Optimizing Health Services for Youth Experiencing Homelessness: Strategies for Engaging Youth and Multisector Community Partners

Strategies to Achieve Alignment, Collaboration and Synergy across Delivery and Financing Systems

Research-in-Progress Webinar
June 7th, 2023
12pm ET
Presenters: Youth Health and Housing Lab

“The Youth Health and Housing Lab leads community-engaged, cross-sector work at the intersection of housing, healthcare and public health to optimize health and bolster resilience among youth experiencing homelessness.”
Presenters: Youth

Name | Pronouns

*Please share a little bit about your experience with the youth advisory board as a youth advisor for this work and other work.*
Our Multisector Team

Youth-Serving Agencies

Healthcare Organizations

Governmental Public Health

UMN Smileys Family Medicine Resident
Our Approach

Strengths-based  Youth-centered
Anti-oppressive  Community-engaged
Trauma-informed  Harm reduction
Learning Objectives

1. List several strategies for youth engagement and multi-sector partner engagement, from project planning to analysis to dissemination, leveraging our cross-sector team model and current optimizing health services project.
2. Discuss opportunities and challenges with youth and community engagement and consensus-building.
3. Describe future plans for community- and youth-driven implementation.
Agenda

Roadmap

1. Background
2. Project Overview
3. Strategies for Youth and Multi-sector Engagement: Opportunities and Challenges
4. Steps Moving Forward
Background

4.2 million
Youth experience homelessness annually in the U.S.

- Running Away
- Being Thrown Out
- Rough Sleeping
- Staying in Shelter
- Couch Surfing

Photo by Nathan Dumlao on Unsplash
Background
Background

Youth experiencing homelessness hold diverse identities.

73% identify as BIPOC

23% identify as LGBTQ+
Youth who are black *and* LGBTQ reported the highest rates of homelessness

Explicit homelessness over the last 12 months, self-reported by young adults, ages 18-25. These estimates do not include reports of couch surfing only.

- **4%** White + Non-LGBTQ
- **7%** Black + Non-LGBTQ
- **8%** White + LGBTQ
- **16%** Black + LGBTQ

(Source: Chapin Hall at the University of Chicago)

**Figure 1.** Pregnancy and Parenthood are Common Among Youth Experiencing Homelessness

- **FEMALES**
  - 10% are pregnant or a parent (13-17 age group)
  - 44% are pregnant or a parent (18-25 age group)

- **MALES**
  - 3% have a pregnant partner or are a parent (13-17 age group)
  - 18% have a pregnant partner or are a parent (18-25 age group)

(Source: VoYC Brief Youth Survey)
Youth experiencing homelessness are remarkably resilient in the face of trauma.

Nearly half of MN youth have experienced physical abuse have experienced sexual abuse.

An estimated 20 to 40% of youth have experienced trafficking.
Background

“Health begins where we live, learn, work and play.”

AAP Policy Statement, Pediatrics, 131(6), 1206–1210. 2013
Background

Health Risks Associated with
homelessness
exploitation
incarceration
foster care
Marginalization and Oppression

Trauma, violence, injury, abuse
Sexual health risk: STIs, pregnancy
Chronic untreated medical conditions
Mental health risk, suicide
Substance use
Barriers to care
Unmet basic needs (food, housing)
Our Approach

Systems that serve youth

Health

Schools

Foster care

Justice system

Housing
Our Approach

Silos perpetuate inequities.

Photo by Jim Witkowski on Unsplash
Our Approach

Effective systems work together.

Photo by Perry Grone on Unsplash
Our Approach

Cross-Sector Alignment Theory of Change

Landers et al (2020) from the Georgia Health Policy Center
Project Overview

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Why this project?

(1) Make sure all agencies serving youth have health services available, including mental health services.
(2) Secure funding for culturally responsive health services for youth and young adults.
Project Overview: Specific Aims

12 Month Funding Cycle

Aim 1. Planning and Implementation
• Engage an existing multi-sector consortium, as well as YEH, to develop and implement an integrated system of public health programming and health services for YEH in and around Hennepin County.

Aim 2. Data Systems Alignment
• Describe the complex barriers to data systems alignment in the current systems, and begin to identify potential opportunities for systems alignment to create a more equitable data ecosystem.

Aim 3. Feasibility and Sustainment
• Assess the feasibility of implementing and, if successful, scaling an integrated system of public health programming and health services for youth experiencing homelessness.
Youth Perspective

Share your perspective.

*Why is youth engagement so important in project planning and implementation for projects that affect youth and their communities?*
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Our Approach

Planning and Implementation

Methods:
- Needs Assessment
- Systems mapping
- Cross-sector Consensus Building
- Youth focus groups and engagement

Deliverable: Plan for systems integration
Our Approach to Youth & Community Engagement

- **CONDUCT FOCUS GROUPS**
  - Ensure to create a safe and affirming space so all could share their experiences and stories.
  - Are we understanding what's being said? Are we missing anything?

- **ENGAGE WITH SCRIPTS: REDACT & REFLECT**
  - To respect the privacy of others, take out identifying information. Aim to read scripts with no bias and pay attention to language.

- **TAKE OUR INSIGHTS TO OUR PARTNERS AND YOUTH**

- **CODE SCRIPTS BASED ON MAIN RECURRING THEMES**
  - What themes come up the most? Mental Health, Discrimination, Financial Barriers, etc

- **IMPLEMENT FEEDBACK AND NARROW DOWN THE THEMES**
  - What are the most pressing needs that youth have? What resources and action items are we focusing on?
Aim 1: Needs Assessment – Initial engagement

Common Themes In Youth Interviews and Focus Groups

- Cost as a barrier
- More personalized care
- Being homeless making it difficult to prioritize health
- Mental health - the stress and trauma of being homeless makes it difficult to take care of yourself and can last for years after being homeless
- Importance of pronoun pins and prioritizing preferred names for LGBTQ+ youth
- Lack of culturally competent care
- Sexual health - often not a priority with everything else going on
- Treated differently due to being young, homeless, of certain race or ethnicity, all of these compounding each other
- Transportation needs
- Only focuses on surviving - hard to focus on healthcare
- Issues with not being able to access healthcare if not in a shelter/housing program
Aim 1: Needs Assessment Fully Coded Wordcloud
What Have We Gathered So Far?

"It really just comes down to actually listening to the patients and actually taking them seriously." - Youth

"In a perfect world, I think that gender-affirming terms and conditions, for example, should be like demanded in homeless shelters and I’m saying in a perfect world because it’s so pretty unlikely that that’s going to happen." - Youth

"And she was struggling with a lot of mental health problems last summer, like anxiety stuff she really wasn’t going to do and had to put on a lot of medications. And when and if she was homeless, she would – I don’t know what I’m trying to say, but a moment – she couldn’t do anything when she had all those problems." - Youth

"Right. And especially if it is a shelter specifically for minors. A lot of people aren’t able to pay for an ID until they’re 18. Like, there is the ability to get one when you’re younger, but it’s $20. I don’t have that money." - Youth

"They should definitely have some type of community building that’s out there for the homeless to be able to just access and get mental health, sexual checkups, and things of that nature." - Youth
Aim 1: Community Systems Mapping

Survey:
- 8 Healthcare Institutions
- 8 Youth Serving Agencies
Challenges and Opportunities: Systems Mapping

Challenges: Tons of Data to Map Out for large systems!

Opportunities: Tons of Data to map out and tons of support/feedback!
**Aim 1: Multisector Consensus-building**

**Inclusive Free Clinics**

"But I wish that it wasn’t exclusive to like these five schools in Minneapolis because they’re based off of the government funding, and I wish that there were more of those around town because not everyone who is in school has that sort of stuff".

**Traditional and Non-traditional Mental Health**

"If I’m taking [care] of my mental health, then I am ready to take care of my physical health and my sexual health and all of that. But if my mental health is lacking, I don’t have the motivation to do anything else."

**Case Managers**

"Like, people will sit down and help them like for real. Like, case managers will help them when it comes to shelters or even housing or things like that. A lot of resources out here don’t do nothing. So, we need resources that will help with youth being able to get in housing way quicker than what is happening"

**Trans Healthcare**

"There is only one clinic I know that takes medical assistance for hormone therapy, only one of them. And medical assistance is really hard to get."

**Providers Where Youth Are**

"Youth 1: I would make a housing program with a free clinic inside it. Youth 2: Now, that would be like way because you know a lot of homeless people come out of being homeless, and then they haven’t had checkups in the past two years because you’re homeless."

**Ideal Health Services Offered**

**Less Consequences for Health Conditions**

"Especially mothers, I would just like to say like especially if you take medication already, we don’t want our children taken away. We’re going to pick our children before we pick ourselves in this society because it’s like no. Like any girl, I would rip down America brick by brick for XXX. I do not care. But it’s like so many people get their children taken away for reasons that shouldn’t even be."

**More Holistic**

"Yeah, like I don’t...because you know it’s a lot of herbal natural plants and stuff that we could take to just keep us alive, breathing, and healthy, but I don’t know. The pill method, the form that they’ll throw at you, and I feel like it would have to be different health care systems for different things and people, if that makes sense."

**Colorful Highlights and Annotations**

- **Purple Arrows** connecting the different sections.
- **Star Highlights** indicate key points or quotes.
- **Red and Blue Highlights** for emphasis.
Aim 1: Multisector Consensus-building

Education on Cultural Awareness
"Just think there is really only like the one good clinic that really helps with like LGBTQ folks a lot. It is just hard that I didn't even feel like I could get a doctor without going through their list to be like here are people that will actually listen to me and actually validate my experience and not just question my identity the entire time and "bug me about that inside of my problems."

Understanding of Challenges of Homelessness
"I think it is highly inappropriate for anybody to be going to a shelter and they're homeless, and the shelter has to ask them for an ID, and they barely even have a place to stay. That shouldn't be your biggest concern. That should not be the biggest concern is the f***** ID. You need to know who I am to let me sleep somewhere, and this is literally a homeless shelter for the homeless. That doesn't make sense."

Free/Affordable
"Health care, mental care, all that stuff when it comes to the human body should be free is what I feel like."

Health Literacy
"I think one thing that definitely needs to change is making sure that people know that there are resources out there and making those resources more accessible, and I think too a big part - and like obviously I want this more than just for the healthcare reason."

IDEAL CLIMATE OF HEALTHCARE AND PUBLIC HEALTH SETTINGS

Patient Centered
"It really just comes down to actually listening to the patients and actually taking them seriously."

Representation
"Also having like more people working in healthcare, especially people in the community themselves because they know what we experience."

Shorter Wait Times
"Actually less waits."

Safe Space
"I think what would make me feel safe is respect."
Opportunity: New knowledge, immense collective wisdom and experience

Challenge: Engagement during meetings
- Ensuring ground rules
- Emphasizing that everyone's voices are valued
- Affirming language to raise confidence
- Chat function
- Round robin

Challenge: Engagement outside of meetings
- Range of ways to participate: One-on-one conversations, outreach, surveys
- Development of interpersonal connection
- Incentives and compensation
Other Informal Youth Engagement Methods: Community Tabling
Aim 2: Data Systems Alignment

Informed by the DASH framework

Methods:
- Youth focus groups (with Aim 1) and staff/expert interviews
- Focused analysis of qual data regarding potential barriers and opportunities for equitable data systems alignment
- Cross-sector engagement in data systems planning

Deliverable: Plan for data systems alignment
What data systems do you all work most closely with inside and between your organizations?

- **HMIS**
  - YouthLink uses too
  - MCC—schooљs don't use
  - MCC puts data in downtown clinic, coordinated entry
  - Not connected to EMR
  - Epic notes not connected to HMIS at the Bridge
  - grants, appointment reminders

- **EMR**
  - Can also see finance system he noted at the bridge
  - EMR (Bridge)

- **Apricot**
  - YouthLink—what you are doing while they're there, meals served, etc
  - Trying to connect HMIS and Apricot at YouthLink
  - Sdoh screening in intake

- **Epic**
  - Can also see finance system he noted at the bridge
  - Epic (Bridge)
  - Healthcare orgs can see

- **MDH system**
  - YMCA also uses
  - Question: can YouthLink see what YMCA puts in (for example)?

- **CRM (Bridge)**
  - CHW specific
Challenges and Opportunities: Data systems alignment

Interview Data

Survey Data

Quantitative Data

Youth focus groups

Centering Youth Voices Amidst Lots of Data!!

1:1 Interviews
Roadmap

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4. Steps Moving Forward
Aim 1: Next steps

- Finishing Second Round of Focus Groups
- Finishing Second Round of Staff Interviews
- Finalizing plan for Implementation

- Cross-Sector Team Feedback
- Youth Feedback
Aim 2: Next Steps

- Finishing Second Round of Focus Groups
- Finishing Second Round of Staff Interviews
- Data Systems Integration Recommendations
- Cross-Sector Team Feedback
- Youth Feedback
Aim 3: Feasibility and Sustainment

Methods:
- Implementation of the interventions (Aim 1)
- Evaluation: Youth focus groups and staff interviews, additional evaluation TBD
- Adaptation in real-time
- Dissemination and scale

Deliverables:
- Assessment of feasibility
- Identification of successful strategies for systems integration
- Plan for scaling successful interventions
Dissemination

Findings
Share your perspective.

*What are you hoping to see for next steps and the future of this work?*
Thank You! Questions?

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Questions?

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Upcoming Webinars

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12pm ET

Can California's CalAIM Medicaid Transformation Initiative Achieve Systems Integration?

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