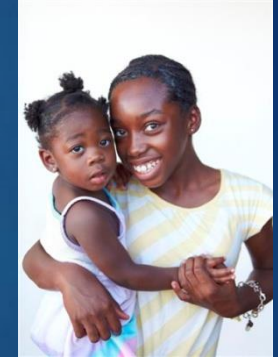


Providing Medical Care for Arizona's Homeless Youth

The state of Arizona's homelessness, its impact on pediatric health and how mobile medicine can overcome barriers to health care

Homeless Youth Outreach
at Phoenix Children's

Dr. Gary Kirkilas





Nothing to Disclose

Learning Objectives

1. Describe the general state of homelessness in Arizona, including variables such as age breakdown, gender differences and sheltered vs unsheltered.
2. Differentiate the negative health outcomes that homelessness can have on children
3. Recognize that how a mobile medicine approach can break down barriers to healthcare.



Teens loitering or something else...

A different face to homelessness



On the streets



And living in cars



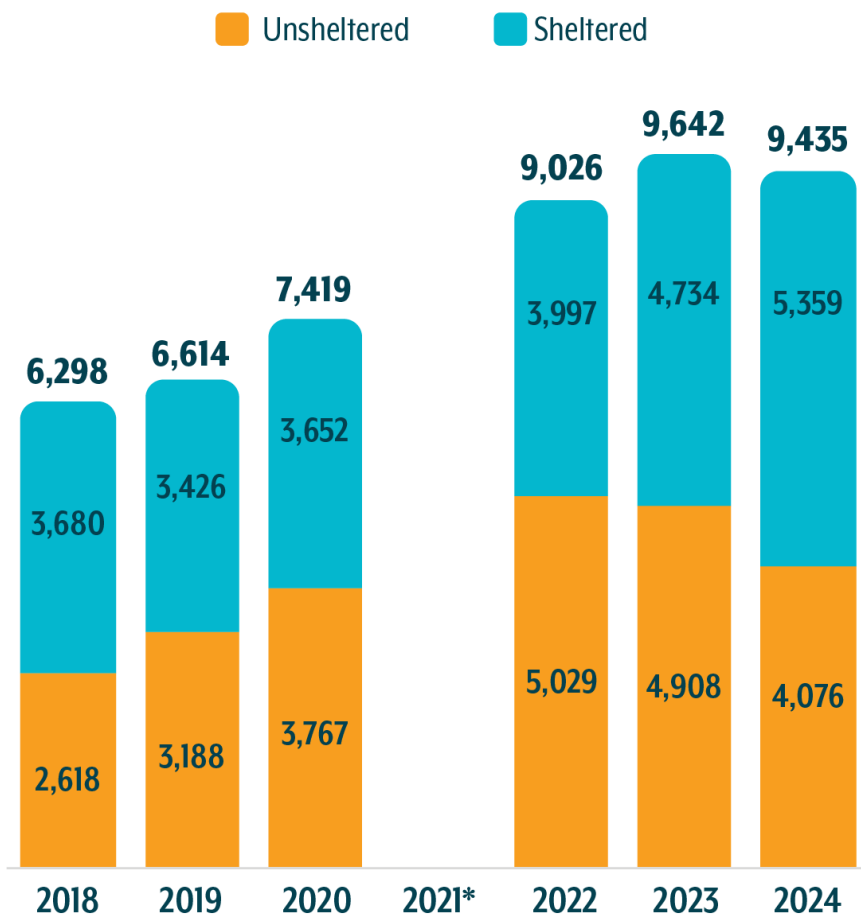
The state of Homelessness in Arizona

2024 PIT Count Total

9,435

people experiencing homelessness
in Maricopa County on the night of
January 22, 2024

Total PIT Count, 2018-2024

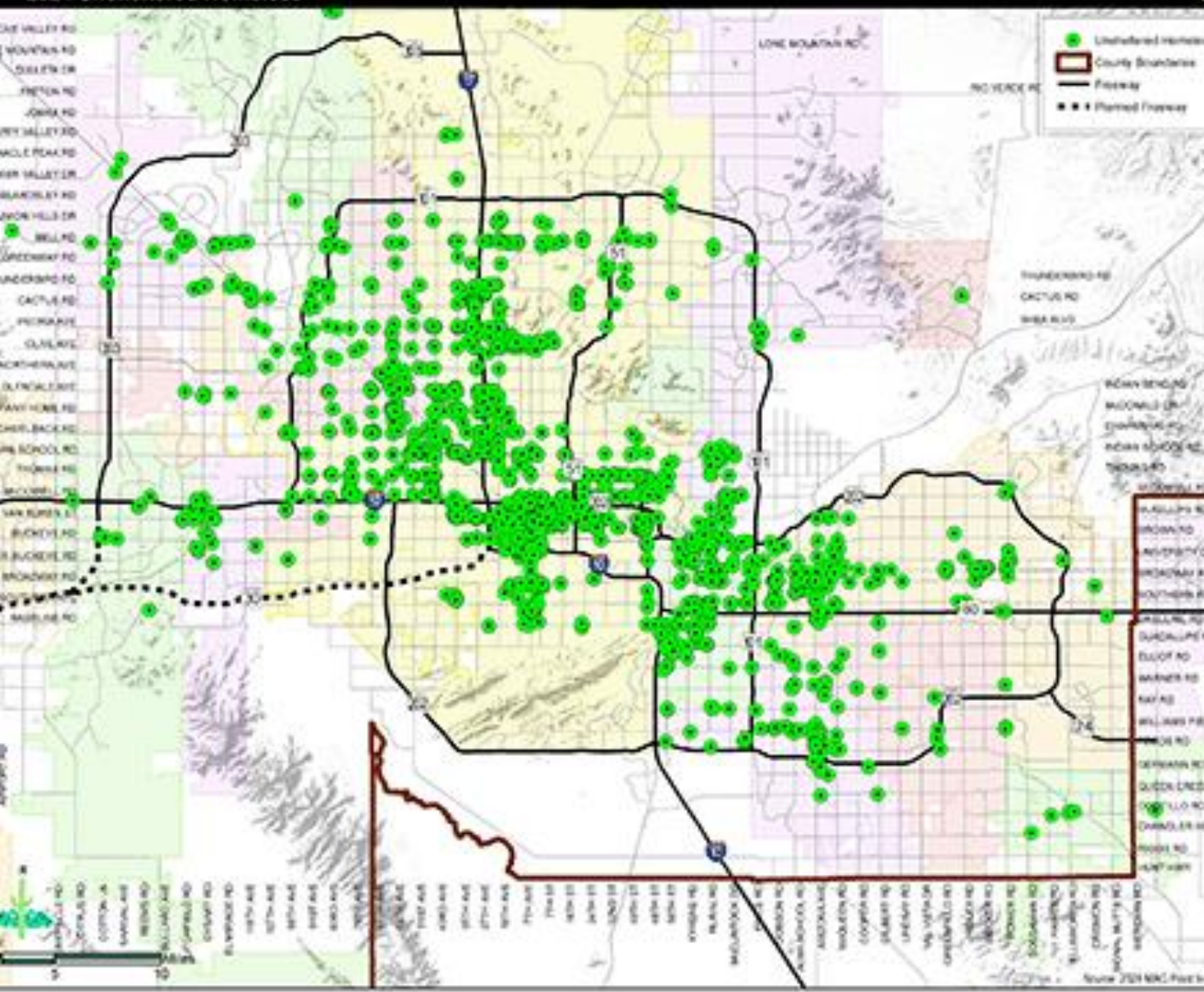


Source: Maricopa Regional Continuum of Care PIT Count, 2018-2024

*The PIT Count was not conducted in 2021 due to the pandemic

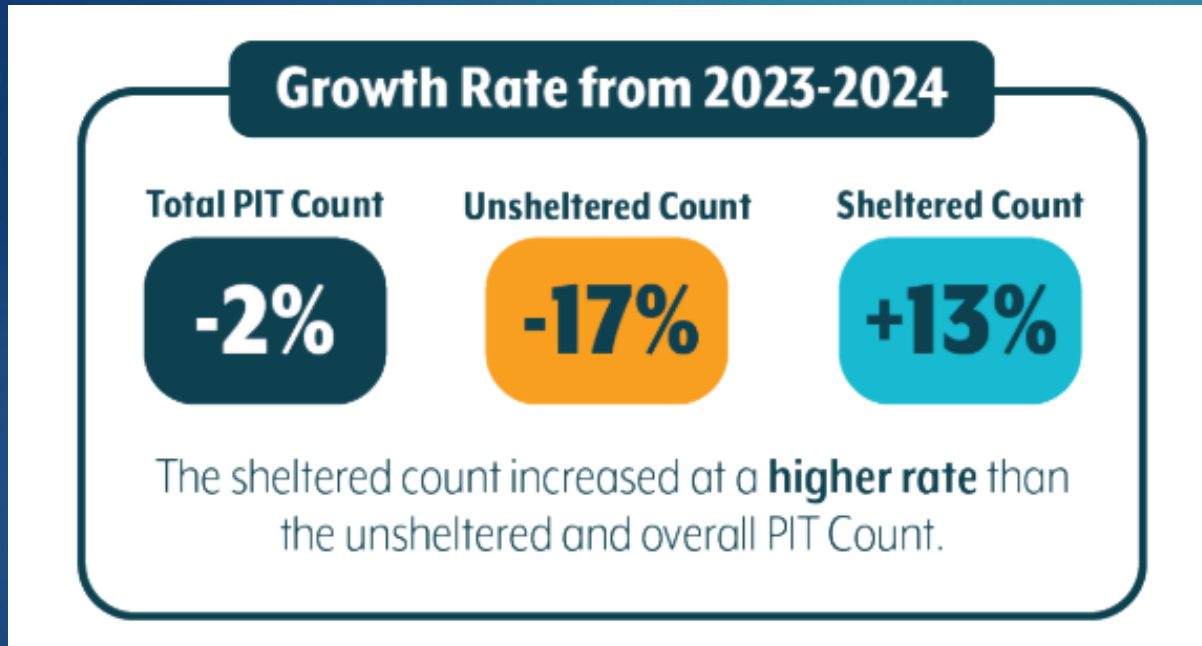
Homelessness
fluctuates in
Arizona

2024 Unsheltered Homeless



Unsheltered Homeless Heatmap

Trends in Homelessness



Bad news:

- ▶ 1. There are high numbers of individuals experiencing Homelessness

Good news:

- ▶ 1. More homeless families/individuals are finding shelters
- ▶ 2. Unsheltered homeless is decreasing.
- ▶ Homelessness decreased slightly from 2023

Sheltered vs Unsheltered

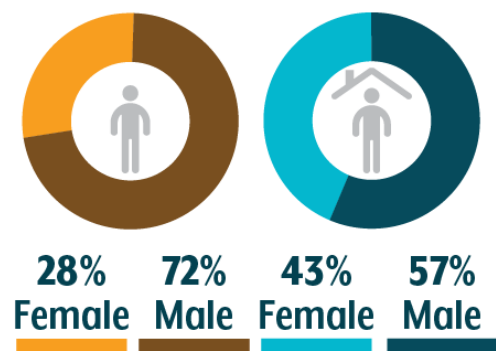
Comparison: Sheltered and Unsheltered Populations

Legend

Unsheltered

Sheltered

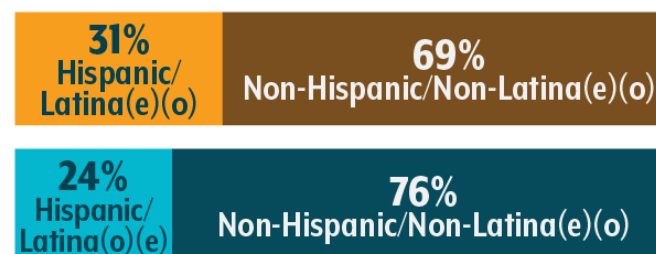
Gender



Race

White	50%	>	48%
Hispanic	19%	>	7%
Black ¹	21%	<	35%
Asian	< 1%	<	1%
AI/AN/I ²	7%	>	5%
NH/PI ³	1%	=	1%
ME/NA ⁴	1%	>	< 1%
Multiple	1%	<	4%

Ethnicity



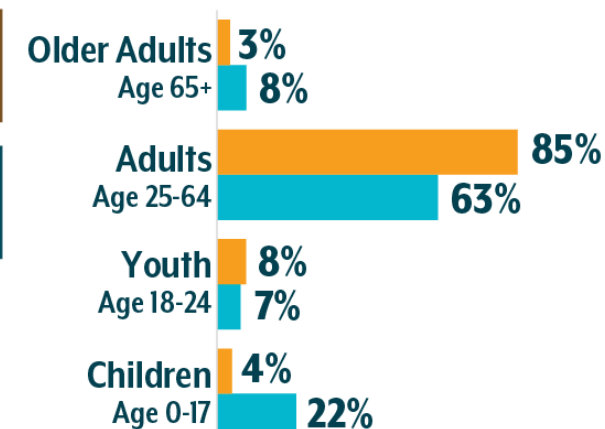
¹ Black, African American, or African

² American Indian, Alaska Native, or Indigenous

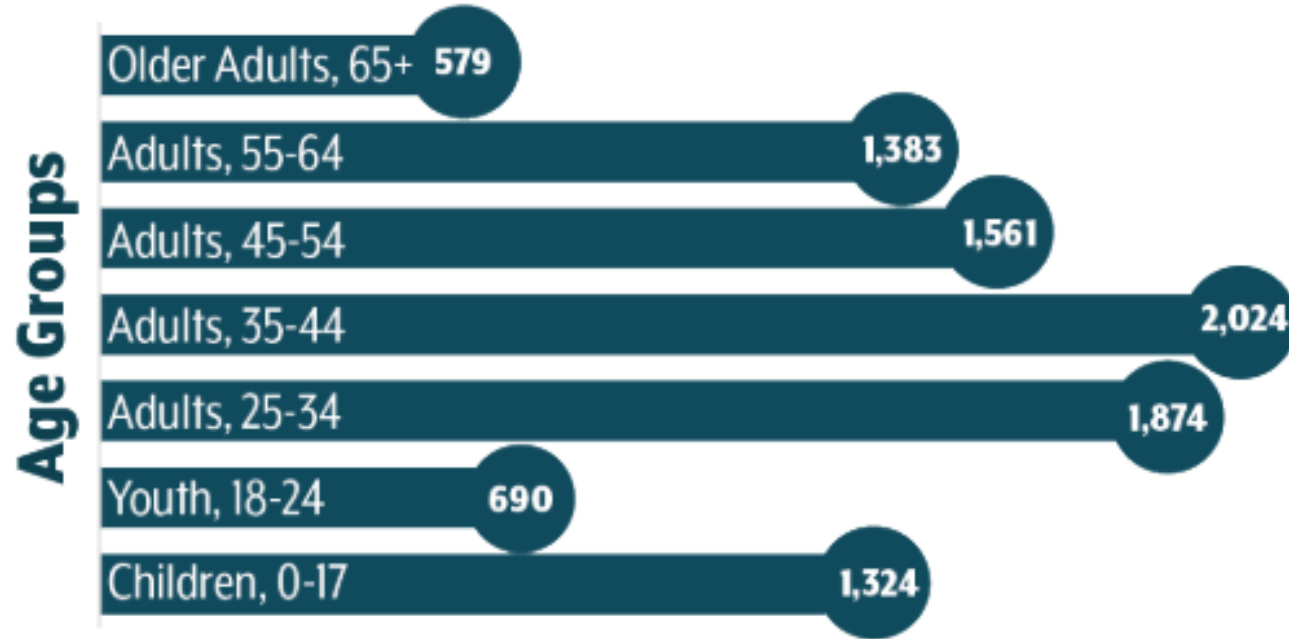
³ Native Hawaiian or Pacific Islander

⁴ Middle Eastern or North African

Age



Arizona's Homeless Youth



The Expected:

- The largest age group from the PIT Count is adults 25-34 and adults 35-44, which each accounted for ~20% of the 2024 PIT population.

The Unexpected:

- Children (age 0-17) make up 14% of the population, while youth (age 18-24) make up 7% of the count.

Impact of Childhood Homelessness

- Devastating physical, cognitive and emotional consequences as children are experiencing the stressors of homelessness during the most impressionable developmental stages and milestones of their lives.
- Among homeless children <5,
 - 75% have at least 1 major developmental delay
 - 38 % present with emotional-behavioral challenges
- In school aged children,
 - ~50% are retained for one grade
 - 22% are retained more than one grade



HYO Patient Experiences

Physical - Sex Abuse/Mental Health

- Nearly 33% reported having been touched sexually without their consent
- 22% have been raped or forced to have sex
- 3 out of 10 reported having lived in foster care and/or an institution
- 42% have been physically harmed or beaten
- 35% of homeless females report **moderate to severe depression**



Per HYO patient self-reports

Who are the Children we serve?

All races represented:

Hispanic: 37%

White: 26%

Black/African American: 22%**

Native American: 5%**

Other: 4%

Not reported: 6%

Asian: <1%

(Nearly 65% of population served are minorities)

Male: 45%

Female: 55%

Birth-11: 34%

12-19: 56%

20-24: 10%



- ▶ Kinship families
- ▶ Intact families
- ▶ In family shelters
- ▶ In domestic violence shelters
- ▶ Street youth
- ▶ LGBTQ youth**
- ▶ Human trafficking survivors
- ▶ Foster care youth**
- ▶ Working poor
- ▶ Runaways
- ▶ Throwaways
- ▶ Unaccompanied minors
- ▶ Opportunity youth
- ▶ Children of the incarcerated

**Disproportionate % represented

HYO Patient Experiences Substance Abuse

S.B.I.R.T.

In the <i>PAST YEAR</i> , how many times have you used:	Never	Once or Twice	Monthly	Weekly
Tobacco				
Alcohol				
Marijuana				
Prescription drugs that were not prescribed to you (pain medications or Adderall)				
Illegal drugs (cocaine, ecstasy, meth)				
Inhalants (such as nitrous oxide)				
Heroin				

HYO Patient Experiences Cannabis 2019-2022

- All youth:
 - **51%** used cannabis
 - **23%** used cannabis weekly or daily
- Younger Adolescents (12-15 years):
 - **38%** used cannabis
 - **17%** used cannabis weekly or daily
- Older Adolescents (16-24 years):
 - **55%** used cannabis
 - **24%** used cannabis weekly or daily

HYO Patient Experiences

Substance Abuse

- Most frequent reason patients share why they are using:
 - *“It helps with my: depression, anxiety, or emotional health issues.”*



Now, what is it that we do?

Mobile Medicine Fleet



Inside the MMU

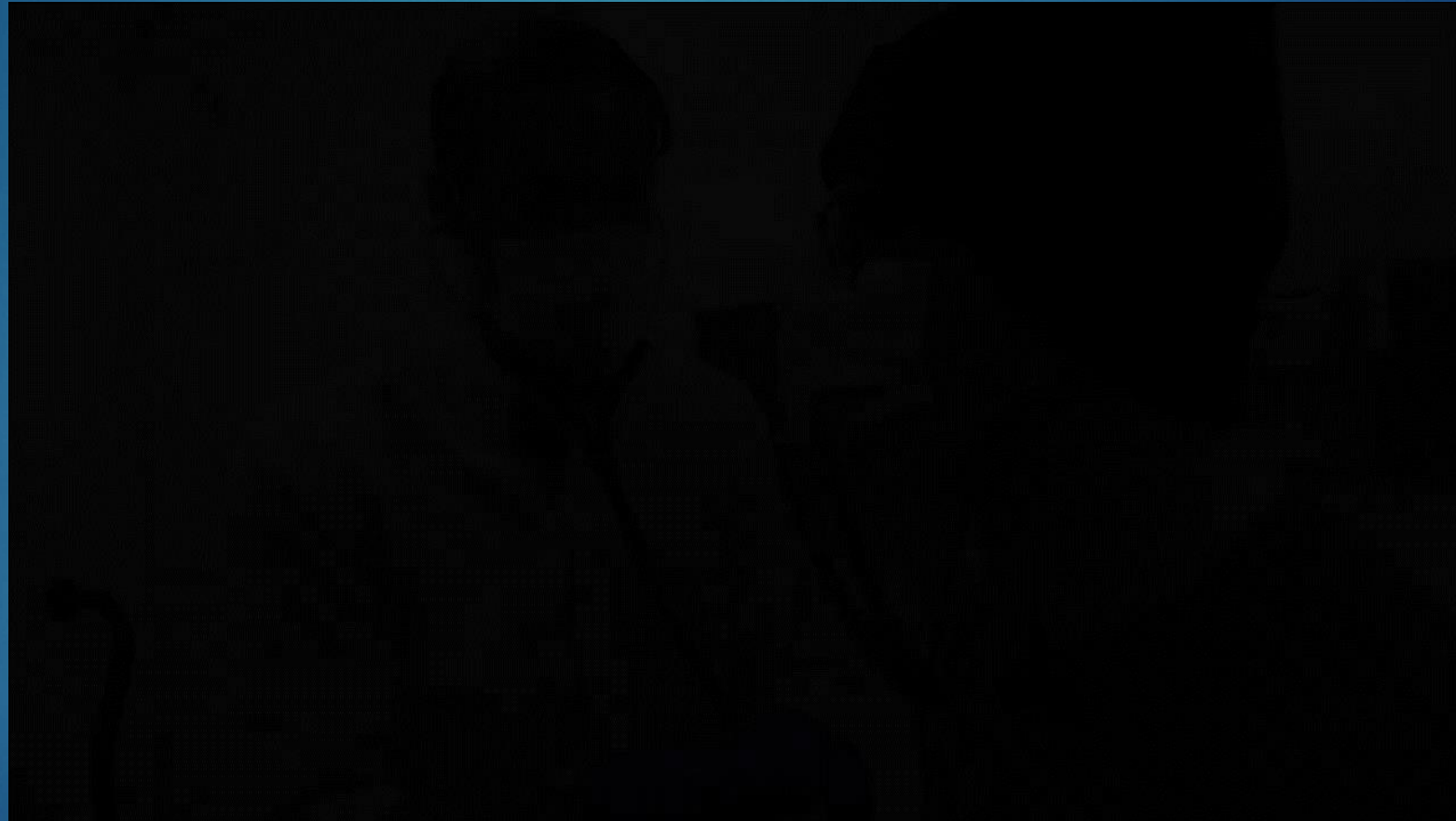


- ▶ Two exam rooms
- ▶ A laboratory for blood draws
- ▶ A pharmacy for those without insurance or transportation
- ▶ Medical grade freezer for vaccines

Provide Direct Services

- **Primary and preventative Medical Care**
 - Physicals, sick visits, reproductive health, vaccinations
- **Integrated Mental Health Services**
 - Two LCSWs provide behavioral health counseling.
 - One Child Psychiatrist with specialty training in Addiction Medicine
 - Provide free therapy and medications for our patients
- **Financial Advocacy**
- **Referral Management**
- **24 Nurse Triage Line**

Hear from the patients
themselves...



Homebase Group Home



YMCA 350



Vista Colina Emergency Family Shelter



UMOM



Phoenix Dream Center



Children's First Academy



DCS Welcome Center



Why Mobile Medical clinics?

Until all homeless children and young adults are *connected with supportive housing*, mobile health clinics are needed.



Until supportive housing programs, schools, drop-in resource centers and other nonprofits ensure greater organizational stability, flexibility needed.

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

Why Fixed-Site clinics?

When the *need for services* and *population size* surpass what mobile clinics can sustain at one location.



When partner organization vetted for longevity, strong ties to community, diverse funding, committed leadership, and 'skin in the game'.

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
- ▶ Ability to provide ADA accessible locations

Growth & Evolution of *Crews'n Healthmobile* Program

In 2000,

- ▶ 2 part-time providers
- ▶ 4 half day mobile clinics
Medical Services
- ▶ Clinics:
Crews'n
Healthmobile I

In 2024,

- ▶ 4 full time providers, 15 staff members
- ▶ 30 half day mobile clinics
Over half with Integrated Medical and
Behavioral Health Services
- ▶ Clinics:
Crews'n Healthmobile II
Crews'n Healthmobile III
Crews'n Healthmobile IV
UMOM Wellness Center
Children First Leadership Academy
Phoenix Dream Center
Youth Development Institute



A photograph of a male doctor with a beard and a yellow surgical mask, wearing a stethoscope and a light blue striped shirt, kneeling on the steps of a blue mobile clinic unit. He is holding a clear plastic water bottle and looking at a young girl with curly hair who is also smiling. Another young girl with curly hair is sitting next to her, looking towards the doctor. The clinic unit has the text 'FARB' and 'SPECIALTY VEH' visible on its side. A bright yellow rectangular graphic is in the top right corner.

Thank you