

REPORT FROM

**OFFICE OF THE CITY ADMINISTRATIVE OFFICER**

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Date: October 21, 2022

CAO File No. 0220-05151-0394

Council File No. 22-0755

Council District: All

To: The City Council

From: Matthew W. Szabo, City Administrative Officer



Reference: C.F. 22-0755

Subject: **EXPANSION OF UNIVERSITY OF SOUTHERN CALIFORNIA STREET  
MEDICINE SERVICES IN THE CITY OF LOS ANGELES**

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**SUMMARY**

The City of Los Angeles (City) launched its first full-time street medicine team in partnership with the University of Southern California (USC) Keck School of Medicine Street Medicine Program in November 2021. The USC team was not the first or only street medicine team to operate in the City; however, it was and is the only full-time, *City-funded* team. Other organizations and healthcare providers, such as Venice Family Clinic, Cedars Sinai, Homeless Health Care Los Angeles, Saban Community Clinic, and more recently the Los Angeles County Department of Health Services, offer street-based medical care and mobile medical services within the City.

On July 1, 2022, the City Council instructed the Office of the City Administrative Officer (CAO), with assistance from relevant partners and City departments, to report back on the status of the City's partnership with the USC Street Medicine Program, and to identify funding and options for expanding street medicine in the City (C.F. 22-0755). This report recommends expanding the City's street medicine program with the addition of two full-time teams in the current fiscal year, bringing the total to three City-funded teams, with the possibility for further expansion in the future.

**RECOMMENDATIONS**

That the City Council, subject to the approval by the Mayor:

1. REPROGRAM up to \$1,091,463.65 from Homeless Housing, Assistance, and Prevention Program Round 2 Funding Category 1 - COVID-19 Homelessness Roadmap Operating and Capital Costs HHAP-2, Fund No. 64J/10 Account No.10V771, FC-1 COVID-19 Homelessness Roadmap Operating Costs to HHAP-2 Fund No. 64J/10, Account No. 10V773, FC-3 - Street Strategy, Outreach, Public Health, Hygiene & Skid Row;

2. TRANSFER up to \$1,091,463.65 from Homeless Housing, Assistance, and Prevention Program Round 2 (HHAP-2) Fund No. 64J/10, Account No. 10V773, FC-3 - Street Strategy, Outreach, Public Health, Hygiene & Skid Row to the Los Angeles Housing Department (LAHD) HHAP-2 Fund No. 64J/43, in a new account entitled, "USC Street Medicine Team" to expand the USC Street Medicine Program in the City through June 30, 2023;
3. INSTRUCT the General Manager of the Los Angeles Housing Department, or designee, to amend its contract (C-141111) with USC for the expansion of the street medicine services through June 30, 2023, with two one-year extension options and reflect the allocations provided in Recommendation 2;
4. INSTRUCT the CAO to report back to City Council at the end of the third quarter of Fiscal Year 2022-23, on the progress of the street medicine expansion, including data on the teams' performance; and
5. AUTHORIZE the CAO to:
  - a. Prepare Controller instructions or make necessary technical adjustments, including to the names of the Special Fund accounts recommended for this report, to implement the intent of these transactions, and authorize the Controller to implement these instructions;

## **BACKGROUND**

Street medicine delivers primary medical care to people experiencing unsheltered homelessness (PEH). While there are a number of different models and approaches to street medicine, it is distinct from mobile medicine. Street medicine provides care to PEH wherever they are, including in encampments in hard-to-reach places; mobile medicine delivers care outside of traditional healthcare settings, but at fixed locations, such as parking lots or parks. PEH face multiple barriers to access care in fixed locations, such as brick-and-mortar clinics, and these barriers are similar with fixed mobile medical vans. For example, people must still leave their belongings, and fear they will be stolen, to walk to the park to be seen in the van. There are also philosophical differences between street medicine and mobile medicine. Street medicine aims to meet the people in their lived environment, where they feel most comfortable, and intentionally flip the power dynamic in their favor. Even if a mobile medical van comes in proximity to their environment, it still requires them to leave where they're most comfortable and enter the provider's environment, switching the power dynamic away from the person and to the provider.

The USC Street Medicine Program delivers full service primary care on the street, which includes treatment for acute and chronic disease, preventative medicine, treatment for psychiatric conditions, and substance use disorders. Instead of relying on referrals, all care is provided on-site, including dispensing medications and drawing blood for laboratory testing. Street medicine includes both health and social services developed specifically to address the needs of unsheltered PEH.

Street medicine also has value as a housing and outreach tool. The USC team regularly collaborates with the City's Crisis and Incident Response through Community-Led Engagement (CIRCLE) teams, as well as outreach teams from the Los Angeles Homeless Services Authority (LAHSA), and homeless service providers. As PEH receive medical care and engage over health issues, they might also be more willing to fill out paperwork for housing or accept referrals to treatment or shelter. Finally, housing is more likely to be successful when a person's physical health, mental health, and substance use are actively being treated, with repeated engagements and visits from a street medicine team.

### **Composition of USC Street Medicine Teams**

Each USC street medicine team includes an Advanced Practice Provider (Physician Assistant or Nurse Practitioner), a Registered Nurse, a Medical Assistant and two Community Health Workers. One of the unique aspects of this program is that despite clients being placed in housing (interim or permanent) the team continues to check-in until they are able to transition them into a permanent health care provider.

### **Street Medicine Services**

USC's street medicine teams provide the following services:

- Full-service primary care: acute and chronic illness;
- Diagnosis and treatment of mental health disorders;
- Outbreak management (e.g., COVID-19, syphilis, lice, scabies, typhus, etc.)
- Treatment for substance use disorders;
  - Medication-assisted treatment (MAT);
  - Suboxone distribution;
- Dispense medications on the street;
- Draw blood on the street;
- Ultrasound and EKGs;
- Palliative care;
- Monitoring food and water safety; and

- Advising on personal and encampment hygiene.

The proposed expansion includes additional service areas and expanded services, such as a psychiatrist to provide a higher level of psychiatric care. The addition of psychiatric care is another feature that makes USC's street medicine model distinctive, and also costlier.

### **Current Service Delivery Area and Proposed Expansion**

Currently, USC's street medicine team provides services in limited areas of the City. The specific locations were selected through rigorous data analysis and engagement with critical partners, including the Mayor's office and several Council offices. Additionally, the USC team followed-up with patients after they were discharged from the hospital to identify the most common areas to which patients were returning. In addition to insights gleaned from the data, USC's team also had street-level knowledge of areas of high need in the City, which included Boyle Heights, Lincoln Heights, City Hall and the Civic Center, and the northern part of South LA (i.e., area immediately surrounding USC). These areas were determined to be in high need because PEH living there lacked access to critical services and medical care. Figure 1 below depicts the areas of the City that are currently being served by the USC team and the proposed areas of expansion.

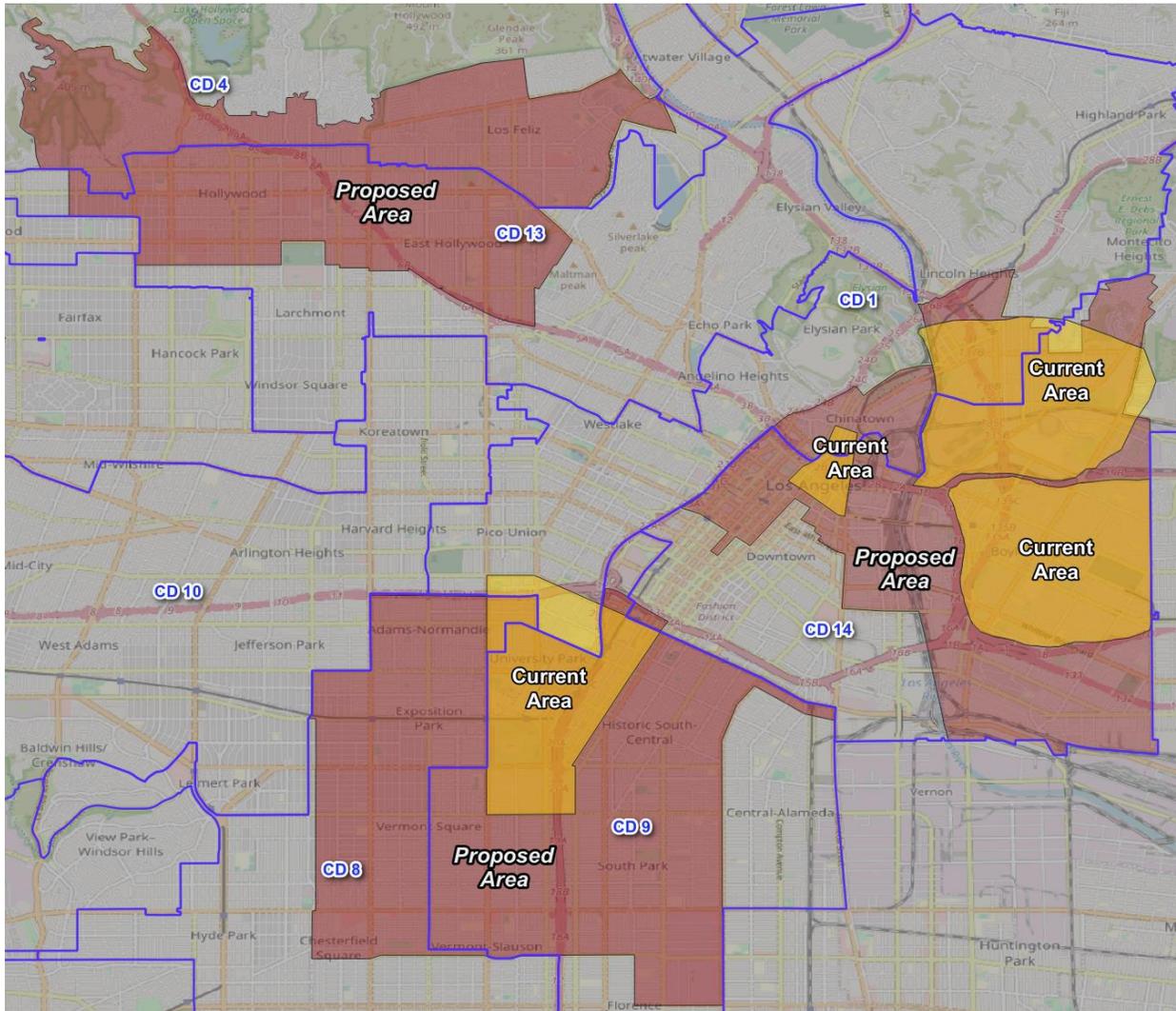
### **PEH Served by USC's Street Medicine Team**

In the first year of the team's deployment, through June 2022, the USC team made a total of 1,625 client visits, including enrolling 248 new clients.

### **Proposed Expansion of the Street Medicine Program**

Based on conversations with USC about their current team's performance and their capacity to expand, and with the Mayor's office and several Council offices, as well as an analysis of available funding, the CAO recommends expanding the City's street medicine program by two teams in the current fiscal year. Adding two teams will significantly increase the geographic areas being served by these teams and will close critical gaps in services for PEH within the City. Adding these two teams would not just serve more PEH; however, but would complement the outreach teams already working with PEH in these areas who may require medical care or who could benefit from increased access to, and engagement with, regular primary care. This may encourage PEH to be open to accepting other referrals, including for housing or shelter.

**Figure 1. Current USC Street Medicine Service Areas and Proposed Areas of Expansion**



## **FISCAL IMPACT STATEMENT**

There is no impact to the General Fund at this time.

## **FINANCIAL POLICIES STATEMENT**

The recommendations in this report comply with the City's Financial Policies.

## **Attachment**

1. USC Street Medicine PowerPoint Presentation



# City of Los Angeles/ USC Street Medicine: A Place to Start is a Home in Our Heart

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

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

Past- Vice Chair Street Medicine Institute

**October 27, 2022 | LA City Council**

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?

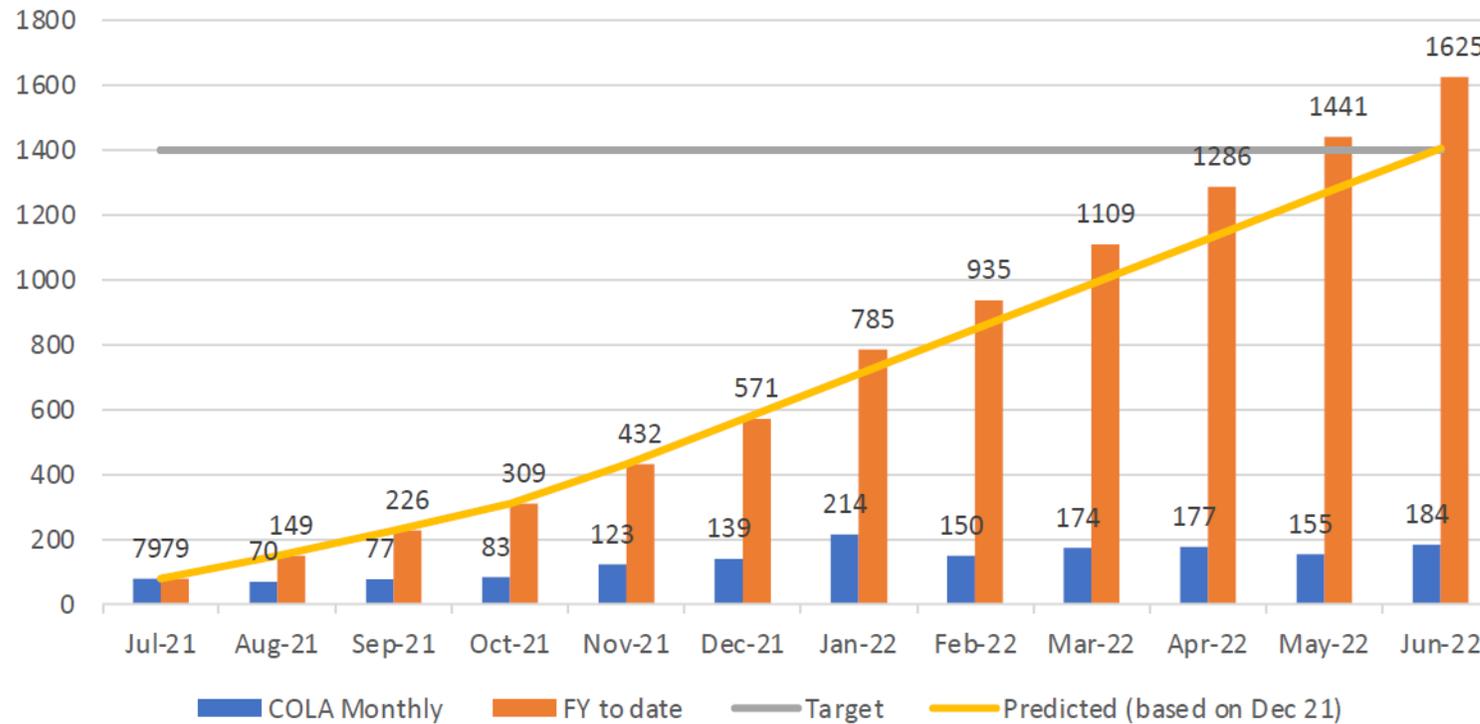
## Continuum of Medical Outreach



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))

# FY 2021-2022 Street Medicine Visits

USC Street Medicine Visits  
City of LA Team - YTD



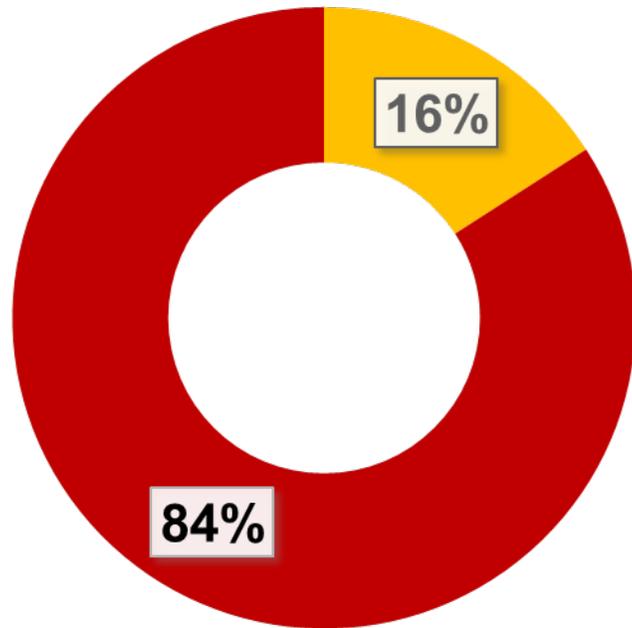
# Street Medicine in Public Health



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

# Accountability of homeless outreach

HAVE YOU RECEIVED OUTREACH  
IN THE LAST 2 WEEKS?



**Only 16% have received outreach  
(pre-Circle Team)**

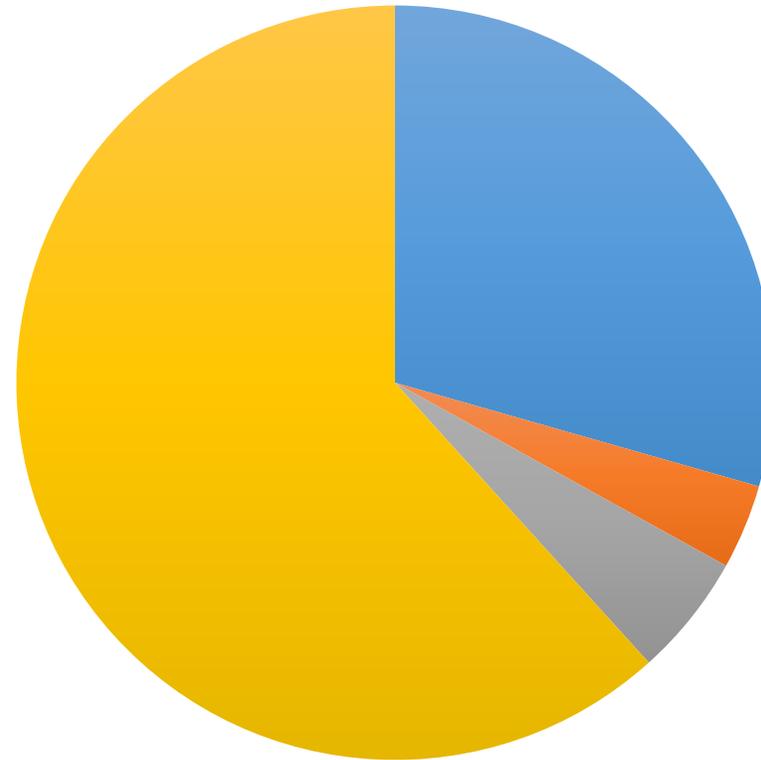
- Unsheltered move 4x/mo. necessitating weekly or bi-weekly outreach
- Shallow or intermittent outreach leads to losing clients
- When housing voucher approved, can't find client to move-in
- Street medicine visits patients weekly to every other week

# Value as Housing and Outreach Tool

- Collaborative with Circle Team, LAHSA, The People Concern
- People might engage over health issues before filling out paperwork for housing
- After housing process started, keeps people engaged to avoid frustration during long process
- With physical, mental health, and substance use treated, housing more likely to be successful

# Catalyst for housing

Housing Placements

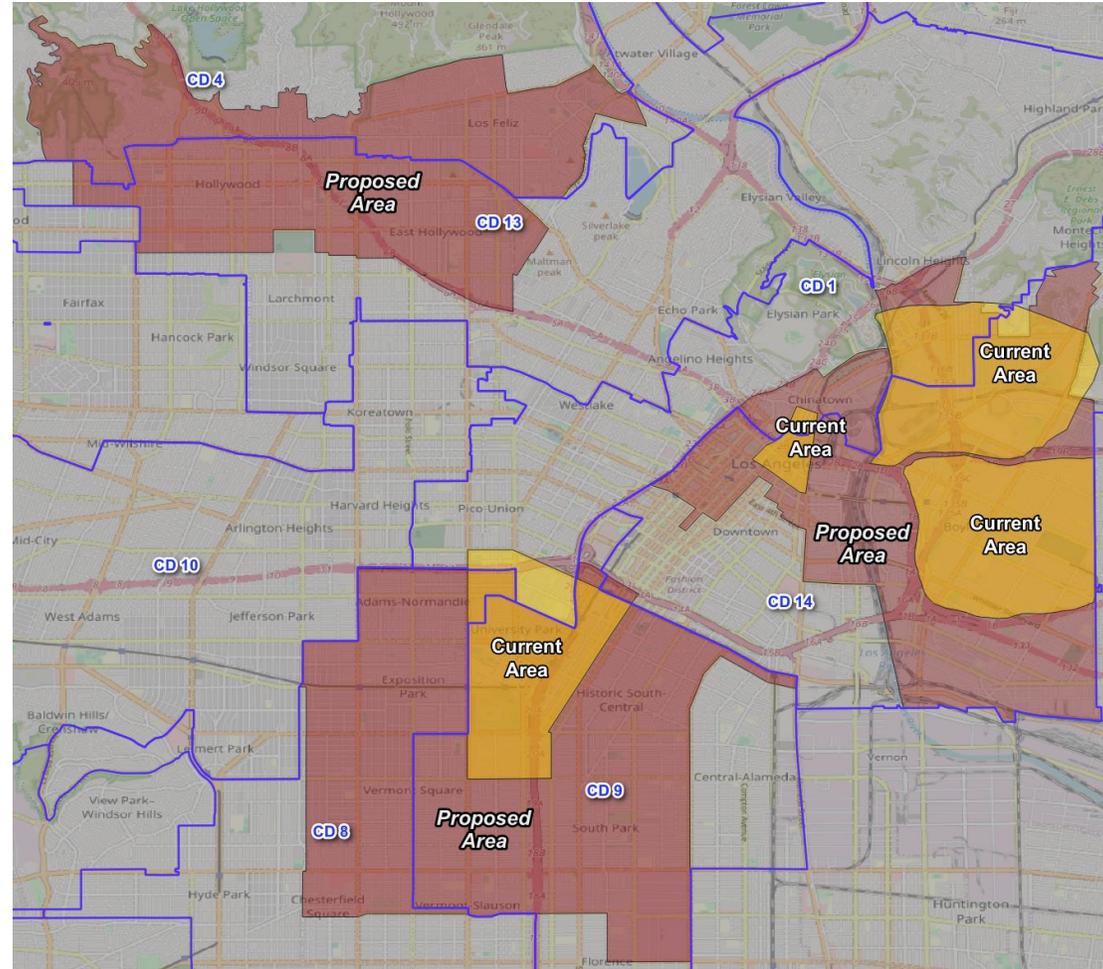


**38% housing placement**

Note: Transitional housing placements boosted by Project Room Key

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

# Proposed Expansion



Brett J. Feldman, MSPAS, PA-C

[Brett.Feldman@med.usc.edu](mailto:Brett.Feldman@med.usc.edu)