



AMERICAN ACADEMY OF FAMILY PHYSICIANS

F O U N D A T I O N

Project Supported by 2013 *Family Medicine Cares USA* Resident Service Award

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Residency: Santa Rosa Family Medicine Residency - Santa Rosa, California

Project Facility: Brookwood Health Center in collaboration with Social Advocates for Youth

Project: Bridging the Gap: From the Streets to a Medical Home

There is a growing network of community health centers serving the uninsured and underserved communities of Sonoma County. Many of these clinics were started by graduates of the Santa Rosa Family Medicine Residency and include our resident clinic, the Vista Family Health Center. Even though we have a strong county safety net, there are still many marginalized communities that face overwhelming barriers to accessing health care. We have identified a need for medical services among homeless youth in Sonoma County. We propose to develop a resident outreach clinic to build relationships with and provide services to homeless youth. In order to provide culturally appropriate and sustainable services, we plan to partner with the Brookwood Health Center, a satellite clinic focused on care of the homeless and mental health, and Social Advocates for Youth, a non-profit agency providing shelter, counseling and career services to homeless and at-risk youth in Sonoma County. We envision the first year as a pilot year with our ultimate goal being to establish a long-standing program of service learning that will become embedded in our community. This grant will help accelerate the creation of this much desired and needed community outreach program.

There are roughly 3 million people in the U.S. who experience homelessness each year, one third of them children. Despite Sonoma County's picturesque rolling vineyards and rural/suburban setting, it has a rapidly expanding homeless population. In just two years the number of homeless people in the county has more than doubled. An estimated 12,500 people experienced homelessness in Sonoma County in 2011, 2.5% of the county's total population (Sonoma County Homeless Census, Applied Survey Research, 2011). Here, as in the rest of the country, the homeless consume a significant portion of high cost health care services, most notably emergency and psychiatric services (Kushel et al. 2002). In addition to the financial burden posed by frequent use of high-cost health care, this pattern of use suggests that the primary care health needs of the homeless are not being met. Patients often cycle between the hospital or emergency department and the street, without continuity or stability in health care. (Archibold 2007). The homeless have increased morbidity and mortality overall compared to the general population as well as specific health concerns from increased environmental exposure and victimization (Hwang 2001; Levy and O'Connell 2004).

Unaccompanied homeless youth (under age 25) are a particularly vulnerable subset of the homeless population. Getting an accurate count of the homeless youth in Sonoma County has been difficult. In 2011, the Sonoma County Homeless Census joined forces with youth outreach programs to more effectively reach and assess the needs of this population. At any given time, there are over 700 unaccompanied youth (under age 25) living on the streets in Sonoma County and many more experience homelessness at some point during the year. A majority of the youth live in the City of Santa Rosa and are from Sonoma County originally, and more than half have been homeless for more than one year. Many youth become homeless when they age-out of the foster care system or are released from juvenile detention, lacking the skills to gain employment and function independently. They are distrustful of social services because of experiences with the foster system or child protective services. While most youth rated their health as fair to very good, they also reported many risk factors to poor health and barriers to accessing health care. Substance abuse, sexual assault and high-risk sexual encounters, as well as drug exposure are the most significant health risks experienced. In 2011, seventy-nine percent of youth reported using drugs or alcohol, and 32% reported trading sex or drugs for a place to stay. In addition, almost half of Sonoma County homeless youth experienced sexual assault since becoming homeless and had had their personal safety threatened within the past 30 days of being surveyed. Youth outreach workers report they witness frequent health problems associated with drug use and/or exposure and very little connection with the health care system for most homeless youth in the county. Youth cite barriers to accessing care as fear of CPS, fear their family will be contacted and lack of transportation. Finally, case workers report significant symptoms of mental illness without diagnosis or treatment among the homeless youth they serve (Sonoma County Homeless Census, Applied Survey Research, 2011; Interviews with outreach workers at SAY).

The primary goal of our project is to improve access to health care for homeless youth in Sonoma County by bringing health services directly to the youth where they are at. Our secondary goal, and equally important, is connecting the youth with a patient-centered medical home. We explored working with several other marginalized populations and spoke with community members before selecting this project. We have identified the homeless community in Santa Rosa as our target population because of its rapidly increasing size, disproportionate health problems, established relationships with community programs serving the homeless, and the identified gap in the services provided at those programs. We plan to engage specifically with homeless youth because of the lack of medical services currently available for youth, and because they are in some ways the most vulnerable and marginalized subset of the homeless community. We will be partnering and working collaboratively on this program with Brookwood Health Center and Social Advocates for Youth, two Sonoma County programs who provide direct services to the homeless community of Sonoma County.

The Brookwood Health Center (Brookwood) is a satellite clinic of Santa Rosa Community Health Centers that was founded in November 2011 to broaden services to the homeless and uninsured of Santa Rosa. Brookwood began as a free clinic for the homeless and many of the staff there have been serving Sonoma County's homeless community for over a decade. The medical and mental health providers and community advocates there partner with community organizations to provide a full range of medical and mental health services, and case management to the homeless. Despite this success, there are still

significant gaps in the care they provide. They estimate that they serve less than 1000 homeless people out of the 12,500 in Sonoma County. Most of the homeless they see are sheltered (living in shelters or with friends). Few youth access the clinic (Data unpublished from Brookwood Clinic visit statistics). While Brookwood has begun to fill a gap in homeless care, there is still a large unmet need for health services, especially among homeless youth. Social Advocates for Youth (SAY) is a non-profit organization in Santa Rosa that provides a shelter, transitional housing, jobs training, counseling, and street outreach to at risk and primarily homeless youth in Sonoma County. SAY has been in the community for over 40 years and has the trust of homeless youth throughout the county. They do not currently provide medical services and staff working directly with youth identify medical care as lacking for their clients. We propose that by accessing youth through a trusted community-based organization (SAY) and providing medical care to them on the streets, we will be able to build trust and help ameliorate some of the barriers to full medical and mental health care. Our ultimate goal is to connect more homeless patients with Brookwood as a medical home. The collaboration of the residency with these community-based organizations will be mutually beneficial to our shared goal and vision of caring for and protecting our homeless youth.

In order to reach our goals, we propose to start a resident outreach clinic in conjunction with the outreach staff from Brookwood and SAY. Santa Rosa Community Health Centers is currently applying for HRSA approval to have either a mobile outreach van or SAY's shelter designated as an outreach site. If this is not possible, we will be able to conduct visits as homeless home visits. Our residency directory has allotted 2 half-days per week with 2 residents (1 senior and 1 junior) and a preceptor to conduct clinic visits. We will work with SAY to select outreach sites and either provide services in 2-3 rooms at the shelter or out in the community in the outreach van. Many of the youth live in tent encampments visited by the outreach staff, so we will generate a reliable schedule with them and they will advertise upcoming clinics to the youth. In addition, SAY outreach providers have agreed to transport youth to the shelter for visits if needed. We anticipate seeing anywhere from 5-20 youth per half day for urgent care, family planning, wound care, health screening and health education. We plan to bring all of the equipment needed to provide these services. Besides residents and preceptors, our outreach clinic would consist of a clinic volunteer and a Brookwood outreach worker to enroll patients in the clinic and in state coverage programs and to provide information about services, who would be available throughout the clinic time. A secondary goal of our project will be to increase access to services by increasing enrollment in health coverage programs and to make youth aware of the services available to them. We believe that by meeting clinic staff at SAY, youth are much more likely to visit the clinic and trust the providers there and to connect with a medical home. In addition, staff from SAY will be there to act as liaisons with the community. Finally, one of our behavioral health faculty will be involved in resident supervision and maintaining long-term relationships with both Brookwood and SAY, as well as helping to identify and address mental illness among the youth so that we can connect them to the broad range of mental health and psychiatric services provided by Dr. Kozart at Brookwood.

A secondary goal of this project is to improve our residency training in community health. By building a long-term sustainable partnership with SAY and the Brookwood Health Center we hope to create an experiential forum for residents to participate in service

learning and develop a deeper understanding of community-based care. SAY staff have agreed to provide training to our residents in working with homeless youth, and my faculty mentors and I will develop didactic lectures to deepen residents' understanding of homelessness and the relevance of community-oriented primary care. The clinic time will be part of our newly revised leadership curriculum will allow us to provide reliable services to the youth. Furthermore, it will entrench the clinic and the relationship with SAY and Brookwood in the residency curriculum, allowing for continuation of the project beyond the first year if it is successful. Our hope is to provide in depth, longitudinal learning experience for residents. They will learn about the specific health care needs and struggles facing the homeless as well as general skills in assessing a community and providing medical care in resource-poor settings.

To assess the success of this project we will measure the following outcomes: the number of visits, the number of unduplicated patients, the number of new patients enrolled with Brookwood as a medical home, and the number of youth enrolled in health benefits. We will also attempt to collect survey data about youth attitudes toward their health and the health care system, and their experience of barriers to health care. Finally, we will administer a pre- and post-test survey to residents about their comfort with and knowledge about the homeless community.

While we plan to work with SAY and Brookwood for many years, obtaining equipment for outreach, utilizing the mobile van and building a strong community health curriculum will allow us to expand outreach services to other community partners as well. We hope to identify other underserved and marginalized communities in Sonoma County that are not accessing the current safety net system and to be able to act as first contacts or bridges to a primary care home. This program is the first step toward a stronger ongoing relationship between our residency and the community. We believe it demonstrates the best of what family medicine residents can offer their community: services to those who need it the most and the opportunity to shape compassionate and resourceful future physicians by building lasting relationships.

References:

www.saysc.org/

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