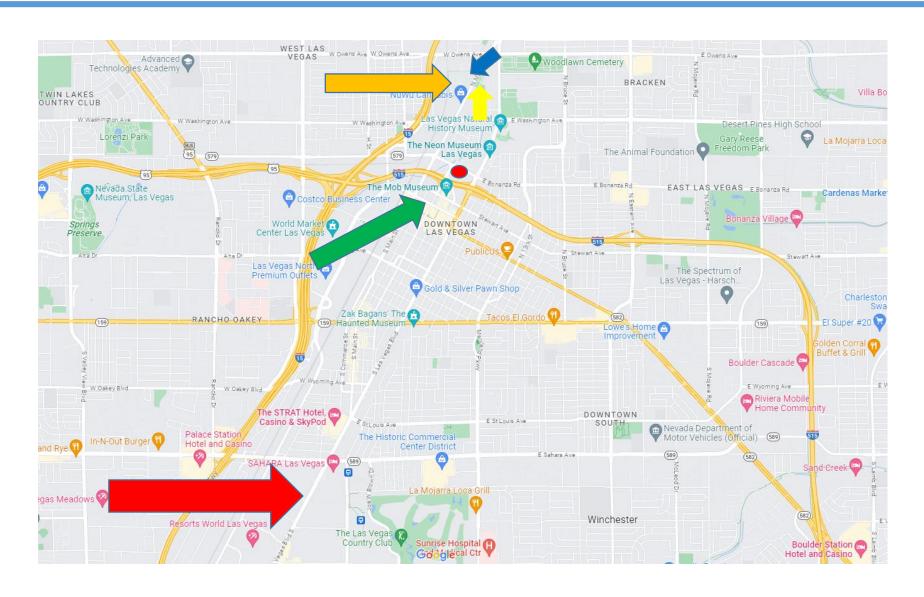




City Of Las Vegas





Homelessness In Las Vegas vs Nationwide

What city has the worst homelessness crisis?

It depends on how and what you count. Here are four different ways to look at homelessness in America's 30 largest cities with a population of more than 600,000.

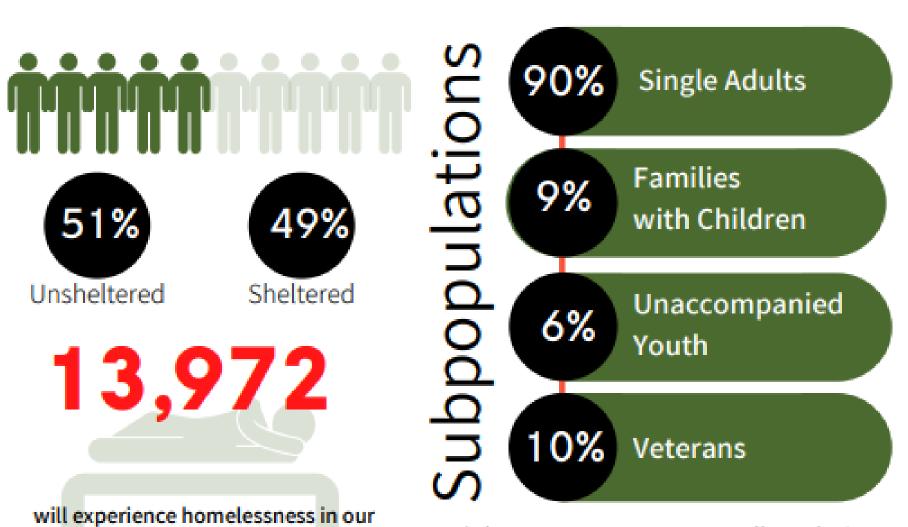






Homelessness In Southern Nevada

community at some point this year



^{*}These groups are not mutually exclusive

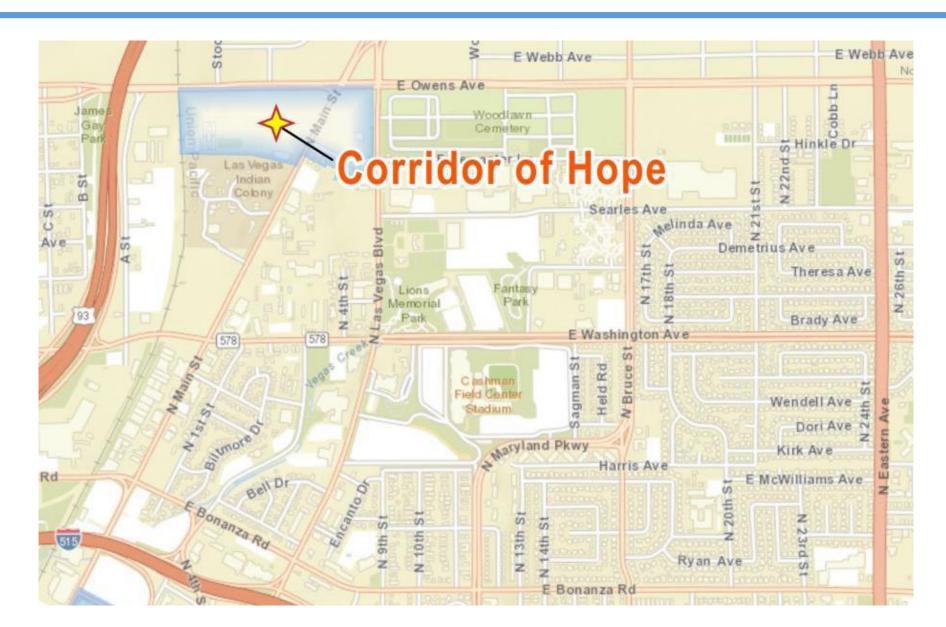


Homelessness In Las Vegas





Shelter Services





Corridor Of Hope





Program Introduction

- City of Las Vegas Department of Neighborhood Services
 - Courtyard Homeless Resource Center
 - Recuperative Care Center
 - Second Chance Employment
 - The Arrow Shuttle
 - Flexible Housing
 - Prevention / Move-in & Rental Assistance Program
 - MORE Teams
 - Ticket-To-Home Program
- CLV Street Medicine Program



Barriers In Shelter Medical Care

- Shelter system not equipped for medical care
- Homeless shelters only provide a bed for the night
 - Guests are discharged to the streets at 0600; cannot stay on campus
 - Intake for the new night begins at 1600
- Shelter staff cannot provide medical care:
 - Cannot change bandages or dress wounds
 - Oxygen not permitted
 - Medication is often confiscated; no safe storage
- Shelter staff cannot assist guests with basic needs:
 - Feeding
 - Bathroom/Diapers
 - Moving around the facility or getting in/out of bed



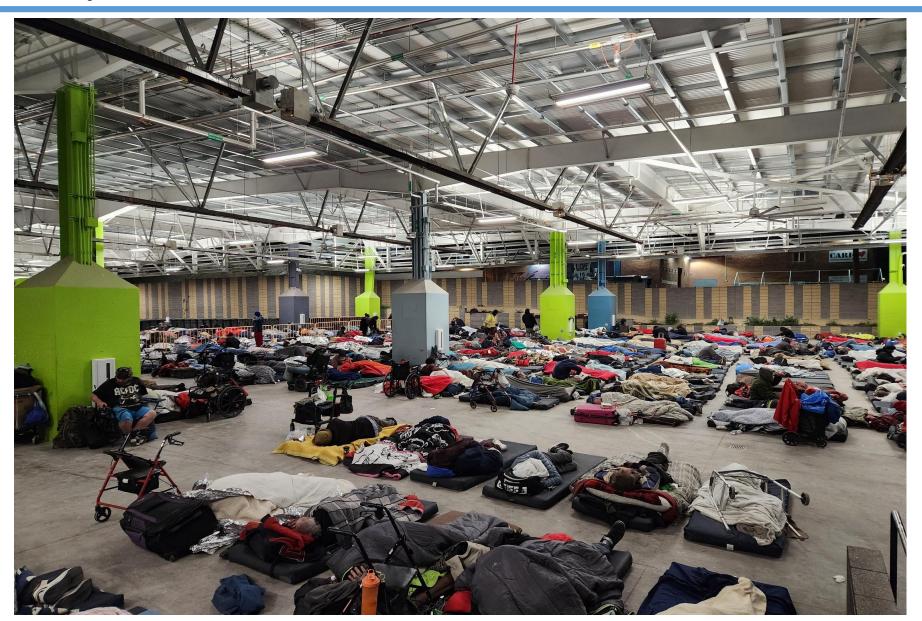
ISO-Q - Background

• COVID-19 Isolation/Quarantine Medical Facility





Courtyard Homeless Resource Center





Funding Sources

- Currently funded 100% by the City of Las Vegas
 - ESG-CV
 - Emergency Solutions Grants CARES Act
 - HUD funding "to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus under the Emergency Solutions Grants program (42 U.S.C. 11371)."
 - CDBG
 - Community Development Block Grant Program
 - HUD funding to "providing annual grants on a formula basis to states, cities, and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons."
 - Designed to reinforce principles of community development
- Exploring Medicaid reimbursement options



Courtyard Homeless Resource Center





Courtyard HRC Patient Population

- 400-500 people/day
- High acuity vs severe chronic medical conditions
- Low barrier to entry (including medical)
- Non-healing wounds, trauma, substance abuse & mental health
- Triage with MCI





Hope Christian Health Center



- Contracted operator of CLV Street Medicine Team
- Federally Qualified Health Center (FQHC), non-profit, faithbased family medicine health center
- Mission:
 - To glorify God as they demonstrate Christ's love to the Las Vegas community by providing excellent, affordable care to everyone regardless of their ability to pay.
- Statement of Faith:
 - Forms the bedrock of their Mission, Vision & Values as a nondenominational Christian non-profit organization
- Values:
 - Gospel motivation, Thankfulness, Prayer, Humility & Service



Courtyard HRC Medical Team

- Street Medicine Team Core Components
 - Primary Care Clinic (HCHC)
 - M-F 0800-1600
 - Overseen by Nurse Practitioner
 - Augmented by RN and MA with Admin support
- Core Metrics: # of unduplicated patients introduced to primary care
 - ~100 / month
- Pharmacy support
 - ASP (HCHC)
 - Preferred Pharmacy (CLV)

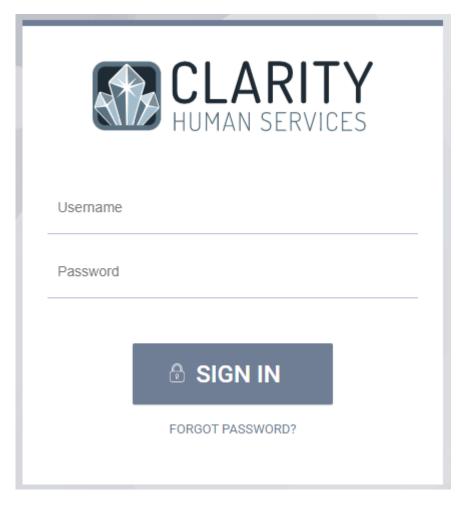


Courtyard HRC Medical Team

- Street Medicine Team Core Components
 - Outreach Team
 - M-S 1000-2200 (x7 days/week)
 - RN (critical care/emergency/flight experience)
 - AEMT
 - LVFR Community Paramedic
- Core Metrics :
 - # of unduplicated patients seen by outreach team / month
 - ~300 / month
 - # of patient touchpoints by outreach team / month
 - ~4000 / month
 - # of 911/EMS calls & patients transported / week
 - ~15-20 / week



Information Management & Tracking







Courtyard HRC Medical Forms

VEVADA	pera	tions Referral	
Name .			
Name:			
Referral Reason:			
		9 0	
		4 /	
		P	
		ec r	
*			
Bedrest/Priority Placement		Clothing Replacement	. 0
Bathroom Medical Priority	D	Shower Medical Priority	0
Referred By:			
No A	Appoint	ment Needed	

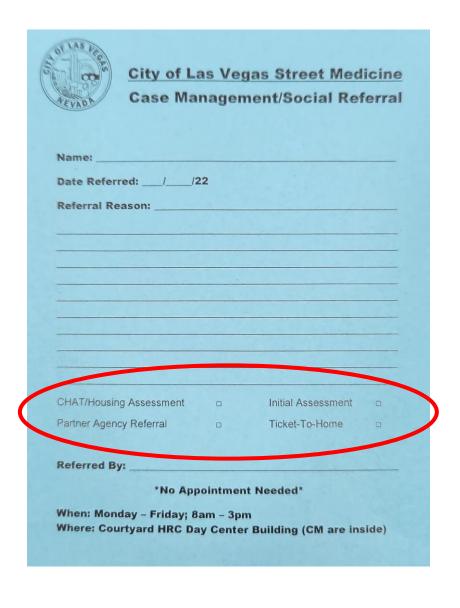
Prin	nary	Care Referral
Name:		
Date Referred:/22	2	
Referral Reason:		
Wound Care/Follow-Up		Specialist Referral @
Medication Refill/Reconciliation	0	Primary Care initiation a
Referred By:		
	aka An	Appointment*

Case Management - Medical Referra										
Name:										
Date Referred://22										
Referral Reason:										
URGENT		Routine								
Medication Reconciliation/Refill		Hospital Discharge F/	'Un							
Medical Records/Letter		Medical Education	0							
Referred By:										
		intment Requested*								



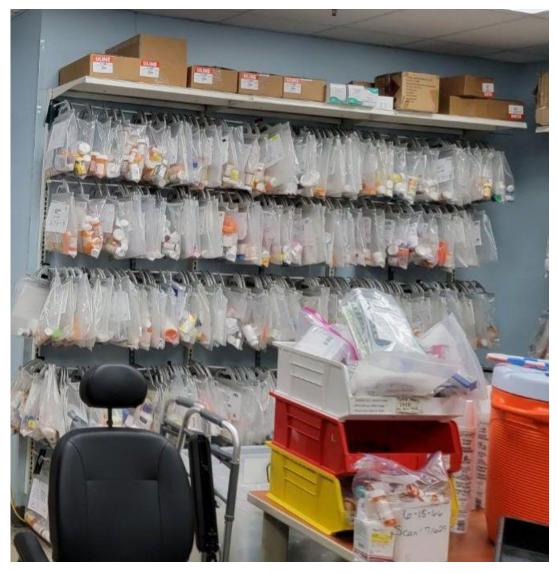
Medical Case Management

- Most medically/fragile vulnerable patients
- High priority to transition out of homelessness
- Housing assessments (CHAT)
 - Independent living vs assisted living vs group home vs skilled nursing
- Income SSI/SSDI
- Identification
 - Birth certificate, driver's license, state ID
- Liaison with hospital case managers to assist with safer discharge
 - SAFER Project





Medication Storage Room



*Haven for Hope



Outreach Patient Tracking

Courtyard HRC Patient Encounter	Form
Encounter Date://23	
First Name:	
Last Name:	
DOB://	
UI#:	
General Patient Encounter:	
OTC Medication	
General Sick Person (inc. altered mental, septic, fever)	
Unconscious/Unresponsive/Fainting	
Ingestion/Intoxication/Overdose/Poisoning	
Environmental (inc. severe heat & cold related injuries)	
Severe Allergic Reaction (inc. anaphylaxis)	
Assault/Trauma/First Aid (inc. broken bones)	
Wound Care/Infection	
Counselling/Medical Advice/Social	
Other (Describe in note)	
Specific Medical Encounter (Indicate Dx if appropriate):	
Psychiatric [Suicidal ideation, Voices, Racing thoughts]	
Cardiac [Chest pain, Hyper/Hypo-tension, Pacemaker]	
Respiratory [Dyspnea (SOB), Wheeziness, Coughing]	
Gastrointestinal [N/V, D/C, Abdominal pain, Hernia]	
Neurological [Seizures, Stroke, Headache]	
Endocrine [Diabetes (inc. High/low blood sugar)]	
ObGyn [Pregnancy, Rash, Burning, Women's health]	0
Renal [Dialysis, UTI, Kidney stones, Bloody urine]	
Dermatological (inc. rashes)	0
ENT/Dental/Maxillofacial	
Note:	V2.1 (3.13



Street Medicine EMS Tracking

To Hospital

Ph: (702) 229-5297 E: ext_mogriofa@lasvegasnevada.org Courtyard HRC Medical Transfer	Courtyard HRC Ambulance Lo
Date: / /22 Time: 911 a 311 a	Date:/_/22 Time:
Date:	1. Picking Up Dropping Off Cancel
Patient Name:	2. Courtyard HRC Catholic Charities Other
B:/F	3. LVFR AMR/MedicWest Other
RR: F Sp02:% Other:	
	Unit #: CRT
st Hospital Visit:	*If multiple units responding to same event, log on 1 shee
*	Who called for the ambulance?
	- Courtyard HRC Medical Team
x P/C:	- Other Courtyard HRC Staff (inc. Security)
	- Patient/Self/Other Person/Guest
Mad/Com Um	- CLV Marshalls/Law Enforcement
ev Med/Surg Hx:	Transport? Yes No
ds:	UMC
	Reason for ambulance call (Only if picking up from Courtyan
NVA.	Cardiac (inc. chest pain & high blood pressure)
ergies:NKDA □	Respiratory (inc. shortness of breath & wheeziness)
On Site:	Gastrointestinal (inc. nausea/vomiting & abdominal pain)
	Neurological (inc. seizures & stroke)
	Endocrine (inc. diabetes & high blood sugar)
tes:	General sick person (inc. altered mental, septic, fever)
1651	Unconscious/Unresponsive/Fainting
	Ingestion/Overdose/Poisoning
	Environmental (inc. heat & cold related injuries)
Send discharge medication to PREFERRED PHARMACY	Anaphylaxis (inc. allergic reaction)
DDRESS: 314 Foremaster Ln, Courtyard HRC, Las Vegas, NV 89101	Wounds/Assault/Trauma (inc. broken bones)
Ph: (702) 384-3784 / Fax: (702) 384-3796	Psychiatric (inc. suicidal ideation/"I want to kill myself")
***If patient requires medical respite/bedrest/inpatient	Other/Unknown (describe in note)

Internal



Inappropriate Hospital Discharges



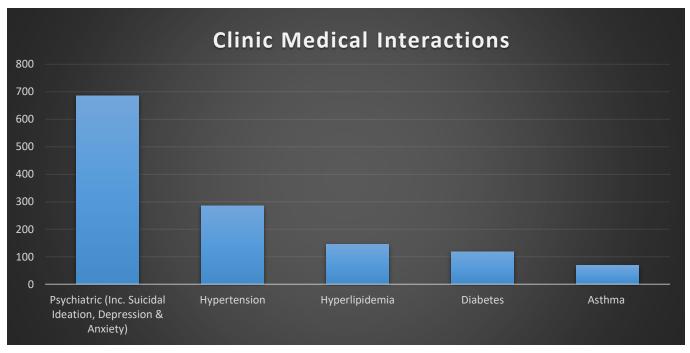


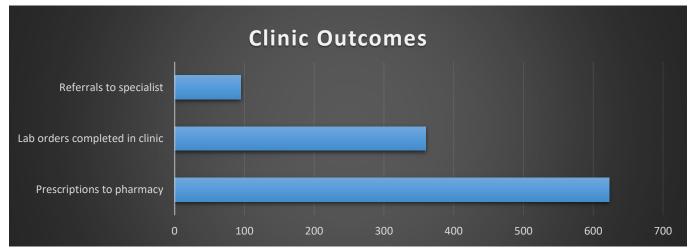
Arrow Shuttle





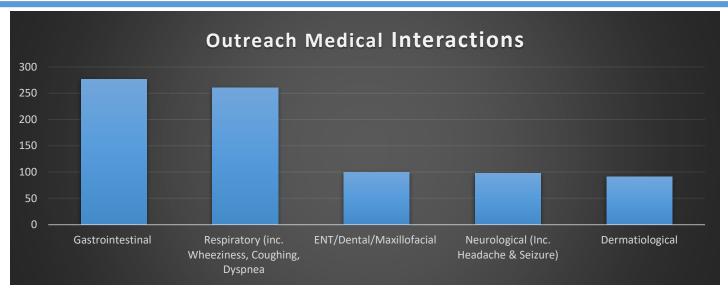
Primary Care Clinic Metrics

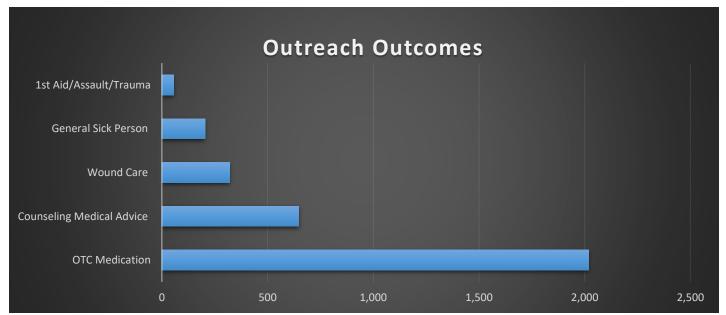






Street Medicine Outreach Team Metrics

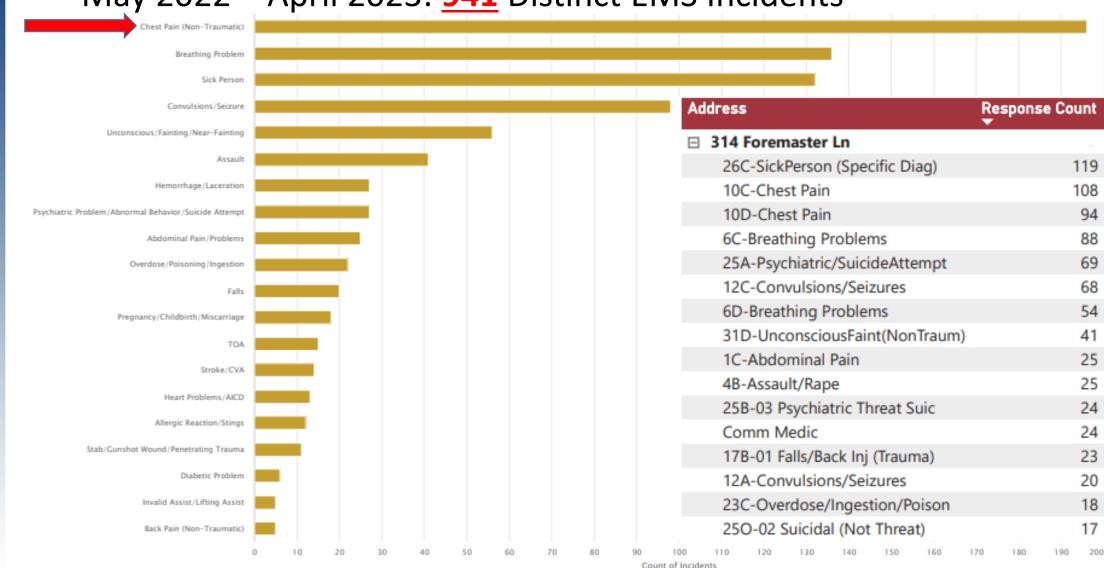






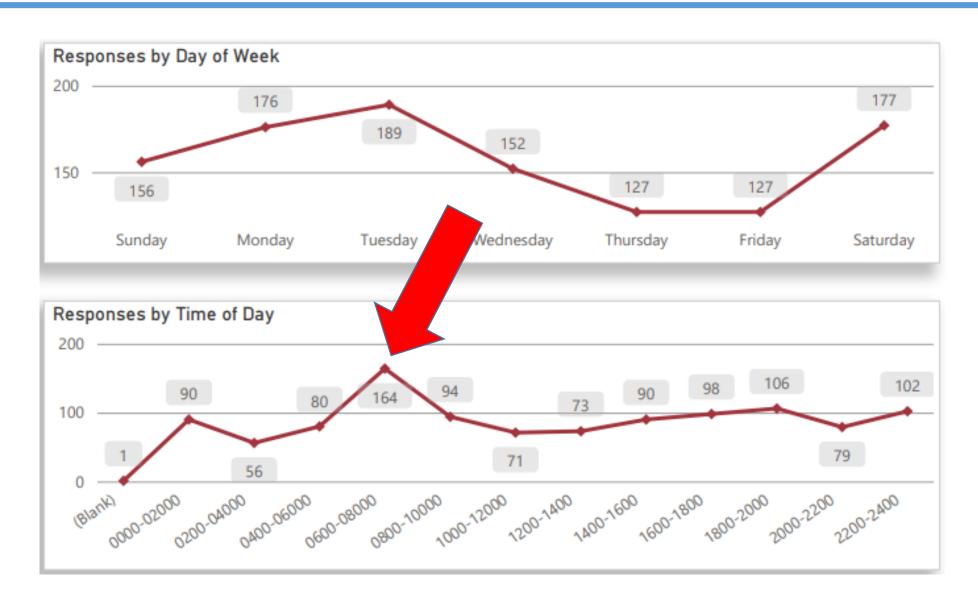
Street Medicine EMS Response

May 2022 – April 2023: 941 Distinct EMS Incidents





Street Medicine EMS Response Timing





Street Medicine EMS Response Timing





Street Medicine EMS Resource Impact

2022										2022	2021						
EMS Unit Call Sign	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total - Current	% of Total Incidents - Current	Grand Total - Previous	% of Total Incidents - Previous	YTD % Change
R1	19	18	9	14	14	18	13	16	13	9	11	21	175	19%	217	20%	-19.35%
E1	7	3	6	5	8	4	14	2	3	6	6	11	75	8%	108	10%	-30.56%
R301	24	16	29	16	22	26	11	13	10	7	14	14	202	22%	261	24%	-22.61%
T1	3	5	8	8	10	5	8	7	3	9	6	6	78	8%	111	10%	-29.73%
E201	9	11	7	6	7	4	10	6	4	5	6	6	81	9%	105	10%	-22.86%
R201	17	18	26	18	23	17	11	13	12	9	25	14	203	22%	243	23%	-16.46%
E106	0	0	0	2	0	0	0	0	0	0	0	0	2	0%	7	1%	-71.43%
T8	0	0	0	0	0	0	0	0	1	6	9	8	24	3%	4	0%	500%
E3	0	0	0	0	0	1	0	0	0	0	0	0	1	0%	1	0%	0%
E8	0	0	1	0	0	0	0	0	0	0	1	0	2	0%	5	0%	-60%
E10	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	1	0%	-100%
R8	0	0	1	0	0	0	0	0	0	0	0	0	1	0%	2	0%	-50%
ILS4	0	0	2	0	0	1	0	0	0	0	0	1	4	0%	5	0%	-20%
R204	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	2	0%	-100%
R107	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	1	0%	-100%
E4	0	0	1	0	0	0	0	0	0	0	0	0	1	0%	0	0%	N/A
COMP1	0	0	1	3	6	4	3	15	8	11	1	1	53	6%	0	0%	N/A
R3	0	0	0	1	0	0	0	0	0	0	0	0	1	0%	0	0%	N/A
R103	0	0	0	0	1	0	0	0	0	0	0	0	1	0%	0	0%	N/A
CAS2	0	0	0	0	0	0	0	0	1	1	1	3	6	1%	0	0%	N/A
CAS1	0	0	0	0	0	0	0	0	0	5	1	7	13	1%	0	0%	N/A
CAS3	0	0	0	0	0	0	0	0	0	3	1	4	8	1%	0	0%	N/A
CAS4	0	0	0	0	0	0	0	0	0	0	3	2	5	1%	0	0%	N/A
Grand Total	79	71	91	73	91	80	70	72	55	71	85	98	936	100%	1,073	100%	-12.77%



Key Takeaways

- Have a constructive intervention with most interactions if possible
 - Eg. Electrolytes, blanket or OTC medication
- Half medicine/Half communication (Foundation of the team)
 - Empathy with background, culture and challenges
 - Trust is key
 - Addressing frequent fliers
 - What is their goal and what is an acceptable outcome?
- Integration with EMS is crucial
 - Coordination with dispatch, unit availability and priority vs non-priority vs mental health (CRT)
- Coordinated use of HMIS, EMR and hospital records
 - Often addresses gaps in recollection, stories and medical history
- Medical care in conjunction with targeted case management
- Street medicine is often a last port of call for the most medically fragile and vulnerable patients on the street
 - These are <u>YOUR</u> patients and you are <u>THEIR</u> provider!
 - Be visual and be present
 - Courtesy & Respect



Acknowledgements

- City of Las Vegas Office of Neighborhood Services
- Hope Christian Health Center
- Courtyard HRC Street Medicine Team
- Las Vegas Fire & Rescue
 - Community Paramedic Program

??? Questions ???

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Street Medicine Main Number P: (702) 334-3269

