

Disclosures

No actual or potential conflicts of interest in relation to this presentation.

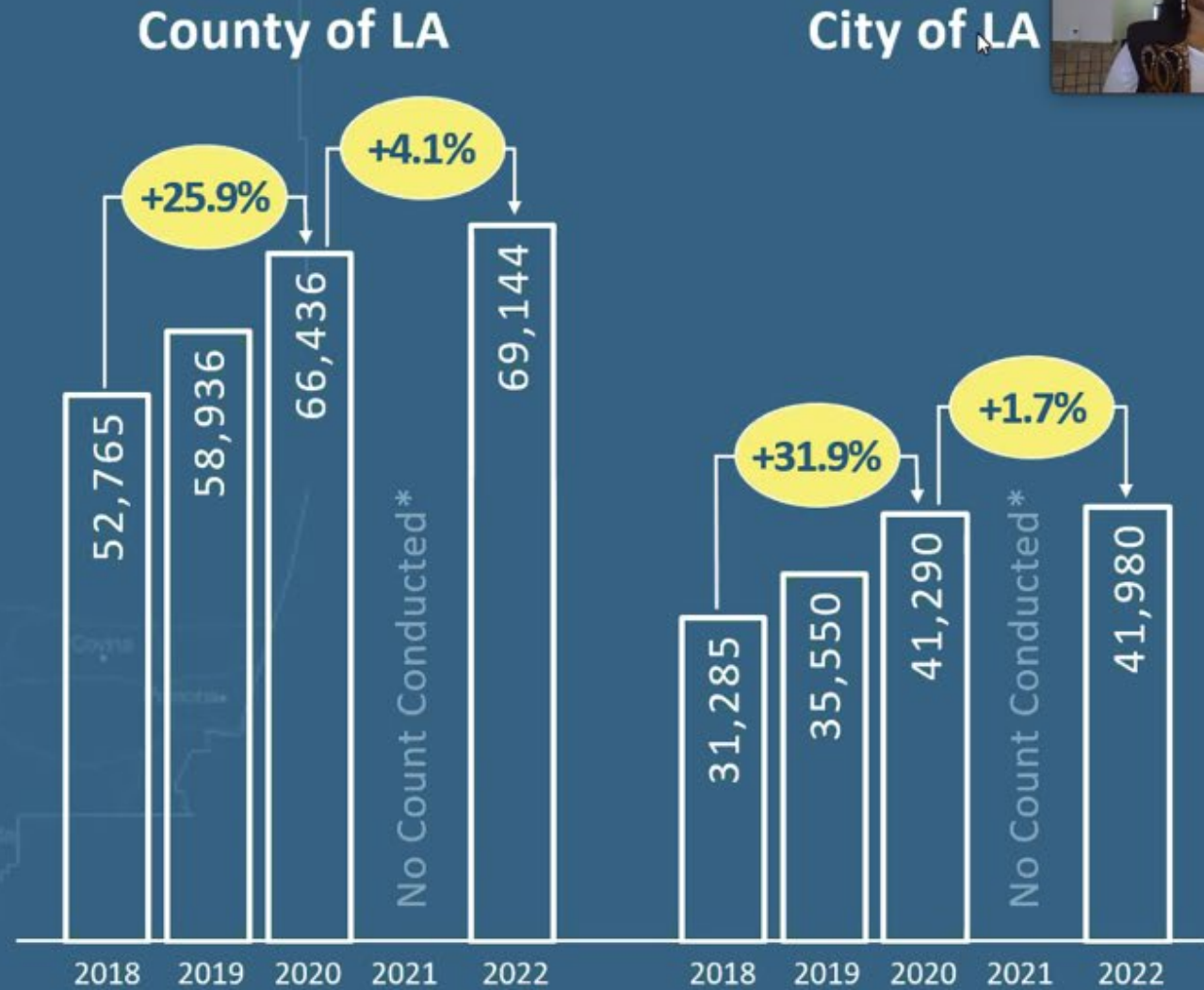


Strategies for Squalor and Tactics for Tent Medicine

A brief look at LAFD's collaborations for PEH

Steve Sanko, MD

This year we estimate that there are 69,144 people experience homelessness on any given night in LA County, a 4.1% increase from 2020.



Retrospective review of LAFD records, CY2018

- 355,411 9-1-1 incidents, including 36,122 (10.2%) for PEH **14x higher**
- 217,972 9-1-1 transports, including 28,917 (13.3%) for PEH **19x higher**
- Younger, male, lower-acuity, few-interventions, high need for resources:
 - Housing
 - Substance use disorder referrals
 - Mental health service referrals

What does the new legislation say?

- The new law institutes a more formalized discharge process for homeless patients involving increased documentation. There are many stipulations in the law about discharging homeless patients

Who is affected?

- General acute care hospitals
- Acute psychiatric hospitals
- Special hospitals licensed by the California Department of Public Health
- May indirectly affect behavioral health or other health care facilities that accept homeless patients discharged from a hospital

When does this go into effect?

- **Effective January 1, 2019**, hospitals had to modify their current discharge policies by including a written homeless discharge planning policy and procedure.
 - This discharge plan needs to help patients identify a post-discharge destination.
 - Hospitals also are required to document and perform a checklist including offering a meal, screening for infectious disease and offering weather-appropriate clothing and transportation.
- **Effective July 1, 2019**, hospitals must have a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency and health and social service agencies. Each hospital is required to maintain a log of the homeless patients discharged and their post-discharge destinations.





Los Angeles Mayor Karen Bass, center, declared a state of emergency on homelessness Monday morning.



“What does radically patient-centered care look like?” *EMS*

EMS Bureau Advisory Committee on PEH

- Eight-person, multidisciplinary
- Volunteer, unpaid
- Quarterly, virtual
- Non-binding
- Facilitates engagement, improves intel, loop closure on case outcomes
- Help to build out framework of response
- Identify grant and political opportunities to make common cause

“What does radically patient-centered care look like?”

EMS

1. Training on engagement

- a. Trauma-informed care
- b. Patient-led care
- c. De-escalation techniques
- d. Avoiding pejorative use of labels (e.g., “crazy,” “psychotic”)

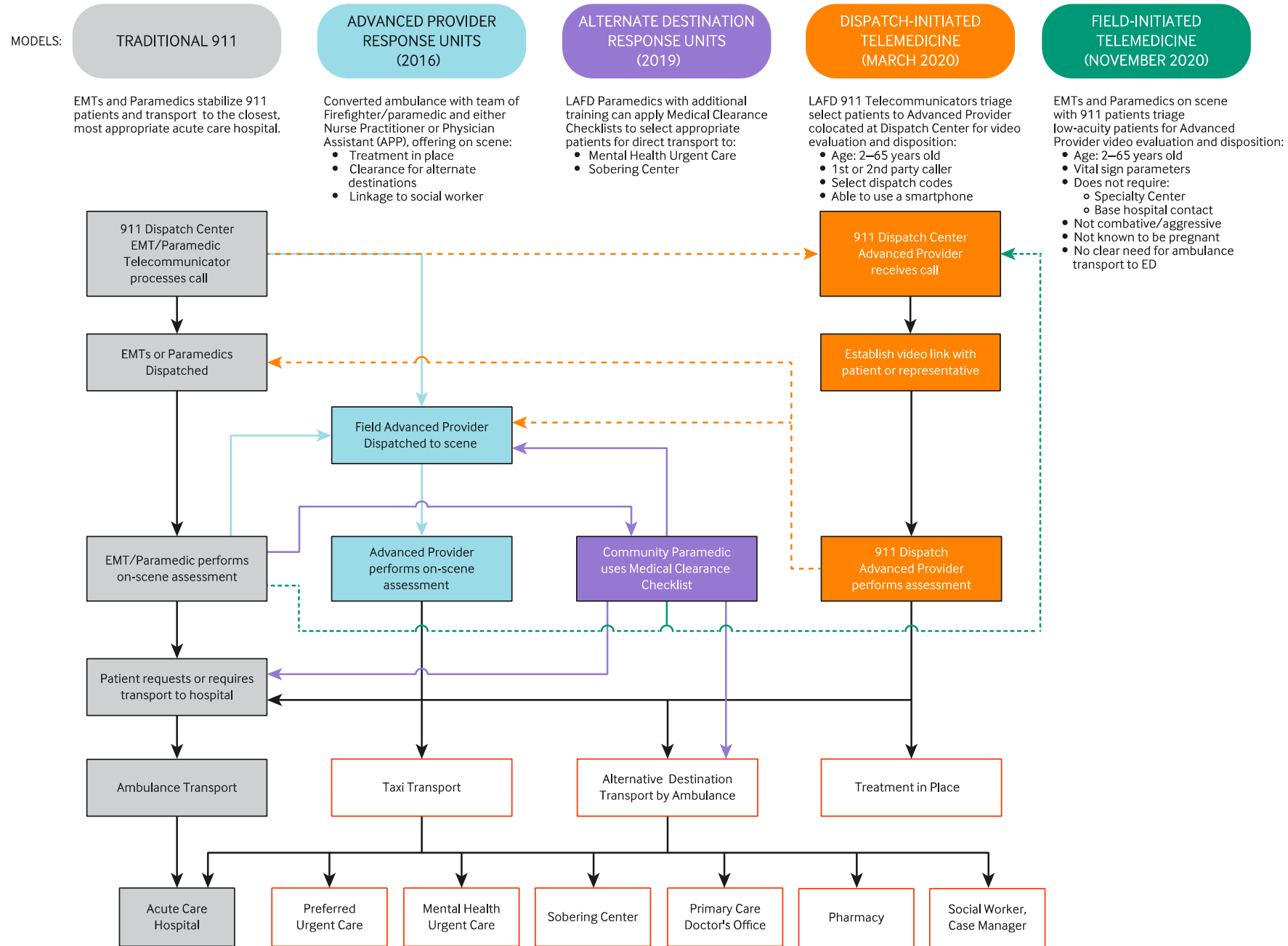
“What does radically patient-centered EMS care look like?”

1. Training on engagement
2. **Standards of 911 use by advocates**
 - a. **Calling dispatch:** location, awake/breathing normally, cc, scene safety/substances, shirt color of patient and advocate
 - b. **On-scene:** Name, what’s changed, who knows patient, where they get care, devices (e.g., wheelchair, walker)

“What does radically patient-centered care look like?”

EMS

1. Training on engagement
2. Standards of 911 use by advocates
3. **Alternatives to transport:**
 - a. Field advanced practice providers, sober unit, DMH therapeutic van
 - b. Field-initiated telemedicine
 - c. Asynchronous community health worker
 - d. Synchronous mobile homeless clinic van



Intensity of care,
Cost of care

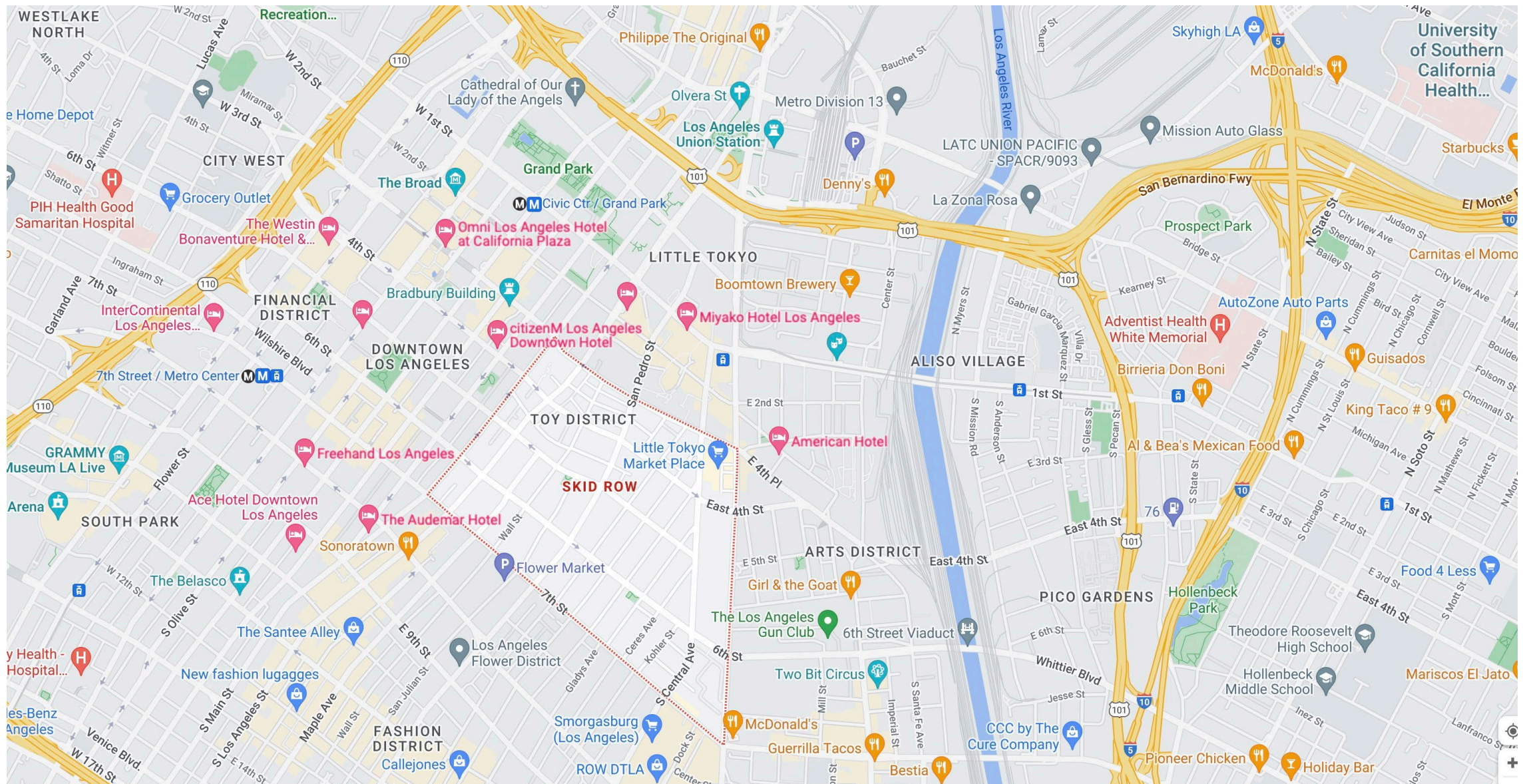




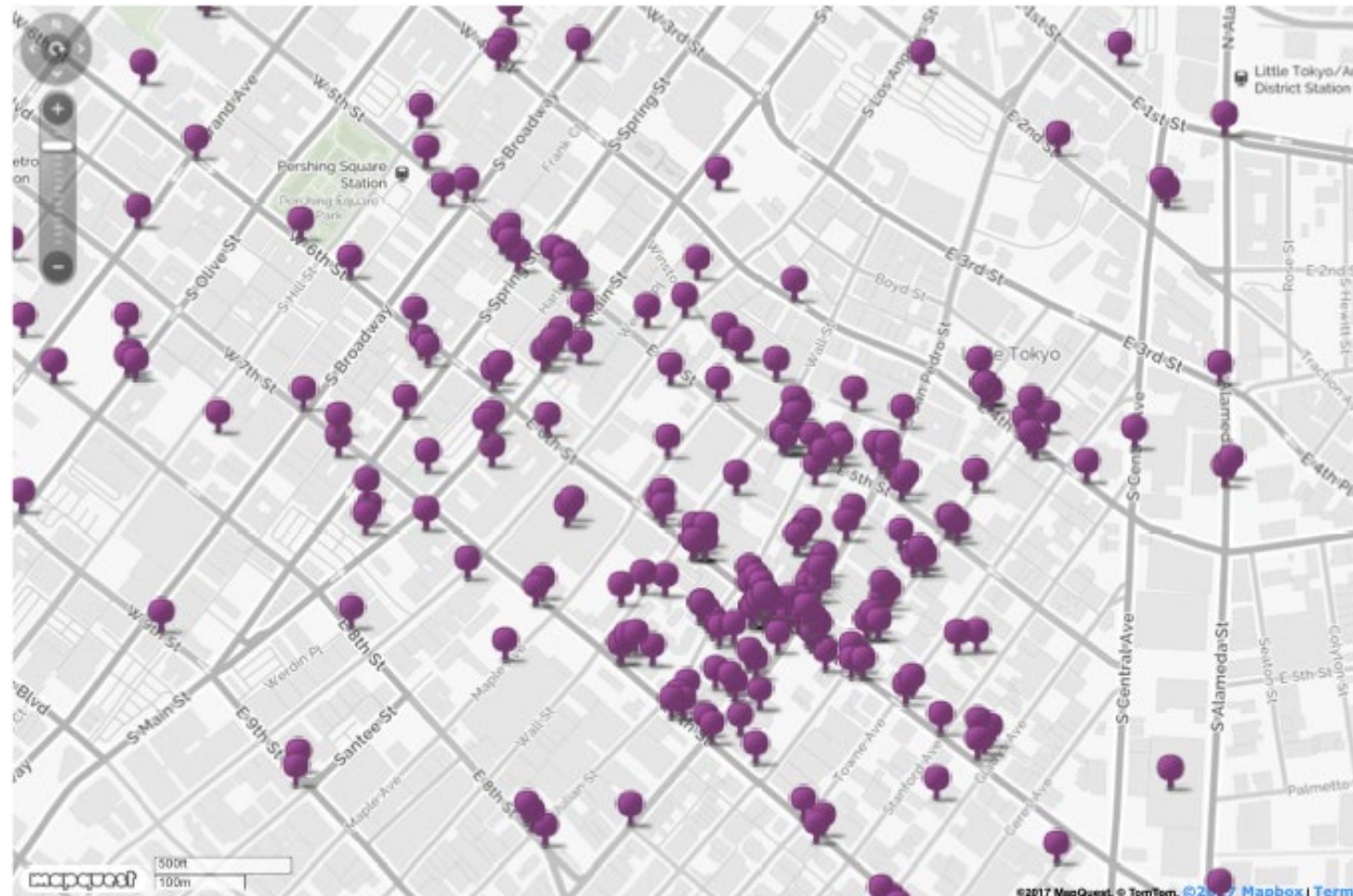
“What does radically patient-centered care look like?”

EMS

1. Training on engagement
2. Standards of 911 use by advocates
3. Alternatives to transport
4. **Political issue we can coalesce around**



Epidemiology of opioid intoxications



“What does radically patient-centered EMS care look like?”

1. Training on engagement
2. Standards of 911 use by advocates
3. Alternatives to transport
4. Political issue we can coalesce around: substance use disorder
5. **QI: counting, coaching & referral for prioritized housing**
 - a. Counting: Mandatory capture of housing status since 2018, sharing de-identified data to facilitate outside organization grants and infrastructure development
 - b. Coaching: Having seasoned homeless advocates debrief with providers in private, non-punitive way
 - c. City-County MOU for referral of high-utilizers

“What does radically patient-centered EMS care look like?”

1. Training on engagement
2. Standards of 911 use by advocates
3. Alternatives to transport
4. Political issue we can coalesce around: substance use disorder
5. QI: counting, coaching and referral for prioritized housing
- 6. Presence:**
 - a. Dec 21st, Homeless Persons Memorial Day
 - b. Skid Row Action Plan
 - c. City Council presentations on burden of OUD among homeless



HOUSING
FOR
HEALTH

COMMUNITY
CLINIC
ASSOCIATION
OF LOS ANGELES COUNTY

HOMELESS
HEALTH CARE
LOS ANGELES



Questions?

stephen.sanko@med.usc.edu