

Medical outreach

Overview of this strategy

Medical outreach denotes a broad spectrum of services, all aimed to meet people experiencing homelessness where they are by bringing medical interventions to them. Care delivery models range from integrating medical students or clinical staff in homeless response street outreach teams, to partnered models where clinical teams visit shelters on a regular basis to provide care, to mobile healthcare units (like vans or shower trailers) to integrated street medicine programs that include physicians and serve as the person's primary care team. Behavioral health teams, like Assertive Community Treatment teams, are focused on providing comprehensive behavioral health support and often serve PEH as well.

The National Health Care for the Homeless Council [emphasizes](#) that street medicine suspends the traditional provider-patient power hierarchy, literally meeting people where they are and being visitors in their space. This model can bypass transportation barriers that people experiencing homelessness face in order to travel distances to providers or not accessing services at provider locations for other reasons. It can serve to build trusting relationships between those that deliver medical outreach services and people experiencing homelessness, which in turn, can facilitate further service interaction from people experiencing homelessness who may have been harmed by the system in the past.

Health systems can fund health outreach positions and dedicate hospital staff or resources to participate in outreach efforts led by the homeless response system. Direct collaboration between health care providers and homeless response system staff can build trust and a long-term partnership. While the ultimate goal of such partnerships is placing people in permanent supportive housing and supporting them to maintain their tenancy, interim goals include identifying and providing care for unmet health needs and surfacing and connecting people experiencing homelessness who are not yet known to the homeless response system. This may include registering people with the local coordinated entry system and including them in a community's by-name data set.

Impact of this strategy

Medical outreach is likely to boost outcomes in these areas:

- Degree of system coordination - Medical outreach, if accomplished in partnership with the local homelessness response system, can improve system coordination through collaboration and through improved data coverage and quality of data as PEH are added to a coordinated entry system. As health care workers partner with homelessness response staff around individual people, they will recognize opportunities to coordinate across their systems by implementing changes that will improve coordination for the wider population.

- Individual health outcomes - Medical outreach can boost individual participation in health care interventions, which is likely to improve health and wellbeing outcomes.
- Population level outcomes - Medical outreach may impact health outcomes at the population level, particularly as access to care expands to populations who are unknown to the health care system or have little access to preventive care. In some cases, health care staff may support individuals to engage in the homelessness response system, potentially leading to increases in permanent housing.
- Using resources effectively- Medical outreach may lead to decreases in unnecessary emergency and hospital-based care.

Resources and tools for implementing this strategy

- National Health Care for the Homeless Council: [Healing Hands: Street Medicine and Outreach: Bringing Care to People Where They Are](#)
- Resources compiled by the [California Healthcare Foundation](#) on street medicine, including a video series of street medicine programs.
- Street Medicine Institute (SMI): [SMI Program Resources](#)

Practical advice from the field

Teams tested various ways of bringing medical care to locations where people experiencing homelessness gather, including in shelters, at pop-up outreach locations and alongside street outreach teams. Across the United States, the policy and payment environment influences much of what is possible in innovative cross-sector care delivery. In some communities, medical outreach to unhoused people functions as a stand-alone service apart from the homelessness response system and cross-sector coordination to build connections to PSH is a future endeavor.

Embedding medical care team staff in shelters lowers barriers to care for people experiencing homelessness, though in Washington County, the team encountered challenges when billing for traditional health worker services deployed at the shelter and have since begun testing medical outreach. In Anchorage, the Continuum of Care (CoC) leveraged municipal grant funding to contract a mobile medical provider to provide urgent care level services, including referrals to primary and specialty care, during outreach pop-ups twice a week and onsite at a monthly large outreach event. Initial data is encouraging and the team is exploring longer-term investment. Additionally, the CoC partners with a FQHC to embed a social worker in outreach teams to connect clients to needed services. California's state Medicaid Housing and Homelessness Incentive Program prompted medical outreach teams to coordinate together. Innovation in [Medicaid through 1115 waivers](#) in California is also creating funding for new roles to provide direct medical outreach and care coordination for PEH.

Sustaining medical outreach over the next 3-10 years is likely to be relatively challenging in many regions, and pilot teams have identified conditions that enable the teams to initiate health care's active role in medical outreach. As of October 2023, CMS has made a policy change that allows public and private insurers to reimburse for "street medicine" providers for medical services provided outside of a traditional healthcare setting, which may serve as an important enabling condition for this work moving forward. Some of the other enabling conditions cited by pilot teams were:

- Demonstrating outcomes of ongoing efforts, starting with a pilot, then expanding into a larger scale as possible. Outcomes should include cost savings, health outcomes (including wound care) and system improvements related to medical outreach, along with the experience of people using the care system and those working in the care system. Collecting data on existing outreach efforts and the need for additional supports can also help to build the local case for investment, be it from municipal budgets, philanthropic sources, or healthcare organizations.
- Harnessing momentum around state-wide policy changes, specifically leveraging Medicaid waivers, including the Medicaid 1115 Waiver which allows billing for housing services and assistance. In Oregon, the state has approved a 5 year demonstration waiver that allows payment for rental assistance, move-in costs and housing navigation services. In California, [the waiver](#) includes payment for care coordination, clinical care, recuperative care and short term post hospitalization for PEH.
- Creating a community-wide plan to integrate medical outreach with other homelessness response efforts, ensuring that efforts are cross-sector, engaging the homeless response system in partnership with health care. Start by developing partnerships between healthcare providers and the homelessness response system.
- Supporting healthcare teams to identify patients experiencing homelessness.

Tactics & Change Ideas:

- Provide supportive services for complex or recuperative care even in transitional services like shelters (such as a complex care shelter, or a respite care facility)
- Fund new positions or dedicate hospital staff to participate in outreach by HRS to identify and assess people experiencing homelessness
- Healthcare workers (such as doctors, nurses, psychiatrist, addiction care providers) going to the location of unsheltered experiencing homelessness or a place with a lower barrier of entry (homeless encampment, park)
- Consider whether the services you will provide and the population you are targeting in your community would be suited for providers to provide care on foot (ie with a backpack), or via a mobile unit (ie, a bus, shower trailer or RV with mobile exam rooms)
- Embed healthcare workers in teams with homeless response system staff
- Develop mechanisms/MOUs to support cross sector data sharing and practice

Bright spots, tools & examples from the field

- In Anchorage, the HXH team provided medical street outreach several times per month at homeless camps and pop-up outreach events.
- The [Boston Healthcare for the Homeless Program's Street Team](#) integrates medical, behavioral health, case management, and recovery care alongside building relationship with unsheltered people experiencing homelessness.

References:

Feldman, BA, Kim, JS, Mosqueda, L., Vongsachang, H., Banerjee, J., Coffey, CE, Spellberg, B, Hochman, M., Robinson, J. (2021). From the hospital to the streets: Bringing care to the unsheltered homeless in Los Angeles. *Healthcare* **Volume 9, Issue 3**.