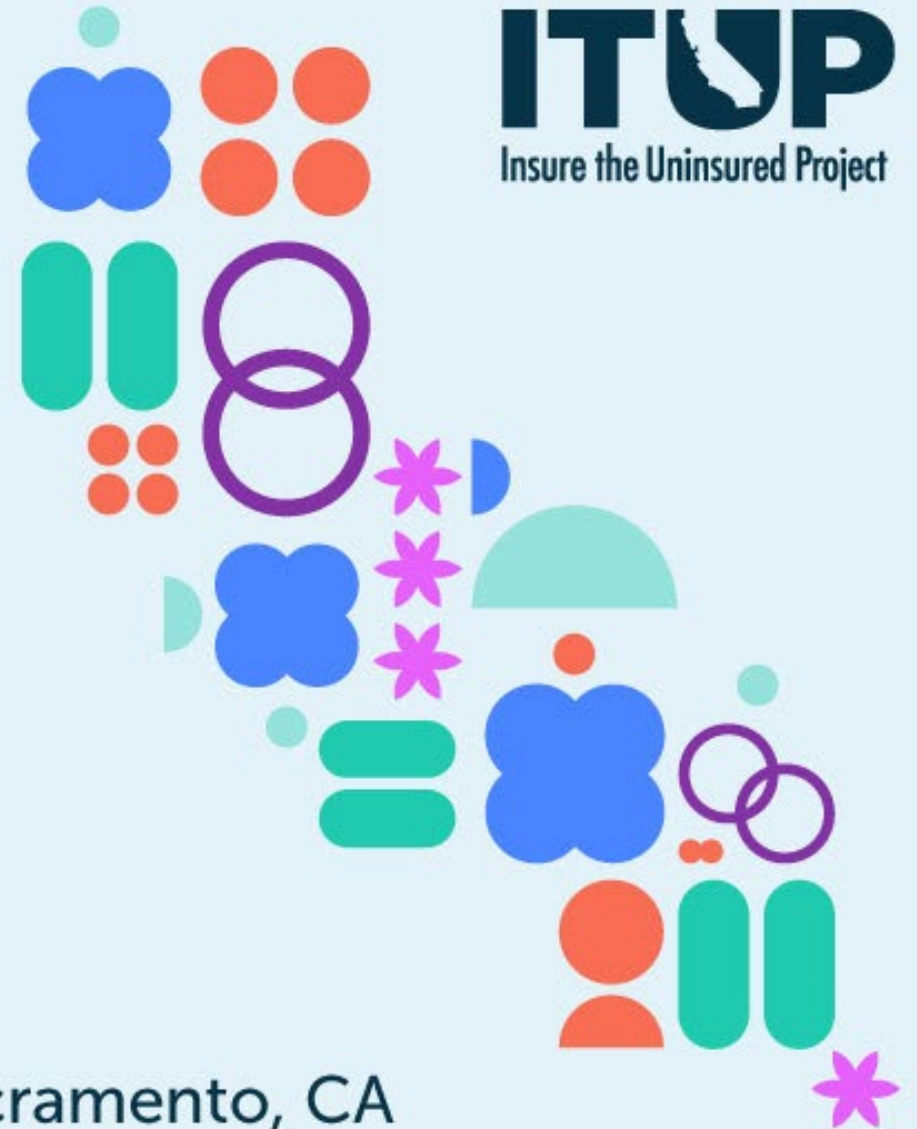


ITUP 27<sup>th</sup> Annual Conference

# CULTIVATING AN EQUITABLE FUTURE OF HEALTH

In-Person Conference • Feb. 6-7, 2023 • Sacramento, CA



ITUP 27<sup>th</sup> Annual Conference • Feb. 6-7, 2023

# **CULTIVATING** **AN EQUITABLE FUTURE OF HEALTH**



## **INNOVATIVE CARE FOR THE UNHOUSED: LA COUNTY CASE STUDY**

**#ITUP2023**

# INNOVATIVE CARE FOR THE UNHOUSED: LA COUNTY CASE STUDY

CULTIVATING AN EQUITABLE  
FUTURE OF HEALTH

**Erin Jackson-Ward, DrPH(c), MPH** (she/her)

Director, Community Benefit Giving Office, Cedars-Sinai  
(Moderator)

**Brett J. Feldman, MSPAS, PA-C** (he/him)

Director and Co-Founder, Division of Street Medicine, Keck  
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**Coley King, DO** (she/her)

Director, Homeless Services, Venice Family Clinic

**Cynthia Carmona, MPA** (she/her)

Owner, Carmona Insights

#ITUP2023

# Cedars-Sinai Homelessness Grantmaking

Erin Jackson-Ward  
Community Benefit Giving Office

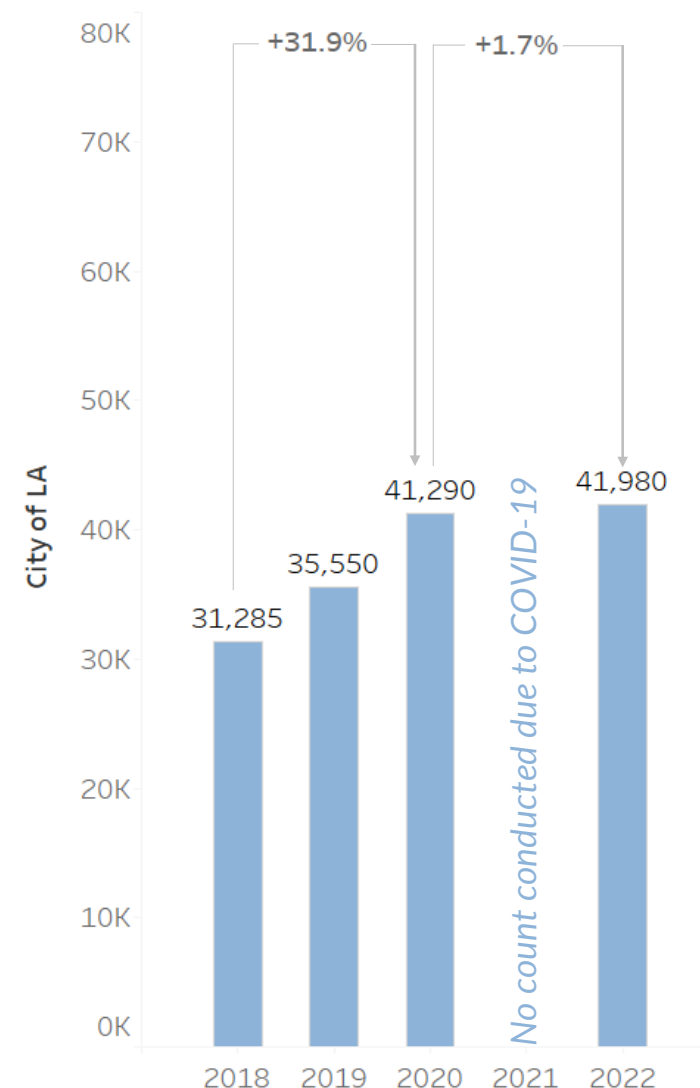
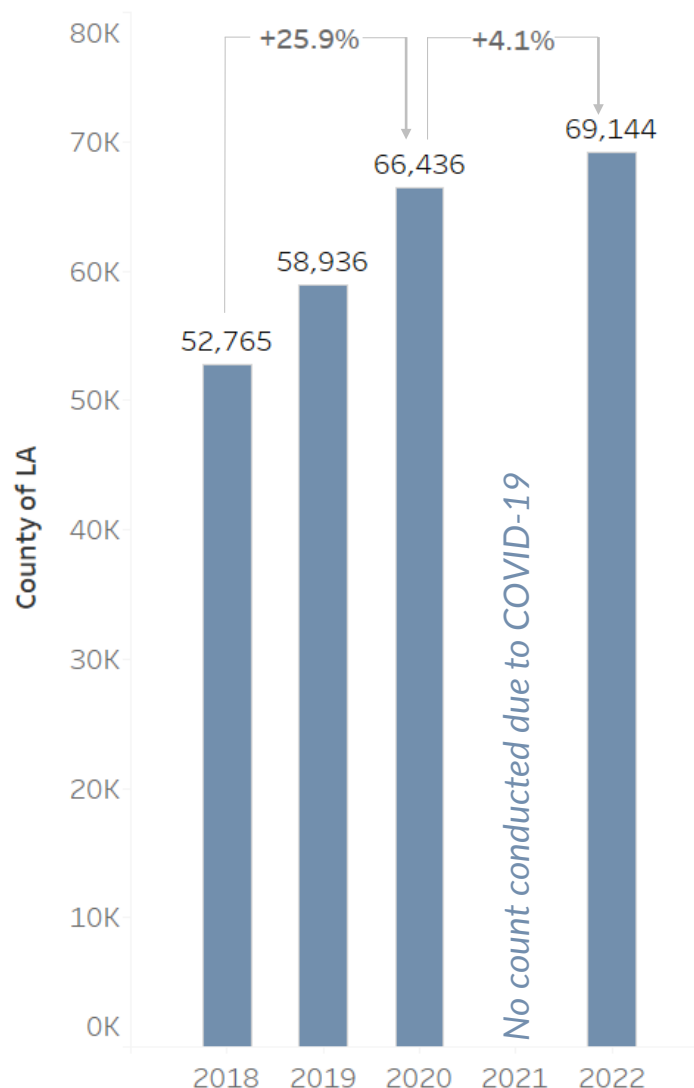


[cedars-sinai.org](https://cedars-sinai.org)

# Overview | Current State of Homelessness in LA

This year, we estimate that there are **69,144** people experience homelessness on any given night in LA County, a **4.1%** increase from 2020

Data from 2022 Greater Los Angeles Homeless Count

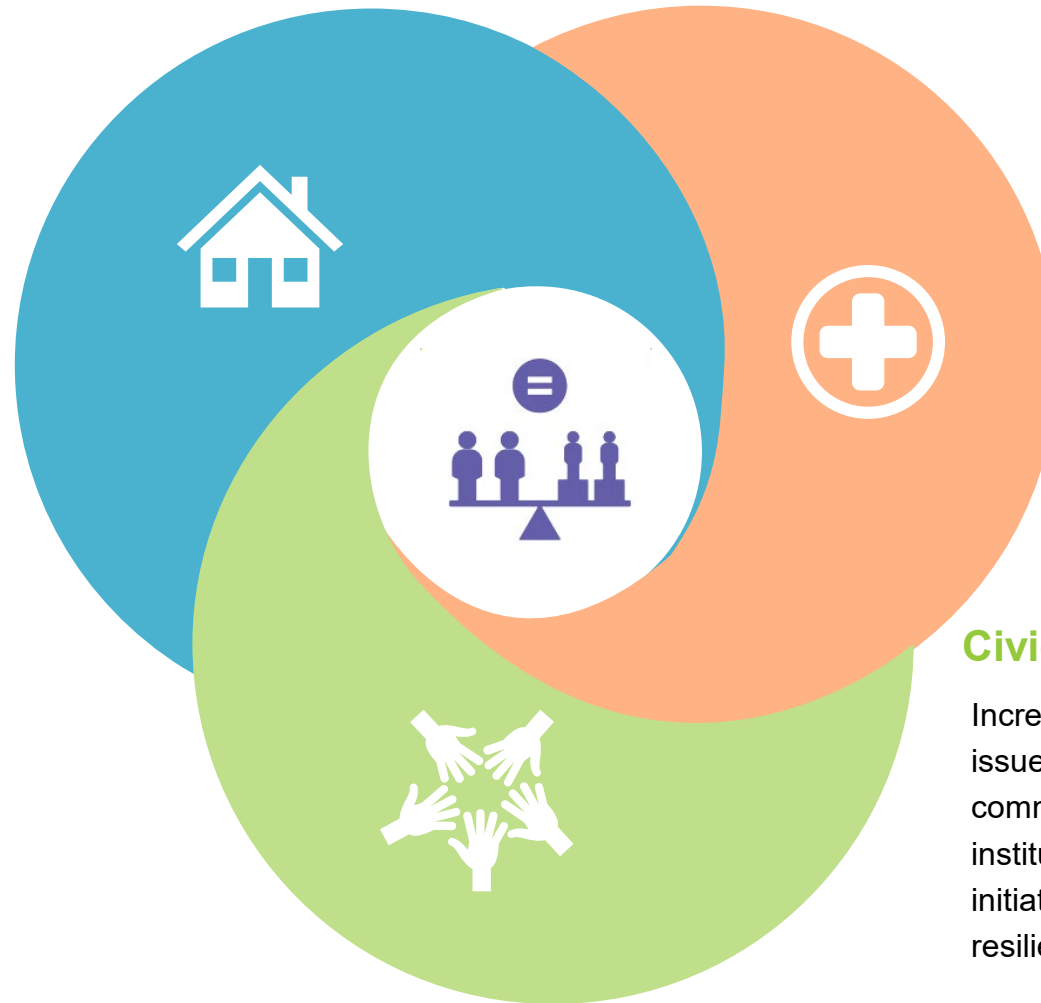


# Grantmaking Priorities

*Increasing access to care, addressing social risk factors, and promoting civic engagement to improve health equity.*

## Social Determinants of Health

Increase the capacity of organizations to promote healthy environments in which people are born, grow, live, work and age; current initiatives focus on homelessness & housing, food insecurity and economic stability.



## Access to Care

Increase the capacity of organizations to improve access to comprehensive, quality health care services for underserved populations; current initiatives focus on community clinics and behavioral health organizations.

## Civic Engagement

Increase the capacity of organizations to address issues of public concern in partnership with local community efforts that align with Cedars-Sinai institutional priorities and geography; current initiatives focus on community wellbeing, community resilience, and civic partnerships.

# Current and Future Priorities

## OLDER ADULTS



Older adults account for 25% of LA County's homeless population, and Black older adults represent 39% of older people experiencing homelessness despite accounting for only 8% of the total population

## HOUSING FOR HEALTH



The transition to CalAIM may provide opportunities for housing service providers to tap into Medi-Cal funding streams, but also presents challenges in implementation

## YOUTH HOUSING SYSTEM



Homeless systems are not designed to best serve the needs of young people (16-25) experiencing homelessness and there is opportunity to build systems for meaningful youth decision-making

## WORKFORCE



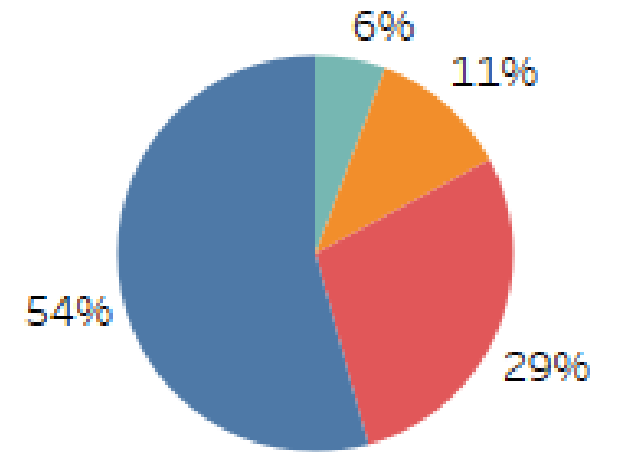
There is a need to creatively and equitably address recruitment, retention, and leadership pipelines in housing and homeless services

# Historic Giving Snapshot | Homelessness & Housing

Total Given From FY12 - FY21



FY21 Homeless & Housing Categories (#)



Categories

- Youth Housing System
- Older Adults
- Workforce
- Housing For Health



# Grant Highlights | Street Medicine

## Venice Family Clinic



Photo: Cedars-Sinai


\$1,000,000 grant to build capacity of mobile unit operations and street outreach, stabilize workforce to support the unit, and improve health outcomes by connecting PEH to ongoing care and increasing connections to homeless service system

## Healthcare in Action



Photo: Nelvin C. Cepeda/The San Diego Union-Tribune

\$500,000 grant to launch a new street medicine team in the San Fernando Valley; review LA County data to inform development of a roadmap for future expansion of services based on regional needs and internal resources.



# Street Medicine: “Go to the people, then go where they go”

**Brett J. Feldman, MSPAS, PA-C**

Director, Division of Street Medicine Keck School of Medicine of USC

Past- Vice Chair Street Medicine Institute

February 7, 2023 | ITUP

Keck School of Medicine of USC  
**Street Medicine**



# Defining Street Medicine

- Direct delivery of healthcare to the unsheltered population
- Care performed on the street
- Done through walking rounds
- “Go to the People”

## Why Street Medicine is needed

- Financial
- Environmental and social barriers
- Competing priorities of basic survival needs
- Wait times exceed planning horizon

# Scope of Practice



- Full-service primary care: acute and chronic illness
- Diagnosis and treatment of mental health disorders
- Treatment for substance use disorders
  - MAT, suboxone distribution
- Dispense medications on the street
- Draw blood on the street
- Ultrasound
- EKG





# Why is Street Medicine > Medical Van?

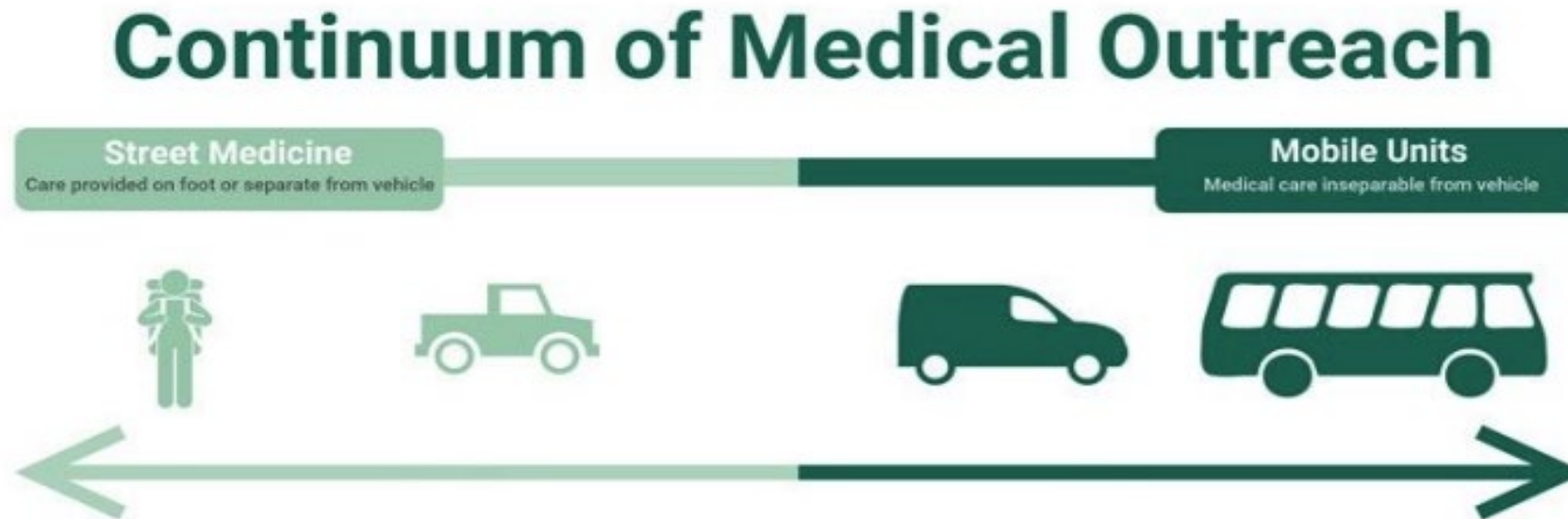


Image from Street Medicine or Mobile Medical Unit? Considerations for Expanding Medical Outreach  
National Health Care for the Homeless Council ([nhchc.org](http://nhchc.org))



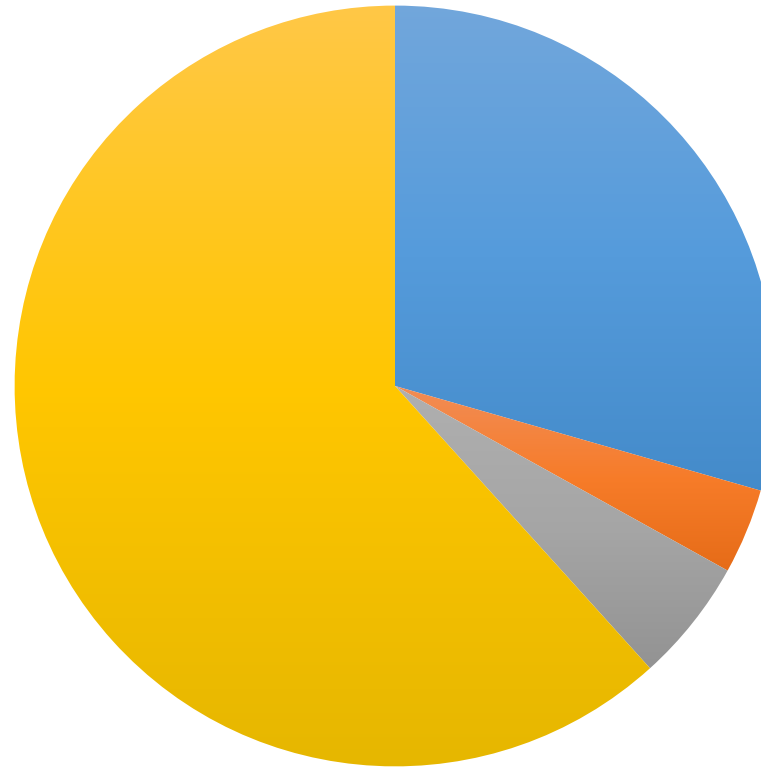
# Street Medicine in Public Health



- Outbreak management: COVID, syphilis, lice, scabies, typhus, etc.
- Monitor food and water availability and safety
- Personal and encampment hygiene

# Catalyst for housing

Housing Placements



**38% housing placement**

Note: Transitional housing placements boosted by Project Room Key

■ Transitional ■ Permanent ■ Other ■ Not placed or not accepted



# Street Medicine Policy Innovations

DHCS Collaboration outcomes:

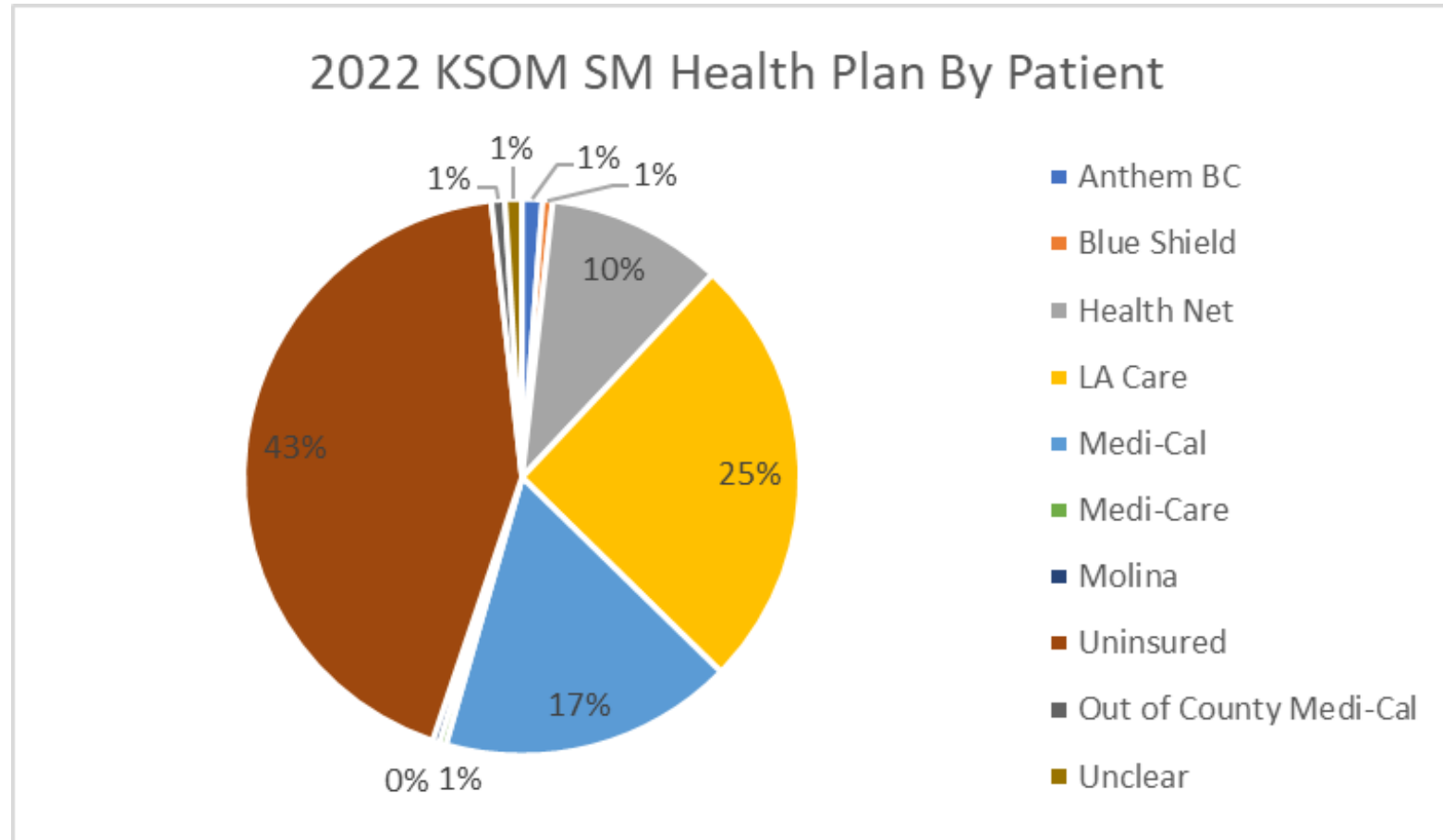
1. Clarification permits street medicine billing
2. Hospital Presumptive Eligibility extended to the street to enroll in Medi-Cal
3. All Plan Letter(APL) defines Street Medicine as Direct Access and/or Primary Care clinicians
4. CalAim and CalAim-PATH funds non-clinical staff
5. Housing and Homelessness Incentive Funding (HHIP) incentivizes health plans to contract with street medicine

# Challenges with Unsheltered in Managed Care

- Questions surround equitable payment models
  - Role in public health
  - No pre-screen for insurance
  - Unfavorable Relative Risk Score 5.93+ for 100% of patient<sub>1</sub>
  - Treat first, ask questions later
    - Documents, dispensing meds
- Team Make-up
  - Provider (billable visits) role during non-provider tasks
  - CHW/ outreach worker as rate limiting team member

1. Ash AS, Mick EO, Ellis RP, Kiefe CI, Allison JJ, Clark MA. Social Determinants of Health in Managed Care Payment Formulas. JAMA Intern Med. 2017 Oct 1;177(10):1424-1430. doi: 10.1001/jamainternmed.2017.3317. PMID: 28783811; PMCID: PMC5710209.

# Health Insurance Coverage Street View





Brett J. Feldman, MSPAS, PA-C  
[Brett.Feldman@med.usc.edu](mailto:Brett.Feldman@med.usc.edu)

## Resources:

[Brett Feldman TEDx Talk – Street Medicine: Caring for the Homeless with Radical Humility](#)

[Invisible People – Street Medicine LA: Health Care in an Urban Homeless Crisis](#)

[Invisible People – Street Medicine Redding: Health Care to Rural Homeless Camps](#)

[Invisible People – Street Medicine Oakland: Team-based Homeless Health Care](#)

[Invisible People – Street Medicine Bakersfield: Reaching Homeless People through their Pets](#)

2023 ITUP Annual Conference

# Innovative Care for the Unhoused: LA County Case Study

7 February 2023

Dr. Coley King  
*Director of Homeless Services*



# Venice Family Clinic and South Bay Family Health Care



One combined organization, serving over 40,000 patients, with 4,000+ experiencing homelessness and close to 3,000 serviced through street medicine teams.

- Comprehensive Primary Care
- Substance Use Treatment
- Mental Health Services
- Vision
- Dental Care
- HIV & Harm Reduction Services
- Health Insurance Enrollment
- Health Education / Food Distributions
- Pharmacy
- Domestic Violence Counseling



# Homeless Program Overview

Began in the mid-80s

Comprehensive medical care

Trauma-informed care

Shower, clothing, food and transportation vouchers

Locations Served: 604 Rose Avenue, Mobile Clinics (3+), Street (Multidisciplinary Teams – 9), Shelters, Access Centers





# A Model of Street Medicine

Venice Family Clinic provides care to our neighbors experiencing homelessness through our street medicine model. The newest part of this model is a compact, easy to drive mobile clinic that allows us to increase care in the field while continuing to connect our patients to the services available in our clinics. Our model relies on partnerships with housing specialists, because for people to be healthy they must be housed.

## Satellite locations with partners are key access points for care

We co-locate clinics within homeless service agencies or bring care to partners' sites using our mobile clinics and care teams.

Venice Family Clinic

## Our clinics offer powerful partnerships and capabilities

- Private
- Fully stocked and staffed, including:
  - Primary care
  - Mental health
  - Substance use treatment
  - Case management, including housing services
  - Health education
  - Dentistry
  - Specialists

## The mobile clinic moves more primary and chronic care closer to the patient

- Mobile, can go anywhere a personal vehicle can
- Full EHR connectivity
- Compact equipment and supplies
- Multidisciplinary team of clinicians, housing specialists, social workers, and room for extended clinical staff
- Some patient privacy

Auxiliary antenna provides superior connection wherever the van goes

### Van contents

Significantly more supplies than the backpack space for lab equipment and cold storage for meds and vaccines e.g., EKG, portable ultrasound, rapid A1C diabetes tests, refrigerator, centrifuge, and scale

## The backpack is the foundation of street medicine

- Highly mobile
- Electronic health record (EHR) connectivity when there is mobile service
- Basic equipment and supplies

This tool is used by clinicians in street outreach, who partner with multidisciplinary teams that include housing specialists and social workers.

### Backpack contents

Lightweight supplies e.g.,

- Stethoscope
- Bandages
- Blood pressure cuff

## Training and curriculum enable us to scale this model

Our street medicine leaders train nursing staff, residents and students in the specialized practice of street medicine by including them on outreach teams. Venice Family Clinic has also developed a written street medicine curriculum.

# Tying it All Together: Princess



- Connected with patient through long-term engagement
  - Including residents and medical students while incorporating the Street Medicine Curriculum & Training Program
- Use of mobile clinic and supportive staff essential in managing complex medical concerns, vaccinations, and medication management
- Partnership with homeless service provider outreach team assist with patient access to in clinic services (extensive lab work, etc.)
- Challenges
  - Lack of available space in higher level of care programs (e.g. Full Service Partnerships – FSP)
  - Challenges of health insurance covering specialty treatment

# Thank you.

Dr. Coley King  
*Director of Homeless Services*







# INNOVATIVE CARE FOR THE **UNHOUSED:** LA COUNTY CASE STUDY

Cynthia Carmona, MPA





### Plan Driven

- Pay Room and Board
- Data Exchange
- Grantmaking for Equipment (vans, etc.)
- Recuperative Care
- Pandemic Needs (transportation, etc.)



### Government Programs

- Medi-Cal Program
- Enhanced Care Management
- Community Supports
- Incentives (IPP & HHIP)
- Street Medicine Guidance



# L.A. County **HHIP** Priorities

DHCS Housing & Homelessness Incentive Program



## Infrastructure

Data Exchange;  
HMIS Connectivity;  
Workforce Development;  
Medi-Cal Application &  
Renewal Assistance



## Street Medicine

Stabilization, Primary  
Care and Beyond;  
Inclusion of BH and PH  
partners;  
Integration of Street  
Medicine into HIE;  
TA & capacity building



## CalAIM ECM & CS

Grow utilization of  
housing-related  
Community Supports;  
Increased ECM  
enrollment for people  
experiencing  
homelessness



## Unit Acquisition

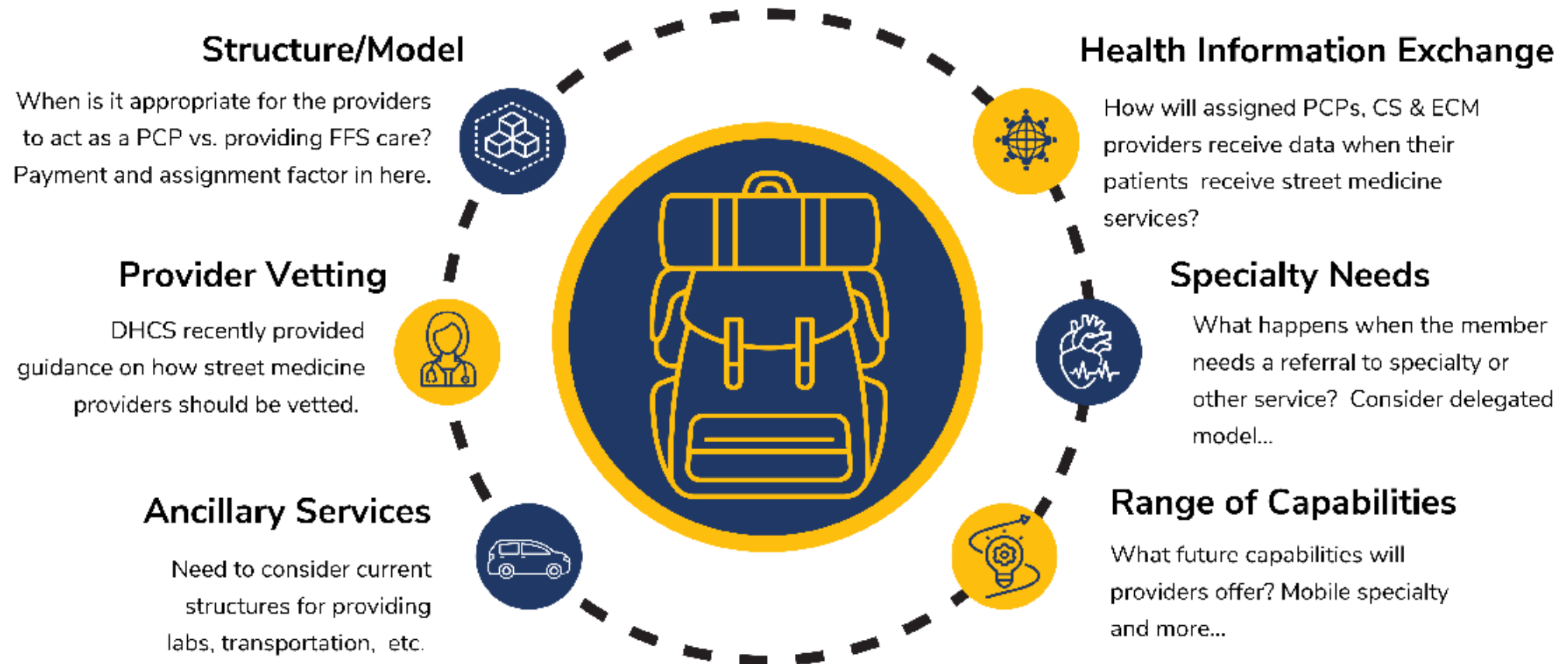
Add capacity by covering  
non-rent costs for  
landlords;  
Increase use of tenant-  
based vouchers; Cover  
"slots" to unlock other  
housing stock funding



## ADL Expansion

Field-based assessment  
teams; Caregiving in  
interim housing;  
Enhanced services  
funding for placement  
into ARFs/RCFEs

# Street Medicine Managed Care Considerations





**CARMONA INSIGHTS**



**Thank You!**

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# CULTIVATING AN EQUITABLE FUTURE OF HEALTH



## QUESTIONS?

# ITUP 27<sup>TH</sup> ANNUAL CONFERENCE

## Evaluations

Please complete the Conference evaluation at the end of the conference by scanning the QR code below!

