

# **Mending the Pukas: Outlining Gaps Within Youth Services**

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# Youth Outreach Drop-In Center

A Hale Kipa and Waikiki Health Collaboration  
Founded in 1989



- Our target population is runaway, homeless and street identified youth and young adults
- Clients age out at 22 and a half
- No minimum age
- Most commonly seen age range is 14-20



Who Do We serve?

## Outreach + Drop-In

- Outreach takes services to where the youth are staying, meeting them where they're at
- Drop-In provides services at the YO! center four days a week; meets basic needs and higher level services upon request



What Do We Do?

- Building trust and rapport (many youth have a healthy distrust of adults)
- Advertising Drop-In
- Meets basic on-the-street needs and higher level case management
- Maintaining a presence in the street community
  - YO! has good “street cred” and that is only because we have been a reliable/consistent member of the street community
  - We’re entering their home, so outreach workers must be respectful and recognize they can’t dictate the rules

Outreach

- Monday, Tuesday, Thursday, Friday from 3:00-6:00 pm
  - Aged out clients can stop by for services before 3:00 pm
  - Late start time is to avoid clients skipping school to go to YO!
- On-Site clinic (Waikiki Health) with both physical and mental health services
- Basic Needs: showers, lockers (storage), canned food, hot meals, laundry, computer lab, clothing, respite from the streets
- Higher Level Needs: housing case management, goal setting, advocacy, job searching/training, SNAP/TANF assistance, connection with substance abuse treatment, education options

Drop-In

# Hawai'i Health & Harm Reduction Center (HHHRC)

Reducing harm, promoting health, creating wellness and fighting stigma in Hawai'i and the Pacific.

*Hawai'i Health & Harm Reduction Center serves Hawai'i communities by reducing the harm and fighting the stigma of HIV, hepatitis, homelessness, substance use, mental illness, and poverty in our community. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, drug use, and the transgender, LGBTQ and the Native Hawaiian communities. We foster health, wellness, and systemic change in Hawai'i and the Pacific through care services, advocacy, training, prevention, education, and capacity building.*





**HOUSELESSNESS**



**CRIMINAL JUSTICE**



**SUBSTANCE USE**



**HIV & HCV Care & Prevention**



**MENTAL HEALTH**







# Guide on the Side & MCO

*Harm Reduction & Our LGB&T Youth*



# Gots

Youth Housing Demonstration Project  
(YHDP)

*“We GotS you...”*

# Guide on the Side

**Target:** LGB&T Youth, 18 – 24, experiencing houselessness on Oahu.



- Outreach
- Navigation services
- Case management
- Comprehensive assessment
- Harm Reduction & Prevention Counseling
- Linkage services
- One-on-One support
- Syringe Exchange
- Nutrition & other needs
- Advocacy
- Independent Living Skills
- Bus Passes
- Cell Phones

# Who do we serve?

- 77 Youth enrolled
- 39% Native Hawaiian
- 36% Have a Mental Health Diagnosis
- 60% Use Substances
- 59% have experienced domestic violence

# How do we do this?

- Mobile and/or TeleMedicine
- Mobile STD/STI clinic
- Insurance Navigators
- Outreach Services
- Direct linkage to HHHRC Programs
- Pop-Up's
- Community Events





# Kua'ana Project

- Gender Affirming Services
- One-on-one peer counseling
- Health care linkage services
- Supportive Services
- Education & Advocacy





# MCO

***“Mobile Crisis Outreach”***

RYSE, HHHRC, Hale Kipa



# Youth Housing Demonstration Project (YHDP)

Mobile Crisis Hui  
808-861-6606

- Crisis intervention
- Basic Needs
- Education & Information
- Independent living skills
- Transportation
- Linkage to housing & other supportive services



# **Why/How is Working With Youth Different?**

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# Utilizing Harm Reduction

- Youth Voice, Youth Choice
- Peer Support
- LGBTQ focused programming
- Consistent engagement
- Meeting them where they are at
- Sobriety NOT a requirement
- Direct link & warm handoff to all HHHRC programs
- Narcan, Safer Sex Kits, Safer Drug Supplies, Syringe Exchange services



- We don't get to make the rules on the street, but we do have house rules to keep staff and other clients safe
- Communicate what youth can do and what's expected of them
- Recognize that they are desensitized to the "system"/adults telling them what to do, so rules need to have a clear reason for their existence and be consistent
- It's important to communicate what rule was broken, and that a way back is possible
- Unconditional positive regard!

## Trauma Informed "Rules"



- Being trauma informed means recognizing you need to earn the trust/respect of your clients, rather than expect it because of age and authority
- It is important that the client determines the goals they want to work on
- Often they aren't ready to tackle big goals like "get housed" or "get a job" so staff work with them to identify smaller, more immediate goals
  - Get an ID/birth certificate
  - Job training
- Flexibility and patience are key: the best laid plans are often sidetracked by the immediate survival demands of life on the streets – *"Where am I going to eat tonight?" "Where am I going to sleep tonight?" "Who do I have to fight tonight?" "Where am I going to get my drugs tonight?"*

## Youth Friendly Case Management

**Pukas!**

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- Juvenile Arrests:
  - 2020- 1,606
  - 2021- 1,772
  - 2022- 1,968
- Majority of youth arrested were male, between the ages of 13 and 16
- Conflicting ideologies of “Gangs don’t exist in Hawai’i/aren’t as ‘real’ like the ones on the mainland” vs. “Gangs are the reason for the crime/issues we see in Hawai’i”
- Compassionate consideration of WHY youth join gangs and the potential for exploitation in gangs
- What more as homeless providers can we do?
  - Intervention programs/training
  - Connect with mainland providers/successful programs
  - More drop-in centers, in areas known for gang activity
  - More transitional housing options (age appropriate housing, alternative to relying on unsafe options)
  - Continuous positive messaging

## Gang Affiliated Youth + Intervention

### Sources:

HPD Annual Report 2021, *Information Technology Division*.

<https://www.honolulu.gov/wp-content/uploads/2022/05/HPD-2021-ANNUAL-REPORT.pdf>

HPD Annual Report 2022, *Information Technology Division*.

<https://www.honolulu.gov/wp-content/uploads/2023/05/HPD2022annualreport.pdf>

Crime in Hawaii: A Review of Uniform Crime Reports (2019). *Crime Prevention and Justice Assistance Division-Research and Statistics Branch*. <https://ag.hawaii.gov/cjja/files/2021/09/Crime-in-Hawaii-2019.pdf>

## November is National Runaway Prevention Month!!!

- Unaccompanied Minors Deserve Access to education
  - Keep our educational institutions a safe place
- Minors deserve the right to shelter
- Minors deserve access to consent to health care
  - Ability to consent to preventative care (PREP, MPOX Vaccines)
  - Confidentiality
- Decriminalize being a “runaway”
  - 2022 HPD Performance report: 1,968 juveniles arrested-1,057 of those arrest due to runaway status

Unaccompanied minors

- HPD Procedure pertaining to Runaways

## PROCEDURES

### A. Communications Division

With regard to status offenders, only reported runaways are listed in the outstanding Juvenile Justice Information System (JJIS) file.

1. Juveniles reported as runaways shall be entered into the outstanding JJIS file.
2. An outstanding juvenile runaway shall be removed from the JJIS file when the assigned officer informs Communications Division personnel that:
  - a. The juvenile is under arrest for the runaway offense; or
  - b. The runaway case is closed as records only.

**The Criminalization of “Runaways”**

Source: HPD Website- Juvenile Status Offense Arrests  
<https://www.honolulupd.org/policy/policy-juvenile-status-offense-arrests/#:~:text=Examples%20include%2C%20but%20are%20not,parental%20control%2C%20and%20injurious%20behavior>

# What Can We Do?

1. the Vera Institute continuum of care for status offenders emphasizes that “systems must be able to assess youth and family needs, triage cases appropriately, and have an array of service options that range from minimal (such as weekly mentoring check-ins) to more intensive and longer-term (such as in-home family therapy programs).”

# What Can We Do?

2. The National Conference of State Legislatures (NCSL) promotes options including early intervention and prevention programs aimed at addressing family problems and financial needs, and independent housing options such as youth housing programs, community-based transitional living programs, and outreach services.

## What Can We Do?

3. In 2016, Congress reauthorized the Runaway and Homeless Youth Program (RHYP), which funds four grant programs aimed at addressing the needs of runaway and homeless youth. The programs, which are administered by the U.S. Department of Health and Human Services, promote a “positive youth development approach that ensures a young person a sense of (A) safety and structure; (B) belonging and membership; (C) self-worth and social contribution; (D) independence and control over one’s life; and (E) closeness in interpersonal relationship.”

Questions?