SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Integrated Service Settings Open Doors for Youth Experiencing Homelessness

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

HRSA
Health Resources & Services Administration

integration.samhsa.gov

SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

Kent Forde, HRSA-NCA Project Officer

Roara Michael, Associate, CIHS

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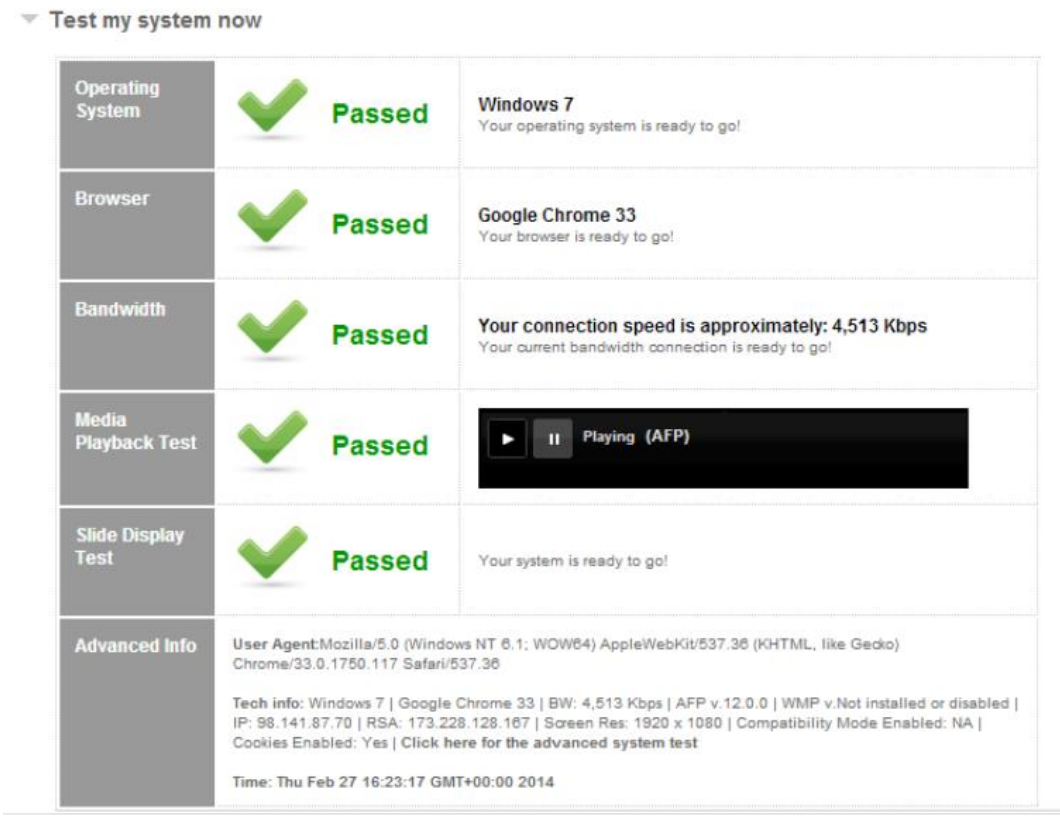

Before We Begin

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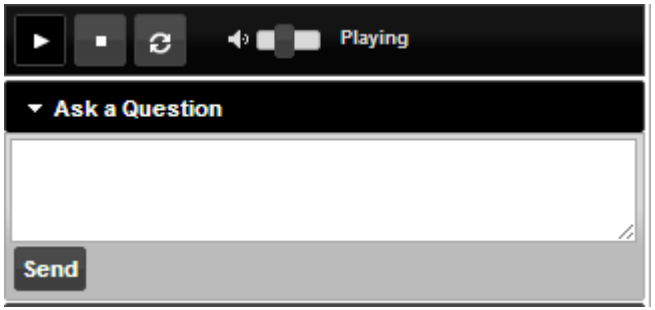


Integrated Service Settings
Open Doors for Youth Experiencing Homelessness

Commander (CDR) Kent Forde, MPH
U.S. Public Health Service
Project Officer, National Cooperative Agreement (NCA)
Health Resources and Services Administration (HRSA)
U.S. Department of Health and Human Services (HHS)

Introduction and Federal Framework "Opening Doors"

- HHS Secretary Sylvia Burwell
  - Chair of US Interagency Council on Homelessness (USICH)- 2016

- "**Opening Doors**"- written in 2010 (Amended in 2012, 2015)
  - "Opening Doors" goals (4):
    - **Ending youth homelessness in 2020
      - Improve Health and Stability
        - Objective 7 and 8
  - From 2010 to 2016, there was a 47% decrease in Veteran homelessness (includes a 56% decrease in unsheltered Veterans)

Federal Data and Programs that Support "Opening Doors"

- Data
  - HUD's Point in Time (PIT) Count- Opening Doors
  - Federal Definitions Differ
    - HUD- prioritizing resources, doesn't include doubled-up
    - HHS and Department of Education- essentially includes doubled-up

- HHS Programs
  - HHS/Assistant Secretary for Planning and Evaluation (ASPE)
  - HHS/Health Resources and Services Administration (HRSA)
  - HHS/Substance Abuse and Mental Health Services Administration (SAMHSA)
  - HHS/Administration for Children and Families (ACF)
  - HHS/Centers for Medicare and Medicaid Services (CMS)

Federal Resources

USICH- *Opening Doors*: https://www.usich.gov/opening-doors

USICH- *Preventing and Ending Youth Homelessness: A Coordinated Community Response*: https://www.usich.gov/tools-for-action/coordinated-community-response-to-youth-homelessness

HUD- *Youth Homelessness Demonstration Program*: https://www.hudexchange.info/programs/yhdp/

Department of Education- *Every Student Succeeds Act (ESSA)*: http://www2.ed.gov/policy/elsec/leg/essa/index.html?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term

Federal Resources (cont.)

HHS/ASPE- *Health Coverage for Homeless and At-Risk Youth*:
https://aspe.hhs.gov/sites/default/files/pdf/198441/HomelessHealth.pdf

HHS/SAMHSA- *Homeless Programs and Resources*:
http://www.samhsa.gov/homelessness-programs-resources

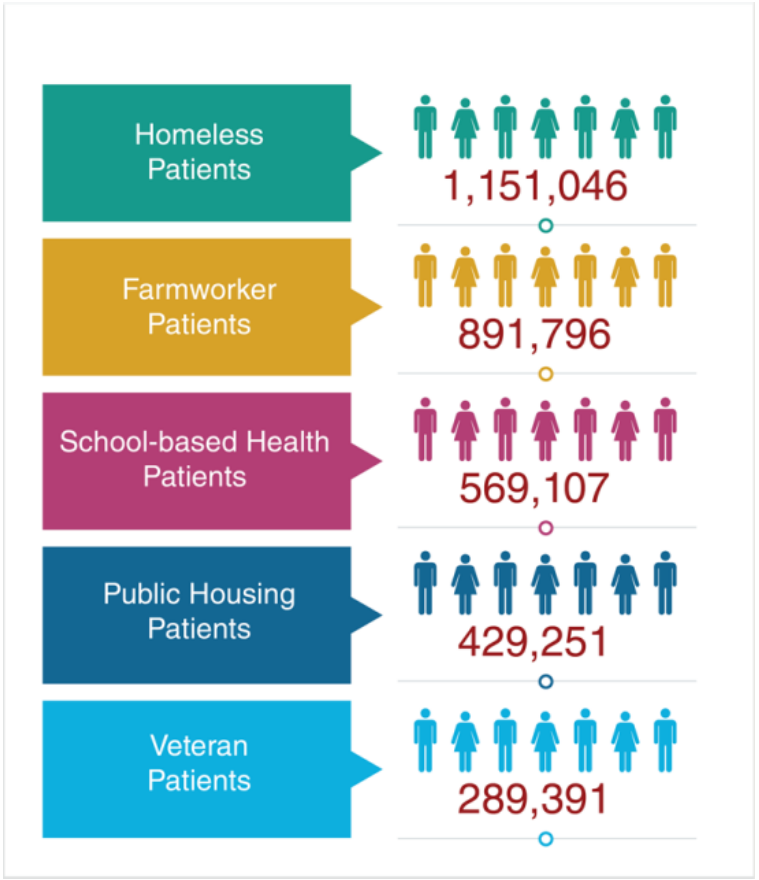
HHS/ACF- *100 Day Challenge to End Homelessness*:
http://www.acf.hhs.gov/fysb/news/a-100-day-challenge-20160801

HHS/CMS- *State Medicaid-Housing Agency Partnerships--Innovation Accelerator Program (IAP)*: https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/community-integration-ltss/ci-ltss.html

America's Health Care Safety Net

- HRSA
  - HIV and AIDS Bureau
  - Maternal and Child Health Bureau
  - Office of Regional Operations
  - Bureau of Health Workforce
  - Bureau of Primary Health Care
    - In 2014, delivered care for over 1,151,000 patients experiencing homelessness
    - Health Center Program- *Find a Health Center*: http://findahealthcenter.hrsa.gov/
    - HRSA/Health Center Funding Opportunities: http://www.hrsa.gov/grants/

Increase Access



Source: Uniform Data System, 2008-2014. *National Data*: U.S. Census Bureau, 2014 Current Population Survey Annual Social and Economic Supplement; Health Insurance Coverage in the United States: 2013

Contact Information

CDR Kent Forde, MPH
HRSA- NCA Project Officer
Rockville, Maryland 20857
kforde@hrsa.gov
Direct #: 301-443-6164
www.bphc.hrsa.gov

Today's Speakers

Juli Hishida, MS
Project Manager, National Health Care for the Homeless Council

Susan Marie, PMHNP, PhD, CARN-AP
Senior Medical Director for Behavioral Health in Primary Care, Central City Concern

Leslie Walker-Harding, MD
Professor and Chief, Adolescent Medicine Division, Department of Pediatrics, Seattle Children's Hospital

Youth Engagement Strategies

Juli Hishida

Project Manager

National Health Care for the Homeless Council

www.nhchc.org

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Core Principles

Multiple points of entry

Cultural humility

Trauma-informed

Holistic care

Consumer input

Housing

Define youth homelessness

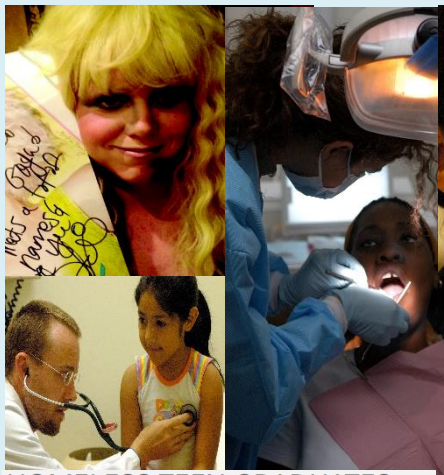
Identify potential community collaborators

List additional resources for interventions with this population

Define youth homelessness

Homelessness - the reality of hidden homelessness *"You don't look homeless!"*

- Public or private facility that provide temporary accommodations (e.g. shelters)
- Transitional housing
- Living on the streets
- At-risk and newly-housed
- SROs
- Abandoned buildings
- Doubling-up
- Couch-surfing
- Car
- Camping
- "unstable or non-permanent"
- PSH



- Pathways
- Sub-groups

Define youth homelessness

Pathways

- Aging out of foster care
- Intergenerational
- Neglect, abuse
- Familial rejection
- Mental/behavioral health

These are just a few…

Sub-populations

LGBTQ
Accompanied & Unaccompanied
Pregnant or Parenting
Runaway
Juvenile Justice or Foster Care
Sex Trafficking
Rural

These are just a few…

Identify potential community collaborators

- Schools, Education, and Vocational Programs
- Community Programs
- State and Federal Partners

A complete list of agencies homeless youth programs should consider partnering with: *see pages 36-42* https://www.library.ca.gov/crb/07/07-012.pdf

Schools, Education, and Vocational Programs

The National Association for the Education of Homeless Children and Youth (NAEHCY) *http://naehcy.org/legislation-and-policy/youth-task-forces*

Each state is required to have a coordinator for homeless education. Search state contacts here: *http://center.serve.org/nche/downloads/sccontact.pdf*

School-Based Health Alliance *http://www.sbh4all.org*

YouthBuild *https://www.youthbuild.org/about-youthbuild*

Community Programs

- Drop-in or day centers
- Shelters, transitional living, and supportive housing programs
- Centers that specialize in Lesbian, Gay, Bisexual, Queer or Questioning and Transgender populations.
- Churches and other faith-based organizations

Other State and Federal Funded Partners

Online directory for local Health Care for the Homeless grantees
https://www.nhchc.org/resources/grantees/national-hch-grantee-directory/

Online directory for local Runaway and Homeless Youth programs (Family and Youth Services Bureau grantees)
http://www.acf.hhs.gov/fysb/grants/fysb-grantees

Working with law enforcement

- A 10-question tool that can help officers determine whether the minor needs medical attention or other community resources
  http://youthtoday.org/2012/05/runaway-youth-helped-using-10-question-tool/
- United States Interagency Council on Homelessness *https://goo.gl/efoiOu*

List additional resources for interventions with this population

Children, Youth, and Families webpage

https://www.nhchc.org/resources/clinical/tools-and-support/children-youth/

Evidence-based Treatment (EBT) Models

http://bit.ly/ehyapp

National Technical Assistance Center for Children's Mental Health

Module 4: EBT

http://gucchdtacenter.georgetown.edu/TraumaInformedCare/Module4.html

UNSTABLY HOUSED AND HOMELESS YOUTH: PROVIDING INTEGRATED ACCEPTABLE AND ACCESSIBLE HEALTH CARE

Leslie R Walker-Harding, MD
Past Chief, Division of Adolescent Medicine
Professor and Vice Chair Faculty Affairs Pediatrics
Seattle Children's Hospital
University of Washington School of Medicine

Incoming Chair of Pediatrics
Penn State College of Medicine
Penn State Health Children's Hospital

UW Medicine
UW SCHOOL OF MEDICINE

“A Basic Need”

Youth/Young Adult Voices are **Critical** to Understanding What is Needed to Provide:

Appropriate
Effective
Accessible
Acceptable
Equitable
HEALTH CARE

They have specific health needs and concerns adult services are not likely to suffice

Seattle Homeless Youth Speak

- 2004 Qualitative Study with Homeless Youth recruited from a homeless teen clinic and mobile vans Ensign J 2004

- Appropriate: “Tailor advice for the realities we face”

- Effective: Be a good Communicator. Youth want to give feedback to help improve quality

- Accessible: “Take our lives into account” Ideal to have a health care home, the same provider

- Acceptable: It is difficult to trust adults.. Treat with respect and no judgement, no lectures, Youth prefer naturopathy and acupuncture, complementary medicine first, then maybe a medical doctor

- Equitable: Cultural competency of providers is important

What Kind of Care to Deliver

- Low burden developmentally appropriate care by trained professionals

- Trauma informed care
- Integrative care
- Mental health care
- Substance use treatment
- Sexually transmitted infection prevention and treatment
- Pregnancy prevention and prenatal care
- Comprehensive dental care
- Adolescent/Young Adult Primary Care Prevention

- Attention to what is requested by the young person

Starting at the Door

- Reputation will precede a visit
- Placement in a central hang out accessible area
- Low burden entry is key
- Make sure times do not conflict with shelter entry times
- Too many requirements or services to sign up for at one time is a burden
- Creating a treatment plan may be a process for a teen
- Quickly identify and address misunderstandings, ask for feedback
- Don’t promise what you cannot deliver
- Network with community service sites that are trusted by homeless youth

UW Country Doc Free Teen Clinic

- 40+ years in continuous service
- Up to 24th birthday
- 68% of teens under 18 years of age
- Insurance is not billed
- All volunteer providers and staff except medical director and clinic coordinator; Building space donated
- Walk in Services offered: Massage, Acupuncture, naturopathy, Psychiatry/mental health, Medical care with Teen specialist, health / resource screening
- Two nights a week to coordinate with another clinic offering services on the opposite nights

Our Experience : Setting the Tone

- Establish rapport, being fully present and interested in their needs
- Be cognizant and respectful of youth's time
- Give Choices: Providers, gender of provider, student
- Establish rapport of staff w/ agency bringing youth
- The first contact gives a warm handoff to the second
- Q Cards (Cards which a teen can carry that announces for a provider or staff their gender pronouns preferred, etc.)
- Everything focused on the youth's agenda
- Offer a variety of services easily accessed that visit

Our Experience : Barriers to Care/Housing

- Lack of follow through
- Hard to contact youth
- Lack of interest on youths part
- Drugs and Alcohol
- Mental Health Issues
- Lack of trust in the system
- Aging out of Programs
- Social Barriers: anti-social behaviors, fighting
- Running from Abuse
- Trafficking and moving up and down corridor

Health Critical to Thriving

- “You can’t keep a job if your health sucks” Ensign 2004

- Health is one of the top 3 mentioned needs in national and local polls of homeless youth Cahn, 2009
- Partner with other agencies to provide seamless connected network
- ACA is not the definitive answer to providing care to homeless unstably housed youth

Developmentally appropriate care and interaction is essential:

Appropriate
Effective
Accessible
Acceptable
Equitable

Our Experience

- Housing Referral Success: Most youth that find their way to health care are aware of resources in the community
- People also would prefer not to go out of their known community for services and shelter
- In our area there are about 90 beds available for about 1000+ unstably housed youth
- We refer to coordinated system for housing if requested and needed and refer for sign up for ACA insurance
- We refer to nutrition services as needed
- We refer to medical services for complex chronic illness
- Under 21 years of age we refer to children's hospital which provides uncompensated care

Integrating BH within Primary Care: Practical Strategies for Success

Susan Marie, PMHNP, PhD, CARN-AP

Senior Medical Director for Behavioral Health in Primary Care, Central City Concern

Associate Professor, Oregon Health & Science University

Consultant & Trainer

susan.marie@ccconcern.org

Assuming you know the WHY…

- Develop BH integration with your population in mind
  - Many clinics use an "intervene and refer" model
  - May or may not be appropriate to your population
  - Adolescent population has lower referral "take"

- Cornerstones of Success
  - Low to No barriers
  - BH serves both patients AND the clinic
    - Drives variations from "typical" behavioral health services
  - No caseloads- Serve the clinic
  - Create workflows for access, flexibility AND minimize waste

Processes: Intakes (an example)

- Major source of waste and delay in access
- Encouraged warm handoffs
- Developed a "walk in to be seen today" system
  - Decreased time to initial visit to 1 week
  - Decreased no show time from 50-60% (8 hours/week waste) to 10% (1-2 hours/week)
  - Empowers patients- esp important with adolescents- to choose when/if want services

Processes: Warm Hand Offs

- Critical to integrated behavioral health success
- The NORM, not the exception
- Frequently remind PCPs to interrupt
- Surprising how well tolerated by patients being interrupted

Roles

- Mental Health Clinicians (LCSW, Psychologists)
  - Clinic MH Lifeguards/SCOD
  - Counseling services (includes EMDR, CBT, Seeking Safety)
- Psychiatric Clinicians (APRNs, MD)
  - Differential diagnosis
  - Just-in-time consultation to primary care providers
  - Psychiatric medications "weave" model
- Addictions Clinicians (CADCs, Health Educators)
  - SBIRT
  - Assessments
  - Medication Assisted Treatment

And who does what? ....

PCP

- Assess and diagnose

  Major Depressive Disorder
  - Including rule out of bipolar

- Treat and re-evaluate with PHQ9

- Titrate dose and re-evaluate

Psychiatric APRN/MD

- Treatment resistant MDD
- Bipolar Disorder
- Psychotic Disorders
- PTSD, Anxiety Disorders, OCD, ADHD

- Needing differential diagnosis
- When patients destabilize

Scheduling/Productivity

- Schedule 30 min appointments
  - Clinician may book hour appointments when needed
- 1 hour intakes since reduced waste on no shows
  - Helpful with developing collaboration with adolescents

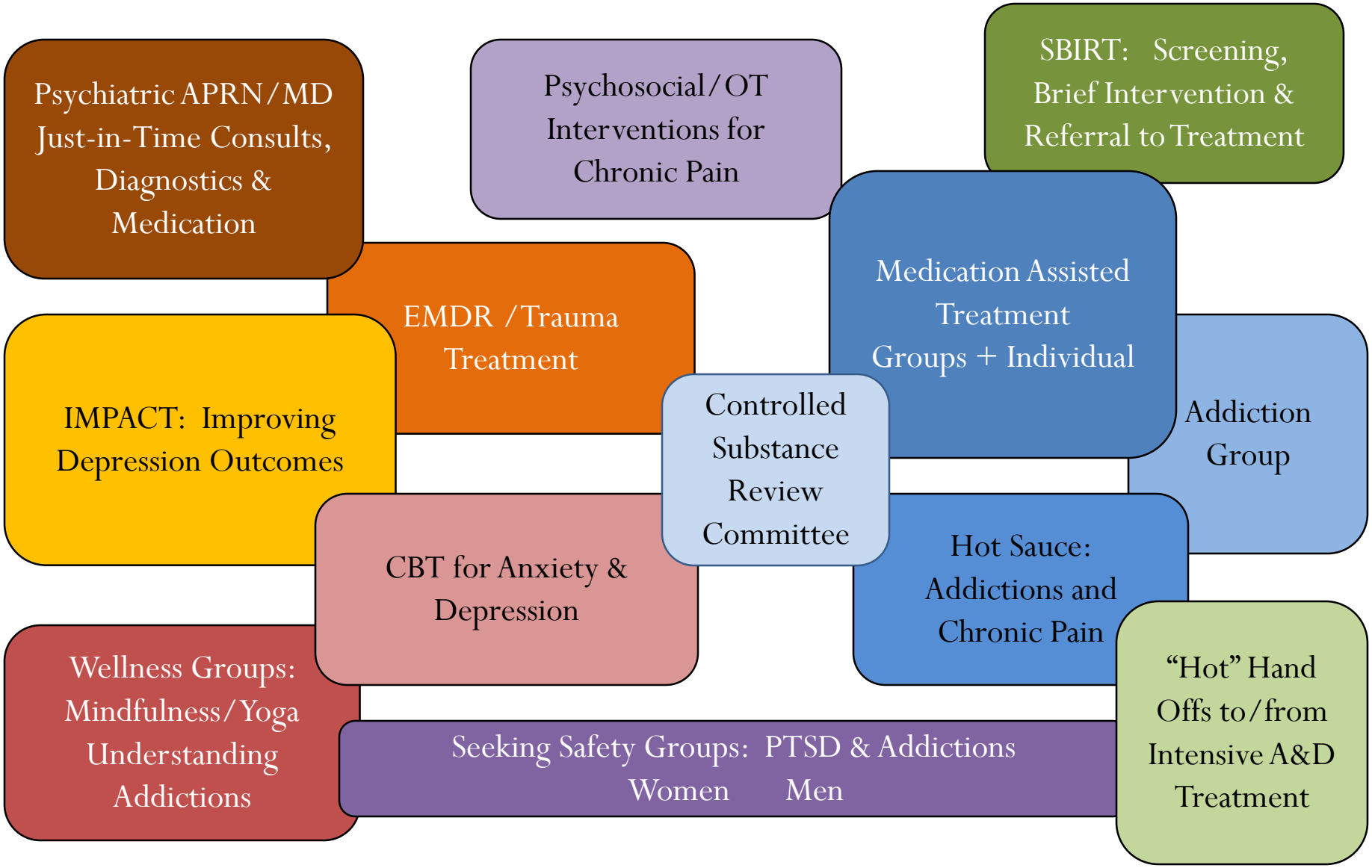
- Productivity expectations:

  APRN- 10 completed encounters/8 hour day

  LCSW- 8 completed encounters/8 hour day

  CADC- work in progress

Old Town Clinic, Central City Concern
Primary Care Behavioral Health Services



MH Clinicians:
Health & Behavior Interventions

What is it?

MH professionals providing psychosocial interventions that improve the patient's problems or symptoms which

- deter the patient from participating in their treatment
- adversely impact their medical condition

Example 1: a patient with nervousness who smokes. Social worker provides counseling to decrease nervousness and increases ability to stop smoking.

Decreased nervousness = Smoking cessation

Code these services using the Nicotine Use Disorder Dx.

Example #2:

- Patient avoids social situations and activities due to trauma history, which interferes with ability to exercise, shop for healthy food as needed to treat obesity.
- MH clinician provides psychosocial counseling which improves ability to go shopping, go to the gym, and improves participation in tx plan and the obesity.

Code these services using the OBESITY diagnosis.

APRN/MD

- Provide encounters with 99212/99213/99214 CPT codes and psychiatric diagnoses
- Bill to medical health insurer- NOT specialty mental health funding stream
- Benefits to insurer- LESS cost than pulling out provider type and diagnosis type. Number of claims paid were LESS than claims processing costs excluding from payment.

Addictions

- Developed contract to become a licensed addictions provider

- Significantly more paperwork
- Has enabled providing Level I treatment (up to 9 hours/week) within primary care
- Are now providing assessments onsite at Recuperative Care and OHSU medical inpatient units.

CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

CIHS Tools and Resources

Adolescent Mental Health in the United States.

http://www.integration.samhsa.gov/Adolescent_Mental_Health_Facts_--_2009.pdf

Mental Health Promotion & Youth Violence Prevention.

http://www.healthysafechildren.org/

Keys to Effective Outreach Strategies for Reaching High-Risk Populations Affected by HIV and Substance Use Disorders.

http://www.integration.samhsa.gov/mai-coc-grantees-online-community/May_17_Webinar_Keys_to_Effective_Outreach_Strategies_for_Reaching_HR_Populations.pdf

Questions ?

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