Homeless Youth Outreach
Crews’n Healthmobile
Caring For Vulnerable Populations in AZ

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Objectives

- To learn about successful mobile health programs serving homeless youth and adults
- To identify barriers and resources available for community outreach programs
- To explore opportunities for the development of mobile medical units providing respiratory care
Disclosures

• I have no actual or potential conflict of interest in relation to this program/presentation.
Our Mission

Providing **hope** and **holistic** healthcare with respect and heart to homeless and at-risk youth.
What Is the Scope of the Problem?

• Total number of homeless individuals varies but one estimate had over 640,000 on any given night. Of that number over 230,000 are families (NATEH)
• 5,000 to 7,000 youth currently live on the streets of Arizona (Children’s Action Alliance)
• The average age of a homeless person in the US is 9 years old!
• Parent-child conflict is the most common reason for runaway/homeless youth
  – Throwaway youth
Facts

• Homeless children have been physically abused at twice the rate of other children, and three times as likely to be sexually abused.
• Nearly 1/3 of homeless youth (6-17) have at least one major mental disorder
• LGBTQ kids are at special risk for harm compared to their heterosexual counterparts
• Human trafficking targets runaway and homeless youth and is fastest growing criminal industry in the world

http://www.endhomelessness.org
The reality

• 12% of all people in the United States live below the official poverty level
  – including 17% of children = more than 12 MILLION kids!
Barriers to Health Care

• Fear/Exploitation
• Transportation
• Education Level/Understanding
• Finances
• Limited Access to Basic Housing
• Mobile Nature
• Language
• Legal Issues
Case Report

- At a school based clinic you see a family of 4 children. The children are currently in the custody of their grandmother due to maternal drug abuse and neglect. Grandmother’s income includes what she gets from SSI. 3 of the children have asthma and allergic rhinitis. The youngest one, John (5) comes to the clinic with difficulty breathing. He reports that “granny” didn’t give him his medication this morning. On his medication list he takes Singulair Qday, Flovent BID, and Albuterol PRN. He has seen a Pulmonologist for his asthma in the past but was lost to follow-up due to transportation issues. John is retracting, has audible wheezing and cannot speak other than one word phrases. John is unsure if granny has given him his Flovent. He thinks he took the “red inhaler” yesterday. You call granny and she “can’t keep all the medication for the kids straight.” John gets 1 Duoneb treatment followed by 2 more albuterol SVN treatments in the clinic. He is finally turning the corner. He is started on an Orapred burst with strict instructions to follow-up tomorrow. On the phone grandmother is given explicit instructions on how and when to use meds with photos of the meds sent home.
Childhood Asthma

- Asthma rates are increased for children living in poverty in general, including homeless children
The problem

- Associated with poor housing conditions
  - Dust mites
  - Mold
  - Rodents
  - Cockroaches
  - URIs as a trigger (overcrowded housing)
  - Parental smoking (in the home and in utero)
- Undertreatment
  - Minority children living in poverty are at highest risk of inadequate therapy.¹
- Poor adherence and lack of appropriate follow-up care.
How to help

• In house pharmacy delivery, ability to dispense meds in clinic if uninsured.
• School-based clinics or on-site mobile clinics.
• Simplified handouts with picture diagrams and step by step instructions.
• Simplified medication regimen if possible – inhaled corticosteroid + albuterol
• Scheduled follow-up or follow-up by phone
• Involve everyone in the home, including the child in treatment plan
• Asthma action plans for school. ?Giving meds at school
Mobile Medical clinics

**Benefits**

- Provide high quality care in poorest, medically underserved areas
- Eliminates barriers to accessing healthcare
- Allows flexibility to adjust with seasonality of homeless and transient populations
- Ability to redirect clinics when leases end or organizations move
- Avoid ED or Urgent care visits and increase primary and preventative care
Tip of the Iceberg

Food, Clothing, Shelter, Simple Medical Care, Help with IDs, Wash Clothes
Severe Dental Issues
Chronic Medical Conditions
Chronic Foot Problems
Lack of Education
Unemployment
Inadequate Social Skills
Severe Mental Illness
Trafficking
Violence
Rape
Fixed-Site clinics

Benefits

• Ability to serve more patients
• With a larger clinic, can accommodate larger families and longer visits
• Redeploy mobile units to new sites
• More cost-effective, longer lifespan of clinic
• Ability to provide ADA accessible locations
UMOM Wellness Center

• On campus of Arizona’s largest family shelter
• 300-700 kids live at the shelter at any given time
• Licensed in 2011
• Operates Tues, Wed, and Friday full days
• Circle the City operates Monday and Thursday caring for parents of our patients
Children First Leadership Academy

- K-8 charter school, 100 percent of the students are at poverty line, vast majority are homeless
- Approximately 220 students plus district referrals
- Operates Tuesday-Thursday medical/BHS, Friday BHS
Phoenix Dream Center

- An organization dedicated to providing shelter and services to those struggling with homelessness
- Emphasis on girls who have been trafficked and youth aging out of the foster care system
- Licensed June 2016
- Operates Monday and Wednesday half days
Youth Development Institute

• A locked, 84-Bed residential behavioral health facility and 30 bed group home
• Serving foster children
• Physician services provided 3 half days per week
• On-site clinic room
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**Site Under Evaluation**

- Starfish House*, Juvenile Court program, Esperanza Elementary School, Sunnyslope Community Council partners, Bayless Healthcare Group
- Tumbleweed: Hazelwood and Earl Young Adult Programs & Open Hands Shelter
- Vista Colina, CASS Emergency Shelter
- Sequoia Choice Precision High School

* Indicates confidential address  **YDI licensed clinic
Growth & Evolution of Crews’n Healthmobile/Homeless Youth Outreach Program

In 2000,
• 2 part-time providers
• 4 half day mobile clinics

Medical Services

In 2018,
• 9 providers (medical and BHS), 17 staff members
• **30 weekly half day clinics** per week including fixed-site clinics and mobile medical clinics, spanning 30 miles across the Valley
• 19 clinics staffed with at least one behavioral health staff member.
  – Psychiatry
  – Mental Health Therapists (LCSW)
Education and Advocacy

• Medical Residents
  – Phoenix Children’s Hospital
  – Banner
  – Mayo
  – St. Joe’s

• Medical Students
  – Arizona
  – National

• Nurse Practitioner Students

• Nursing Students

• State and Federal
Homeless Youth Outreach Today
A Medical Home

- Comprehensive primary care services including preventative care, acute care, and chronic disease management
- Recognized as a medical home through NCQA
- Behavioral Health Services including assessment, therapy, counseling, and medication management
- Immunizations
- Comprehensive Vision/Hearing/Developmental Screening and Care Coordination
- Prescription Medications
- POC testing and lab draws
- Education
- Screening/enrollment in insurance

All services provided *regardless of insurance status or ability to pay*

Questions

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