

# Leveraging a Public Health Approach to Prevent and End Homelessness



February 26–28, 2025 Los Angeles, CA #NAEH2025

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The connection between health and homelessness is clear, but sorting through the data is not.

What programs can address a person's immediate health needs?

Are you taking full advantage of what is available?

Are there gaps in your community's approach to health that require new approaches?

How can data and evidence lead to better health outcomes for more of your unhoused neighbors?



*Bringing People Home.*

# Code of Conduct

The Alliance has a zero-tolerance policy for any form of discrimination or abusive behavior, and we strive to maintain an environment that is respectful and free from harm or harassment. If you encounter anything that makes you feel unsafe please notify an Alliance staff member.



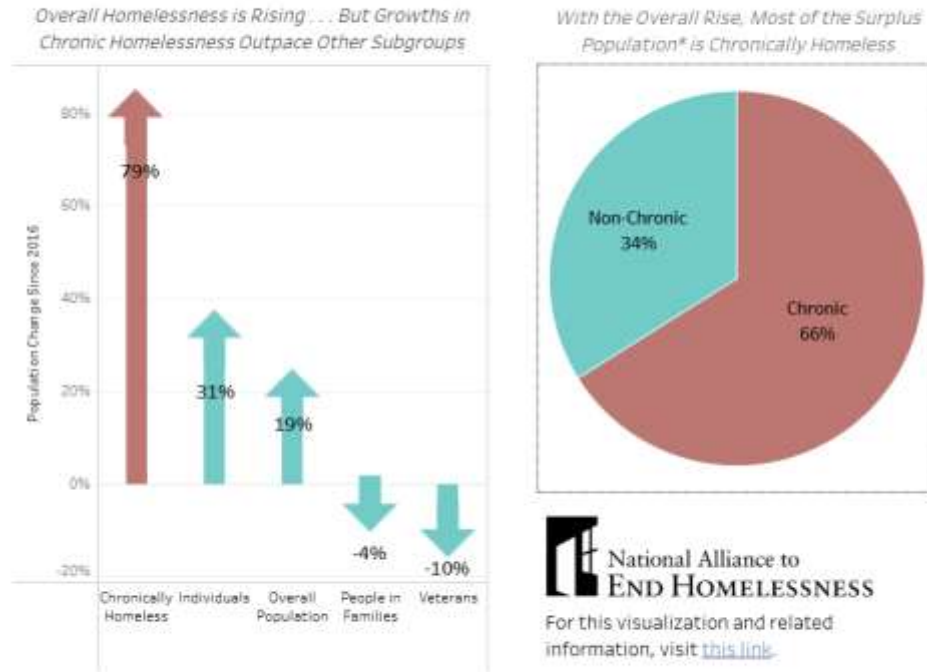
# Thank you!

- **Ashley Meehan, MPH PhD**
- **Email:** ameehan3@jhu.edu

# Current Challenges

- Medicaid / Federal Agencies like the CDC and HUD
- Including 1115 Waivers

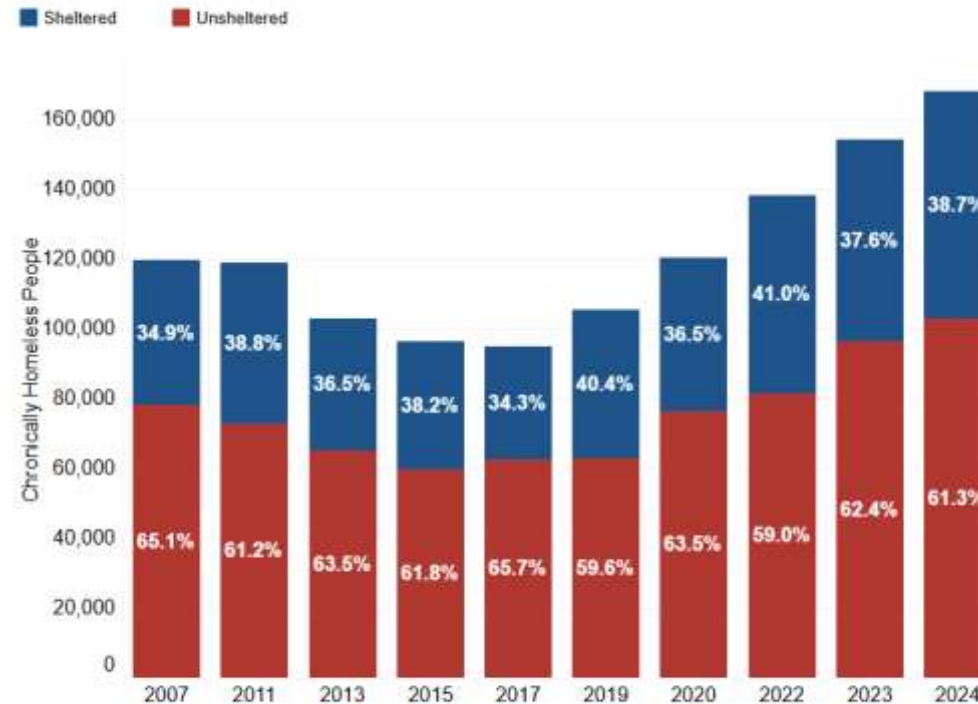
## Since 2016, Chronicity Has Been a Major Driver of Rising Homelessness



\* Within this dashboard, the growth in the chronic homeless count was divided by the growth in the overall homeless count. The reference years are 2016 and 2023.

## Since 2016, A Lack of Resources Drove Large Increases in Homelessness Among Disabled People Experiencing Long-term or Recurring Homelessness

This group is considered **chronically homeless**: they have experienced homelessness for at least a year — or multiple times totaling a year, **while having a disability**.



Source: U.S. Department of Housing and Urban Development, "Part 1 - Point in Time Estimates of Homelessness in the U.S." (Accessed December 2024) <https://www.huduser.gov/portal/datasets/ahar.html>

Bringing People Home.

# Overview of Health and Homelessness





## Four pathways connecting housing and health

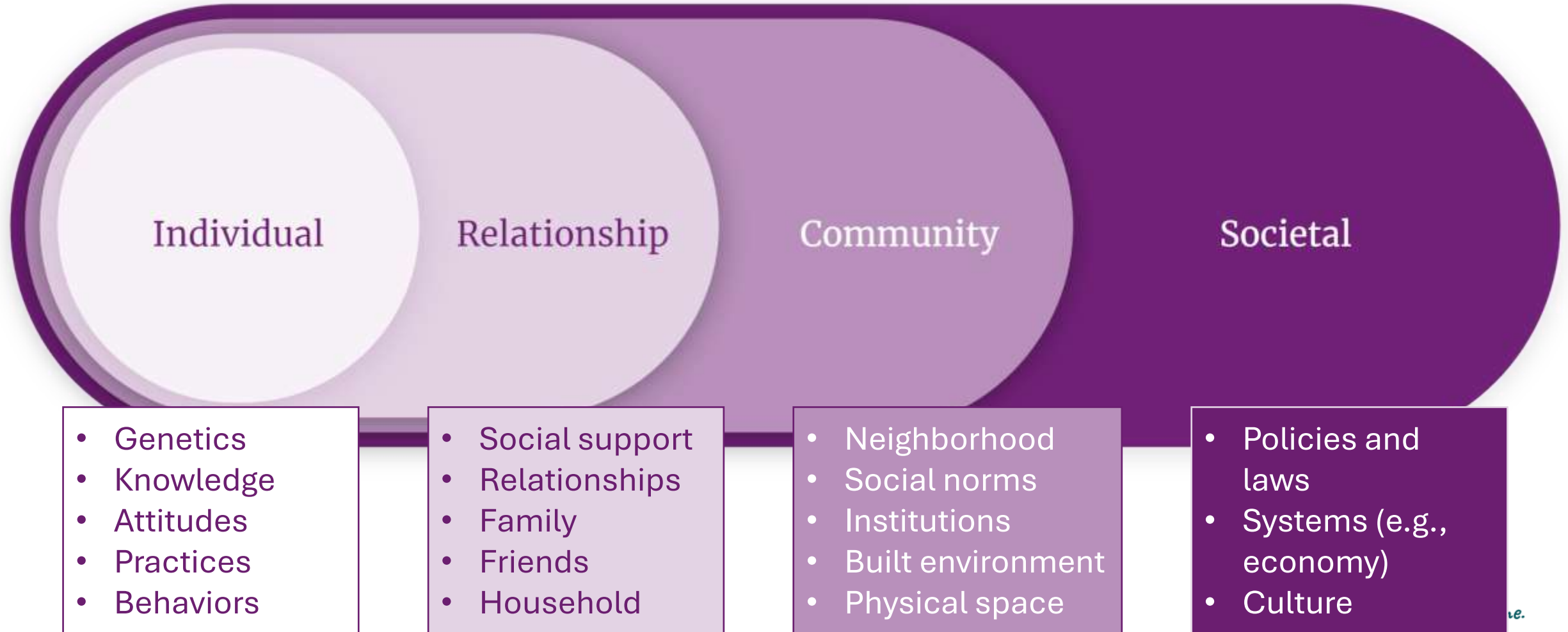


**SOURCE:** Adapted by the author from Gibson et al. 2011, Sandel et al. 2018, Maqbool et al. 2015, and Braveman et al. 2011.

**Medical Debt** "Many of the hospitals across the country that are now publicly vowing to address health inequities and break down barriers to health ***are simultaneously helping to create these very problems,***"

- Brian Klausner, KFF Health News

# Social Ecological Model – Health is Never JUST Individual



# What is public health?

- A “science-based, evidence-backed field [that] strives to give everyone a safe place to live, learn, work, and play ... Every day, the public health field is working – often behind the scenes – to prevent hazards and keep people healthy.”
- In short, public health aims to promote health and well-being and prevent disease, injury, and illness for an entire population.

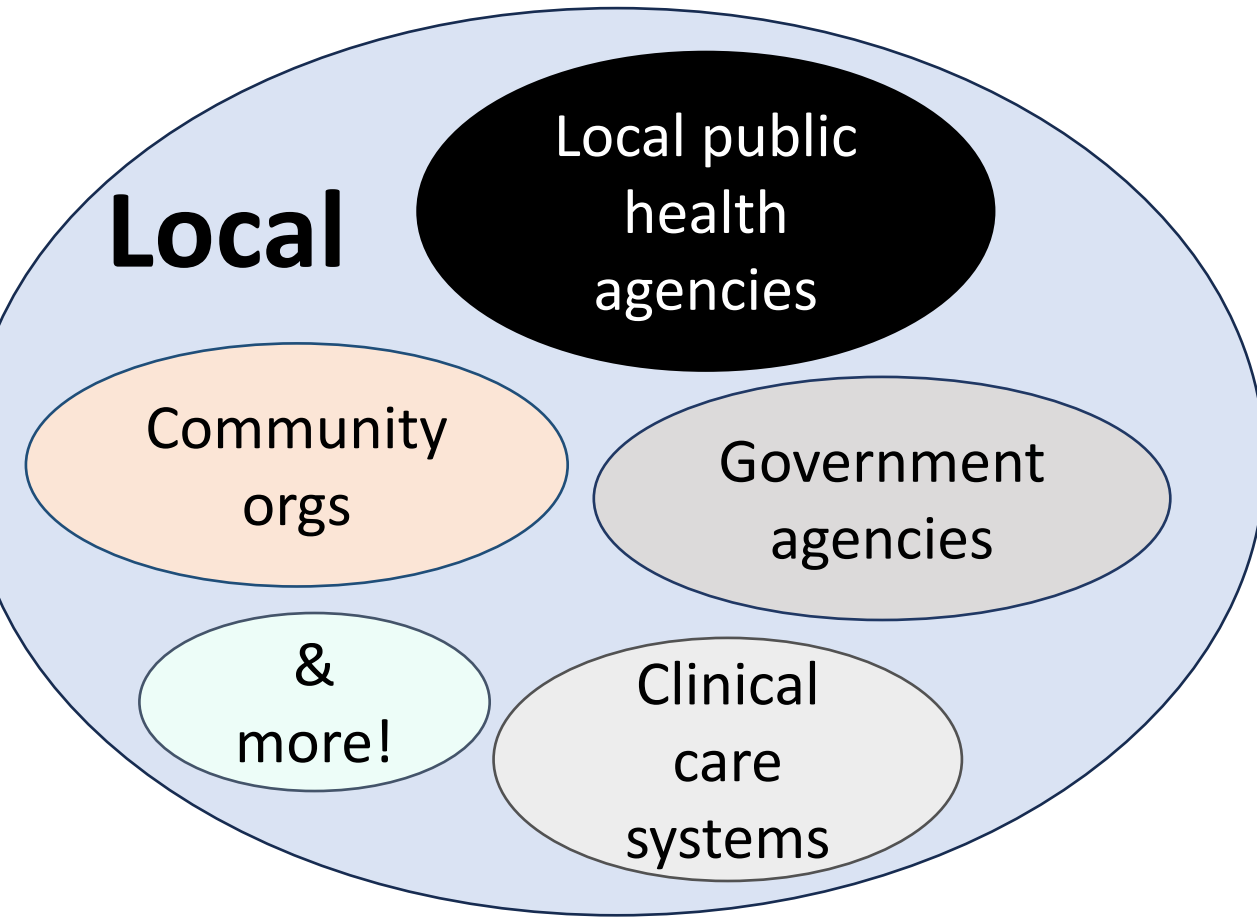


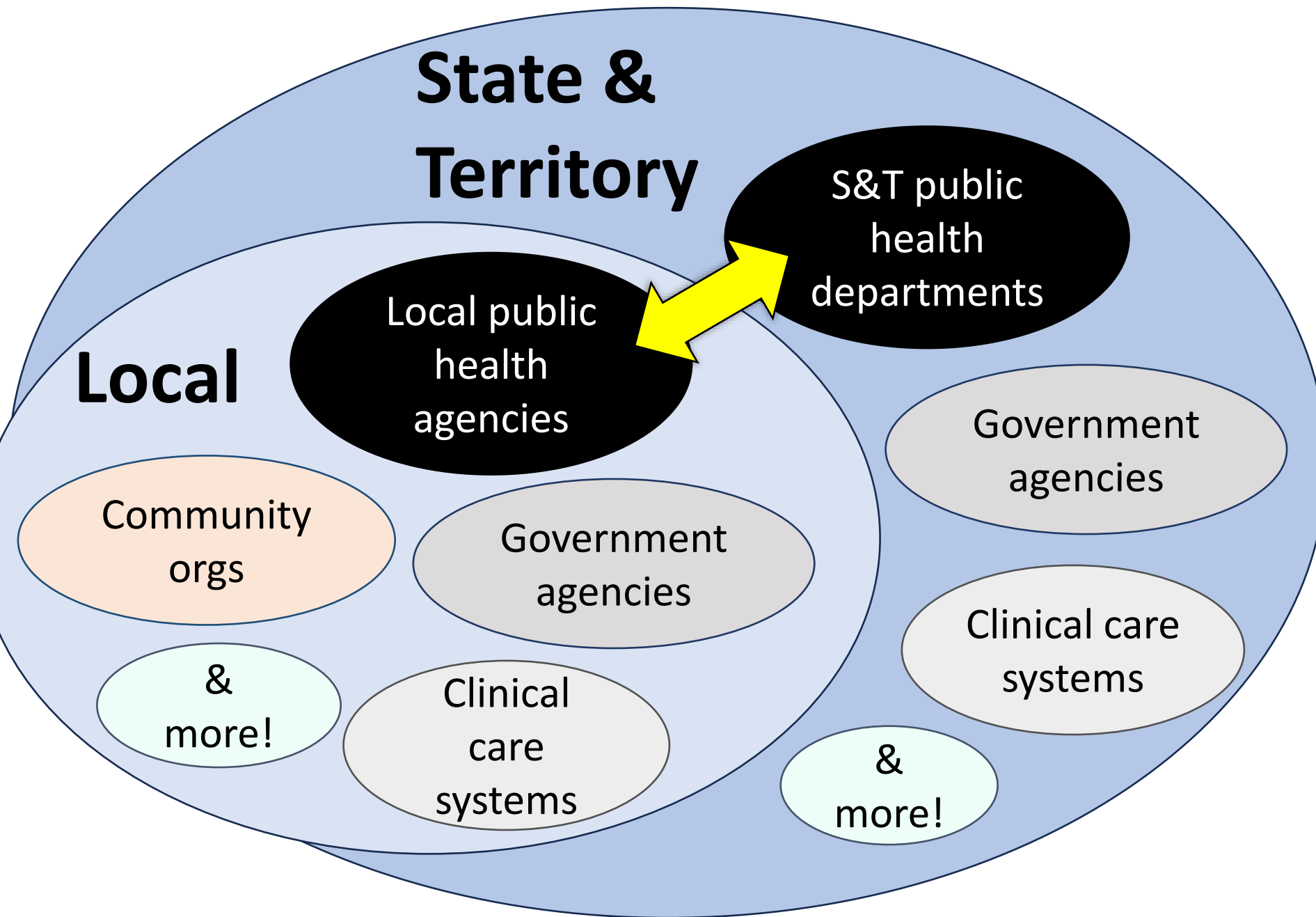
# 10 Essential Public Health Services

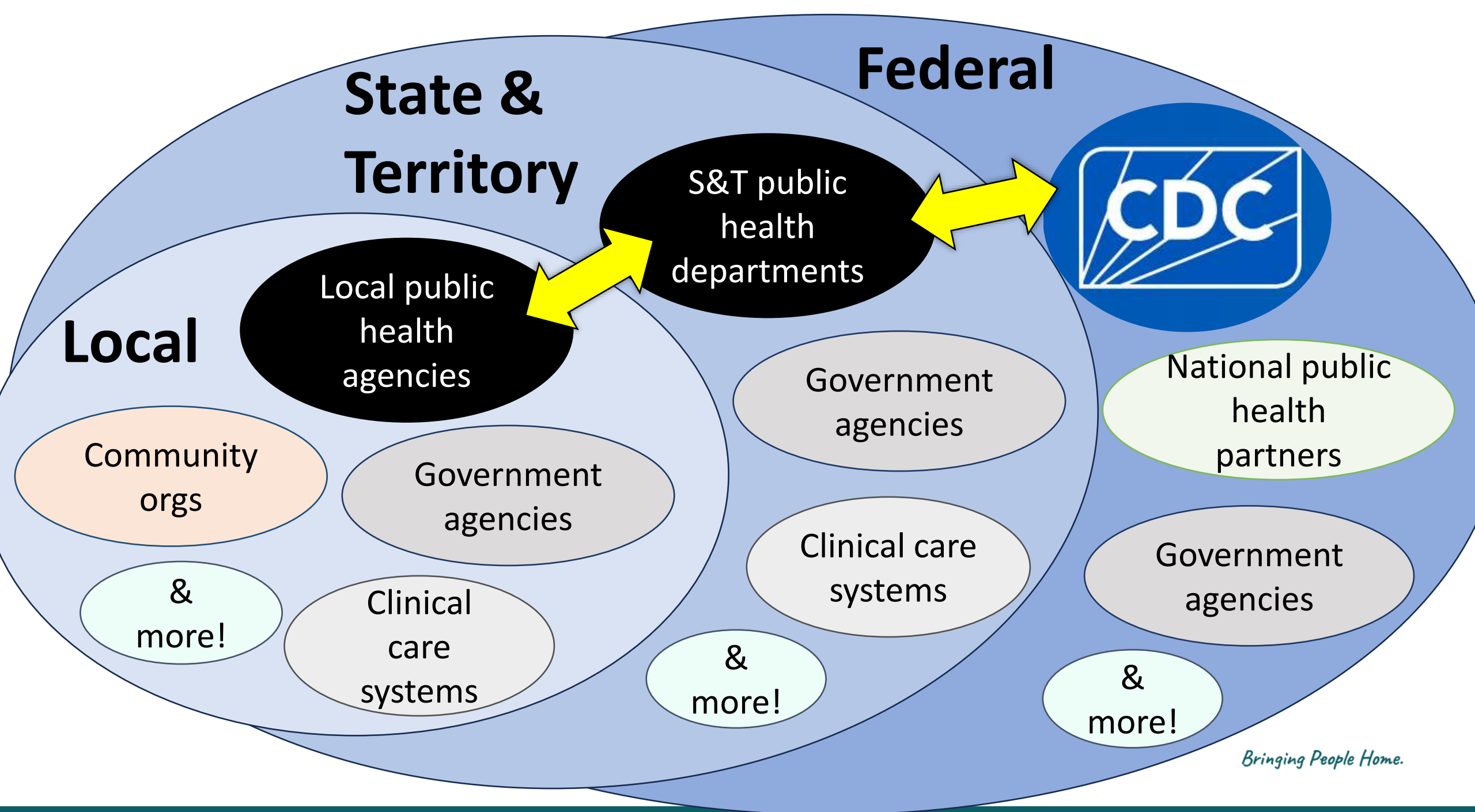


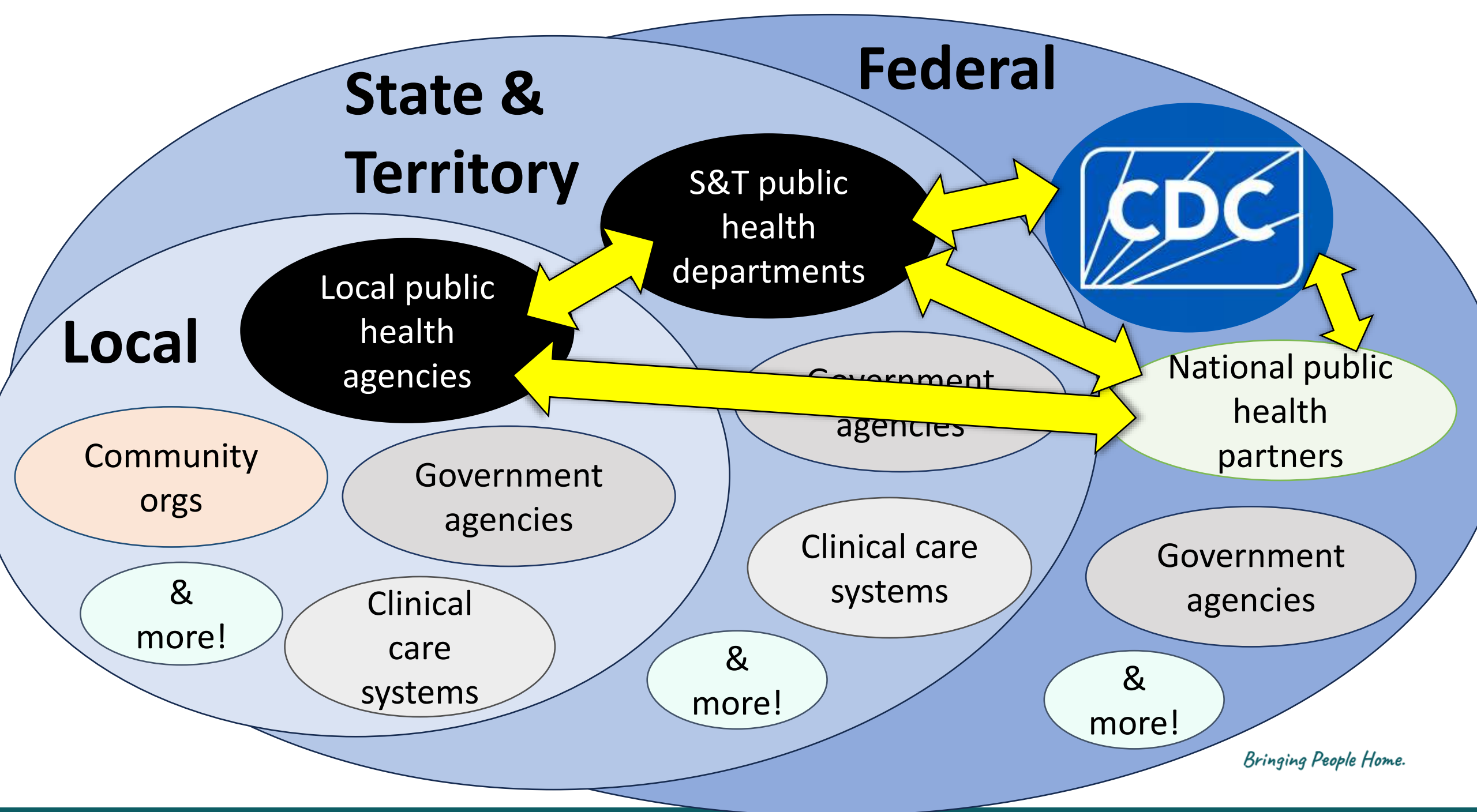
*Bringing People Home.*

# Public Health Infrastructure









# Links and Slides Will be Shared

[dsoucy@naeh.org](mailto:dsoucy@naeh.org)





# Preserving Health

- HUD “Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease for People Experiencing Homelessness”
  - <https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-for-People-Experiencing-Homelessness.pdf>
- HUD TA: <https://www.hudexchange.info/program-support/technical-assistance/>
- Encampment Evictions/Criminalization
  - [https://endhomelessness.org/wp-content/uploads/2025/02/CriminalizationIsHarmful\\_NAEH-2-4-25.pdf](https://endhomelessness.org/wp-content/uploads/2025/02/CriminalizationIsHarmful_NAEH-2-4-25.pdf)
- Eviction from Permanent Housing
  - <https://www.healthaffairs.org/content/briefs/eviction-and-health-vicious-cycle-exacerbated-pandemic>

# Resources – Bridging Health Colleagues

- **TRAIN – Center for Disease Control (CDC) has a training about homelessness for public health providers**
  - <https://www.train.org/main/course/1104013/details>
- **American Public Health Association (APHA) “Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments”**
  - *“Forced removals or displacements of encampments, sometimes called “sweeps,” endanger the health and well-being of people experiencing unsheltered homelessness and impair access to safe, stable housing or shelter.”*
  - <https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2024/01/16/displacement-of-encampments>
- **Utah Department of Health and Human Services (DHHS) “Guidelines for the collection of data on housing insecurity and homelessness”**
  - [https://healthequity.utah.gov/wp-content/uploads/Housing-insecurity-data-collection-standards\\_Oct-2024.pdf](https://healthequity.utah.gov/wp-content/uploads/Housing-insecurity-data-collection-standards_Oct-2024.pdf)
- **American Academy of Family Physicians (AAFP) “Assessment and Action Screening Tools”**
  - <https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/assessment.html#:~:text=Social%20Needs%20Screening%20Tool,child%20care%2C%20and%20financial%20strain.>
- **Kaiser Family Foundation (KFF) Health News “Why Hospitals Are Getting Into The Housing Business”**
  - <https://kffhealthnews.org/news/why-hospitals-are-getting-into-the-housing-business/>

# Making the Case for Housing as Health

## - Research

- Chambers and Brakenhoff (2023) "The Community Cost of Chronic Homelessness"
  - <https://cms.unl.edu/cas/ccfl/community-services/sites/unl.edu.cas.ccfl.community-services/files/media/file/Community%20Cost%20of%20Chronic%20Homelessness%20-%20Lincoln%202023.pdf>
- Brennan et al., (2024) "Exchanging Housing Dollars for Health Care Savings: The Impact of Housing First on Health Care Costs"
  - <https://www.tandfonline.com/doi/full/10.1080/10511482.2023.2297976>
- National Healthcare for the Homeless Council (NHCHC) Mortality Data Toolkit
  - <https://nhchc.org/resource/mortality-and-homelessness-fact-sheet/>

# Making the Case – Decision Makers

- Get in touch with your public health department!  
<https://www.naccho.org/membership/lhd-directory>
  - Build partnerships with NHCHC and FQHC's
- ***Contact your representatives locally and nationally to advocate for policies and programs that work and talk with your community members about why this matters to them and their interests.***
- *Thursday: Does Medicaid Hold the Key to Housing? Building and Expanding Partnerships with Healthcare*
- *Friday at 7:30am: Roundtable Discussion - Protecting Medicaid's Critical Role in Ending Homelessness*



## The Overdose Crisis Among People Experiencing Homelessness

Avik Chatterjee, MD, MPH

Boston Health Care for the Homeless Program

Assistant Professor, Boston University School of Medicine

Many thanks to Jessie Gaeta, Morgan Younkin, Marc LaRochelle, Lindsay Tishberg and others for help with slides



February 26, 2025

# Outline

- Picture of a practice: BHCHP and its patient population
- Expanding Access to Medications for Opioid Use Disorder
- Harm reduction and SPOT (Supportive Place for Observation and Treatment)
- Harm reduction: guest/staff perspectives
- Conclusions



# Boston Health Care for the Homeless Program

- Founded in 1985 by Dr. Jim O'Connell with funding from the Robert Wood Johnson Foundation and Pew Charitable Trusts
- One of the largest health care for the homeless programs in the nation (~11,000 unique patients a year)
- To ensure unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community.



# Picture of a Practice

- Overdose is the leading cause of death
- Main building Located in Boston's South End across from Boston Medical Center — epicenter of crisis
- Overdoses frequent in our main building (2-5 each week)
- Not effectively engaging high risk people with SUD, despite significant existing addictions programming

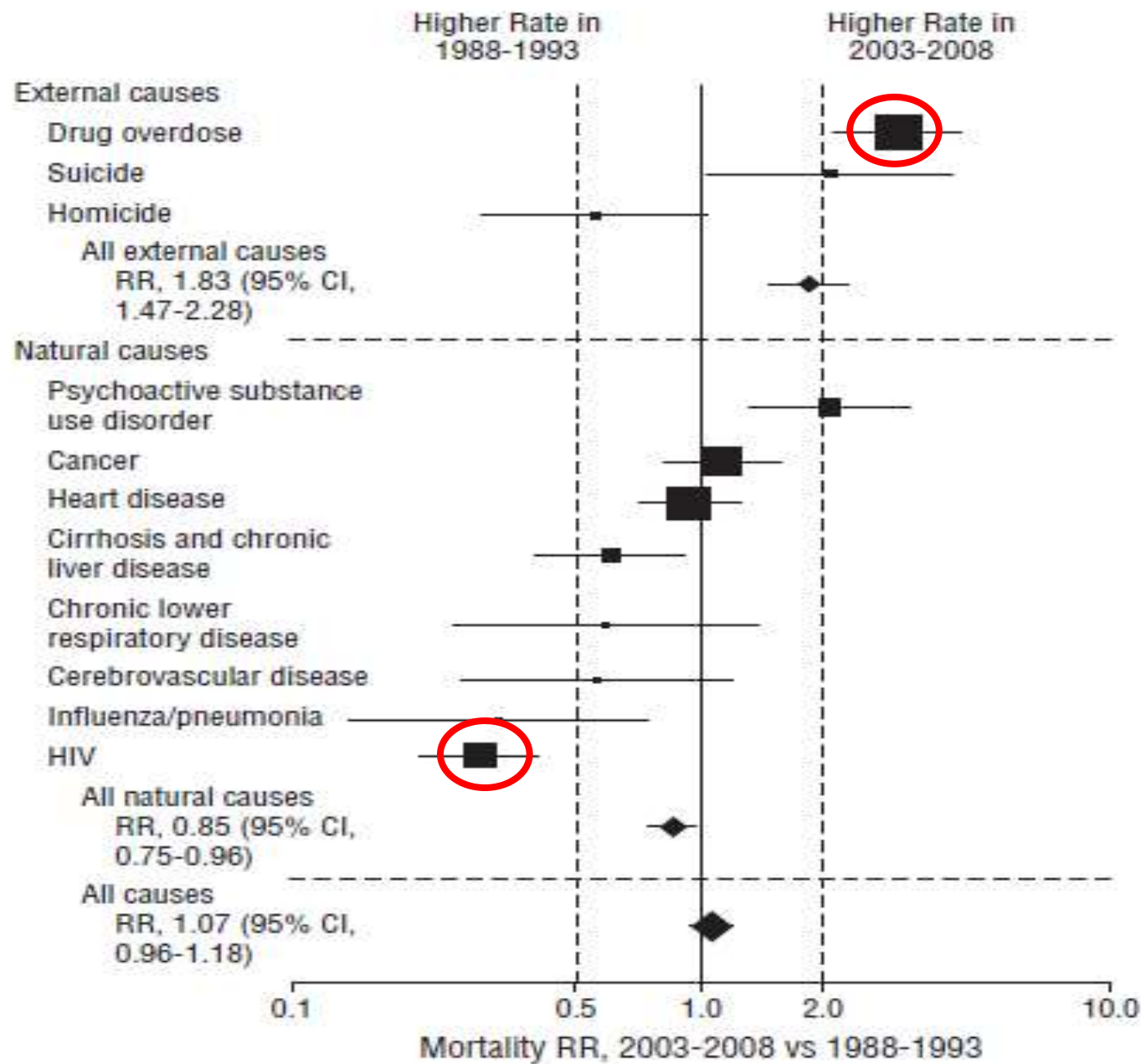


# Mortality Among Homeless Adults in Boston

## *Shifts in Causes of Death Over a 15-Year Period*

Travis P. Baggett, MD, MPH; Stephen W. Hwang, MD, MPH; James J. O'Connell, MD; Bianca C. Porneala, MS; Erin J. Stringfellow, MSW; E. John Orav, PhD; Daniel E. Singer, MD; Nancy A. Rigotti, MD

- Cohort of 28,033 adults seen at BHCHP in 2003-2008
- Drug overdose was the leading cause of death
- Opioids implicated in 81% of overdose deaths



Approaches



# Harm Reduction: A Critical Tool for Healthy Communities





# We Have a Treatment Gap

- YES: Addiction treatment is widely available in our clinic and neighborhood.
- BUT: We were not engaging people well, however!

# Expanding Medication Access

# Methadone And Buprenorphine Are Associated With Reduced Mortality After Nonfatal Opioid Overdose

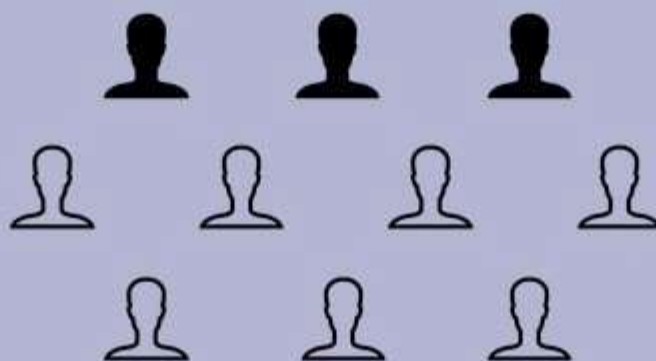
RETROSPECTIVE COHORT, MASSACHUSETTS PUBLIC HEALTH DATASET, 2012-2014

**17,568 opioid  
overdose survivors**

with ambulance or hospital  
encounter



**Only 3 in 10 receive MOUD\***  
over 12 months of follow-up



\*Medication for Opioid Use Disorder

Mortality at 12 months:

**4.7 deaths / 100 person-ys**

Association of MOUD\* with mortality:

Methadone ↓ 53%

Buprenorphine ↓ 37%

Naltrexone\*\*

\*\* limited by small sample



Larochelle et al. *Annals of Internal Medicine*. 2018.

# Impact of Medicaid expansion on inclusion of medications for opioid use disorder in homeless adults' treatment plans<sup>☆</sup>

Natalie Swartz<sup>a</sup>, Sethu Odayappan<sup>a,\*</sup>, Avik Chatterjee<sup>b,c</sup>, David Cutler<sup>d</sup>

<sup>a</sup> Harvard College, 1 Harvard Yard, Cambridge, MA 02138, USA

<sup>b</sup> Boston Health Care for the Homeless Program, 780 Albany St, Boston, MA 02118, USA

<sup>c</sup> Boston University School of Medicine/Boston Medical Center, 801 Massachusetts Avenue, Boston, MA 02118, USA

<sup>d</sup> Department of Economics, Harvard University, 1805 Cambridge Street, Cambridge, MA 02138, USA

**Table 1**

Admissions characteristics among adults entering treatment programs for opioid use in the United States before and after ACA Medicaid expansion: treatment episodes data set, 2006–2018.

|                        | Expansion states <sup>a</sup> |         |           |           | Non-expansion states <sup>b</sup> |        |         |         |
|------------------------|-------------------------------|---------|-----------|-----------|-----------------------------------|--------|---------|---------|
|                        | Homeless                      |         | Housed    |           | Homeless                          |        | Housed  |         |
|                        | Pre                           | Post    | Pre       | Post      | Pre                               | Post   | Pre     | Post    |
| Total admissions No.   | 438,967                       | 448,573 | 2,570,120 | 2,468,843 | 54,179                            | 45,704 | 538,679 | 312,979 |
| MOUD inclusion %       | 16.31                         | 26.53   | 33.82     | 44.56     | 7.56                              | 10.87  | 17.19   | 15.17   |
| Outpatient treatment % | 23.05                         | 31.13   | 55.00     | 63.21     | 21.85                             | 25.08  | 57.29   | 58.01   |
| Medicaid enrollees %   | 41.37                         | 68.20   | 31.55     | 65.68     | 16.29                             | 17.50  | 27.29   | 25.52   |

<sup>a</sup> Data from AK, AZ, AR, CA, CO, CT, DE, DC, HI, IL, IN, IA, KY, LA, MD, MA, ME, MI, MN, NV, NH, NJ, NM, NY, ND, OH, OR, PA, RI, VA, VT, WA, WV.

<sup>b</sup> Data from AL, FL, GA, ID, KS, MS, MO, NE, NC, OK, SC, SD, TN, TX, UT, WI, WY.

# What are the Barriers to OUD Treatment Among PEH?

- Individual factors
- Institutional factors
- Policy factors

RESEARCH ARTICLE | VOLUME 138, 108752, JULY 2022

 Download Full Issue

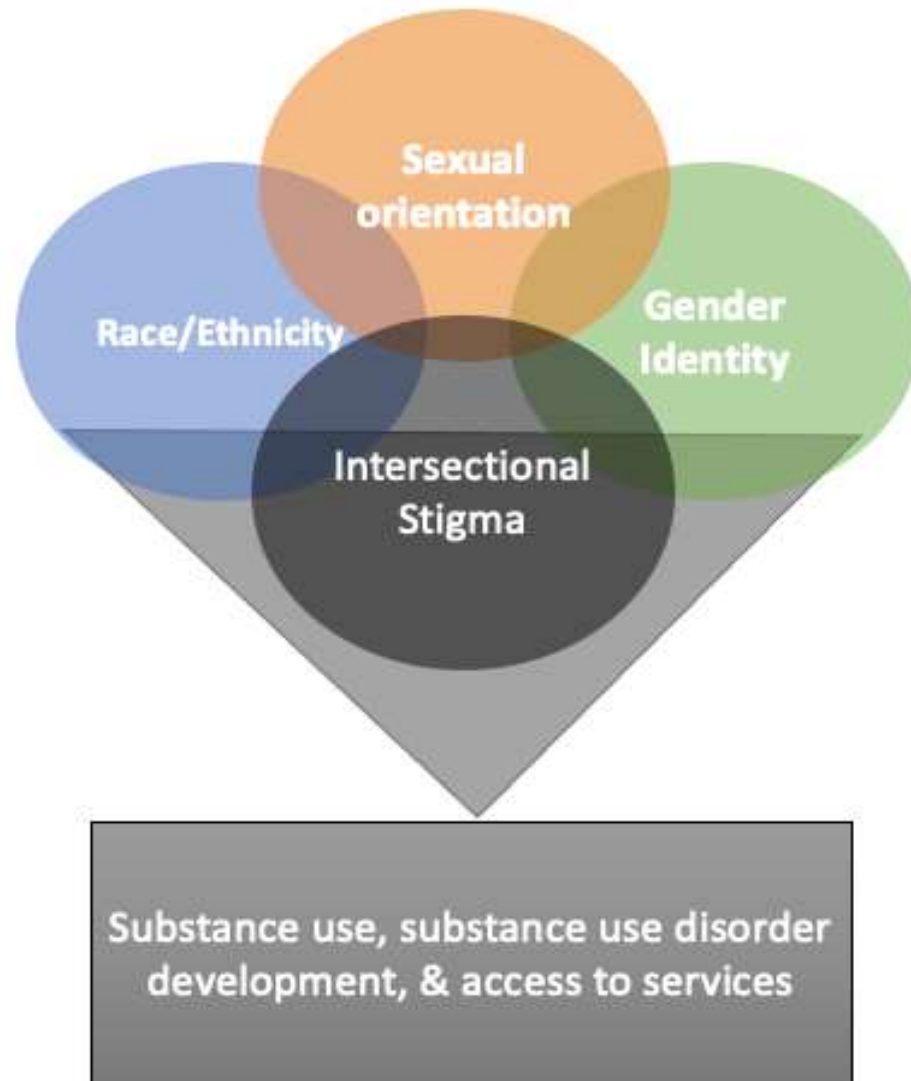
“Sick and tired of being sick and tired”: Exploring initiation of medications for opioid use disorder among people experiencing homelessness

Natalie Swartz   • Tatheer Adnan • Flavia Peréa • Travis P. Baggett • Avik Chatterjee

Published: February 22, 2022 • DOI: <https://doi.org/10.1016/j.jsat.2022.108752> •

 Check for updates

# Intersectionality and Treatment Access



Hankivsky O, et al. *Soc Sci Med*. 2012  
American Civil Liberties Union, 2021



# BHCHP Response: Expand Access to MOUD

## AJPH PRACTICE

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### Shelter-Based Opioid Treatment: Increasing Access to Addiction Treatment in a Family Shelter

In 2015, the Family Team at a three-month threshold because Families experiencing home-

physicians prescribing buprenorphine on-site alleviated transportation and child-care barriers, intensive case management helped families deal with competing priorities such as finding work, and therapy helped patients address comorbid mental health conditions without having

## Original Investigation | Substance Use and Addiction

March 4, 2021

# Office-Based Addiction Treatment Retention and Mortality Among People Experiencing Homelessness

Danielle R. Fine, MD, MSc<sup>1,2</sup>; Elizabeth Lewis, MBA<sup>3,4</sup>; Karen Weinstock, BS<sup>1</sup>; [et al](#)[» Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2021;4(3):e210477. doi:10.1001/jamanetworkopen.2021.0477

sociated with increased hazard of all-cause mortality. Literal homelessness at baseline (aHR, 0.73; 95% CI, 0.54-0.98) having a first OBAT encounter at a shelter or outreach site (aHR, 0.58; 95% CI, 0.36-0.93), and past-month OBAT program attendance (aHR, 0.34; 95% CI, 0.21-0.55) were independently associated with a decreased hazard of all-cause mortality (Table 3). All variables met the proportional hazards assumption with the excep-

*"It was convenient, it's literally down the hall. But they were also very helpful, too. They could kind of recognize when things were tough, and always were supportive for that, and let you know that they were there. They never made you feel like you were any less of a person because of that."*

*"It supports [my role in my family], because without the treatment, you really wouldn't be there for your kids, you know, you'd be out on the street trying to get your next fix."*

*"Well, I don't have to take mad buses and trains and be secluded around crazy people and other people that I don't wanna be around and don't wanna see."*

# Expansion of SBOT Across Program

- All Family Team sites besides ones where partner organizations do not permit it
- Transition visits/Telehealth
- Adult sites as well—starting a year after FT rollout; most recently this year at Pine Street Inn



# Additional Efforts to Increase MOUD Access

- Extended release buprenorphine (Sublocade)
  - JYP OBAT has started 104 patients on Sublocade and 50 of them are still active on treatment
  - Average length of treatment is 5 months
  - The clinic's 500<sup>th</sup> injection was given last week by Charina Hanley!
  - Pros (from pt responses on QI survey): simplicity, stability, no one else can control/manipulate their medication, don't feel sick
  - Cons (from pt responses on QI survey): the injection burns, still need to take suboxone on top to cover (most folks need some extras in the first few months of treatment, we've found)
- Methadone
  - Same Day starts at Harm Reduction Housing (72-hour rule)
  - Respite

Expanding Harm Reduction





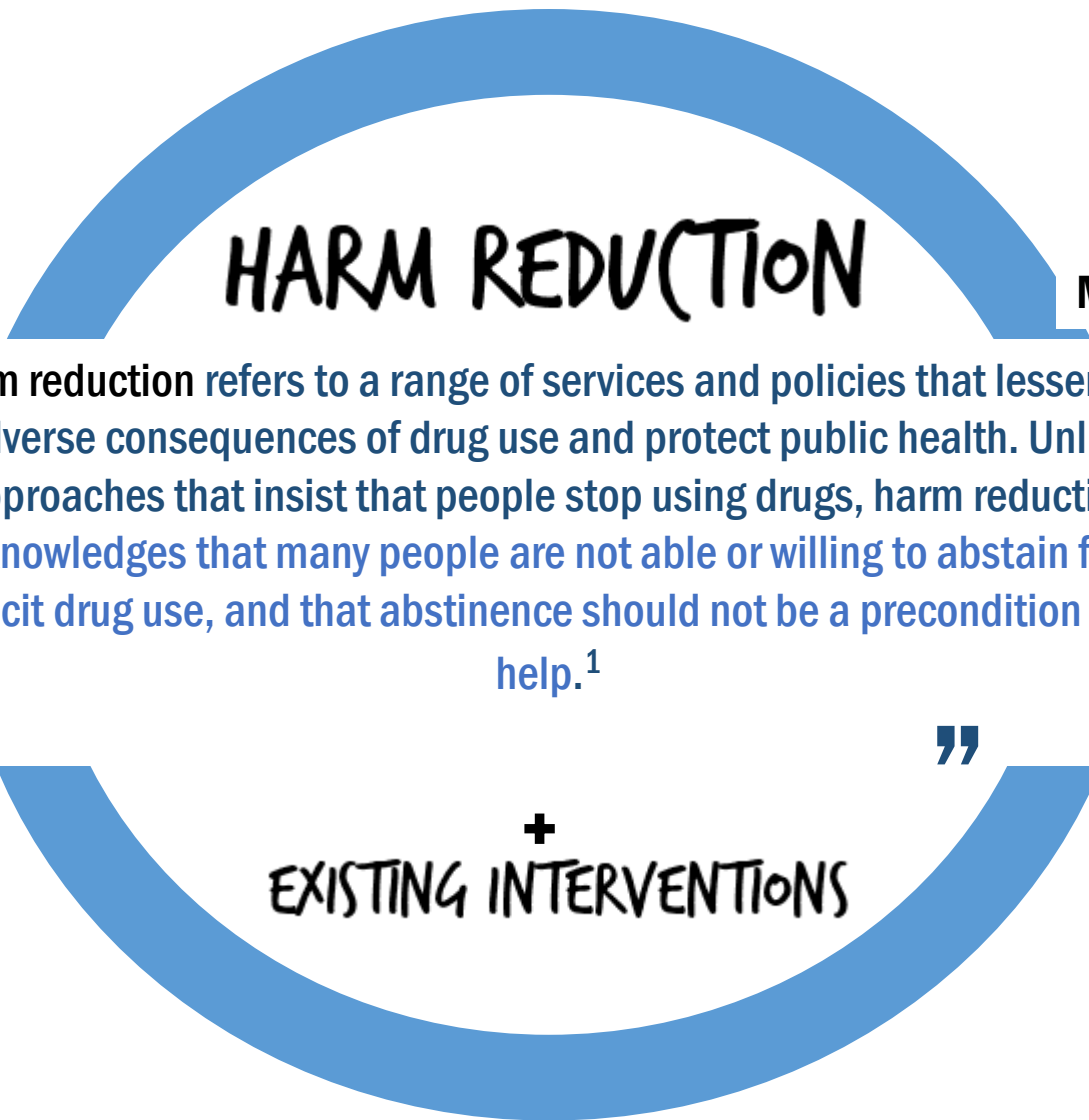
**Naloxone Distribution**



**Needle Exchange Programs**



**Peer Support & Community Mobilization**



**Medical Observation/Drop-In Spaces**



**Supervised Injection Facilities**



**Legal Support & Policy Reform**

<sup>1</sup> Open Society Foundations: “What is harm reduction?” <https://www.opensocietyfoundations.org/explainers/what-harm-reduction>

# Supportive Place for Observation and Treatment (SPOT)

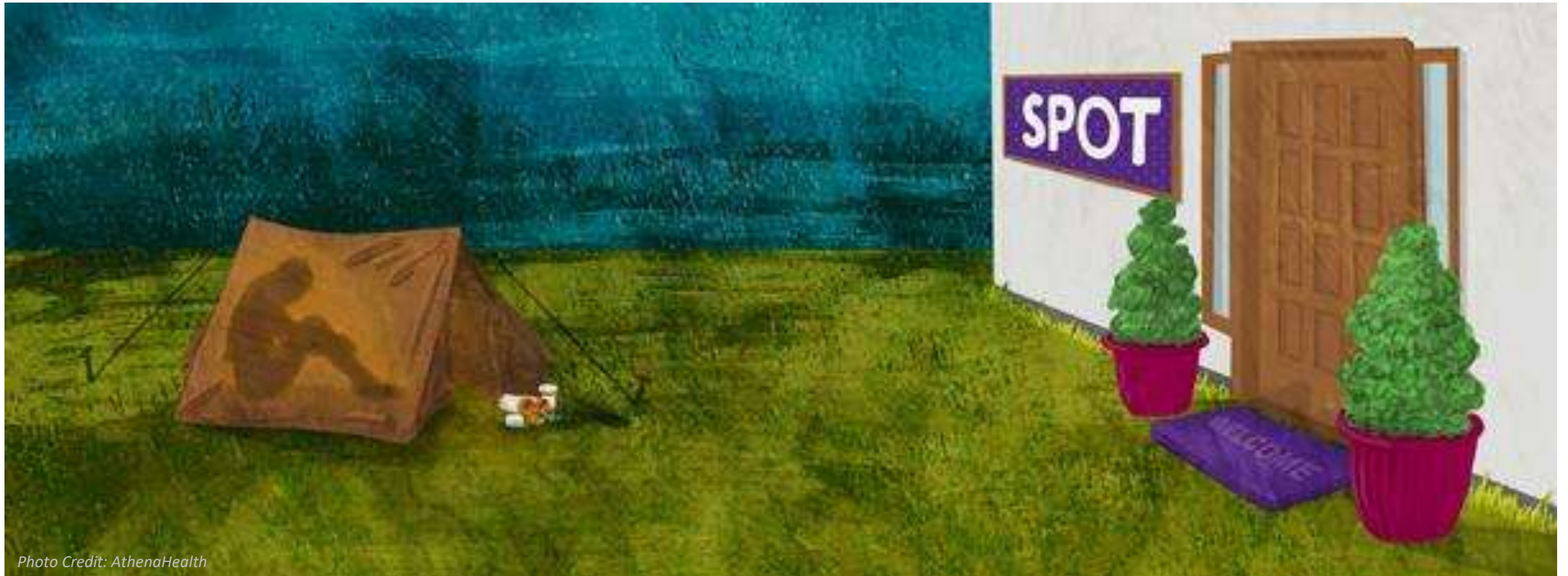


Photo Credit: AthenaHealth

## OBJECTIVE

Implement a harm reduction program within a health care setting, in order to:

1. Prevent fatal overdose
2. More effectively connect highest-risk individuals with treatment
3. Tackle stigma





## PROGRAM CONCEPT



### Services Offered

- Medical monitoring
- Treatment of overdose (oxygen, IV fluids, naloxone)
- Counseling about safer injection techniques
- Connection to primary care, behavioral health services, and addictions treatment
- Naloxone rescue kit distribution

### Staffing Model

- Registered nurse specializing in addiction
- Harm reduction specialist builds relationships and links people to treatment
- Peers who are in recovery offer support
- Rapid response clinician (MD/NP/PA) available for emergency

# SPOT STATS

## SPOT Stats, April 2016-2018

|       |                                         |
|-------|-----------------------------------------|
| 7,139 | Total visits                            |
| 839   | De-duplicated visitors                  |
| 34%   | Participants who identify as women      |
| 47    | Naloxone administrations                |
| 488   | Oxygen administrations                  |
| 987   | ED avoidances (nurse-reported)          |
| 24%   | Direct referrals to addiction treatment |
| 22%   | Direct connections to medical/BH care   |

## Evaluating public order, pre- and post-SPOT (first 12 weeks):

SPOT was associated with a significant decrease in observed over-sedated individuals; injection-drug related public order (e.g., publicly discarded syringes, injection-related litter) did not worsen.

León, C., Cardoso, L. J., Johnston, S., Mackin, S., Bock, B., & Gaeta, J. M. (2018). Changes in public order after the opening of an overdose monitoring facility for people who inject drugs. *International Journal of Drug Policy*, 53, 90-95.



The background image is a dimly lit medical room, likely an emergency department or a treatment area. It features several gurneys with white sheets draped over them. In the background, there are medical monitors, cabinets, and other equipment. The overall atmosphere is somber and clinical.

**“I think what's struck me the most is the  
gratitude**

**–just to get out of that environment, even for a little while, to get off the street and be cared for. I mean, so many of our participants don't have anyone who's caring for them.”**





# Harm Reduction: Guest/Staff Perspective

# Sampling & Recruitment

- All interviews took place at the 4 different shelter sites (Boston, Salem, Lowell, Worcester)
- Convenience (facility-based and snowball) and purposive sampling
- 55 total participants (40 guests and 15 staff)
- Engagement table with coffee and doughnuts, information, and fliers about the study

# Individual Level

A person's state of homelessness can contribute to chaotic substance use patterns.

"Everybody [in the shelter bathrooms] will hang out and use, smoke a cigarette, whatever... the other night my friend was in the bathroom, keeled over, he was fine for all intents and purposes, just f\*\*\*\*\*g high... and then the staff came in. I can't tell you how many times I was like, listen, I'm trying to wake him up... but I'm not leaving him here alone because then in the morning when he's waking up he'll say 'you left me alone, all my s\*\*t got stolen,' you know?"

– KI 16, Guest

# Organizational Level

Even when naloxone is available in shelters, guests report not knowing about its presence in the building, citing lack of clear communication about naloxone and its availability.

“Q: can you tell me about the harm reduction supplies that are available here?

A: In the shelter?... I don't think there is any.

Q: Do they give out Narcan here?

A: Nahhh, no.”

– KI 6, Guest

# Societal Level

Prohibitory and stigmatizing policies do not stop people from using drugs (in or outside of shelters) but do make people less safe by influencing them to use in high-risk situations.

“I had a friend overdose... We were in south bay, there’s these stairs you can go up the parking lot levels and it’s open all night. [The security guard] was like ‘don’t come back again,’ and when he was over my friend did his shot first, quick, and his head was going down... and we’re halfway up a flight of stairs, and before you know it, he dropped straight down, and his head was cracked open. He wasn’t breathing. I didn’t have Narcan, so I briefly searched through his bag underneath him. I couldn’t get to it.”

– KI 16, Guest



# Toolkit Preview

|  <b>Practices already established and used regularly</b> |  <b>Practices that are partially or inconsistently implemented</b> |  <b>Aspirational practices to be implemented in the future</b> |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Naloxone available to staff and guests with training in its use                                                                          | Wound care supplies specifically geared toward skin & soft tissue infections (SSTIs)                                                                 | Complete offerings of safe use equipment including syringes, works, pipes, etc. to promote drug user health                                      |
| Reverse-motion detectors in bathrooms, or when not available, bathroom checking plans                                                    | Safe use supplies: syringes and/or bleach kits, fentanyl test strips, informational pamphlets for drug user health and safe ingestion practices      | Safer spaces to use (whether in the shelter or not)                                                                                              |
| First aid supplies (not specific to wound care)                                                                                          | A “bad date list” (i.e. a list of individuals who may pose a threat to those impacted by the sex trade)                                              | Drug testing kits to test for drug purity, presence of research chemicals, or contaminants (e.g., xylazine and fentanyl test kits)               |
| Safer sex supplies (e.g. condoms and lubricant) available                                                                                | Full naloxone emergency response kits with supplies for rescue breathing                                                                             |                                                                                                                                                  |
| Additional beds during severe weather events, or an amnesty policy allowing previously barred individuals to stay during such events     | No curfew policy – allow guests to enter and exit the program throughout the day and night                                                           |                                                                                                                                                  |
|                                                                                                                                          | “No questions asked” locker policy                                                                                                                   |                                                                                                                                                  |
|                                                                                                                                          | Policies encouraging guests to “take breaks” rather than barring them                                                                                |                                                                                                                                                  |
|                                                                                                                                          | Alternatives to confiscating people’s drugs if they are found onsite                                                                                 |                                                                                                                                                  |



# Conclusions

- **MOUD and Harm reduction service expansion play crucial and complementary role in SUD treatment continuum**
- **Trusting relationships with people who inject drugs offer promise of discovering or tailoring interventions that have high impact**



# Street Medicine: Leveraging a Public Health Approach to Prevent and End Homelessness

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

Director of **USC** Street Medicine  
Associate Professor of Family Medicine  
Vice Chair, Board of Directors, Street Medicine Institute

**2025 | National Alliance to End Homelessness**

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



# DeSales Free Clinic at the Allentown Rescue Mission













# Defining Street Medicine

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.



|    |                          |                                                                                                                                                                                                                                                                                                |
|----|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27 | Outreach<br>Site/ Street | <p>A non-permanent <b>location on the street or found environment</b>, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment <b>services to unsheltered homeless individuals.</b></p> <p>(Effective October 1, 2023)</p> |
|----|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

[https://urldefense.com/v3/\\_\\_https://www.cms.gov/medicare/coding/place-of-service-codes/place\\_of\\_service\\_code\\_set\\_!!JkGBRS3n8cDS!hzlQQRPIEPD9\\_K-gD-UzUm6Md9BfjMgwfnsc4PLrDMjkccnoYTE7M6OHgPCAQZB2Sem-Gei58F7iaLmdTHEKfB1zvjqKVVVjRxs\\$](https://urldefense.com/v3/__https://www.cms.gov/medicare/coding/place-of-service-codes/place_of_service_code_set_!!JkGBRS3n8cDS!hzlQQRPIEPD9_K-gD-UzUm6Md9BfjMgwfnsc4PLrDMjkccnoYTE7M6OHgPCAQZB2Sem-Gei58F7iaLmdTHEKfB1zvjqKVVVjRxs$)



# Going to the People RADICALLY





# We Can't Let Homeless People Die: USC Street Medicine

Invisible People



/ 9:16



More videos

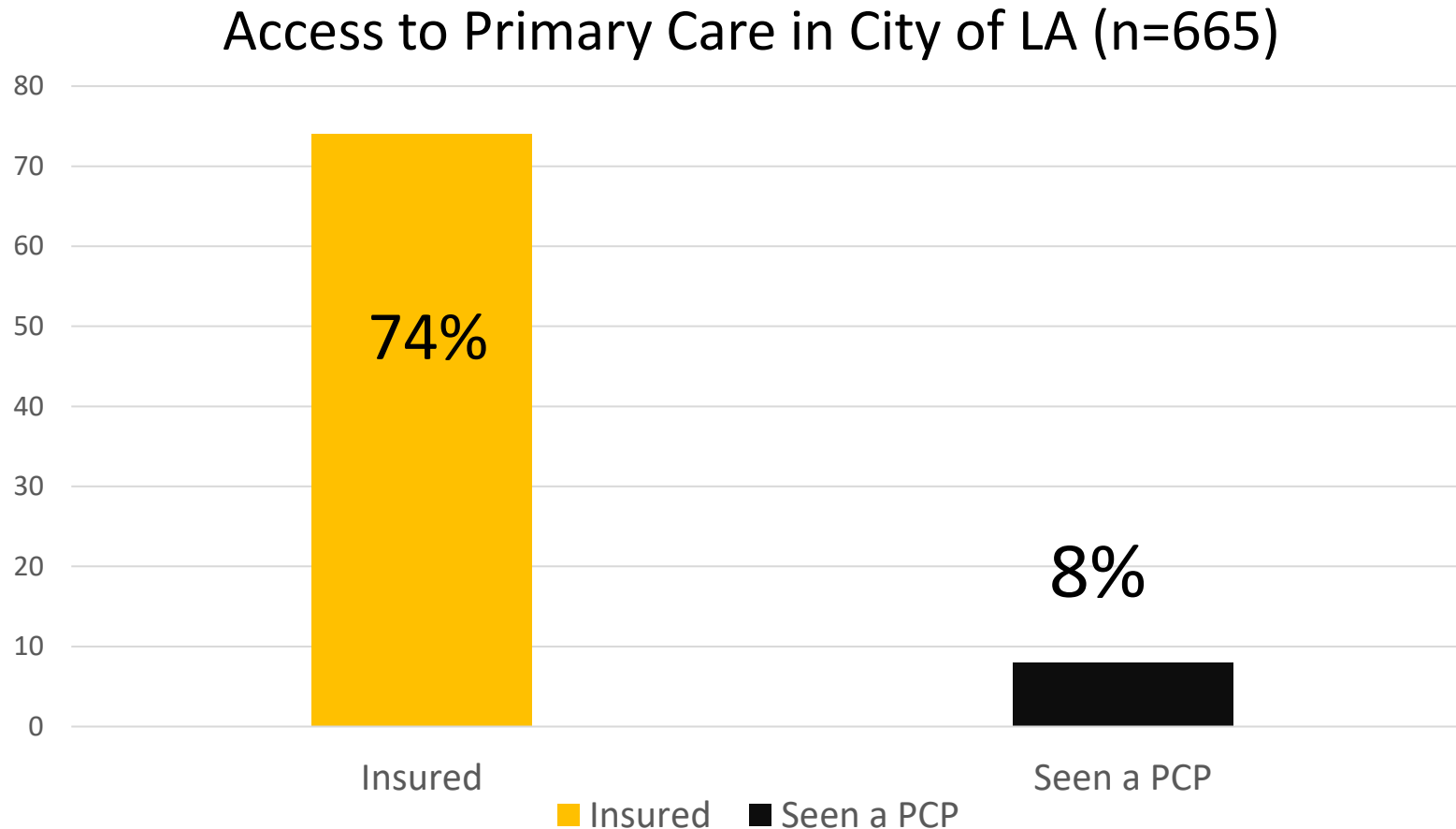
Tap or swipe up to see all



# Lessons from Tekeisha

1. Health Insurance  $\neq$  Healthcare Access

# Health Insurance $\neq$ Health Access



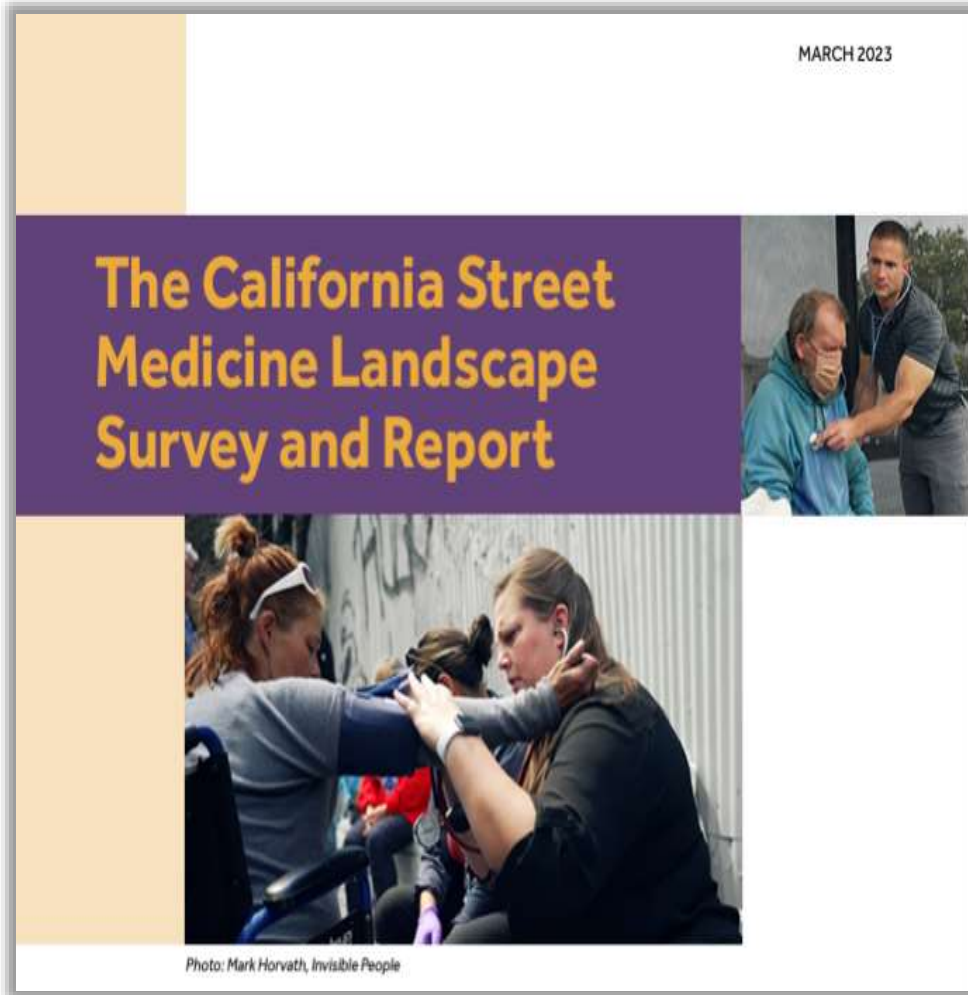




# Lessons from Tekeisha

1. Health Insurance  $\neq$  Healthcare Access
2. Street Medicine is comprehensive with a high scope of practice

# Primary Care+ on the Street



> 70%



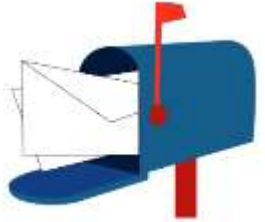
80%



50%



plus











# Lessons from Tekeisha

1. Health Insurance ~~is~~ Healthcare Access
2. Street Medicine is comprehensive with a high scope of practice
3. Street Medicine provides continuity as a “homeless-centered medical home”

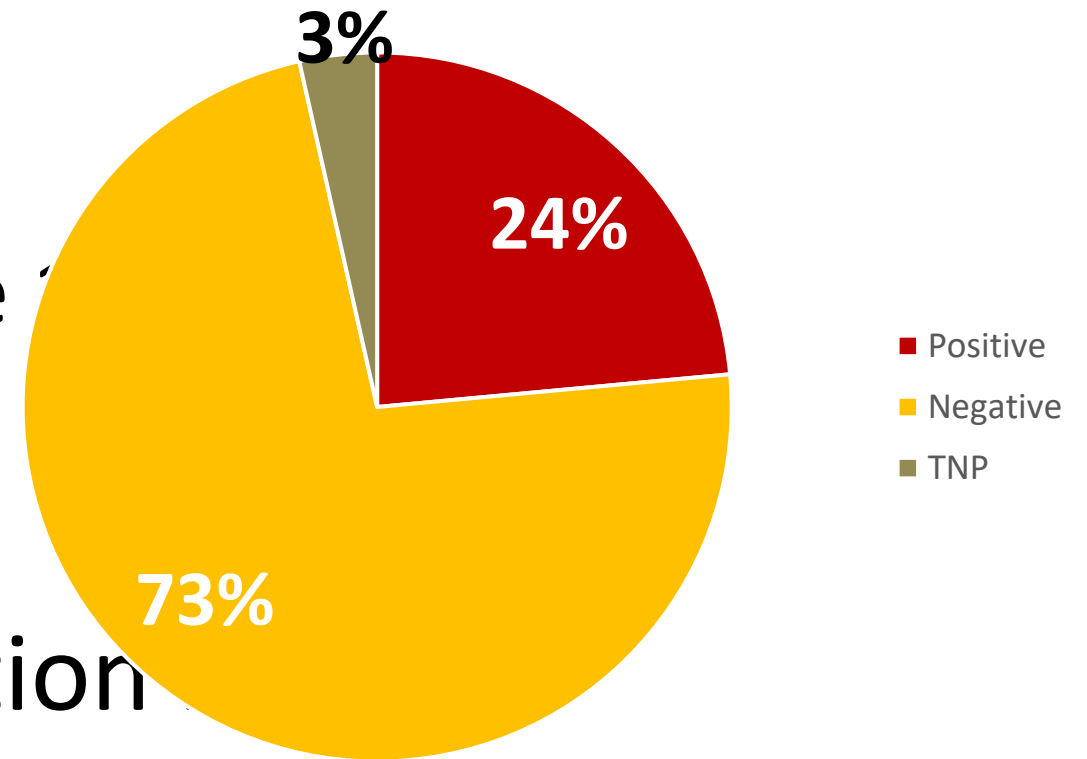
# Reality of the Street: Movement

- 3 stays in interim housing
- 2 recuperative care
- 1 nursing home
- 9 inpatient hospital stays
  - 2 hospitals
- 15 return trips to the street
- **30 different location moves**
- **15 different providers/ case managers**
- Lesson: Continuity lies with Street Medicine

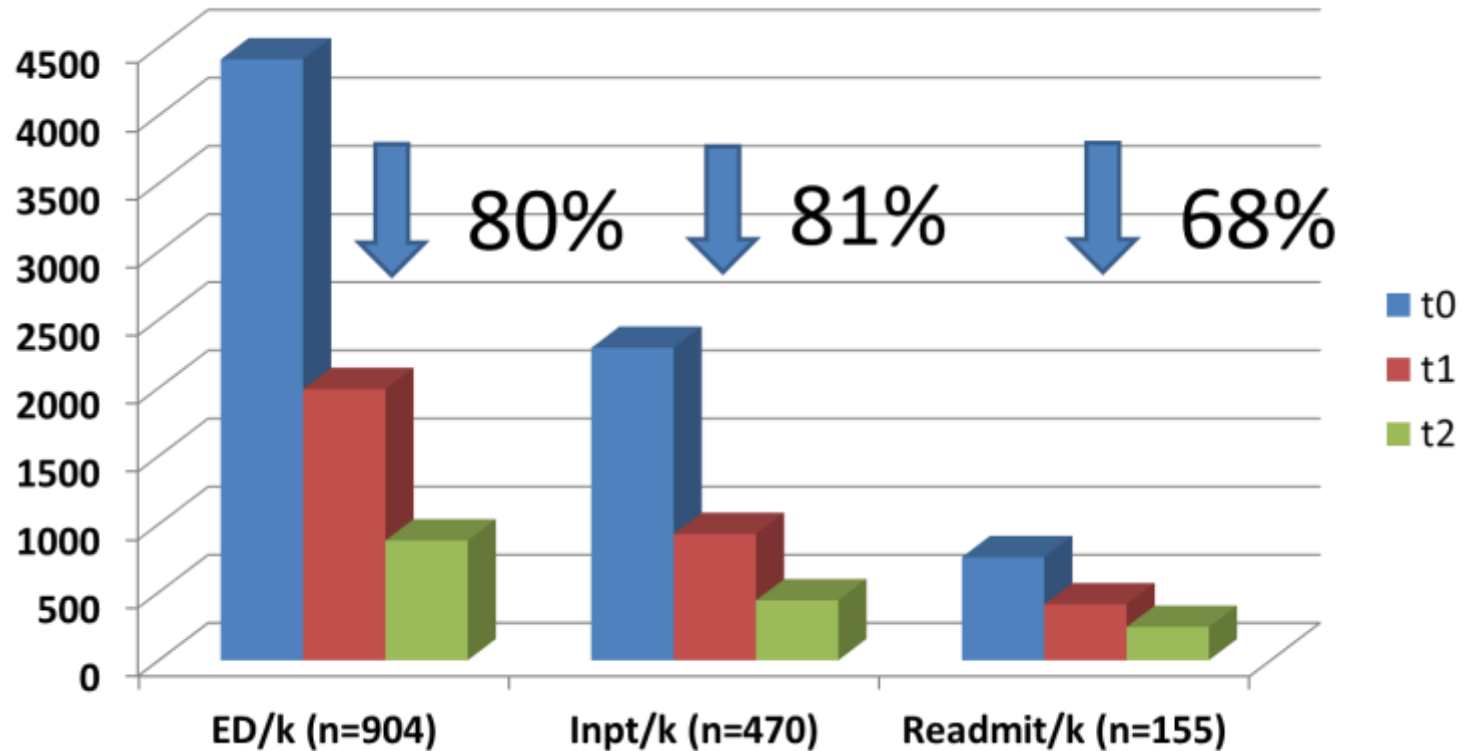


# USC Street Medicine HCV Screening and Treatment

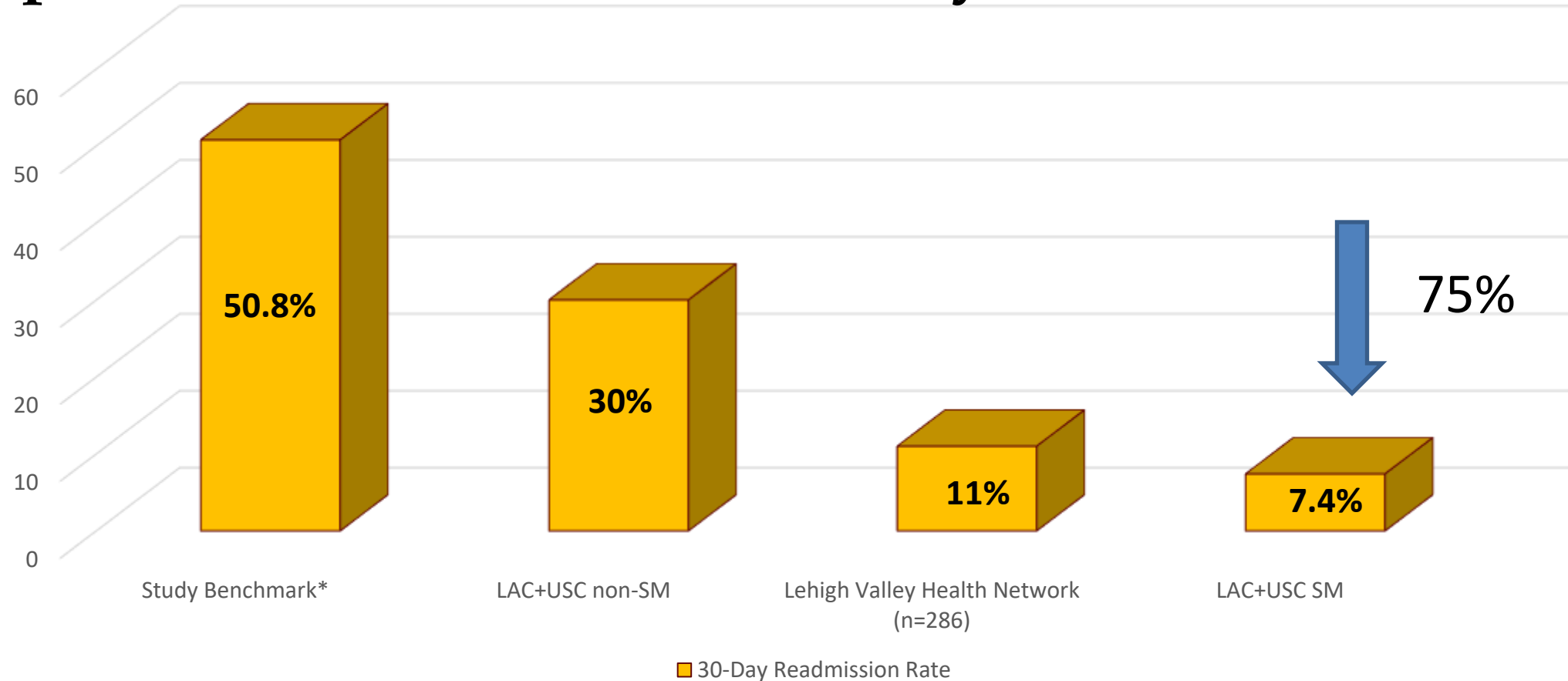
- **24% HCV RNA Positive**
  - USA Hep C Positivity Rate 1%
- 82% treatment completion



# Health Outcomes: Improved Healthcare Utilization (Consult Service) Longitudinal Analysis



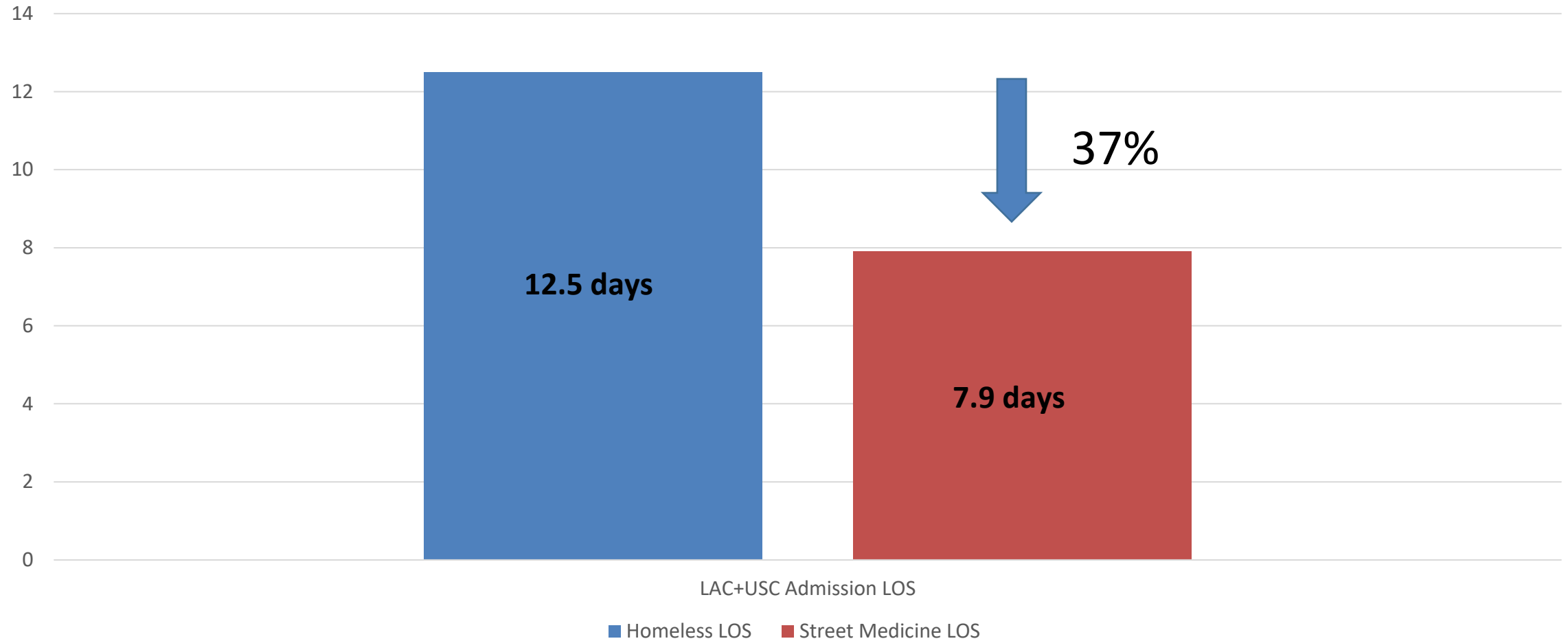
# Impact of Street Medicine Primary Care on readmissions



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

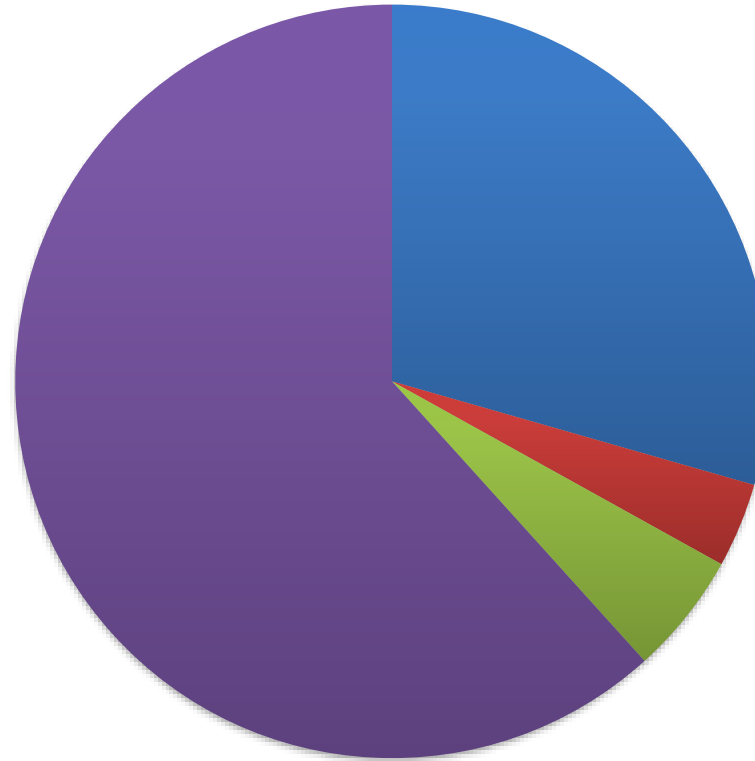


# Decreasing Length of Stay



# 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

# 2025 Policy Priorities: Better Care through Street Medicine

- Operationalizing Direct Access
  - Include a national focus
- Reimbursement for Medically Necessary Services
  - Meds, DME, transportation
- Presumptive Eligibility
- Continuous Eligibility
- Long-term goal of correct funding mechanisms

