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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

The Role of Street Medicine and Other Field-Based Services in Behavioral Health Service Delivery

AFBSS Webinar Series: March 26, 2026

The Assertive Field-Based Substance Use Disorder/Opioid Use Disorder Services Training and Technical Assistance is funded by California Department of Health Care Services (DHCS). This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, DHCS.

Disclosures

Faculty	Nature of Commercial Interest
Brett Feldman, MSPAS, PA-C	Mr. Feldman discloses that he is an employee of USC Street Medicine and Keck School of Medicine of University of Southern California and Vice Chair of the International Street Medicine Institute.
Nai Kasick, MPH	Ms. Kasick discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Jeanene Smith, MD, MPH, CME Reviewer	Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

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Presenters

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Agenda

- Overview of Street Medicine and Other Field-Based Services
- Care Model and Scope of Services
- Opportunities to Impact Systems and the Community
- Strategies for Implementing Field-Based Services
- Question & Answer

Learning Objectives

At the end of the session, participants will be able to:

- Describe Street Medicine and other field-based services and their role in caring for people experiencing homelessness with SUD.
- Explain the makeup and roles of a Street Medicine team.
- Identify 2 – 3 outreach strategies for effective engagement with people experiencing homelessness with SUD.

Overview of Street Medicine and Other Field-Based Services

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Assertive Field-Based Medication Assisted Treatment (MAT) Access Requirements

- Counties must ensure rapid access to all Food and drug (FDA)-approved Medication Assisted Treatment (MAT) through each of three core strategies:
  - Data-informed, targeted outreach
  - Mobile field-based programs
  - Open-access clinics

SOURCE(S): California Department of Health Care Services (DHCS), 2026.

Assertive Field-Based MAT Access Requirements (Continued)

Prioritize	Prioritize high-risk populations (e.g., overdose survivors, individuals experiencing homelessness, justice-involved individuals).
Use	Use coordinated referral pathways with Emergency Medical Services (EMS), Emergency Departments (ED), and public health for rapid post-overdose follow-up.
Locate	Locate services in high-need settings (EDs, encampments, housing sites, syringe programs, jails).
Build on	Build on existing programs or develop integrated models that combine outreach, mobile care, and low-barrier clinics.
Ensure	Ensure confidentiality compliance.
Be	Phased implementation allowed: July 1, 2026 – July 1, 2029; approach must be outlined in county Integrated Plans.

SOURCE(S): DHCS, 2026.

Photo Source: USC Street Medicine

Case Example: Meet David

- David suffered from schizophrenia.
- Trust built over treating his scabies, beginning mental health (MH) treatment, then referring to County Department of Mental Health (DMH) resulting in improved treatment and housing.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

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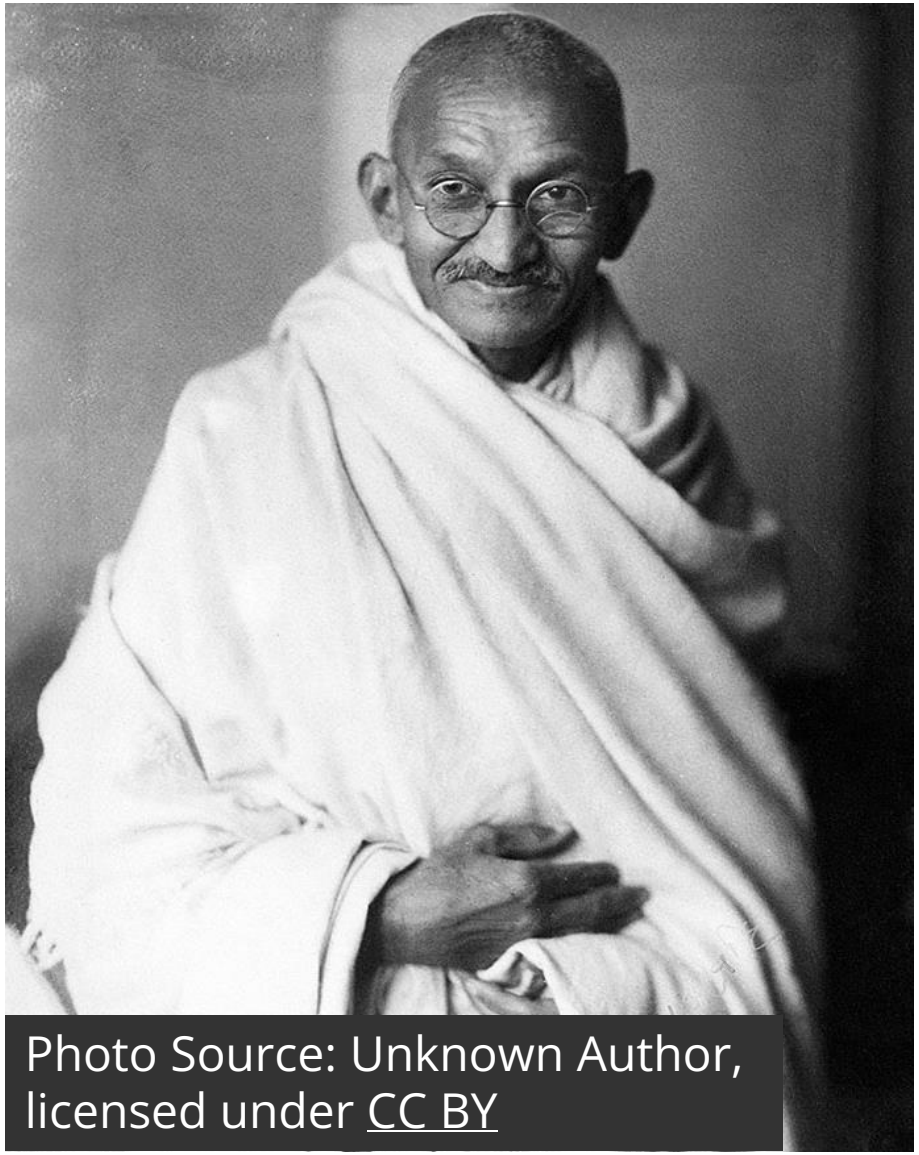

Photo Source: Unknown Author, licensed under CC BY

Gandhi Provides a Compass

"When in doubt, call to mind the face of the poorest or weakest person you have ever seen. Ask yourself if that policy will be of any use to them."

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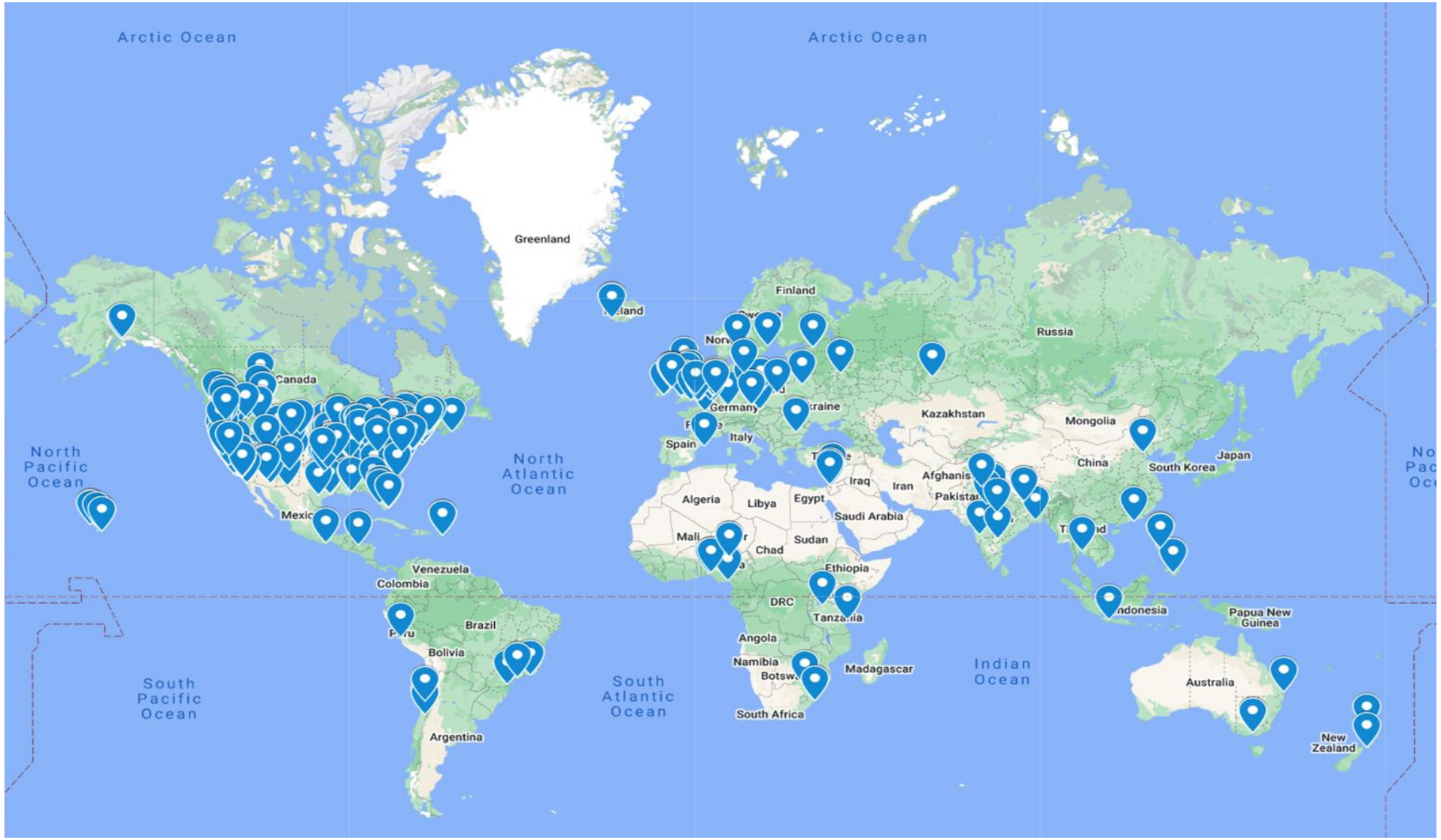
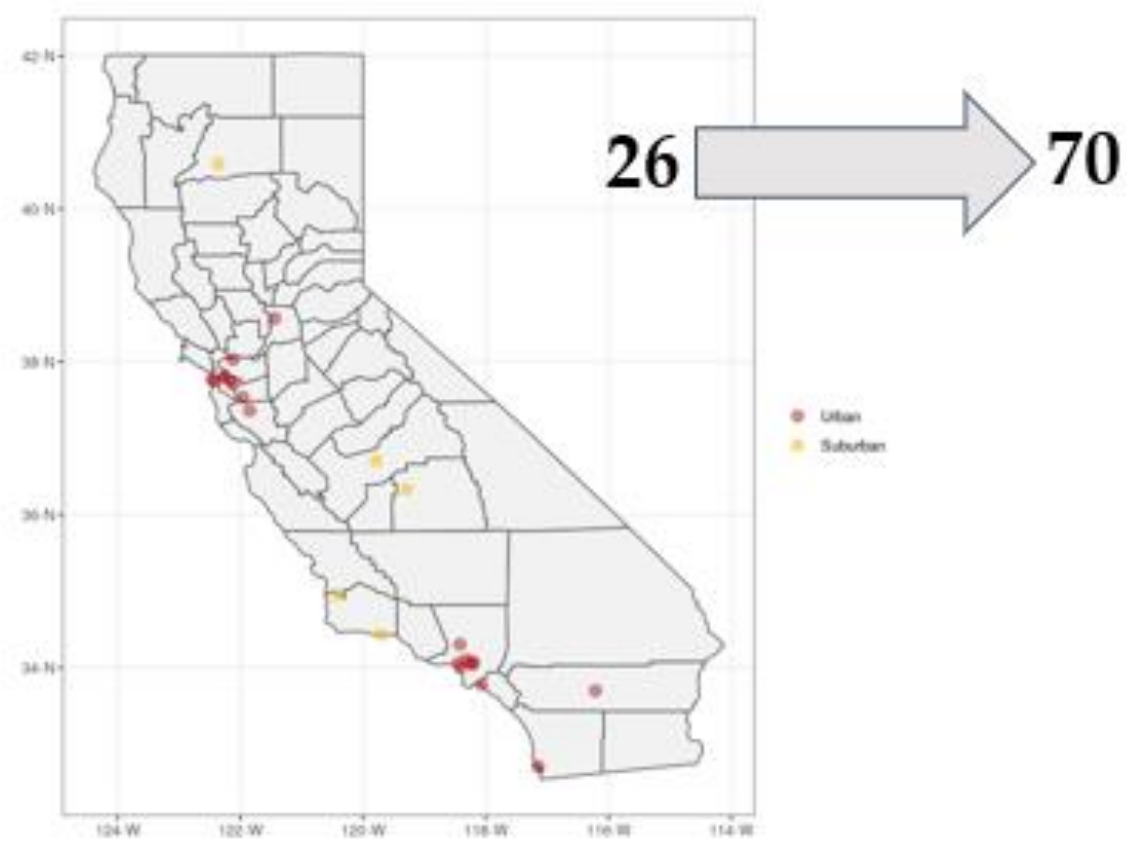
An International Model



SOURCE(S): Street Medicine Institute, n.d.

Growth of Street Medicine from 2023 to Now



SOURCE(S): USC Street Medicine, n.d.

California Street Medicine Collaborative

SOURCE(S): USC Street Medicine, 2026.

Care Model and Scope of Services

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Defining Street Medicine: Global Definition

- 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**.

SOURCE(S): Street Medicine Institute, n.d.

Defining Street Medicine: California Definition

» Per California All Plan Letter (APL) 24-001:

- Street medicine is provided to an **unsheltered** individual in their **lived environment**.
- Health care services provided at shelters, mobile units, RV, or other sites with a fixed, specific location **does not** qualify as street medicine.
- Includes mobile units/RVs that **go to** the individual experiencing unsheltered homelessness in their environment (e.g., encampments, parks, etc.).

SOURCE(S): DHCS, 2024.

Federal Recognition for Street Medicine

» The U.S. Centers for Medicare & Medicaid Services (CMS) reimburses for street medicine through point-of-service (POS) code 27 (Outreach Site/Street) effective October 1, 2023.

27	Outreach Site/ Street	A non-permanent **location on the street or found environment,** no described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment **services to unsheltered individuals.** (Effective October 1, 2023)

SOURCE(S): Centers for Medicare & Medicaid Services (CMS), 2024.

Defining Field Medicine: California Definition

» Per California Assembly Bill (AB) 543:

- **Field medicine** is “a set of health and social services developed specifically to address the unique needs and circumstances of persons experiencing homelessness utilizing a whole-person, patient-centered approach to provide medically necessary health care services, and to address social drivers of health that impede health care access.”
- **A field medicine provider** is “a licensed medical provider … who conducts patient visits outside of the four walls of health facilities, clinics, or other locations, and instead directly on the street, in environments where persons experiencing homelessness might be, such as living in a car, recreational vehicle, encampment, abandoned building, or other outdoor areas.”

SOURCE(S): USC Street Medicine, 2025.

Street Medicine as Part of the Continuum

Continuum of Medical Outreach

SOURCE(S): National Health Care for the Homeless Council, 2022.

Going to the People RADICALLY

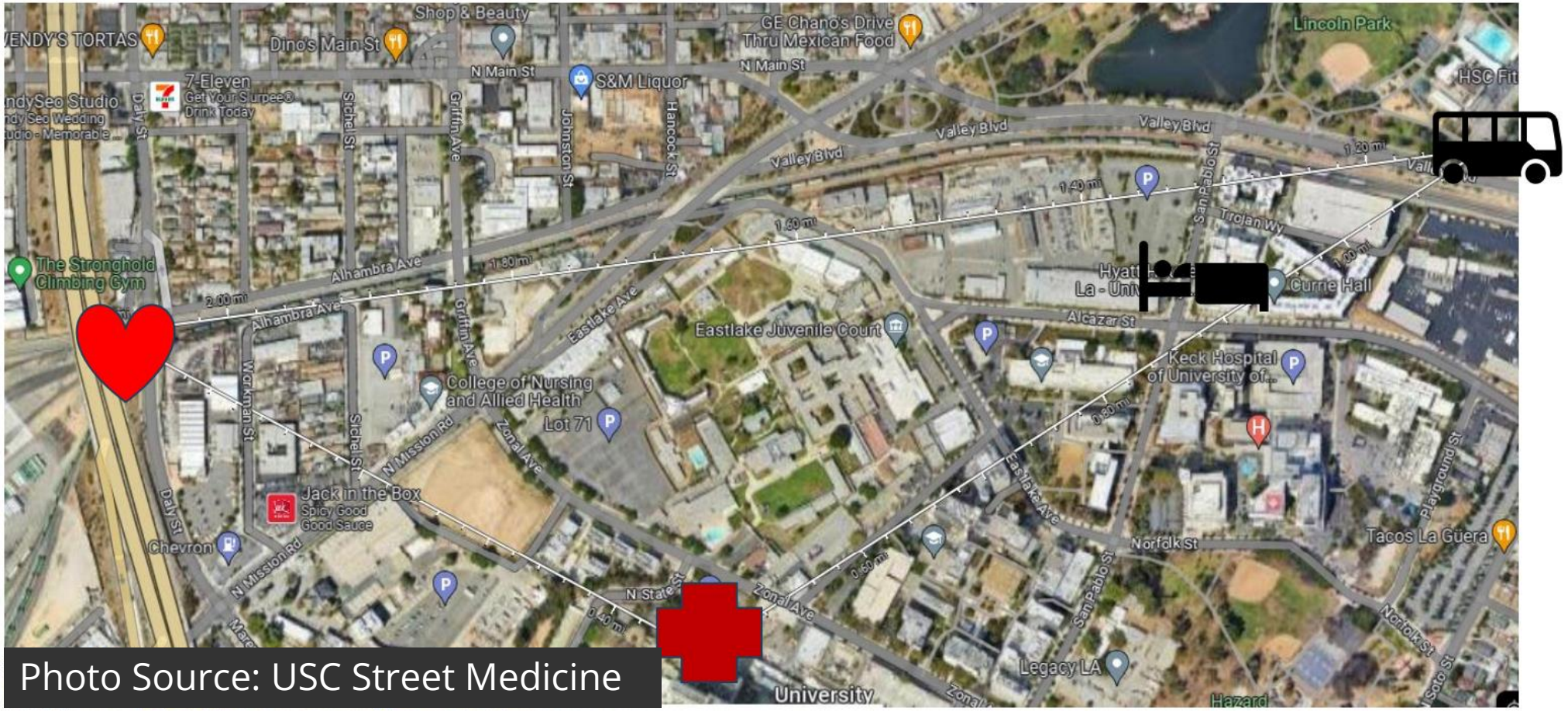


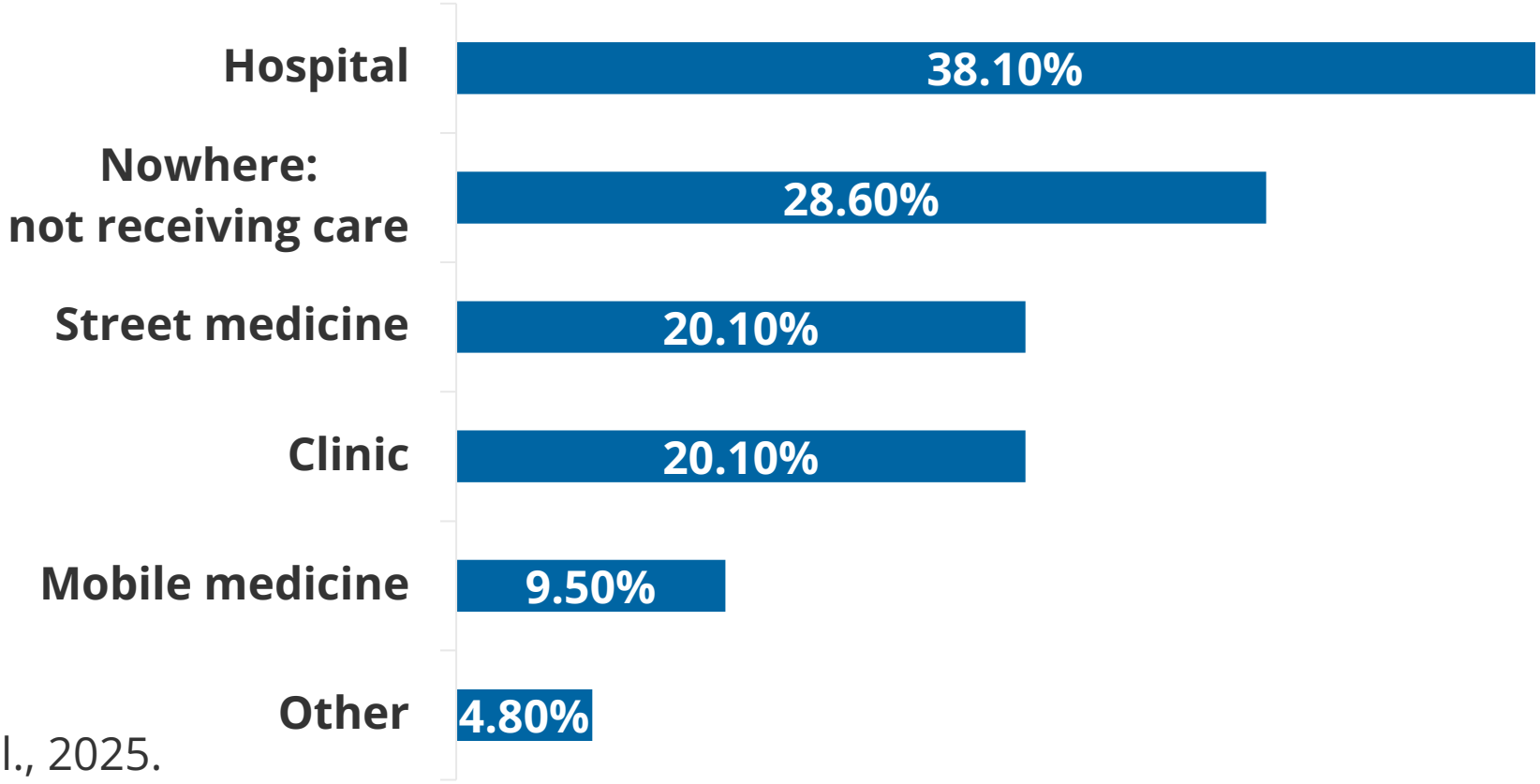
Photo Source: USC Street Medicine

SOURCE(S): California Health and Human Services Agency, 2023.

MacArthur Park, Los Angeles

22 brick and mortar clinics in 3 blocks

Where do you currently get healthcare? (N=63)



SOURCE(S): Feldman, C. T., et al., 2025.

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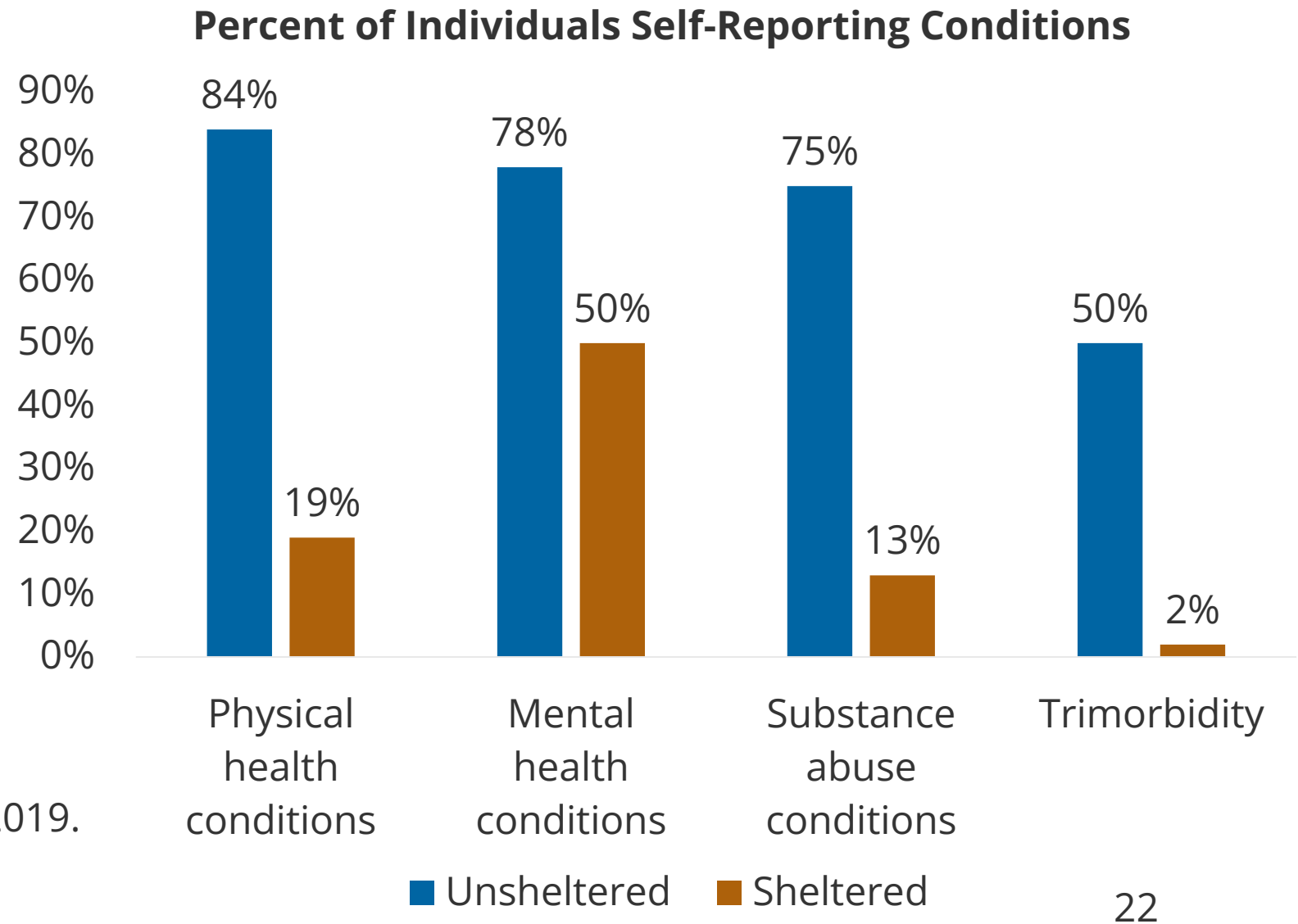
Physical Health, Mental Health, Substance Abuse, and Trimorbidity by Shelter Status

- Regardless of access, many need care. 50% of individuals self-reporting conditions in shelters have Trimorbidity (physical health, mental health, and substance use conditions).



SOURCE(S): Rountree, J., et al., 2019.

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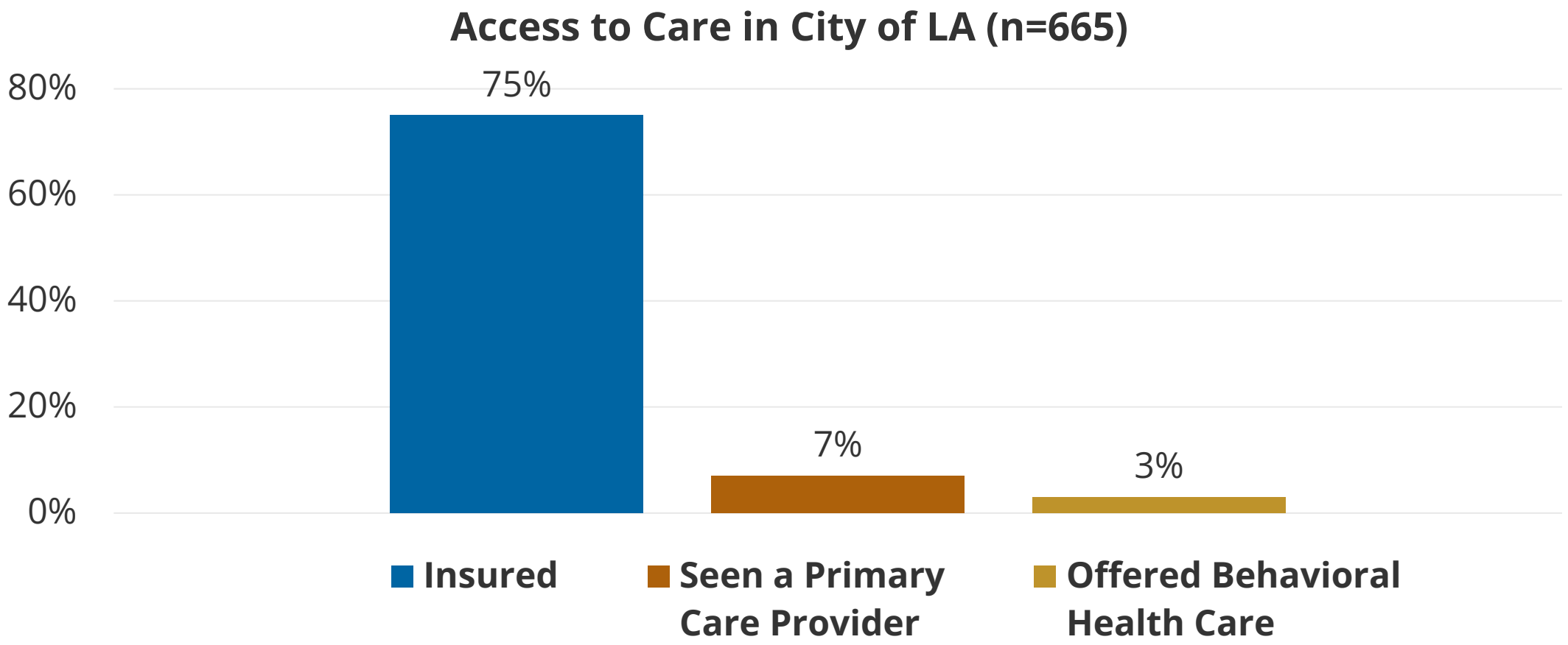
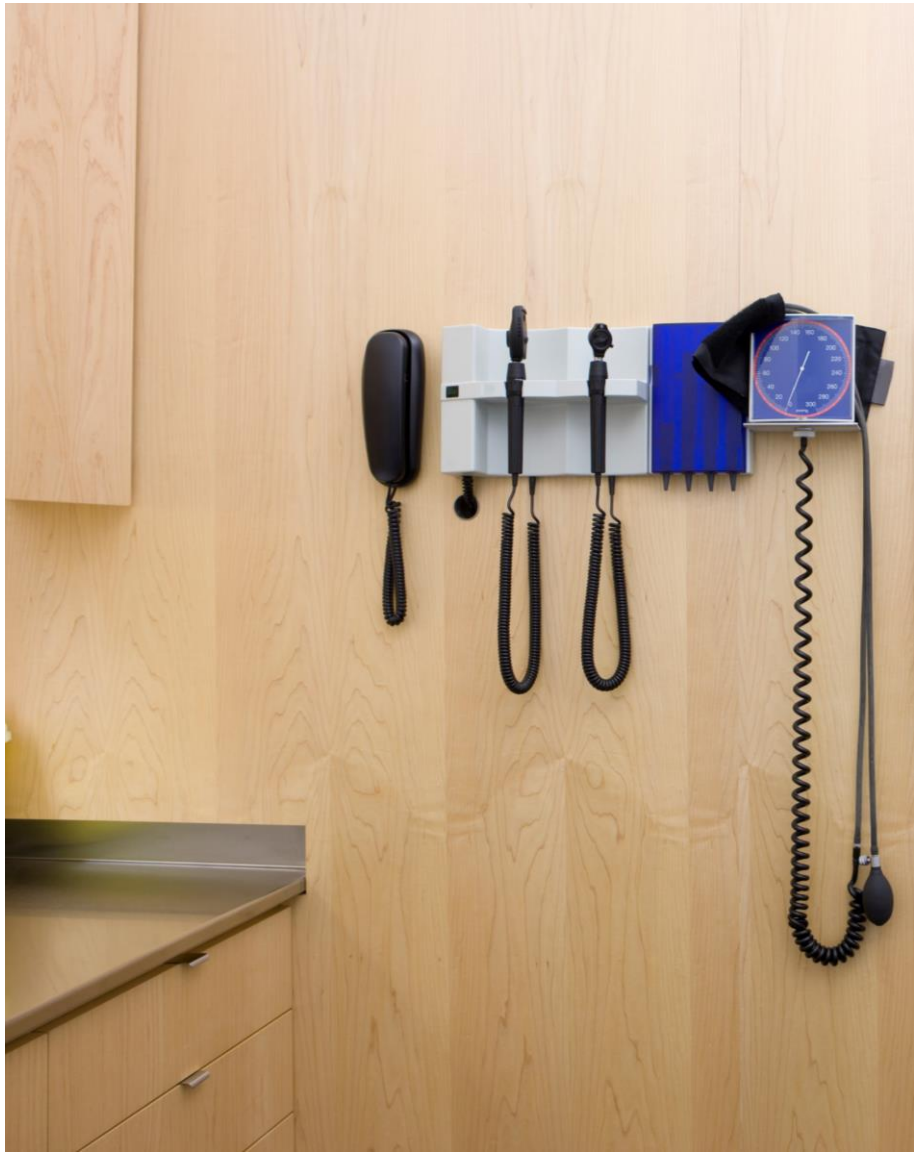
Objective Reality of the Street: Illusion of Access



SOURCE(S): Kogan, A. C., et al., 2025.



Discrimination in the Healthcare Setting

- **Distrust of physicians** and/or feel unwelcome in a healthcare setting.
  - Treated poorly or **discriminated against** in the past.
- "**Significant disparities** in in-hospital care and mortality between homeless and non-homeless adults with cardiovascular conditions."

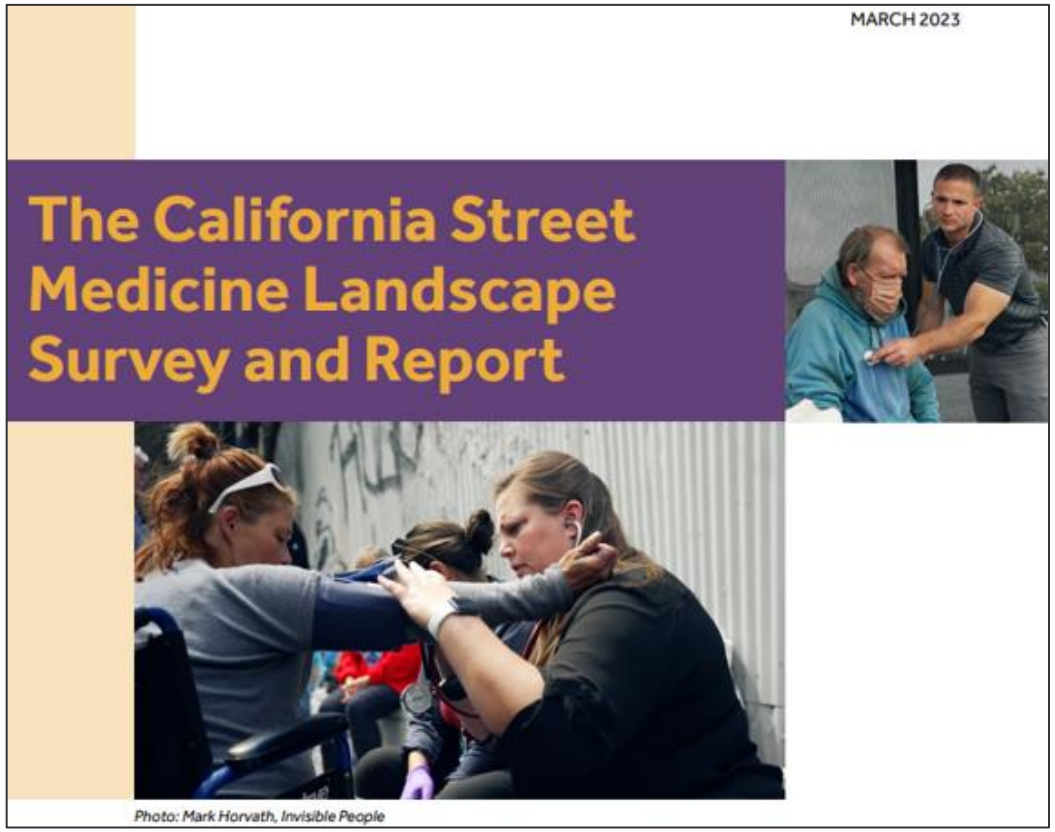
SOURCE(S): Wen, C. K., et al., 2007; Martins D. C., 2008; Wadhera, R. K., et al. 2020.

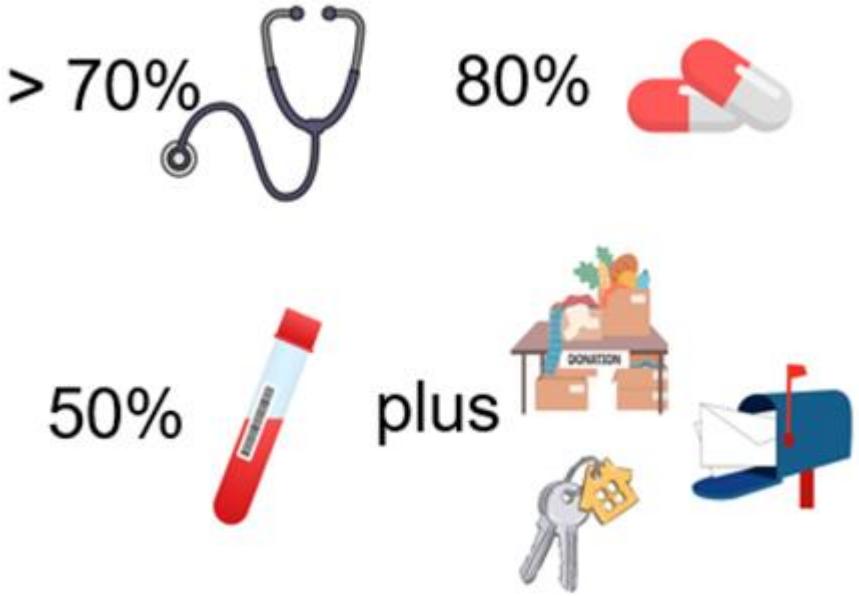
Photo Source: USC Street Medicine

Make-up of a Team

- Prescriber (Psychiatrist/Physician, Physician's Assistant, Nurse Practitioner)
- Nurse
- Peer Support Specialists (Community Health Workers)
- Substance Use Disorder (SUD) Counselor
- Employment Specialist
- Additional recommended team members:
  - Associate or Licensed Clinical Social Workers (ACSW/LCSW)
  - Occupational therapists (OT)
  - Enhanced Care Management (ECM)
  - Housing Navigation

Scope of Practice





SOURCE(S): Feldman, B. J., et al., 2023

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Street Psychiatry and Psychiatry for the Non-Psychiatrist

Photo Source: USC Street Medicine

Photo Source: USC Street Medicine

SOURCE(S): Street Medicine Institute, n.d.

Treatment for Substance Use Disorders

Photo Source: LAist

Opportunities to Impact Systems and the Community

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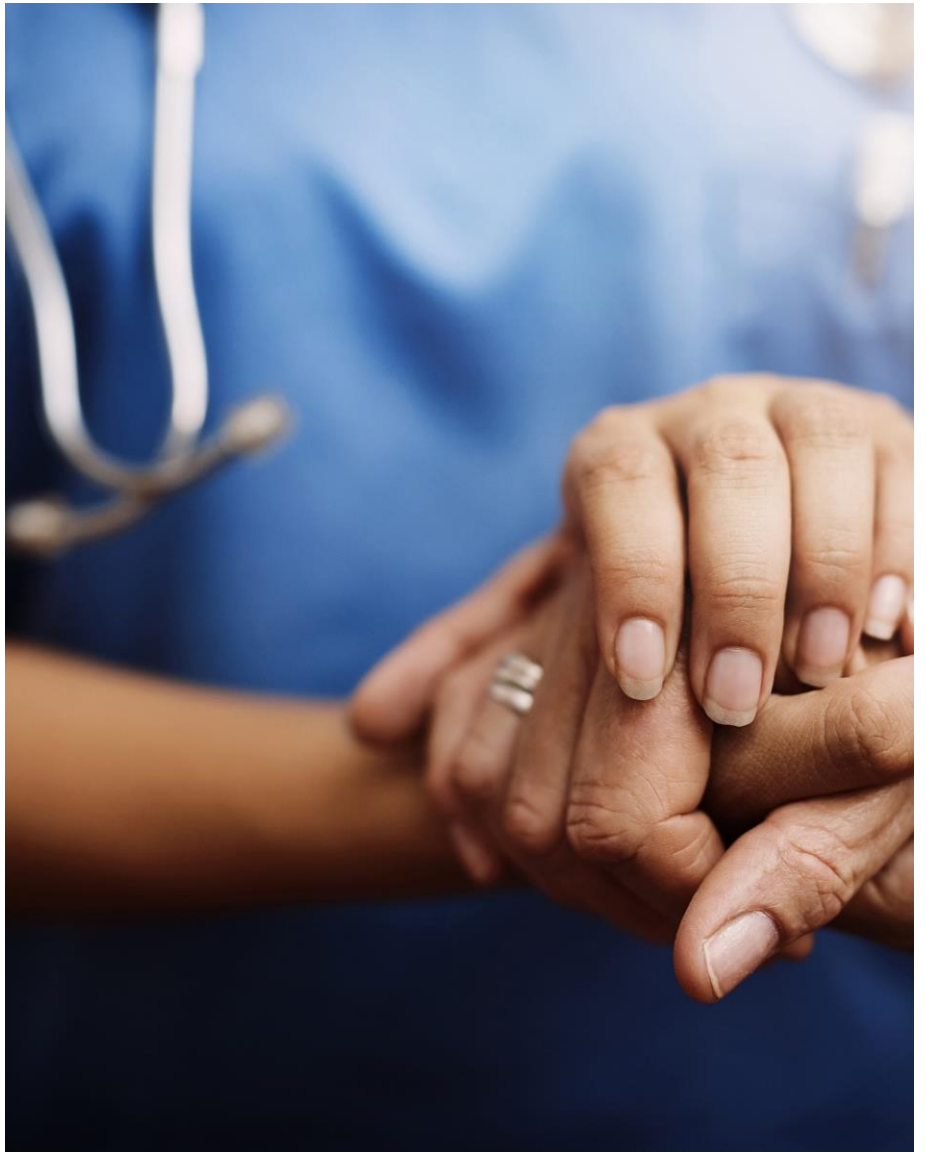
Determine Scope of Service

- Engage → Refer → Treat
- Transitional Behavioral Health Care
- Full-Scope Behavioral Health Care
- Focus on transitions between healthcare continuum and housing continuum



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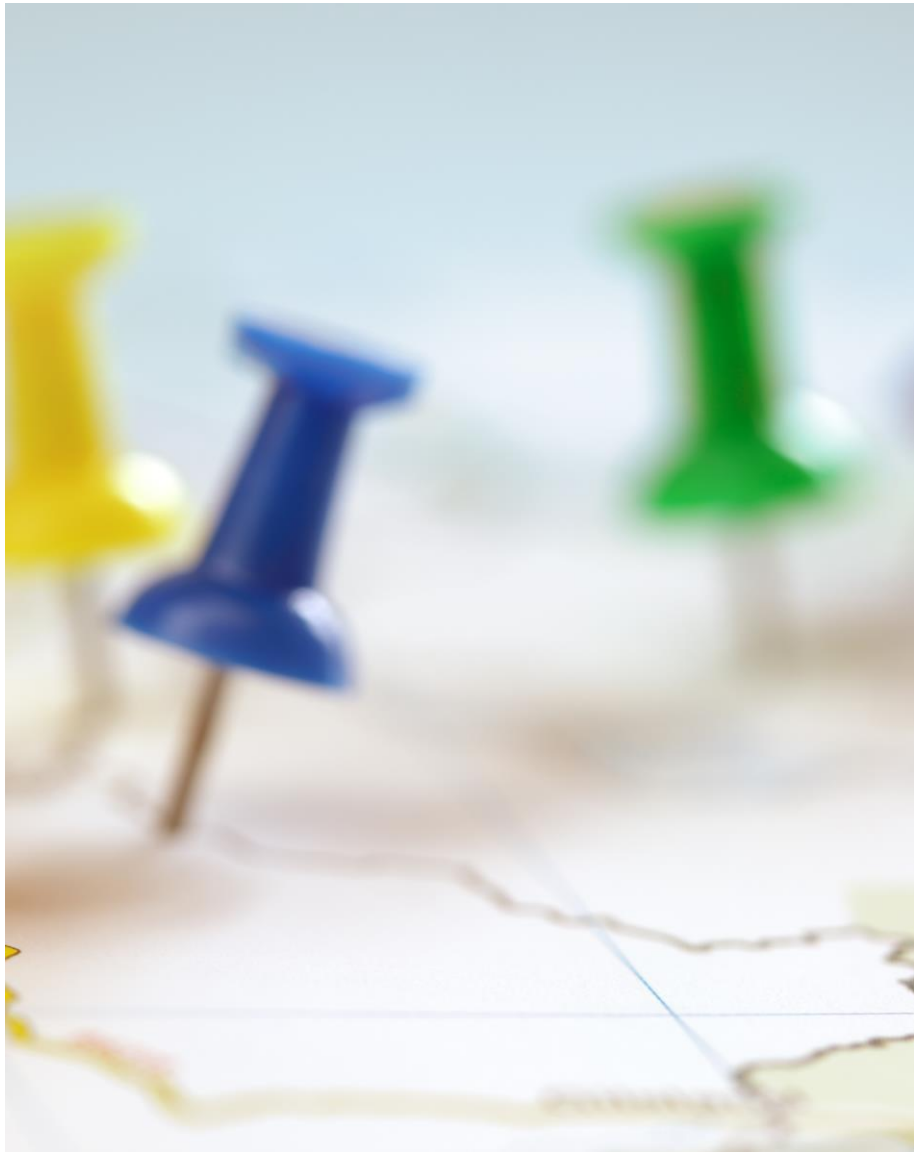

Determine Coverage

Geographic Coverage

- Area divided into regions

Population Coverage

- Number or percent of people seen in the area

Which do we find more useful?

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Geographic Coverage in Los Angeles County Service Planning Areas (SPAs)

SOURCE(S): Mental Health America of Los Angeles, 2021.

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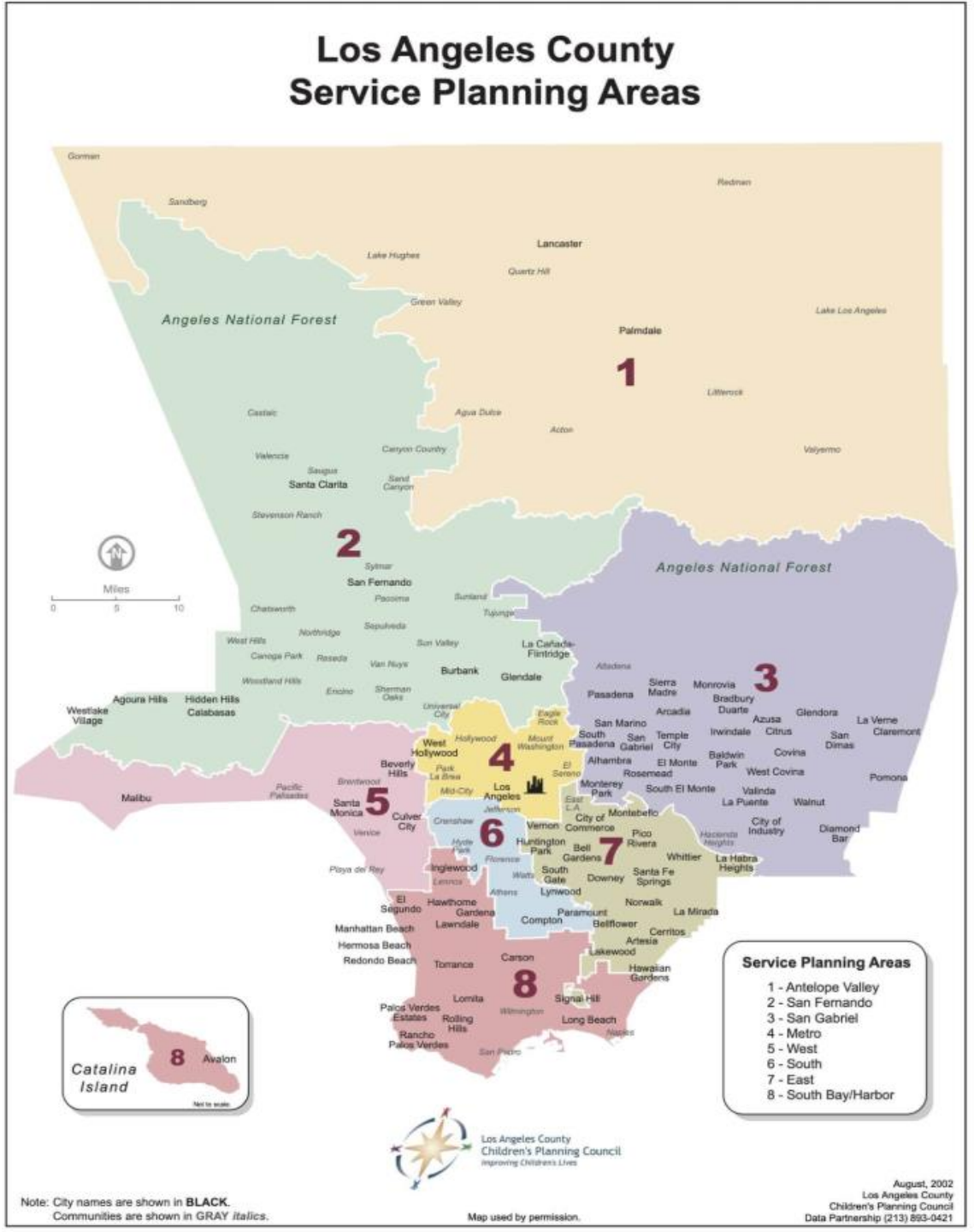


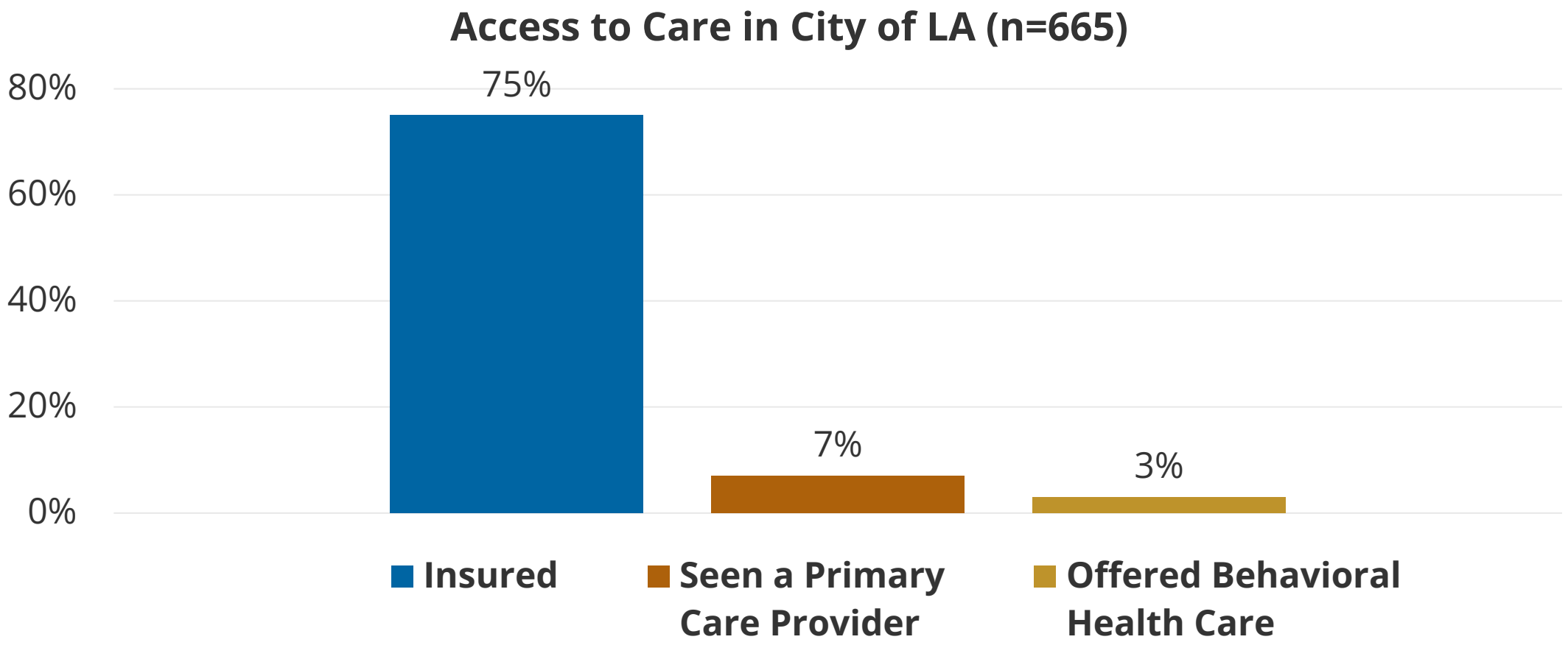
Geographic Coverage in Los Angeles County SPAs (Continued)

SPA	1	2	3	4	5	6	7	8
Number of Programs	5	5	5	19	5	9	6	10
2024 PIT	5,538	6,997	3,630	12,185	4,143	8,682	4,342	3,992

Service Planning Area (SPA)
The Point-in-Time (PIT) count of the homeless is conducted annually by the Los Angeles Homeless Services Authority (LAHSA)

SOURCE(S): Street Medicine Institute, n.d.; Los Angeles Homeless Services Authority, n.d.

Objective Reality of the Street: Illusion of Access?



SOURCE(S): Kogan, A. C., et al., 2025.

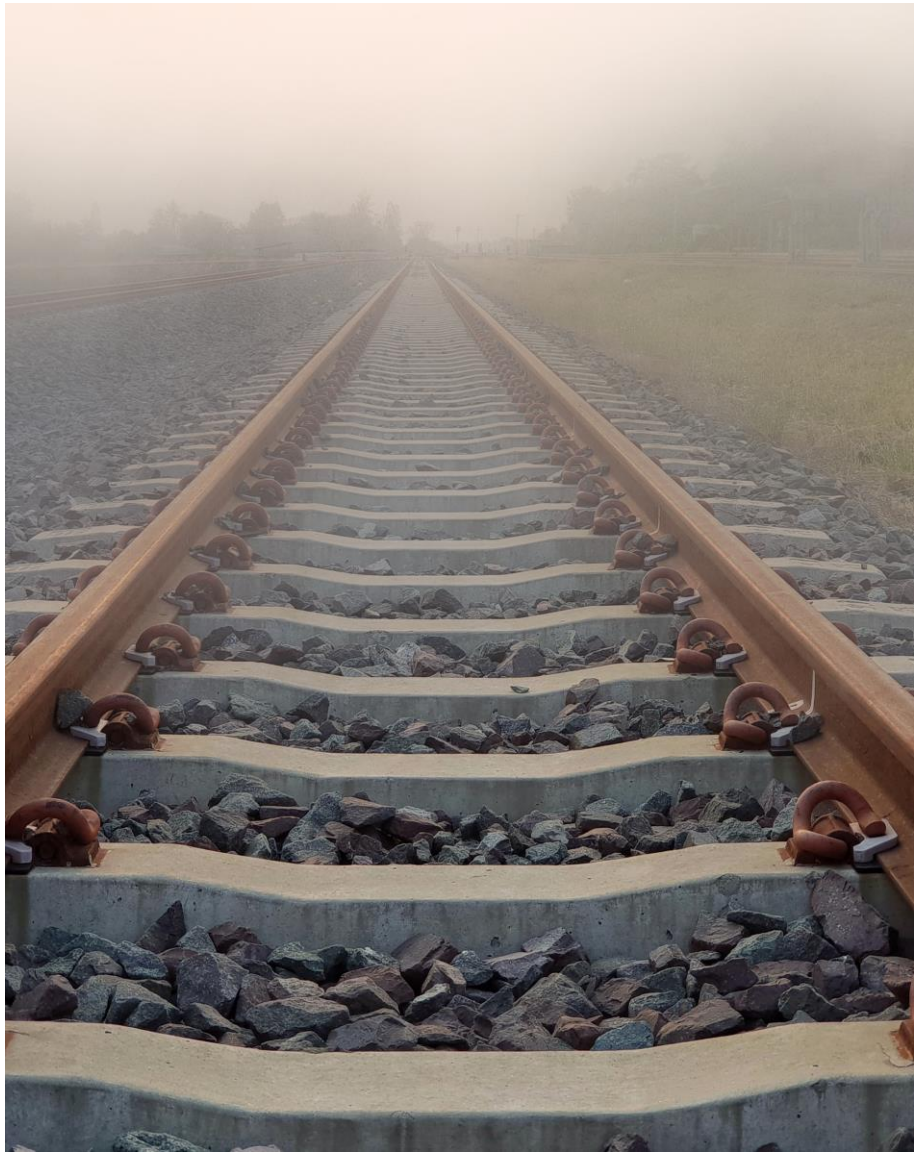
LA County Population Coverage from System Perspective

- Panel size: 350 patients per provider fulltime equivalent (FTE)
- Annualized PIT Count 2023: 121,858
- Total Needed: 348
- “Field Medicine” FTE: 33
- Current Engagement: 9.4% of the population

SOURCE(S): L.A. Care Health Plan, n.d.; Feldman, B. J., et al., 2023.

Strategies to Extend Reach

- Find "lifeguards“
  - Physical assets (shelters, food banks, parks, riverbanks, transit)
  - Social supports (faith-based organizations, Community Supports providers)
  - Services gaps (where needs exist but services are limited or absent)
- Relationships and pathways (street outreach providers, encampments, mobile clinic providers, food/meal providers)



Strategies for Implementing Field-Based Services

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County Behavioral Health and Street Medicine Partnerships

Mild to Moderate disorders: Primary care, non-county psychiatry

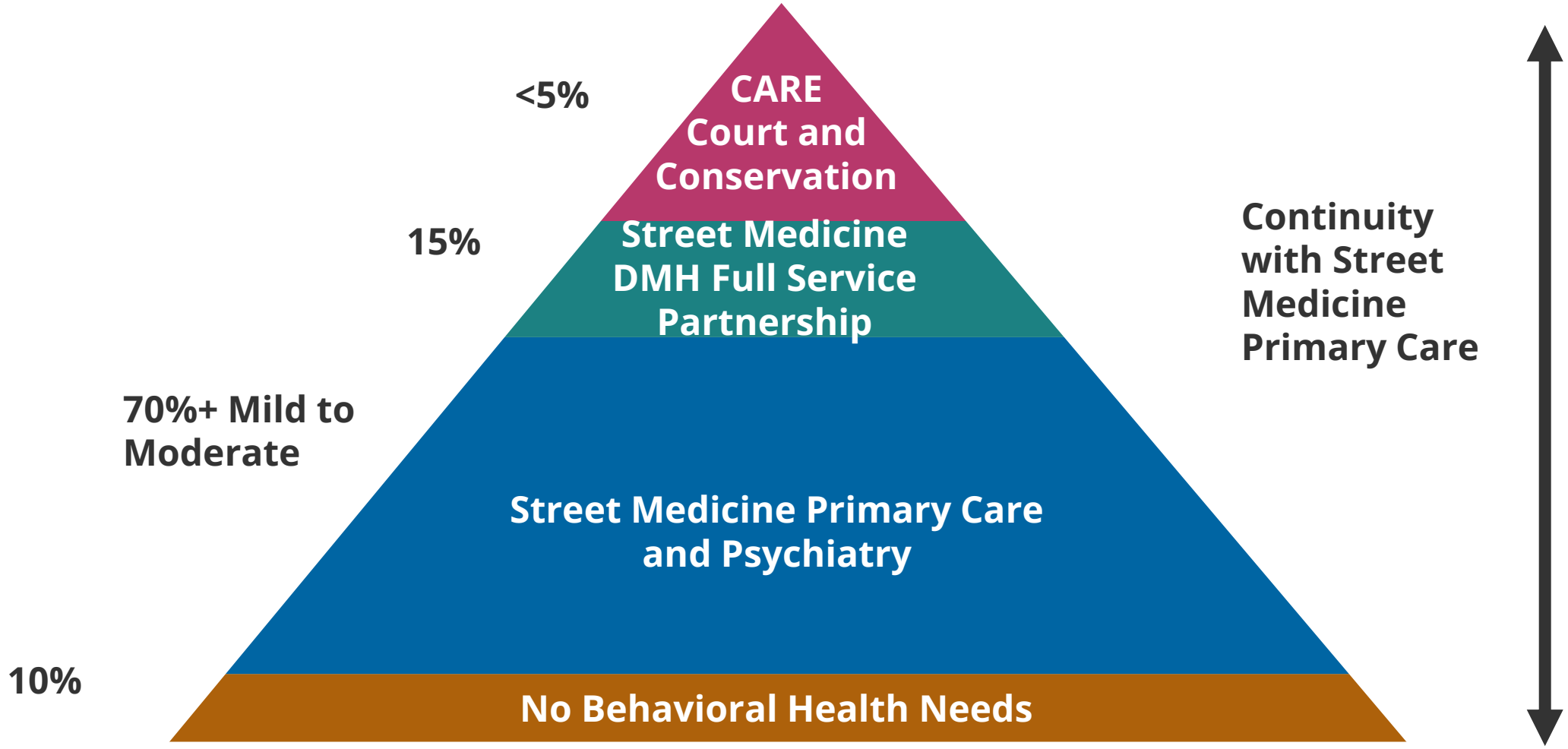
- Defined by diagnosis (anxiety, depression, schizophrenia, bipolar, etc.)
- Paid for by health plans

Serious Mental Illness (SMI): County Mental Health

- Diagnosis (schizophrenia, bipolar, major depression, etc.) + severe and persistent + functional impairment= Need for County BH Services
- Paid for by the county

SMI is not a diagnosis but an assessed severity of illness requiring a high-level of service

Continuum of Field-based Behavioral Health



SOURCE(S): Street Medicine Institute, n.d.

Leveraging Partners for Efficiency and Effectiveness

GOAL: Care for people with SMI/SUD

Referrals <u>from</u> primary care field medicine and community psychiatry to increase yield of each evaluation

Referrals <u>to</u> field medicine primary care and community psychiatry when patient needs lower level of care

Leveraging Non-Medical Partners

Partner with homeless sector and non-medical outreach to minimize resources spent on low yield general outreach

CalAIM service providers

- **Enhanced Care Management (ECM)**
- **Community Supports (CS)**
- **Must be enrolled in Medi-Cal managed care plan (MCP)**

Outreach Strategies and Patient Selection

Referrals from Street Medicine and Non-Medical Outreach Organizations:

- Advantages: higher yield referrals, less time and money spent on non-SMI
- Disadvantage: dependent on local field medicine efforts

DMH led Outreach:

- Advantages: control over outcomes, primary relationship holder
- Disadvantage: inefficient

Hospital-based consult service:

- Advantages: identifying those most in need
- Disadvantage: requires hospitalization

House Resolution 1 and Medicaid

Impact on Homelessness	"Community Engagement Requirements" with exemptions for disability, in drug treatment, behavioral health diagnosis (SMI/SUD) Adds address verification Requires citizenship verification Re-determination every six months or less
Field Medicine Response	Providers able to certify disability, behavioral health d/o and provide drug treatment Ensure document readiness Continuity allows continuous re-certification of exemptions

Questions?

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Resources

- **Data Resource Linked Here:** 2025 Homeless Count Results Recently Released by a Majority of CA
- **Key 2025 Statewide PIT Findings**
  - **Statewide Trend:** A majority of reporting jurisdictions showed a collective decrease of 4.3% in total sheltered and unsheltered individuals compared to 2024.
  - **Regional Variations:** Northern California reported a 7.1% decrease, Southern California a 4.3% decrease, while Central California saw a 3.6% increase.
- **Key Factors:**
  - Reductions are attributed to state-funded programs like Homekey and "Homeless Housing, Assistance, and Prevention" (HHAP).
- **Homeless and Housing Strategies for California:** What to Expect from HomelessStrategy.com
- **Key Regional 2025 PIT Findings**
  - San Diego County: 9,905 people experiencing homelessness (7% decrease).
  - Santa Clara County: 10,711 people (8.2% increase), highlighting, contrasting,, trends.
  - Kern County (Bakersfield): 2,660 people (53 fewer than 2024).
  - Los Angeles (LAHSA): Finalized results showed a slight adjustment, with 72,195 people counted.

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