



HOMELESS &
HOUSING
RESOURCE
CENTER

Street Medicine for Unsheltered Individuals: Serving People Where They Are

June 24th, 2021


3:00-4:30pm ET

Disclaimer

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- We have arranged for ASL interpretation services during this meeting. The ASL interpreters are:
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 - **Katie Lambe**
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Webinar Instructions

- All participant lines will be muted
- A recording will be available on the HHRC website
- Download webinar documents: <https://hhrctraining.org/>
- Questions: Please submit your questions using the Q&A feature
- Evaluation – browser will redirect following the webinar
- Certificate of Participation (no CEUs are offered)

Learning Objectives



- Describe the core values and philosophy of street medicine, as well as identify technical elements for implementing a street medicine model.
- Explain person-centered practices for engaging and reducing barriers to care for persons experiencing unsheltered homelessness with a behavioral health diagnosis.
- Identify at least two benefits of using a multi-disciplinary team approach in street outreach programs.

Presenters

- **Brett H. Feldman**, PA-C, Vice Chair, International Street Medicine Institute, Director, USC Family Medicine Division of Street Medicine, Assistant Professor of Family Medicine Keck School of Medicine of USC
- **Aislinn Bird**, MD, MHP, Psychiatrist, Co-founder of StreetHealth, Alameda County Health Care for the Homeless
- **Wilma Lozada**, Community Health Outreach Worker and Social Worker, Alameda County Health Care for the Homeless
- **Lawrence Lincoln**, Former Street Medicine Patient



Introductory Poll Question

Getting to know our participants



Street Medicine for Unsheltered Individuals: Serving People Where They Are

Brett J. Feldman, MSPAS, PA-C

Director of Street Medicine Keck School of Medicine of USC

Vice Chair Street Medicine Institute

June 24, 2021 | Zoom, CA

Keck School of Medicine of USC
Street Medicine









Values and Philosophy

- Patient led
- Reality based
- Unconditional respect
- Medicine as an instrument of peace
- Medicine as tool of advocacy



Street Medicine Institute







Keck School of
Medicine of **USC**

Building the Model

- Let the streets build the program
- Develop a strategy, not menu of services
- Determine scope of practice
 - Engage → Refer → Treat
 - Mobile vs street
 - Episodic vs primary care
- QA/QI
- Fight retreat from the street
- Fall in love

Keck School of Medicine (KSOM) Street Medicine

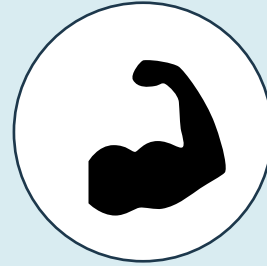
Vision: all unsheltered homeless in LA have access to basic healthcare



**Hospital-based
consult service**



Street-based care



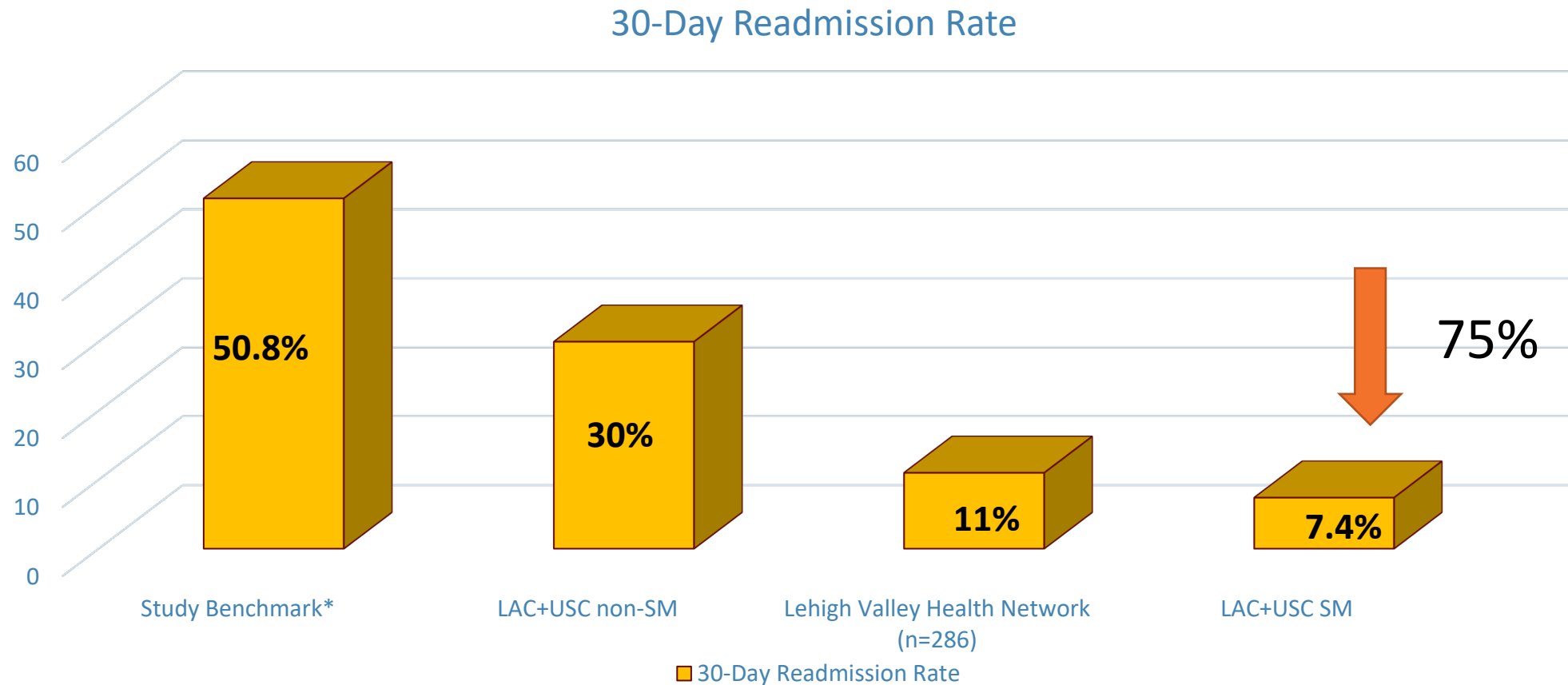
**Workforce
development
Education**



Research

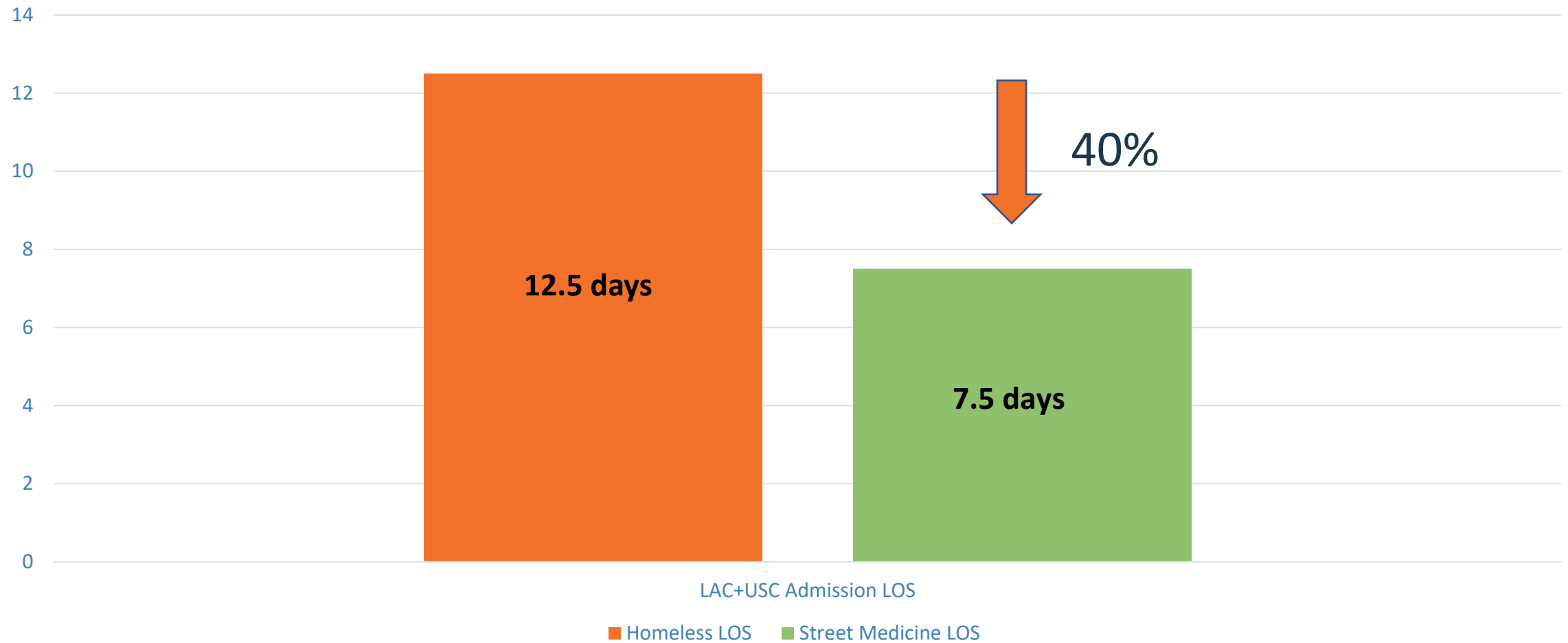


Impact of Street Medicine Primary Care on readmissions

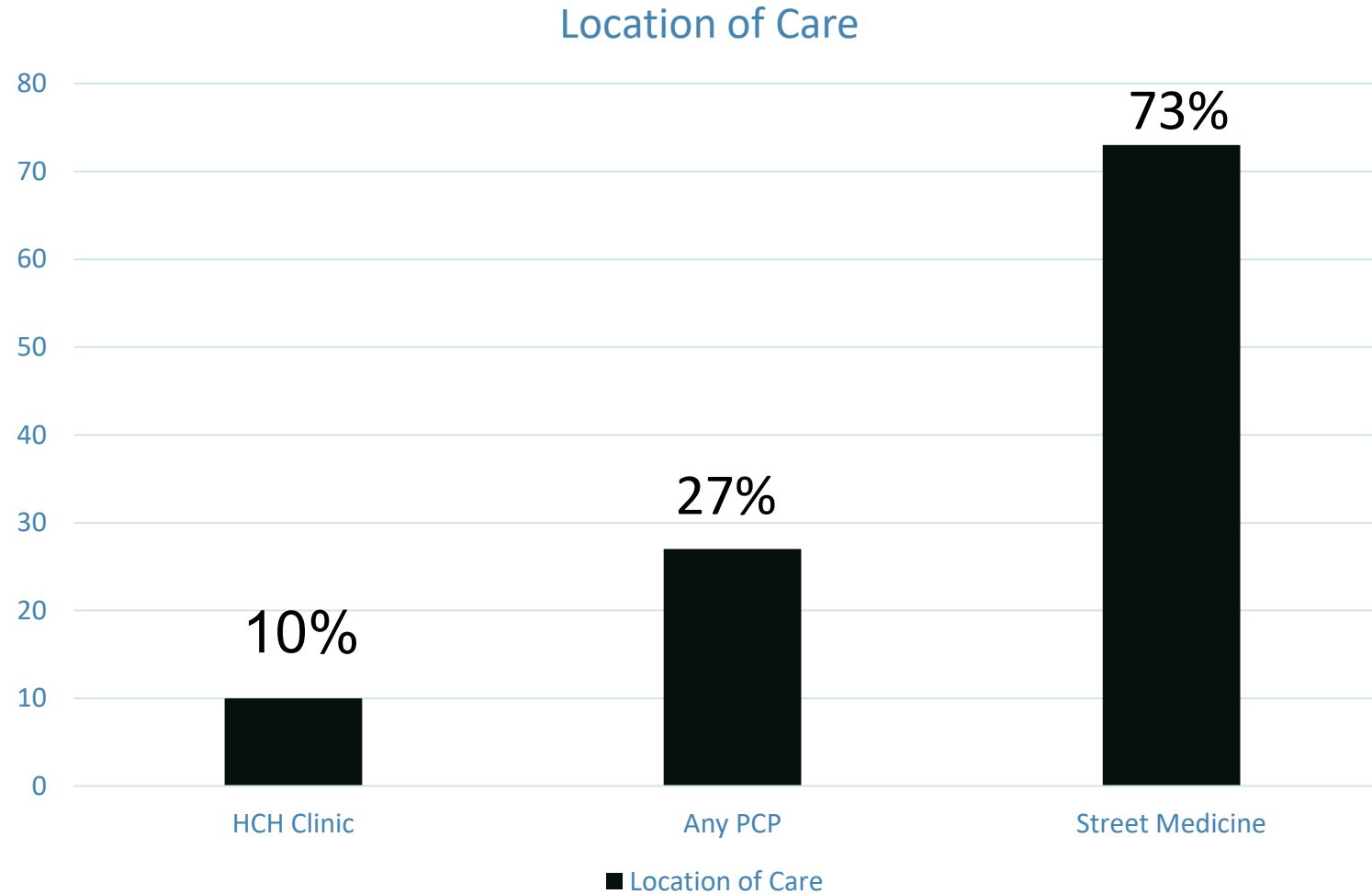


*Medical Care. 51(9):767–773, SEP 2013

Decreasing Length of Stay 2020



Established in Primary Care







Brett J. Feldman, MSPAS, PA-C
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Alameda County **Health Care for the Homeless**

Street Health



Aislinn Bird, MD, MPH, Psychiatrist
Lawrence Lincoln
Wilma Lozada



Houselessness in Alameda County

- **Alameda County Point-In-Time Count (PITC).** January 30, 2019.
 - 8,022 persons experiencing houselessness on this one night¹
 - Unsheltered: 79% (6,312 people)
 - Sheltered: 21% (1,710 people)
 - Self-reported health conditions:
 - Psychiatric conditions: 39%
 - Alcohol and drug use: 30%
 - PTSD: 30%



1. EveryOneHome, Point-In-Time-County. (2019) <http://everyonehome.org/home/continuum-of-care/everyone-counts/>



Expanding Street Health Teams

2015: ACHCH started street medicine services; one contractor (Roots Community Health Center) serving Oakland, and one contractor (BACH, formerly Tri-City Health Center) serving Central, East and South County

2017: Launch of ACHCH StreetHealth Psychiatry Team serving Oakland

2019-2020: Expansion and program re-design to teams with smaller, defined geographic areas based on unsheltered homeless density

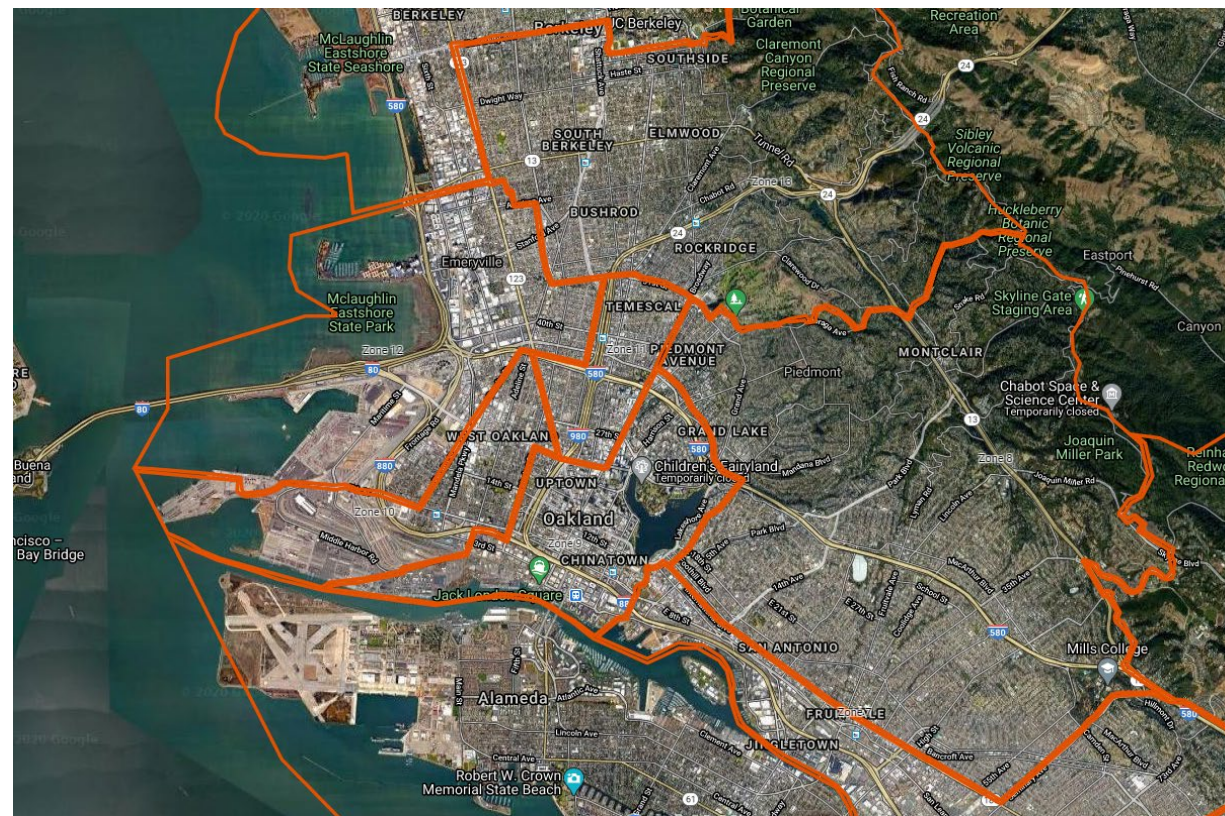
- ✓ Multidisciplinary service delivery model
- ✓ Focus on consistency, relationship building
- ✓ Greater depth of care
- ✓ Technical Assistance
- ✓ Increased collaboration with city and county partners





How We Divide Our Work

- 2019 Point-in-Time data on unsheltered homelessness was used to divide the county into zones.
- 14 zones were created.
- Each zone has approximately 500 unsheltered individuals.
- Staffing ratio approximately 1:140.
- Geographic model adaptations for urban and rural areas





Alameda County
**Health Care for
the Homeless**



Street Health Team Members

RN Care Manager Team Lead

- 1 FTE
- 60% field based
- Provides nursing and enabling services
- Supports providers

Medical Provider

- 0.3 FTE
- Assessment, diagnosis, treatment

Community Health Outreach Worker

- 1 FTE
- 60% field based
- Completes Outreach Assessment
- Housing applications

Psychiatrist

- 0.15 FTE
- Assessment, diagnosis, treatment

Social Worker

- 1 FTE
- 40% field based
- Intensive transitional case management



Street Health: Core Components

- **Development and Maintenance of a Consistent Site Schedule**

- Teams deployed systematically within regions based on density and impact
- Conduct deeper outreach to progressively foster engagement in services

- **Street Outreach and Client Engagement**

- Intensive support through sustained and frequent contact
- Increase access to physical, mental health and substance services in the field
- Assessment and Triage of Basic Health Needs in the Field

- **Collaboration and Partnership**

- Remove barriers and silos in outreach
- Increased care coordination and effective connections to ongoing services

- **Continually data driven quality improvements to program design**

- Results Based Accountability





Outreach Services



Outreach and Engagement:

- ✓ Trust and rapport building activities
- ✓ Attending to basic needs



Health:

- ✓ Medical assessments and triage
- ✓ Diagnosis and treatment of conditions commonly associated with being homeless
- ✓ Immunizations and health education
- ✓ Health education and linkage to community resources including Behavioral Health and Substance Use services



Housing:

- ✓ Coordinated Entry assessment
- ✓ Housing problem solving
- ✓ Connection to available housing resources: Shelter, Rapid Re-housing, Housing flex funds
- ✓ Housing Navigation, housing focused case management



Alameda County
**Health Care for
the Homeless**

COVID-19 Response

Homeless Outreach Rapid Response:

- ✓ Environmental Scans
- ✓ I&Q hotel through Project Roomkey or “enhanced shelter in place”

Testing:

- ✓ Partnership with Public Health
- ✓ Locations: Streets, Shelters, Project Roomkey

Vaccines:

- ✓ Coordinated low Barrier Access in shelters and encampments County-wide
- ✓ Support vaccine choice
- ✓ >4750 vaccine doses administered since 03/01/2021





Panel Presentation



Q/A

Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

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