**Coordinated Community Plan to Prevent & End Youth Homelessness**

**Healthcare Workgroup: Meeting Minutes**

**Friday, September 21st, 1-3pm**

**Host: Kelly Kelleher, MD and Amy Acton, MD**

**Location: The Columbus Foundation, Carriage House**

1. **Welcome and Introductions**

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| **Attendance** (in order, around the table) | Jeff Biehl, Prevent Family Homelessness  Angela Stoller-Zervas, CHOICES  Alex Jones, Franklin County Public Health  Dr. Kelly Kelleher, NCH  Beth Fetzer-Rice, HFF  Jose Rodriguez, OSU College of Public Health  Kythryn Carr Hurd, ADAMH  Becky Westerfelt, Huckhouse  Rachel Rubey, CHN  Sam Masters, Star House  Michael Outrich, YAB  Aubre Jones, CSB  Ben Sears, Mount Carmel Outreach  Carry Wirick, Netcare  Abbey Wollschleger, Huck House  Sheila Prillerman, CAC/CSB board/RLFC | Michelle Moskowitz Brown, Local Matters  Jose Feliciano, PrimaryOne  Chelsea Varnum, CPH  David Brackett, Healthcare Collaborative  Toshia Safford, Center for Healthy Families  Doug Murray, Mayor Ginther’s Office  Pristina Bormes  Dr. Anahi Ortiz, Franklin County Corner  Dan Crane, Crane Group  Harry Bryant Jr, LSS  Amy Acton, TCF  Nancy Cunningham, NCH  Erin Gerbec, MRC  Katy Shanahan, Equitas Health  Tom Albanese, CSB  (please excuse any spelling errors and provide the correct spelling for future) |

1. **We reviewed the needs assessment data**
2. **As a group we began to fill-in additional gaps captured in the Needs Assessment Worksheet (A.)**
3. **Needs Assessment Planning Worksheet**

| 1. Relative to the workgroup topic area, what gaps, if any, currently exist for either all youth or specific youth sub-population(s) related to:    1. Identifying, assisting and preventing youth from experiencing homelessness?    2. Ensuring critical healthcare needs of youth are fully met while receiving shelter and re-housing assistance?    3. Ensure other critical healthcare-related stabilization and connection assistance is provided for at-risk and homeless youth? | | | |
| --- | --- | --- | --- |
| **Population** | **Prevention, Coordinated Access** | **Shelter & Re-Housing** | **Other Stabilization & Connection Assistance** |
| All youth  *(as defined previously: “any person under the age of 25…”)* | Knowledge of youth that accessing healthcare includes mental health, sexual health, etc.    Access to technology/Wifi  Need for bridge in services that are uniquely designed to fit this population - to bring the youth system and the adult system together rather than changing those systems | Access to technology/wifi | Youth with chronic health issues such as asthma and diabetes can be so exacerbating it effects other stabilization efforts  Access to technology/wifi |
| Under 18 | Medicaid allows for ped services for foster care youth and disabled to be served up to 21  Consent required in healthcare – but no transition or “smooth hand-off” – Adds to trauma? |  | Certain conditions, stay in the child system longer, other conditions, you should move to adult services because they’re better and we’ll transition you earlier. It’s contractual, and regulatory. When there’s a good system in place, we want patients to go there. |
| 18-24 | Many services available for minors that are NOT at all available after 18; (even JJ and Child Welfare could be considered service “rich”) and then on “18th” birthday the system changes  Big change in service delivery from being a minor with no transition  Need a “bridge” – more efficient than changing child/adult system | Services for this group are drastically different in the ECS than for <18  If I’m homeless on my 18th birthday plus 1, I have to go to an adult system not designed for me.  Without developmentally-appropriate supports, are creating more trauma? |  |
| Pregnant-parenting |  |  |  |
| Racial-ethnic minorities |  |  |  |
| New Americans, (Immigrant and Refugees) |  |  |  |
| Justice-involved | Youth are exiting a program/service rich environment - Go from child-specific entities to “you’re on your own.”  Youth in FCJDC have Medicaid terminated and when they get out they have no insurance. (also occurs in adult system) |  |  |
| Foster care-involved | Youth are exiting a program/service rich environment - Go from child-specific entities to “you’re on your own.” |  |  |
| LGBTQ+ |  |  |  |

1. **As a group, we used the discussion on needs to steer the next portion, Opportunities (B.**

**B. OPPORTUNITIES**

1. Relative to the workgroup topic area, what additional key program/interventions should be considered for all youth or specific youth sub-population(s) related to:
   1. Identifying, assisting and preventing youth from experiencing homelessness?
   2. Ensuring critical needs of youth are fully met while receiving shelter and re-housing assistance?
   3. Ensuring other critical stabilization and connection assistance is provided for at-risk and homeless youth?

| **Proposed Program, Service or Initiative** | **Key performance/ success measures** | **Identify any targeted sub-population(s)** | **Key Actions/Next Steps** | **Key Entity/**  **Organization** |
| --- | --- | --- | --- | --- |
| Navigation-Care Coordination | * Knowledge of the system and model of navigation * cuts across systems and programs |  |  |  |
| Building Youth-Centric System that draws on the best of the Child and Adult System | * Choice of best-of-class options |  | * identify policy issues that can expand/change categorical eligibilities |  |
| Chat-Bot for virtual interaction (including voice recognition)  Building an App | * Immediate access * More Awareness * Accessing other key services like transportation (connect to Smart Cities work), food access, workforce, etc. * It figures out the categorical eligibility of the world of options * online health care, with access to case manager | * Avoiding need to trust adults, etc. * Trauma-informed (traditional care coordination isn’t welcoming to youth, who have been “care coordinated” all their lives |  | * Netcare is using virtual tool staffed by people now * NCH Psych-Unit doing pilot with 100 admits-provide CBT in rural area; multi-modal; * World bank using similar app |
| Engagement that’s not “system” looking -using tech-kiosk approach |  |  |  |  |
| Connection to Family –  Reunification Services | * Strengthens the role of family as the primary support to eliminate the need for entering the homelessness system (Diversion) * Stabilization * Youth Choice | * Mental Health | * Screening because not everyone fits that * Should be up to the youth | * Huckhouse |
| Peer or Near-Peer Mentors/Navigators– (Community health worker model)  Concierge-like Services | * Hand-up and not a hand-out * Navigation * Learning the “unwritten” rules and tips of navigation * Permanent connections | * Foster youth * Justice-Involved youth * LGBTQ * Mental health | * Hand-holding * Near-peer relationship * Elevating and training on “free” services |  |
| Universal Screening | * Not a one-time assessment – Surveillance system * Data follows the person * Leveraging technology to get systems to share data |  | * If there are 100 orgs – asking a universal question around homelessness |  |
| Documentation for and tracking youth across systems | * IDs * Medical records * Data Sharing Across Systems |  | * Changing policies | * Parkland * Clinisync – Exists now and free |

1. **The Group Discussed Next Steps** 
   1. **Most are open to meeting again**
   2. **Discussed using a survey tool before we come together to prioritize**
   3. **All members should be asking themselves “Who else should be here?”**
2. **Meeting Adjourned**