

Who we are



Absalon Galat, MD Medical Director

Absalon Galat is a family physician practicing street medicine in Los Angeles. He is the medical director of the DHS LA County Mobile Clinic Program launched in September 2022. Previously he was the medical director at a health care for the homeless. program in San Fernando Valley in Los Angeles from 2016 to 2020. He currently works at Housing for Health, the agency within the Department of Health Services tasked with caring for medically and behaviorally high risk people experiencing homelessness. Born and raised in the Philippines until the aged of 11, he immigrated to Toronto, Canada. Graduated medical school in Hawaii and started work with PEH while in undergraduate. Identifies as 1.5 Filipino gen with dreams of building solidarity internationally and in his native home. Interests include building a system for street based reproductive health care, medication assisted treatment and ensure equitable access to comprehensive care for unsheltered PEH in Los Angeles.

Elyssa Rosen, LCSW Clinical Project Manager

Elyssa Rosen has focused her career on integrating mental héalth services with housing services since 2011. Her current role as Clinical Project Manager at Housing for Health with Los Angeles County Department of Health Services supports program development and design to support multidisciplinary clinical services to best support people experiencing homelessness. From 2017 - 2022, Elyssa was the Director of Outreach and Engagement at a lead homeless service agency in Los Angeles where she led regional outreach coordination efforts amongst all outreach teams in the San Fernando Valley and surrounding areas and the implementation and design of multidisciplinary street-based outreach services throughout the region. She believes that treating the whole person is what helps someone experiencing homelessness to meaningfully engage on their housing plan and she enjoys the work of supporting new and creative initiatives to enhance the scope of services to medically serve this population.





Before we begin...



• There is no COI or financial disclosure





Learning Objectives



01

Explain the Mobile Clinic program design, implementation, and its mission and goals to support access and utilization of this resource

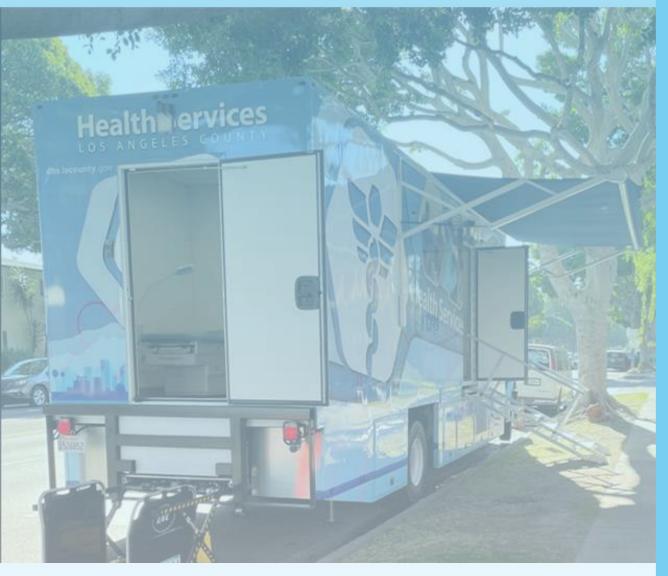
02

Scale up for a Mobile Clinic program to meet your region's needs that can generate revenue to support sustainability 03

Utilize existing Outreach
Coordination and
partnerships with local
outreach teams and
stakeholders to coordinate
regional coverage and
consistent scheduling.







OBJECTIVE 1:

Explain the Mobile Clinic program design, implementation, and its mission and goals to support access and utilization of this resource







State of Homelessness in Los Angeles

- Total 69114 (4% increase from 2020)¹
- Unsheltered 48,548, roughly 70%
- PEH life expectancy 22 years shorter than general population²
- Unsheltered PEH are 26 times more likely to die of overdose
- Homeless Decedents between Jan 2020 to March 2021
 2126 deaths
 - 5 PEH die everyday
 - DHS encounters 630
 - No service history 886









From COVID response to field based comprehensive care



- LA DHS lead medical COVID response efforts for unsheltered and sheltered PEH from 2020 – June 2022
- COVID Response Team (CRT) members completed a needs assessment on the encampments they served:

Identified gaps in service access among unsheltered PEH with a "brick & mortar clinic only" model included:

- 83% of unsheltered PEH do not access preventive or primary care services and report accessing ED only.
- Access to women's health
- Access to MAT and SUD services in the field
- Access to Behavioral Health and Psychiatric services





From COVID response to field based comprehensive care



- We envisioned a system of care meant for PEH based on gaps identified and from our experience in doing the work.
 - Ability to increase street medicine scope by building a clinic on wheels (40ft truck with exam rooms & lab capabilities)
 - ECG/Ultrasounds & Labs in the field
 - Using a trauma informed & harm reduction lens in designing the clinic truck to best support access to health services in the field







Mobile Clinic Mission Statement

Our Mission is to provide low-barrier, comprehensive and dignified care to people experiencing unsheltered homelessness in LA County utilizing a trauma-informed approach and a harm reduction lens.

We recognize the historical and current societal, economic and political factors that contribute to homelessness, and center our unhoused patients in promoting personal and community healing.

County Department of Health Services' street medicine team uses a portable ultrasound device connected to his mobile phone to examine Luz





Mobile Clinic Core Values





Person Centered



Community Based



Sustainable



Justice Oriented





Decrease morbidity and mortality for unsheltered PEH in LA County

Increase access to comprehensive care for unsheltered PEH (including behavioral health care)

Mitigate financial and resource burden related to preventable hospital and ED admissions

Decrease infant mortality and poor fetal/maternal outcomes in unsheltered PEH Reduce drug-related harm including drug overdoses from meth and opiates Strengthen the practice of street medicine and develop future street medicine workforce in LA County

Be a safety net to PEH who need a hire scope of service on the streets due to lack of follow up at brick & mortar clinics

Expedite placement of vulnerable clients in interim housing, PSH, ERC and other licensed facilities

Mobile Clinic Goals







Mobile Clinic Overview



An initiative from DHS Housing for Health and administered through DHS Rancho Los Amigos for service delivery

4 trucks across the 8 Los Angeles County's service planning areas (SPAs)

Each truck will service 2 SPAs grouped geographically: SPA 1 & 2, SPA 4 & 5, SPA 3 & 7, SPA 6 & 8

Each truck will rotate between 20 sites each month based on PEH density & accessibility to the van

Sites include: encampments, parks, public spaces, drop in/access centers, faith-based organizations, food lines and other public/private spaces where permits have been obtained to operate when necessary

Receive patient **referrals from** DHS clinics/hospitals as well as other **community partners in LA County,** including **E6 multidisciplinary outreach teams (MDTs),** DMH **HOME** teams, and LAHSA **HET** teams. HFH has program oversight over MDTs.







Scope of Service (Street Medicine +)

- Primary Care vaccines, labs, medication
- Urgent Care POC ultrasounds / labs, ECG, wound care and other procedures
- Behavioral Health Care
- Psychiatry
- Field-based MAT & SUD Counseling
- Reproductive and Sexual Health STD diagnosis / treatment, cervical cancer screening
- OB triage and prenatal care
- Transition of Care







Expanded Street Medicine Scope



Primary/Episodic Care

- Standard family practice primary care and episodic care services
- Preventative care including vaccinations and pap smears and FOBT
- Contraceptive management (IUD, nexplanonon)
- STI **testing** and management (including HIV/Hep C)
- Stock medication dispensary¹
- Laboratory ²
- Point of Care Tests³ (novamax glucometer, clinitek, hemacue)
- ECG⁴

Behavioral Services

- Behavioral health assessment and counselling
- MAT services
- Harm reduction services
- SUD assessment and treatment
- Collaboration with DMH/DHS psychiatry for specialty psych care/ LAI

Specialty Services

- Obstetrics and gynecological care including prenatal care (portable u/s available)
- Pharmacotherapy services by a clinical pharmacist
- Psychiatric medication management
- Wound care/limb preservation
- Infectious diseases management of HIV/Hepatitis C⁵

Case management and Care coordination

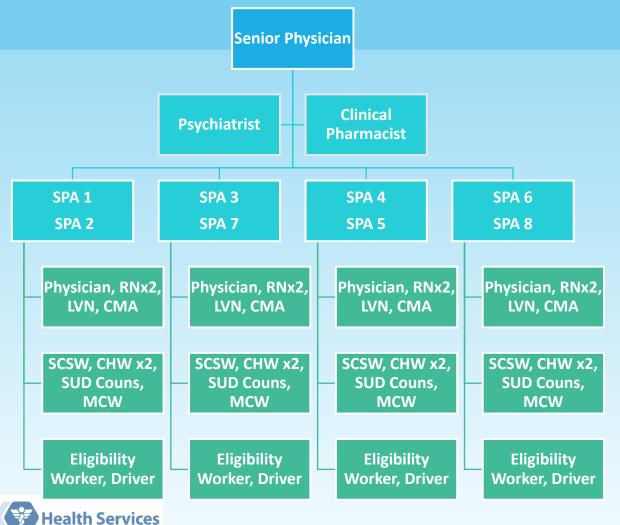
- ECM providers will provide ECM services to high-risk/high need clients empaneled to the mobile clinic
- Communication, consultation and co-management with DHS primary care and specialty care services^
- Expedited IH/PSH/ERC referrals
- Accompaniment/transportation ser vices
- TOC services post discharge from hospitals/ERs





Mobile Clinic Staffing





Best practices to design an Integrative Health Work Force:

- Staffing design informed by: Integrated Care Model for Persons Experiencing Homelessness (NHCHC)³
- Right staffing to provide comprehensive complex care directly where PEH are:
 - Primary/Urgent care
 - Specialty care
 - Behavioral Health & Psychiatry
 - MAT & SUD support
 - Complex Care Case Management



Patient Centered Approach





Applying Best Practices to Training:

- 1) Relational Outreach & Engagement Model (NHCHC)⁴
- 2) Harm Reduction
- 3) Trauma Informed Care
- 4) Housing First
- 5) Field Safety Principles
- 6) Cultural Humility







OBJECTIVE 2:

Scale up for a Mobile Clinic program to meet your region's needs that can generate revenue to support sustainability







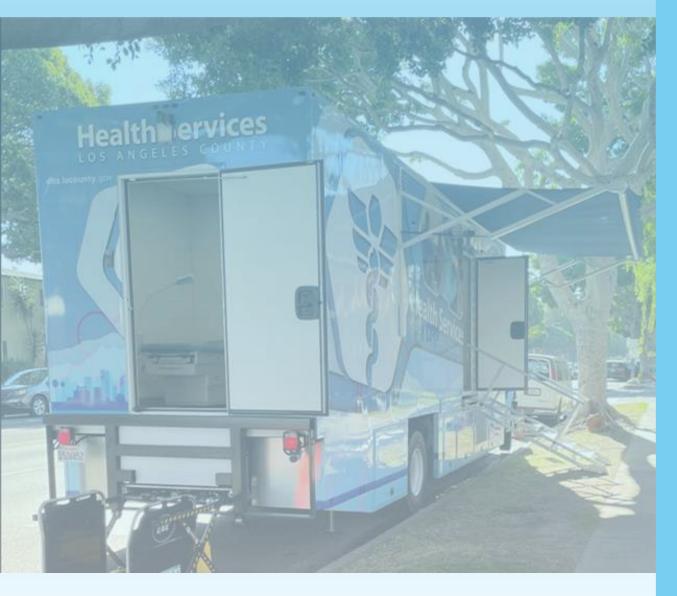
Components to create a sustainable

mobile program





- Local & Regional data to support program need
- State & MCP Licensing for clinic operations
- Funding (seed investment & fee reimbursement plan)
- Electronic Health Records (EHR) Build Out
- Multidisciplinary collaboration with dept heads at your clinic/health system (e.g., facilities, IT, labs, pharmacy, administrative, fiscal, etc.)
- Community Partnership to build consistent field scheduling, patient referral pathway, and support



OBJECTIVE 3:

Utilize existing Outreach Coordination and partnerships with local outreach teams and stakeholders to coordinate regional coverage and consistent scheduling.









Partnership is everything



- We cannot solve homelessness alone and need to coordinate care and services amongst all partners who serve PEH
- Los Angeles County's Homeless Initiative launched a coordinated Street Outreach System Strategy in 2017 to support partner collaboration, resource knowledge, participant coordination & referrals, and community coordination.
 - Coordination Outreach System is integrated in the Mobile Clinic system level and direct practice work.
- LA DHS Street Medicine strategy as part of multidisciplinary outreach
 - Regular clinical supervision from Dr. Galat with MDT street medical teams



Creating a Drop Site Schedule



- City / County coordination (elected offices, parks & rec, transportation, public works, etc.)
- Community coordination (homeless access/navigation centers, food lines, faith based, shower events, resource/service days, etc.)
- Utilizing Encampment Assessment data & street medicine and outreach teams' feedback to identify locations
- Community communication plan for regular information sharing on drop site locations and ongoing mobile clinic collaboration
- We have moved from a "soft launch" to expanding drop sites since passing our Facilities Site Review licensing in May.



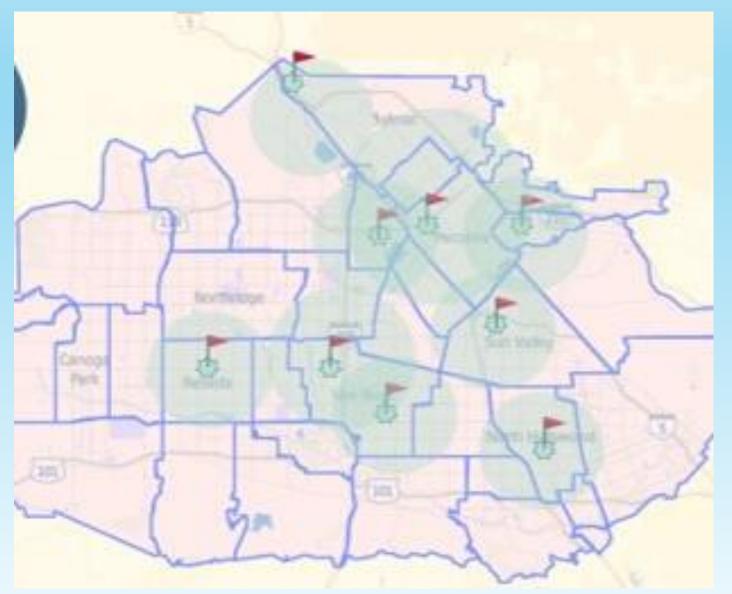




Sample Mobile Clinic Schedule (SPA 2)

Each truck will rotate through 10 sites per SPA on alternating weeks, with 20 locations visited per month







MOBILE CLINIC MONDAY **TUESDAY THURSDAY FRIDAY** WEDNESDAY MAY **2023** SPA 7 Homeless Connect Day **HOURS OF OPERATIONS:** Lomita & McCov Figueroa St & 130th St 1619 Rosemead Blvd, South El Monte, 91733 2040 W Holt Ave, Pomona, CA 91768 (SPA 3) Los Angeles 90248 (SPA 6) Life Church of Lakewood Harbor City, 90710 (SPA 8) 9AM - 1PM MacArthur Park Metro Station Sun Valley Tiny Homes Los Angeles, 90057 Sun Valley, 91352 (SPA 2) 9 12 10 11 Paxton Park 20th Street W & Ave G. SPA 4 Inside Safe Lincoln Park CHPLA 10960 Haddon Ave, Pacoima, 91331 (SPA 2) Lancaster, 93534 (SPA 1) Hotel Silver Lake (SPA 4) 3501 Valley Blvd, Los Angeles, 90031 (SPA 4) 1151 N Western Ave, Los Angeles 90029 (SPA 4) ReFresh Spot 127th Street E. & Pearblossom Hwy. St. Ambrose Episcopal Church Pearblossom 93553 (SPA 1) 830 W. Bonita Ave, Claremont 91711 (SPA 3) 544 Towne Ave, Los Angeles 90013 (SPA 4) 15 16 18 19 Pasadena All Saints Long Beach Public Library SPA 2 Homeless Connect Day Covote Creek Wilmington Tiny Homes 1221 Figueroa Pl, Los Angeles, 90744 (SPA 8) Newhall Community Center 132 N. Euclid, Pasadena, 91101 (SPA 3) 200 W. Broadway, Long Beach, 90802 1225 Coyote Creek Bikeway, 22421 Market St, Newhall, 91321 (parking on Ocean Blvd.) (SPA 8) Santa Fe Springs, 90670 (SPA 7) 7th Day Adventist Church MacArthur Park Metro Station Whitsett Tiny Homes (in the cul de sac) 7005 S Western Ave., Los Angeles, 90047 (SPA 6) **HOPICS Manchester Navigation Center** Los Angeles, 90057 729 W Manchester Ave., Los Angeles, 90044 (SPA 6) North Hollywood, 91605 (SPA 2) 22 26 24 25 Lafayette Park SPA 4 Community Resource Fair NoHo Home Alliance Hollenbeck Park 625 S. Lafayette Park PI, LA ,90057 (SPA 4) Los Angeles Community College 11031 Camarillo St., North Hollywood 91602 (SPA 2) 415 S St Louis St, Los Angeles, 90033 (SPA 4) 127th Street E. & Pearblossom Hwy, 20th Street W & Ave G. Pearblossom 93553 (SPA 1) Lancaster, 93534 (SPA 1) 30 Figueroa St & 130th St Lomita & McCov MEMORIAL DAY - OFF Harbor City, 90710 (SPA 8) Los Angeles 90248 (SPA 6) Sun Valley Tiny Homes Sun Valley, 91352 (SPA 2)

Political Landscape

PEH displacement⁵

Adjusting target population to reflect homeless count composition (e.g., 70% unsheltered & 30% sheltered)

Staff Retention – orienting from in-clinic to field clinic

Challenges







Citations



- LA County Homeless Count 2022 data summary. Los Angeles Homeless Services Authority. (2022, September 8). https://www.lahsa.org/documents?id=6515-lacounty-hc22-data-summary
- 2. Mortality among people experiencing homelessness in Los Angeles County ... LA County Department of Public Health(2022, April). http://www.publichealth.lacounty.gov/chie/reports/Homeless_Mortality_Report_2022.pdf
- 3. Key elements of integrated care for persons experiencing homelessness: A guide for health care for the homeless. NHCHC. (2011. June). https://nhchc.org/wp-content/uploads/2019/08/Key-Elements-of-Integrated-Care.pdf
- 4. Outreach to people experiencing homelessness: A curriculum for training health care for the homeless outreach workers. NHCHC. (2002, June). https://nhchc.org/wp-content/uploads/2019/08/OutreachCurriculum2005-1.pdf
- 5. Barocas JA, Nall SK, Axelrath S, et al. Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities. *JAMA*. 2023;329(17):1478–1486. doi:10.1001/jama.2023.4800



