PRESENTER
Meili Hau, FNP-BC, MBA

Assistant Director of Medical Services at the
Village Health Center in Father Joe's Villages

No disclosures

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OBJECTIVES

1
Define the field of street medicine and the philosophy.

2
Identify the goals of street medicine

3
Identify strategies to delivering care on the street.

4
Describe the current state of street medicine.

5
Describe the conditions and specifics for starting a street medicine program.

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Street Medicine Definition

"Street Medicine includes health and social services developed specifically to address the unique needs and circumstances of the unsheltered homeless delivered directly to them in their own environment." – Street Medicine Institute

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Street Medicine Definition

Who

Serves unsheltered persons experiencing homelessness

What

Provides medical services to prevent medical conditions from deteriorating to the point of needing emergency care

How

Includes multi-disciplinary teams provide a variety of services including medical, behavioral health, case management, and basic humanitarian care such as food and water.

Where

Takes place in sleep environments of unsheltered PEH including encampments, parks, and under bridges.

Why

Provides a solution to the lack of healthcare access to traditional medical settings by PEH

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Street Medicine Philosophy

"Go to the people" – Dr. Jim Withers

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Street Medicine Philosophy

PEOPLE

- Meet people where they're at
- Homelessness is not a monolith
- Focus on building trusting relationships
- Relationship-based model
- Human-centered approach

CARE DELIVERY

- Multidisciplinary teams
- Deliver care according to the present circumstances
- Consistent & recurring presence
- Let the streets build the program
- Fight the retreat from the streets
- Provide trauma-informed care
- Recognize the structural trauma of traditional care systems

ADVOCACY

- Street medicine is a tool towards achieving health equity, justice, and peace

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Build Relationships

Street medicine…

"It became less about the immediate delivery of services and more about **building trust**. For folks whose lives are so unpredictable, knowing there is space every week for them to talk to that team allows for that **relationship to build over time**."

—Lucy Kasdin, Alameda County
Health Care for the Homeless

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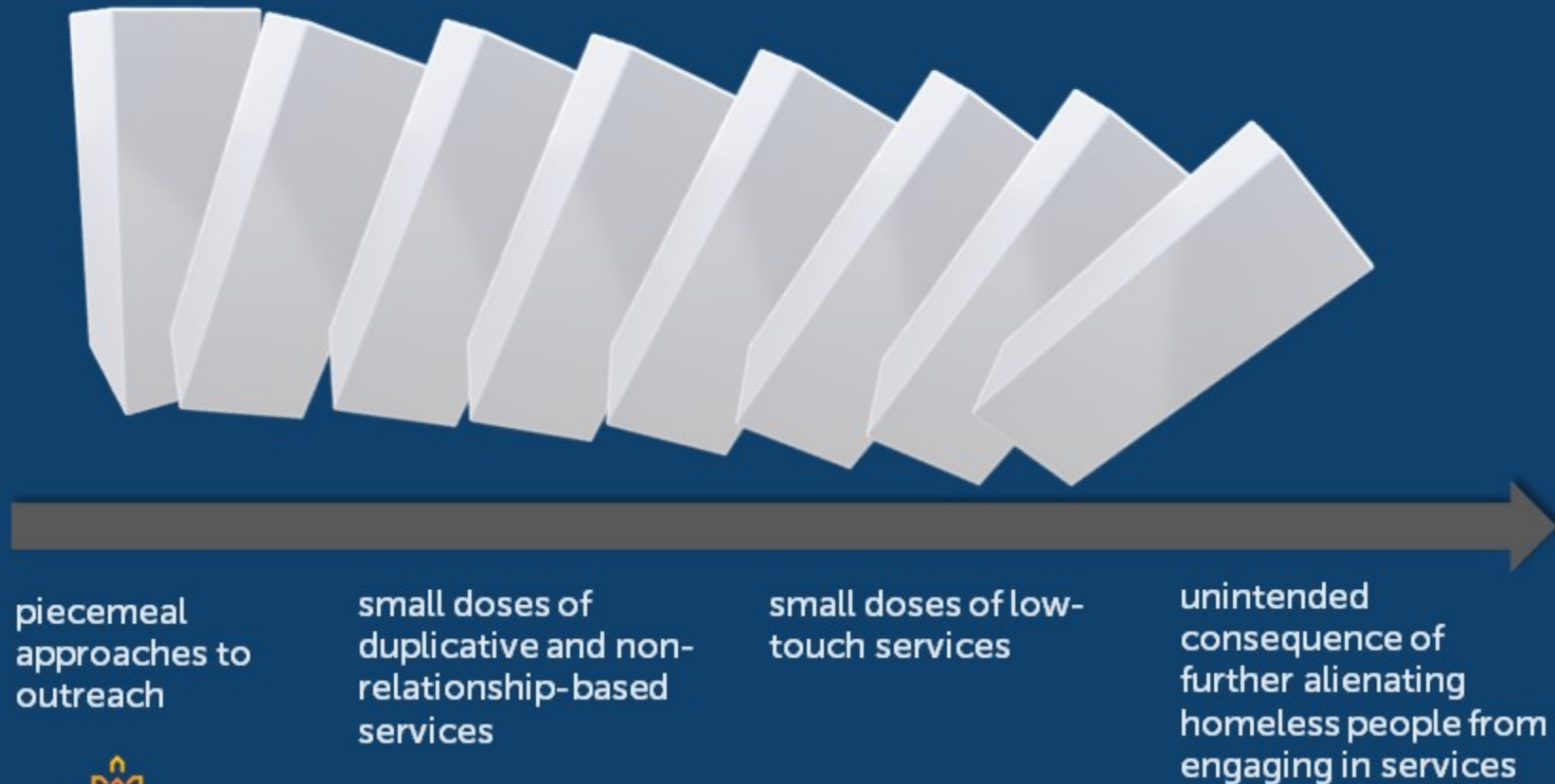
Health Equity

CDC states health equity is achieved...

"when every person has the opportunity to attain his or her **full health potential** and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances"

Health inequities are reflected in differences in...

Length of Life   Quality of Life   Rates of Disease   Disability   Death   Access to Treatment   Severity Of Disease

Street Medicine Goals

- Break down barriers to healthcare access
- Provide quality healthcare
- Prevent unnecessary emergency department visits
- Reduce morbidity and premature mortality
- Improve access to resources
    - Housing
    - Income
    - Supportive services
- Foster ongoing engagement with primary care and behavioral health services

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SAFETY

PEOPLE

PARTNERSHIPS

Street Medicine Strategy

SAFETY

TEAM
SAFETY

Standard precautions
Situational awareness
Self-care practices
Verbal emergency phrases
Language to avoid
Fundamental safety actions
Evacuation plan

PATIENT
SAFETY

Harm reduction principles
Team introduces themselves
Team requests permission

PEOPLE

C R E E D

Compassion · Respect · Empathy · Empowerment · Dignity

Identify intermediaries · HOUSED BEDS Model

Flat team hierarchy · Motivational interviewing

Lead with curiosity

HOUSED BEDS TOOL

HOMELESSNESS
- Location
- Duration

OUTREACH
- Engagement with services or teams
- Existing support system

UTILIZATION
- Health care
- Social services
- Judicial system

SALARY
- Financial resources

EAT
- Access to food
- Frequency of meals

DRINK
- Access to clean water

BATHROOM
- Access to a toilet

ENCAMPMENT
- Sleep environment
- Sleep position
- Sleep patterns
- Time of day for sleep

DAILY ROUTINE
- Activity during the day

SUBSTANCE USE
- Current and past use
- Frequency of use
- History of overdose
- Rehab experiences

BATHROOM
- Access to a toilet

ENCAMPMENT
- Sleep environment
- Sleep position
- Sleep patterns
- Time of day sleep occurs

DAILY ROUTINE
- Activity during the day

SUBSTANCE USE
- Current and past use
- Frequency of use
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- Rehab experiences

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HOUSED BEDS

Taking a history on a person experiencing unsheltered homelessness

H Homelessness history

O Outreach engagement

U Utilization

S Salary/income

E Eat

D Drink

B Bathroom

E Encampment

D Daily routine

S Substance use

PARTNERSHIPS

CITY

COUNTY

COMMUNITY

Purpose

Increase access to resources for clients
Enhance expertise and knowledge
Align common goals
Reduce costs
Share resources
Coordinate care
Increase chances of success

CURRENT TRENDS

- MAT
- Residency Programs
- Street Psychiatry
- Street Medicine
- Billing for Services
- Recuperative Care
- DEI

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The San Diego Union-Tribune

HOMELESSNESS

Bill that would have reimbursed street medical teams vetoed

In this photo from 2019, homeless man Tomas Williams receives care by members of Father Joe's Villages street medical team Shela Rocha (center) and Kristan Horney. Street medical teams would receive Medi-Cal reimbursement under a proposed bill by state Sen. Sydney Kamlager. (Sam Hodgson/The San Diego Union-Tribune)

BY GARY WARTH

OCT. 10, 2021 11:46 AM PT

Start a Street Medicine Program

COMPONENTS

community need — target population — area of service — team composition — engagement

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Start a Street Medicine Program

TOOLS & FRAMEWORK

TOOLS

- Design thinking
- Systems thinking

FRAMEWORK

- Social determinants of health

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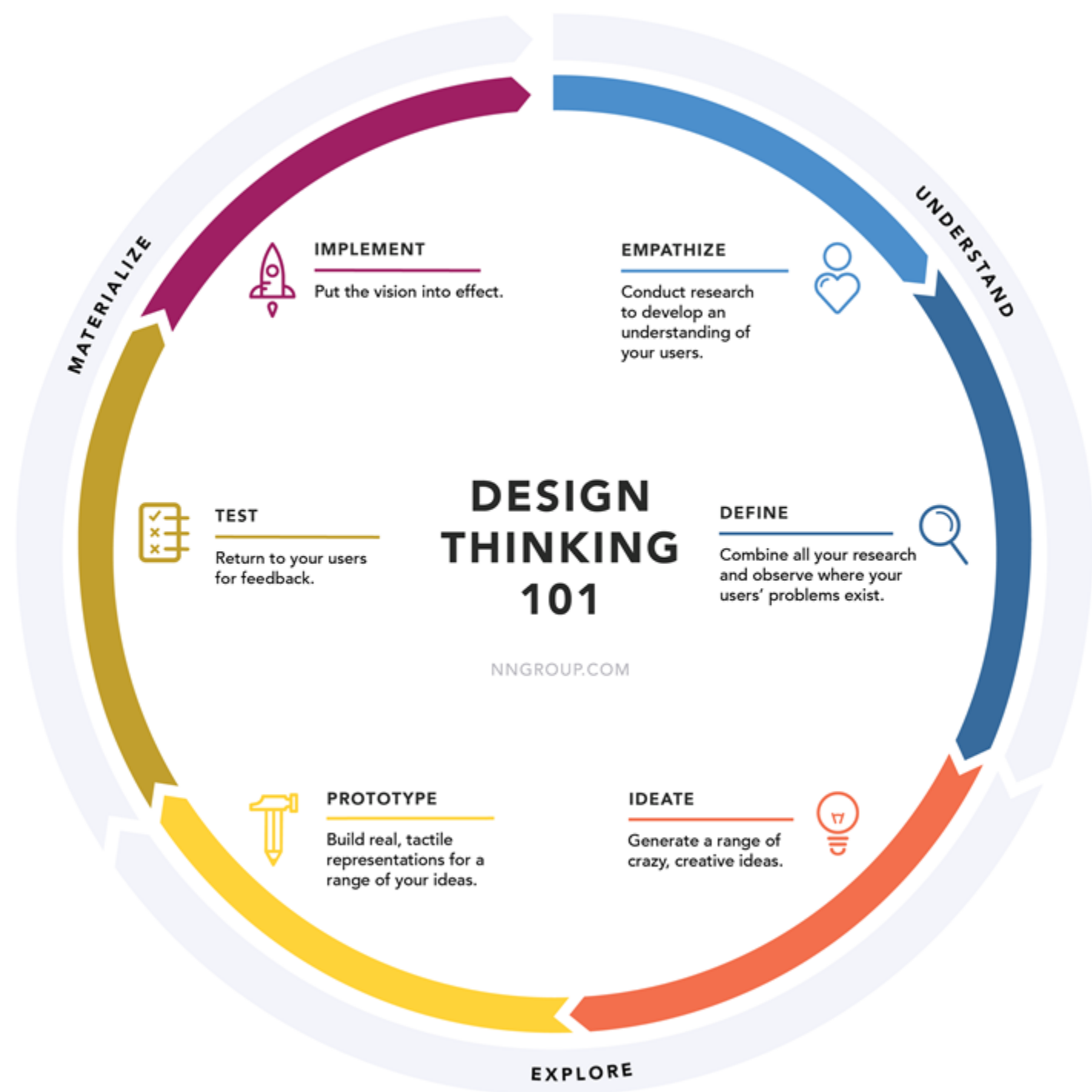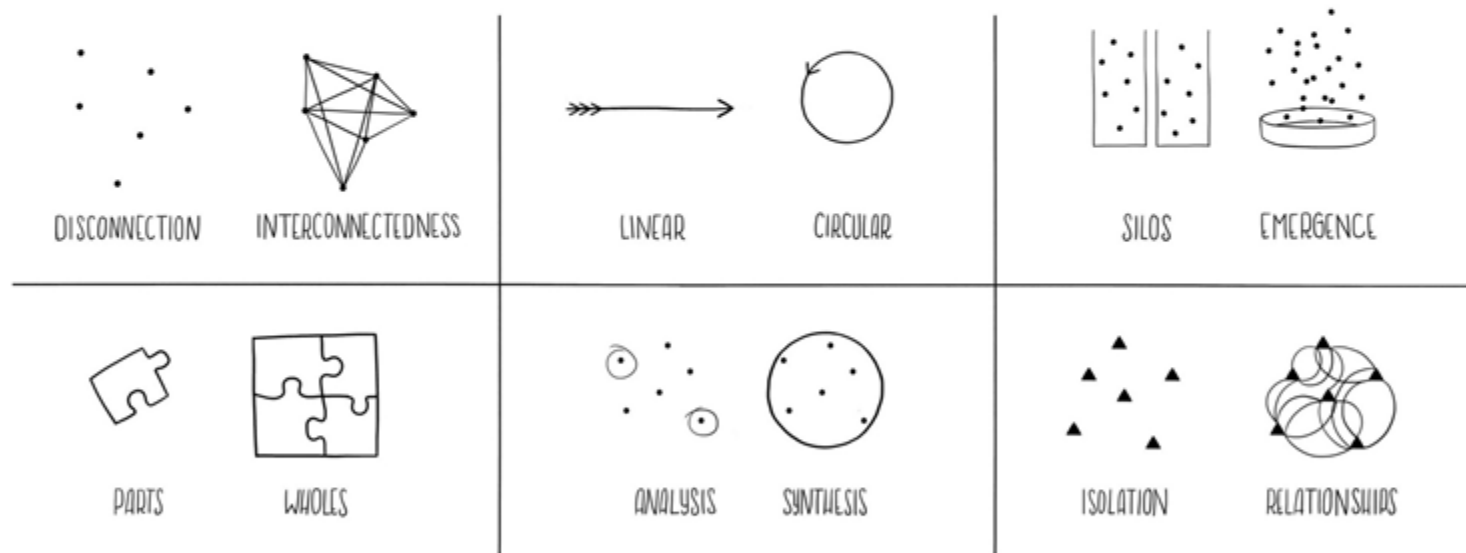
Design Thinking

PRINCIPLES

- Build Innovations Around Experiences.
- Think of Innovations as Systems.
- Cultivate an Innovation Culture.
- Adopt a Disciplined Innovation Process.

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MATERIALIZE

IMPLEMENT
Put the vision into effect.

UNDERSTAND

EMPATHIZE
Conduct research to develop an understanding of your users.

TEST
Return to your users for feedback.

DESIGN THINKING 101

DEFINE
Combine all your research and observe where your users' problems exist.

NNGROUP.COM

PROTOTYPE
Build real, tactile representations for a range of your ideas.

IDEATE
Generate a range of crazy, creative ideas.

EXPLORE

Systems Thinking

TOOLS OF A SYSTEM THINKER

Social Determinants of Health

Health Care and Quality

Neighborhood and Built Environment

Social and Community Context

Education Access and Quality

Economic Stability

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Community Need
Target Population
Area of Service

Economic Stability

Neighborhood & Built Environment

Healthcare

Education Access

Social & Community Context

Fear of destruction of sleeping environment

Aggravated mental health condition

Rough sleeper

Loss of sense of time

History of overdose

Polysubstance use disorder

Recycles for cash

Uses public library internet

SSincome

Tried rehab

Completed high school

High ED Utilization

Fear of being robbed

Sleeps during the day

No Health Insurance

Encampment Community

Has family in San Diego

Recent incarceration

Prior negative treatment by mainstream providers

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the innovation project team

Assistant Director of Medical Services
Village Health Center at Father Joe's Villages
Imelda.Hau@neighbor.org

Karen McCabe
Director of Community Programs Development
Scripps Mercy Hospital
mccabe.karen@scrippshealth.org

Hanan Scrapper
Regional Director
PATH
HananS@ePath.org

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Team Composition

MEDICAL

Registered Nurse
Advanced Practice Clinician
Physician
Medical Assistants
Occupational Therapists

BEHAVIORAL HEALTH

Alcohol & Other Drug
Counselor
Behavioral Health Specialists
Psychiatric Nurse Practitioner

OUTREACH

Outreach Worker
Community Health
Worker
Social Worker
Housing Specialists
Case Managers

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Tools of Engagement

SERVICES

Problem-solving support
Connection to resources
Document-ready services
Health system navigation
Portable showers
Pet care

SUPPLY

Water
Food
Hygiene items
First aid packs
OTC medications
Socks
Clothing

RESOURCES

Health insurance enrollment

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Street Medicine

Part II

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OUTLINE

1

Founder

2

Trailblazer Duo

3

History of Street Health at Father Joe's Villages

4

Street Health Today

5

Storytelling

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FOUNDER

Dr. Jim Withers

- coined the concept of "street medicine" in the 1980s
- founded the Street Medicine Institute in 2005
- "classroom of the streets"
- "reality-based medicine"
- founded Operation Safety Net (OSN)

TRAILBLAZER

Brett Feldman, MSPAS, PA-C

- Director of Street Medicine & Assistant Professor of Family Medicine at the Keck School of Medicine of USC
- Vice Chair of the Street Medicine Institute
- practiced homeless medicine for 11 years
- founded three street medicine programs at:
  1. DeSales University Free Clinic
  2. Lehigh Valley Health Network (LVHN) Street Medicine in Allentown, PA
  3. USC Keck School of Medicine

TRAILBLAZER

Corinne T. Feldman, MMS, PA-C

- Corinne T. Feldman, MMS, PA-C
- Clinical Assistant Professor of Family Medicine in the USC Primary Care Physician Assistant Program
- Director of the Street Medicine rotation for the Keck Family Medicine Residency
- contributed to the development of shelter and street-based care in the Lehigh Valley (PA) and in Los Angeles
- has develop curriculum around health equity and social justice and is the PI for a $1.5M HRSA grant called the USE PeaCE (Underserved Equity-Based Primary Care) Project

STREET HEALTH Founding Team

Megan Partch, PhD
Clinic Director
Strategy Development

Jeffrey Norris, MD
Chief Medical Officer
Vison & Strategy

Kristan Horney, FNP-BC
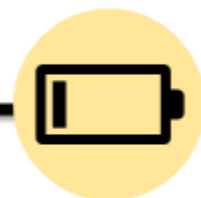Nurse Practitioner
Implementation & Execution

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STREET HEALTH

History

April 2020
- SH starts regular presence at Operation Shelter to Home providing urgent care services & COVID-19 testing

August 2020
- SH provides regular COVID 19 testing to PMC
- SH helps dental team pilot Street Dental

March 2021
- SH ends presence at Operation Shelter to Home
- SH starts 1 day/wk at Golden Hall

July 2021
- SH participates in the City's Focused Outreach Event for 4 wks

2020

March 2020
- Pandemic Begins

July 2020
- SH returns to the community 1 day/wk
- SH continues presence at Operation Shelter to Home

January 2021
- SH stops regular COVID 19 testing to PMC
- SH increases community sessions to 2 days/wk
- Innovation Project starts

April 2021
- SH partners with Scripps Health & PATH to pilot the in-reach model as part of the Innovation Project

October 2021
- SH expands presence in the community to 4 days/wk with 2 teams
- SH continues 1 day/wk at Golden Hall

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Today

MODEL
- Outreach model
- Expansion to In-Reach model in January

TEAM
- Medical: APC + Medical Assistant + RN
- BH: AOD Counselor
- Outreach: Outreach Worker

SERVICES
- Medical care
- AOD counseling
- Narcan
- Expansion to MAT services in January
- Connection to resources & referrals
- Provide sustenance supply & hygiene packs

ACTIVITY
- 4 morning shifts/week in the community
- 1 morning shift/week at Golden Hall shelter
- Locations: 92101 areas

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KEY PARTNERS

- Scripps Health
- PATH
- Arlene & Michael Rosen Foundation
- USD School of Nursing
- Street Medicine at USC Keck School of Medicine
- Dr. Jim Withers
- SD Housing Commission
- Count of San Diego

KEY ACTIVITIES

- Continual street medicine education
- Consistent presence in the community
- Continual pilot of ideas
- Process improvements

KEY RESOURCES

- Intermediaries
- HMIS
- EHR

VALUE PROPOSITION

To provide a variety of high quality services including medical, behavioral health, case management, and basic humanitarian care such as food and water by a skilled multi-disciplinary teams in the sleep environment of unsheltered persons experiencing homelessness.

RELATIONSHIPS

- Motivational interviewing
- Meet people where they are
- Trauma-informed care

CHANNELS

- Medical visits in patient's sleep environment
- Clinic visits
- Phone calls
- Telemedicine

CUSTOMER SEGMENTS

- General medical care
- Chronic disease management
- Complex wound care MAT services
- AOD counseling
- Harm reduction
- Outreach services
- Psychiatric care
- Humanitarian aid

COST STRUCTURE

- Personnel expenses
- Transportation expenses
- Medical supply
- Outreach & engagement supply
- Mobile Wifi Hotspot router subscription
- Program cards
- T-shirts
- Medical equipment
- Fixed costs

REVENUE STREAMS

- Grants
- Private donor funds
- Insurance reimbursements

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Metrics

of Street Health patients seen
# of Street Health visits
# of cased managed patients
# of Street Health referrals
# of Street Health also seen at the Village Health Center
# of times specific locations are visited
# of total annual engagement contacts

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Debriefing

Purpose of Debriefing

o   process efficiency
o   patient safety
o   team safety
o   formulating plans for next Street Health shift
o   creating sustainability in good practices
o   enhancing communication between team members

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The Team		
	What went well?	**What needs improvement**
Communication		
Individual Roles		

The Clients		
	What went well?	**What needs improvement**
Street Health Visits		
Outreach Activities		

Supply Management		
	What is working?	**What is needed**
Medical Supply		
Non-Medical Supply		

Betty the Van		
	What went well?	**What needs improvement**
Safety		
Cleanliness & Organization		

Continue Learning

Design Thinking

TED Talks

National Health Care for the Homeless Council

Street Medicine Institute

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Invisible People

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Thank You

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