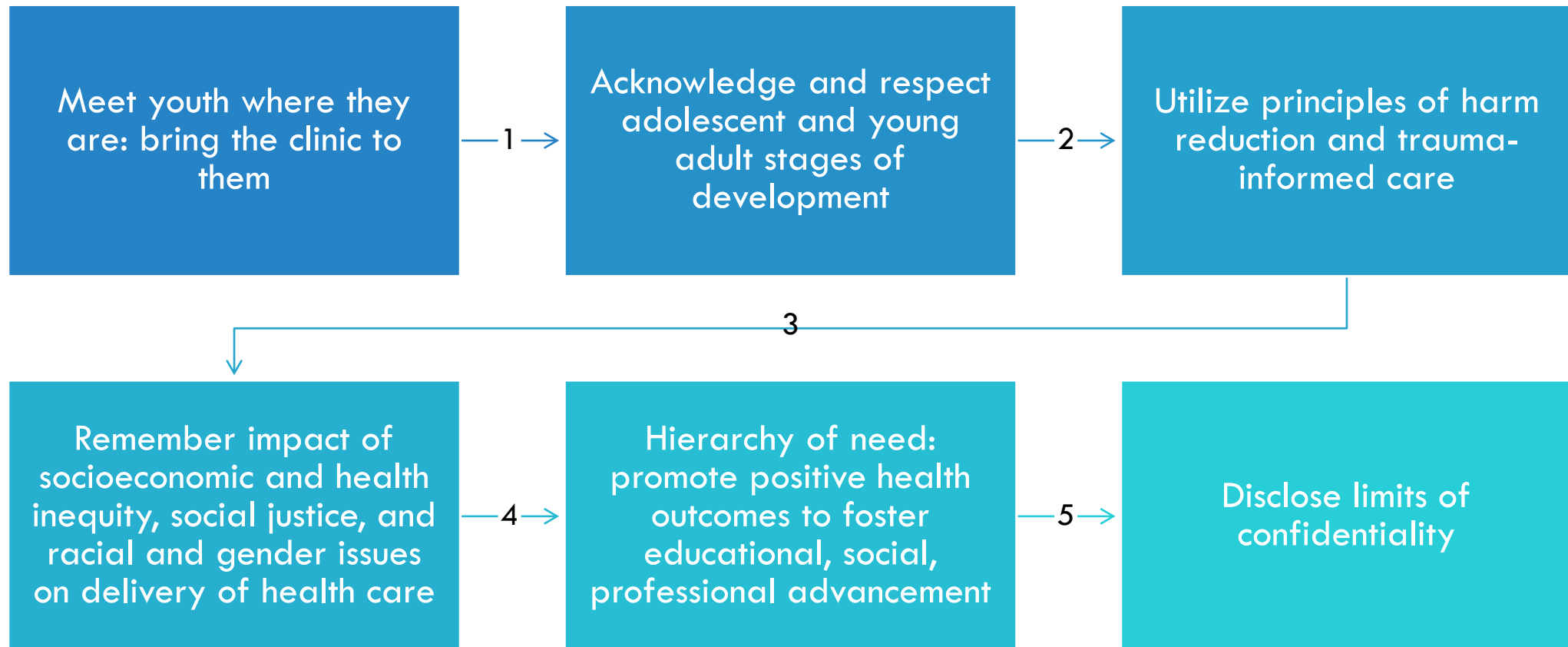
**Covenant House:** 1325 N. Western Ave., LA 90027 (323) 461-3131 Ext. 243 (For Appointments)

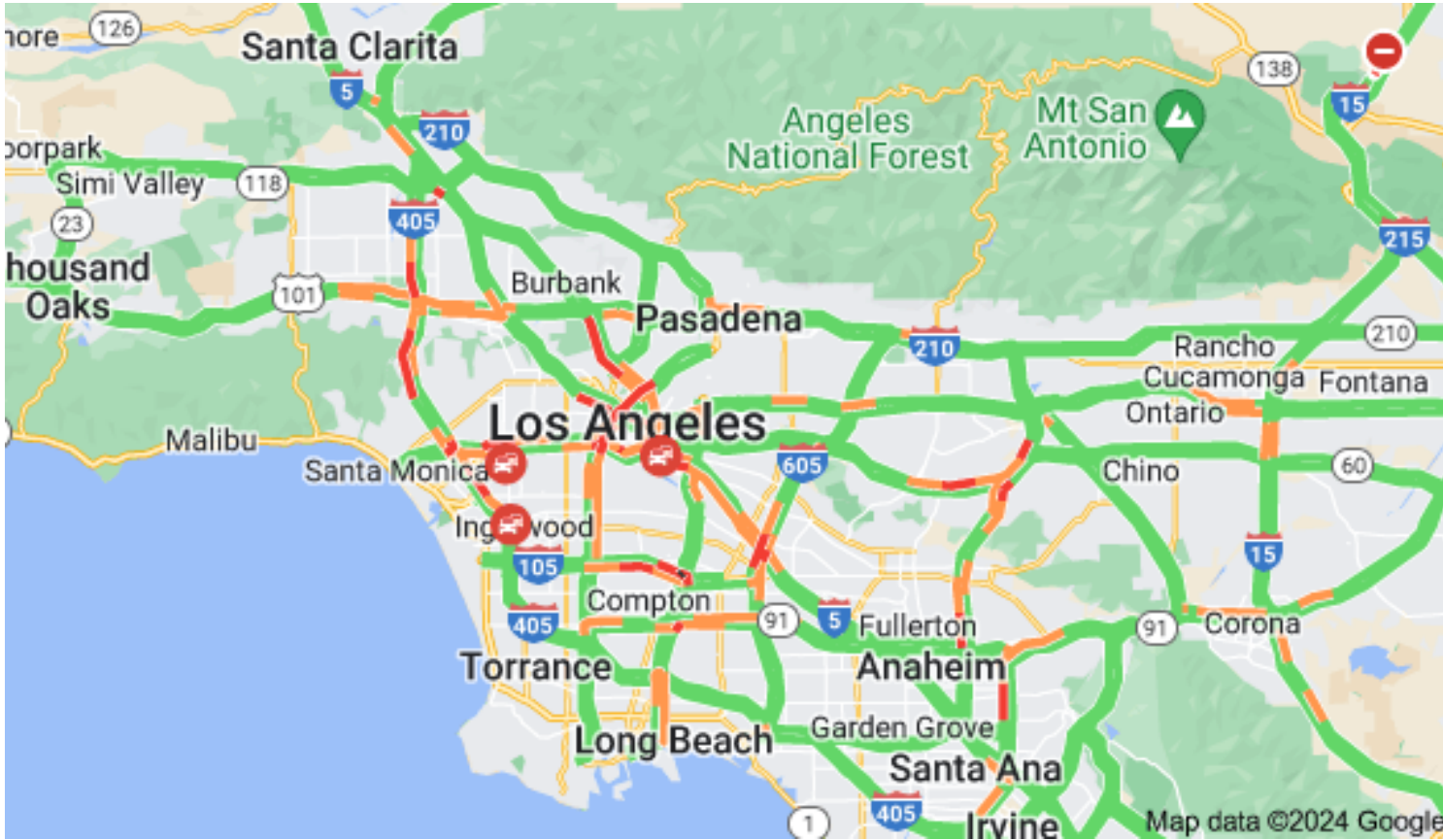
**Ruth's Place:** 4775 S Broadway, Los Angeles, CA 90037 (323)432-2440

**LGBT Center:** 1118 N. McCadden Place., LA 90038 (323) 860-2280



# HAWC TENANTS OF CARE:





# HAWC CHALLENGES:

Time and traffic

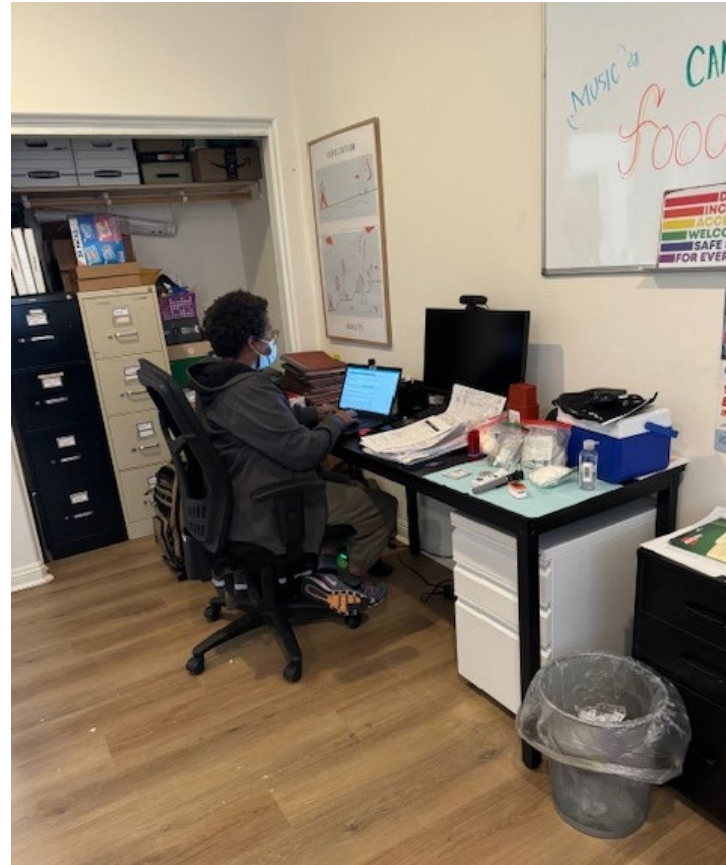
Pandemic and ongoing woes

Safety issues

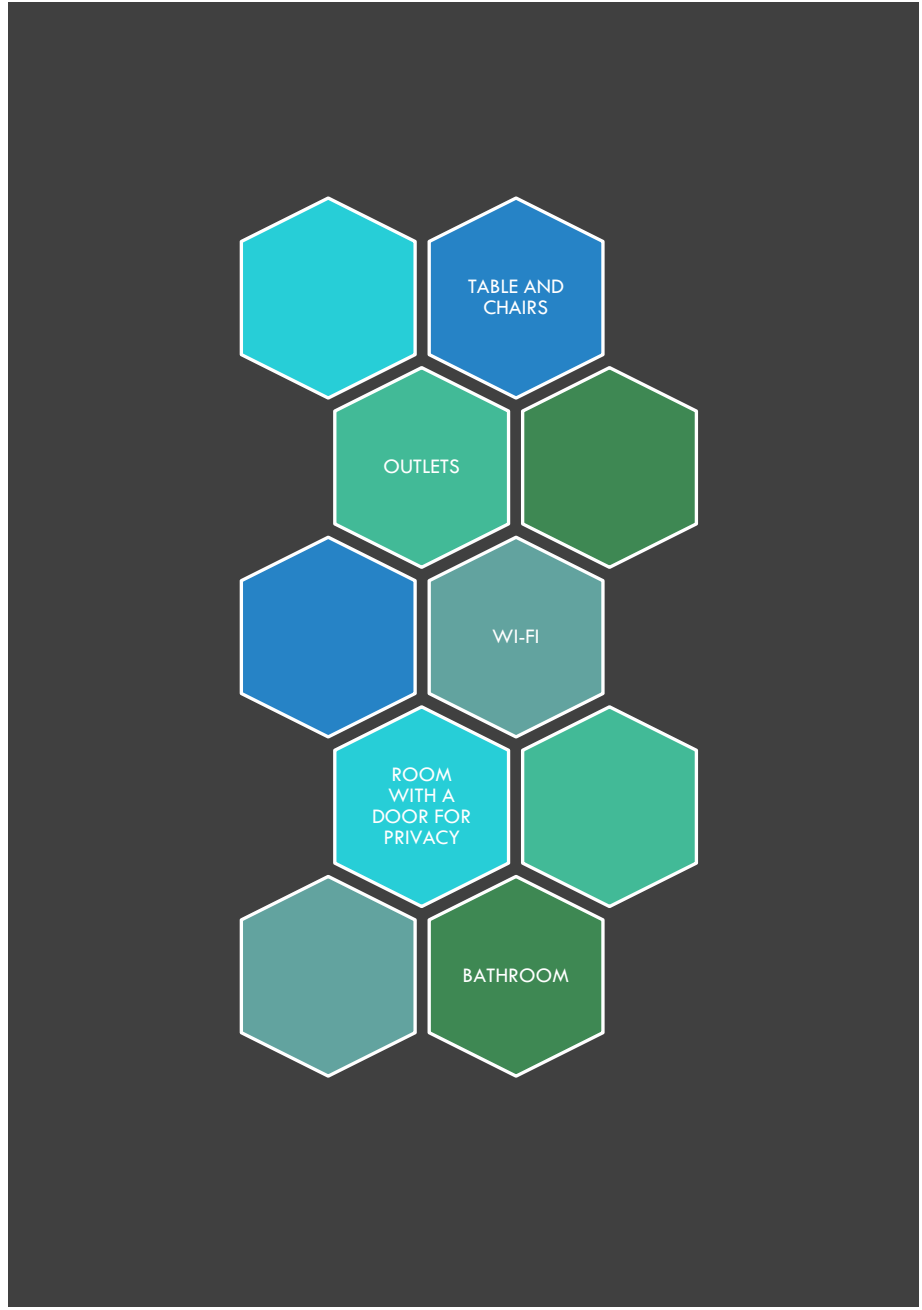
Coordination and collaboration with outreach sites

Adolescent and young adult stages and rages

Grant funding: expectations and obligations

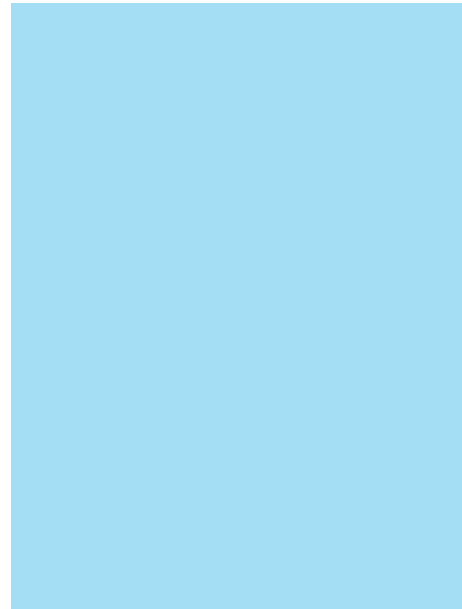


# HAWC SETTINGS:



# 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](http://www.publichealth.lacounty.gov/tb)

# 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

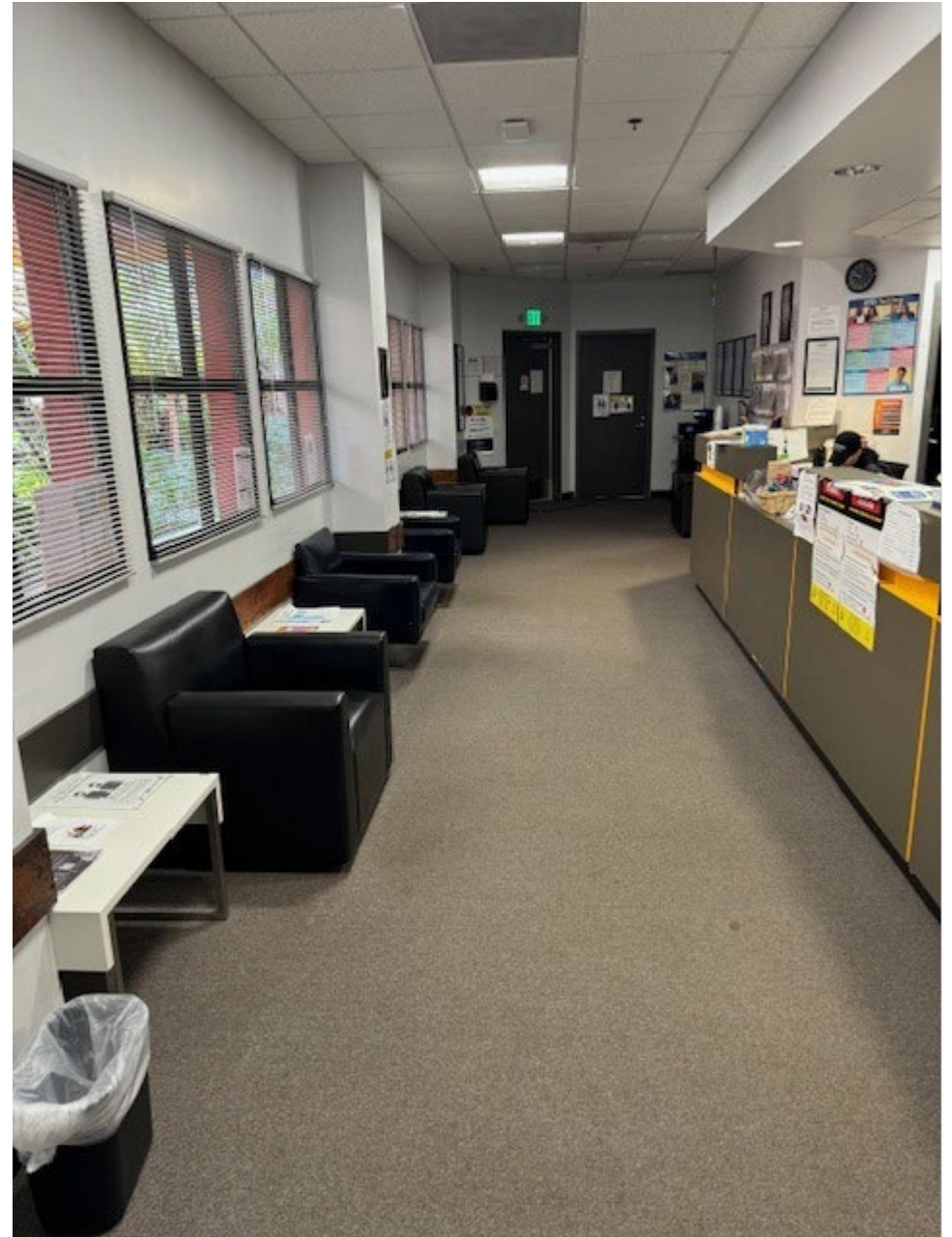
# PLAN OF CARE:

- 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 an alternate site, provider left for the day before pt was seen
- Delayed testing and empiric treatment
- Presumptive continued exposure of STI to pregnant girlfriend and other partner due to condomless sex

# COVENANT HOUSE CLINIC:





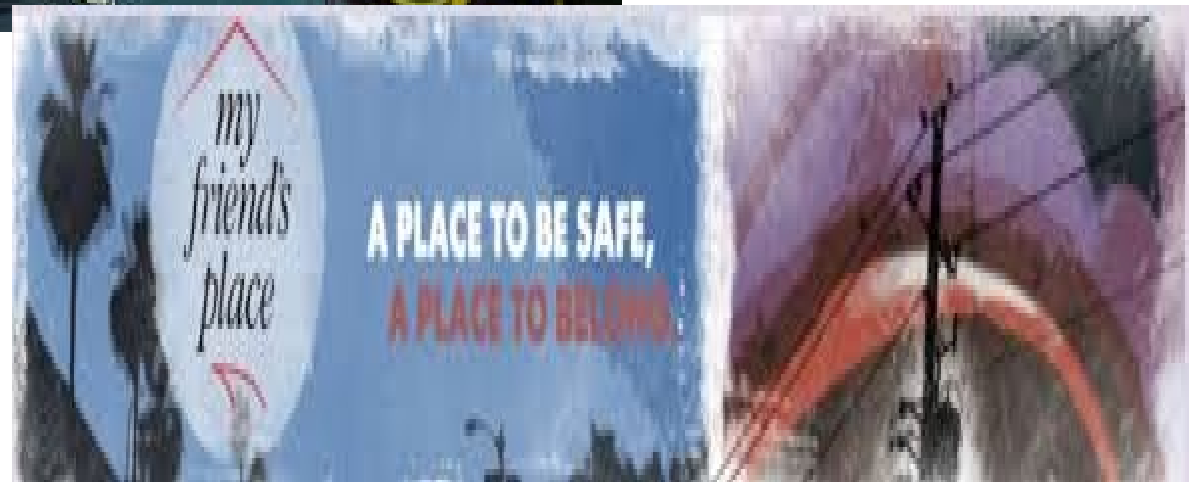
# WHAT HAPPENED NEXT?

- 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

# HAWC SITE: MY FRIEND'S PLACE





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 History: 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:

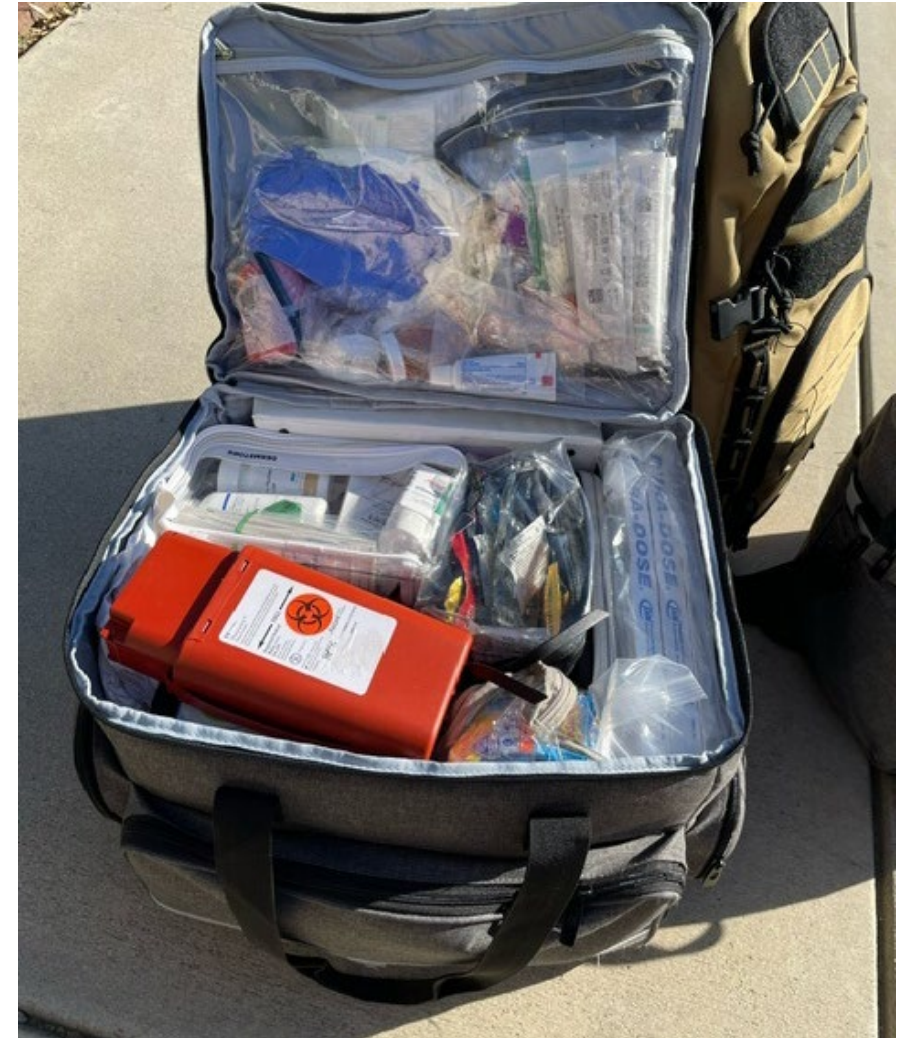
- Problem-focused exam
- PPD placement
- Sexual health history: Denies acute GU symptoms; LMP started 3 days prior and continues today
- Insurance eligibility: PCP information provided for follow-up primary care
- No medication dispensed; pt has adequate topicals and albuterol
- Education provided about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

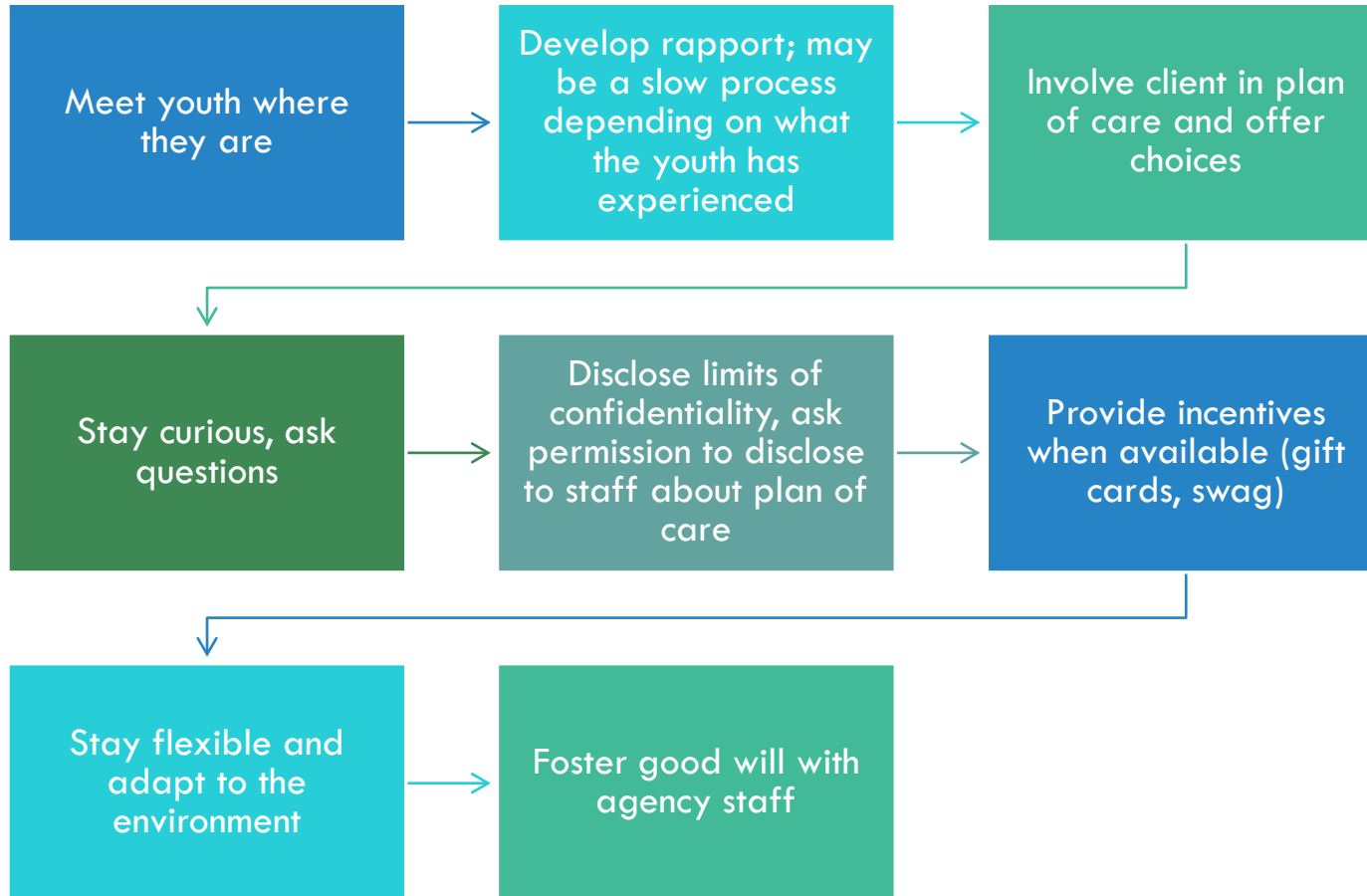
## Competing Priorities and roadblocks:

- 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:



QUESTIONS/COMMENTS?

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Thanks for listening.



# REFERENCE MATERIALS & ADDITIONAL READINGS:

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