# YPHS Clinic Model

## Problem statement:
Homeless young people have poorer health and poorer access to health services than their housed peers.

## YPHS goal:
To improve the health and well-being of young people aged 12-24 at risk of or experiencing homelessness in Victoria.

## Target group:
Homeless young people (aged 12-24) at risk of or experiencing homelessness in Victoria.

## Objective:
To provide an accessible, youth relevant, primary health care (PHC) service for homeless and/or marginalized young people aged 12-24 in Melbourne's CBD.

### Rationale:
YPHS believe that:
- A youth-friendly PHC service that works within a co-located platform and employs a social model of health will be accessed by and better meet the health needs of the target group.
- Provision of youth relevant health interventions will improve health outcomes for the target group.
- The target group have the right to health care that is equal to their housed peers.

### Assumptions:
Homeless young people are aware of Frontyard Youth Services via:
- YPHS website
- Frontyard website
- Frontyard intake workers inform all young people of, and refer them to, co-located services
- Clinical outreach into YPHS
- Networks refer to YPHS

### Resources:
- Funding
- RCH support:
  - including pharmacy, IT, pathology, medical fellows
- Skilled Youth Health Nurses:
  - Post Grad Addl. Health, AOD competencies, accredited HIV & Hep C Test advisors, Post Grad Sexual Health, accredited nurse immunisations, single session therapy, motivational interviewing
- Health promotion:
  - including Gardasil, sexual health and AOD education
- Education:
  - Young people, health professionals, students, service providers
- Research:
  - e.g. Sentinel surveillance, MIG

### Activities:
- **Clinic**:
  - Drop in 12-5p.m. Monday to Friday.
- **Clinical outreach**:
  - CSO — once per fortnight with YSAS.
  - CBO — once per week to refuge.
- **Secondary consultations**:
  - Phone, handover, other services.

### Outputs 1:
- **Assessment**:
  - Youth health psycho-social assessment (HEADSS) on all new clients.
- **Opportunist health interventions**:
  - Including vaccination, education, crisis interventions.
- **Nurse initiated screening**:
  - Including order and collect pathology for STI, BBV, Pap test and immigrant health.
  - AOD assessment and ASSIST suicide assessment.

### Outputs 2:
- **Nursing diagnosis**:
  - Based on HEADSS assessment & nurse initiated screening.
- **Nursing interventions and treatments**:
  - Including contraception, morning after pill, STI treatment, single session therapy, motivational interviewing, AOD harm reduction education and strategies, ASSIST suicide intervention.

### Outputs 3:
- **Homeless young people**:
  - Increased understanding of sexual health, mental health & AOD.
  - Increased understanding of options for maintaining and/or improving their health.
  - Early engagement with health services.
  - Fewer hospital admissions.
  - Early links into intervention and treatment services.

### Outcomes/Goals:
1. Healthier society.
2. Reduced burden of disease for young people.
3. Improved social determinants.
4. Young people exit homelessness.
5. Improved health and well-being outcomes for homeless young people who access YPHS.

### External factors:
Current political climate, structural factors e.g. access to transport, access to housing, employment and education opportunities, attitudes towards health and healthcare.