REFERENCES AND BEST PRACTICES FOR DELIVERING “STREET MEDICINE”

MAY 2020

Prepared as part of the MHSOAC Rapid Response Network
These materials were prepared as part of the Rapid Response Network, a joint initiative between the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and Social Finance, Inc. to support jurisdictions in fast-paced research and decision making driven by COVID-19.

The network aims to facilitate connections among jurisdictions facing similar challenges, and to supplement that shared experience with support from external experts—in order to deliver fast, customized, digestible research and analysis that strengthens local capacity.

We recognize that the pace of these responses means that they are likely to be both incomplete and imperfect. If you have suggestions for improvement or questions about these materials, we would love to hear from you. Please email Jake Segal (jsegal@socialfinance.org) or Sean Burpoe (sburpoe@socialfinance.org).

With gratitude for the support of the Robert Wood Johnson Foundation and invaluable in-kind support from GLG, which supports the RRN through access to their expert network.
The most common signs and symptoms of infection are: fever, cough & difficulty breathing\(^\text{10}\).

Those living outside are at high risk for (1) quick spread of the illness and (2) more severe cases of the illness\(^\text{10}\).

Individuals experiencing homelessness often present existing underlying health conditions, which can result in more serious cases of COVID-19\(^\text{10}\).

Additionally, people living outdoors often lack access to adequate sanitation – spread occurs through the spread of respiratory droplets, and therefore can result in a quicker spread through people living outdoors\(^\text{10}\).

Street medicine has been amplified in its importance, providing access to care for individuals experiencing homelessness, and diverting resources away from the emergency room\(^9\).

This document is intended to provide (1) Resources and (2) Best Practices for Street Medicine during COVID-19.

- **SLIDE 4** contains Key Resources which can be printed and referenced for more exhaustive information.
- **SLIDES 5-6** contains high-level information about the benefits and practice of street medicine.
- **SLIDES 7-8** contains a subset of best practices (extracted from the Resources) for street medicine during COVID-19.

References herein refer to Slide 8, References slide.
VALUABLE KEY STREET MEDICINE GUIDES & RESOURCES

There are several comprehensive guides regarding street medicine, which can be used as reference material for specific conditions and situations.


Street Medicine Practice during the COVID-19 Pandemic by The Street Medicine Institute

References herein refer to Slide 8, References slide.
The Street Medicine Institute defines street medicine as, “The provision of health care directly to those living and sleeping on the streets – the unsheltered or ‘rough sleeper’ homeless – through mobile services such as walking teams, medical vans, and outdoor clinics” (Street Medicine Institute 2018)

✓ Teams are structured to be “place-based” and utilize schedules, to engage the same individuals on a recurring and consistent basis

✓ Some teams are structured to be roaming – however, most programs are moving towards a “relationship-based” model which require frequent/re-occurring contact with patients

✓ Most teams are multi-disciplinary with most having some combination of outreach workers, medical professionals, behavioral health specialists and housing specialists

✓ Medical professionals (generally nurses and physicians assistants) are crucial to the teams as they can deliver medical care including 1) diagnosis and 2) writing prescriptions

References herein refer to Slide 8, References slide
"This strange negotiation between supply of medical care and demand for medical care presents one of the touchstones of street medicine: How does a health worker help someone who doesn’t want help? For Operation Safety Net, the answer is to show up — again and again and again. Showing up is the help. According to Withers, the secret behind street medicine is that the medical workers and social workers must let go of their clients’ long-term healthcare needs and instead focus solely on the moment at hand."4

“I was doing a brick or more of dope every day — and like when they came into my life it’s like … I really took myself down to maybe three, four bags a day. … It means a lot to me just to see faces, someone who cares about you … To know somebody gives a *** about you sleeping in a tent.”4

"So much of this work, on a practical level, has always been ER diversion." That mission “is much more amplified in its importance now,” given the need to focus hospital resources on treating Covid-19. -Street medicine volunteer9

References herein refer to Slide 8, References slide
STREET MEDICINE BEST PRACTICES DURING COVID-19

Clinicians and outreach workers should keep in mind below practices when delivering street medicine and conducting outreach

1. In many cases, it may be safer for both patient & the public for individuals experiencing homelessness to remain quarantined in the camp location\(^1\)

2. Identify camp site members (preferably those with a cell phone), who might serve as intermediaries – monitoring the state of affairs within the camp\(^1\)

3. Manage non COVID-19 disorders to prevent unnecessary ED visits\(^1\)

4. Reduce outreach teams to essential personnel\(^1\)

5. Avoid handling client belongings, using disposable gloves if necessary. Train staff on proper hand hygiene procedures and using gloves\(^6\)

6. Outreach staff should do their best to create physical barriers and partitions during screening to avoid respiratory droplets from being spread\(^6\)

7. If barriers cannot be used, PPE should be used when within 6 feet of a client and should include a facemask, eye protection (goggles or face shield), disposable gloves. Use physical barriers rather than PPE when possible to conserve PPE\(^6\)

8. Ensure restrooms have functional water taps, stocked with hand hygiene materials, and available open 24 hours a day. If not available, provide access to portable latrines, with handwashing facilities for encampments of more than 10 people. They should be equipped with hand sanitizer\(^6\)

References herein refer to Slide 8, References slide
Monitoring health & wellbeing of clinicians, and having appropriate supplies are important to delivering effective street outreach & medicine.

### Health & Wellbeing of Staff/Clinicians

- Use **resources to monitor the stress on staff** and to identify those who are overextending themselves.
- **Reduce services provided** to only essential services, focused on slowing spread of the virus.
- **Model excellent self-care** and ensure staff are practicing self-care.
- Consider **temporarily moving highly anxious staff or staff having difficulty coping** with the emotional toll to office or home-based roles.

### Health and Sanitation Supplies

- Use **sensing thermometers** to screen patients and other standard **diagnostic equipment such as a stethoscope and pulse oximeter**—note that some sensing thermometers do not work in colder weather.
- Consider **bringing supplies to improve sanitation** at camps:
  - **Bleach diluted in water** to sanitize fomites in the camp; **Sanitizing wipes; Hand sanitizer; Bucket and soap cleansing stations** (you may need to improvise/design your own; 5 gallon buckets filled with rain water are better than no sanitation); **Toilet paper; Paper towels; Cloth rags**, etc.
  - Do **NOT use bleach solution on hands** – can result in cracking and more susceptibility for infection.
  - Use **caution in distributing hand sanitizer** due to potential of abuse.

All references herein are pulled from Source #1 per the References slide.
## REFERENCES

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<td>Focused Clinical Multidisciplinary Independent Study Project: Healthcare for People Living on the Street (and in Shelters, Respite Centers, and other Temporary Housing)</td>
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ADDITIONAL RESOURCES (IF YOU HAVE TIME)

Homeless Encampment Guidance for Prevention and Management of COVID-19 by Contra Cost Health Services

Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 (COVID-19) by the CDC

Both resources are not specific to street medicine but provide important information on serving individuals experiencing homelessness during COVID-19