

UR HOME: Homeless Outreach Medicine and Education
A Street Medicine collaboration

Project Proposal

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July 19, 2011

Mission Statement:

UR HOME (Homeless Outreach Medicine and Education) is a Street Medicine program whose mission is to ensure access to quality medical care for Rochester's unsheltered homeless population, operating under the principle that health care is a basic human right. UR HOME seeks to bridge gaps between the homeless and medical communities through direct street outreach and engagement with homeless people where they live, building relationships and trust, and offering companionship and respect.

Goals and Objectives:

1. Improve access to quality health care for the homeless population by providing direct, continuous medical care on the streets, with the goal of linking them with a primary medical home.
2. Address the unique problems of the homeless through a psychosocial model of care that looks at each person as a whole and focuses on the individual's own goals and needs.
3. Promote health literacy, healthier lifestyles, and general well being.
4. Break down stigmas and confront stereotypes by creating a space of positive dialogue and an environment of dignity and respect between the homeless population and the medical world.
5. Create a valuable educational and community service opportunity for students to practice Street Medicine.

In order to fulfill our mission statement, goals, and objectives, UR HOME will operate as a branch of UR Well¹ and collaborate with Unity HealthReach for the Homeless, St. Mary's Church, House of Mercy, and the Center for Youth. Volunteers will go out weekly to various campsites, city parks, and other locations to meet homeless people where they reside. Teams will be composed of an outreach guide, a physician, medical students, pharmacy students, and social workers.

We have investigated major barriers to health care access for the homeless population and found a significant gap in access to health care in Rochester. Therefore, this project will bring health care directly to the homeless in order to overcome these barriers. This project is based on data gathered locally throughout the year, and is modeled off of several successful Street Medicine programs throughout the country; specifically Operation Safety Net in Pittsburgh, PA, and MUSHROOM in Morgantown, WV.

Outcomes:

In order to evaluate the effectiveness of this project, data will be collected quantitatively through careful documentation of services rendered, needs met and unmet, and patients encountered, as well as qualitatively through surveys. Quantitative measurements will include:

- Numbers, types of students and other volunteers involved
- Specific medical and non-medical needs of the population
- Medications and supplies distributed

¹ University of Rochester School of Medicine's student-run free clinics

- Numbers and demographics of homeless population, including gender, age, race, type of homelessness, geographic location

Qualitative measurements will include:

- Student and provider perceptions about the homeless before and after the Street Medicine experience

Background:

Homelessness presents a significant barrier to accessing health care as well as contributing directly to poor health. Whether it is due to geographical barriers, lack of knowledge about how to obtain insurance and contact a physician, and the inability to keep an appointment due to mental health or substance abuse issues, the homeless face extraordinary barriers to accessing health care. They may prioritize basic daily survival over health care such that care is significantly delayed until a crisis arises.² Other barriers identified both in this study and locally were general hopelessness, fear, and feeling alienated, stigmatized, and invisible due to disrespect and judgment by doctors. This promotes a lack of trust in the health care system.³ The many psychological, social, and economic barriers to accessing care, combined with substance abuse and mental health issues make the population particularly difficult to reach.

Rochester is a city with over 8,000 homeless people.⁴ However, this statistic may be an underestimate considering that the street homeless population is difficult to count. Given its transience and invisible nature, the street homeless population is particularly underserved, do not utilize the shelter system and do not have a friend or family member with whom to stay. They reside outdoors or in abandoned spaces for most or all of the year and about 18% are chronically homeless.^{5 6} Due to lack of hygiene, improper nutrition, and constant exposure to the elements, the homeless are very physically vulnerable patients. In fact, homeless people have significantly increased mortality. A review of mortality causes among homeless populations in the U.S. found that homeless people are 3-4 times more likely to die than people of the general population. Their average life span is much shorter, hovering around 45 years old depending on the city. The causes of death for the street homeless population are most often chronic medical illnesses.⁷

Despite numerous local resources, access to health care for this population is minimal. The homeless often utilize emergency room care rather than primary care as a last resort, waiting to seek help for their problems until their needs are dire. One nation-wide study showed that over the course of one year, nearly one-quarter of homeless participants were unable to access health care, and one-third utilized the emergency services.⁸ According to local interviews, homeless patients tend to wait until problems require emergency care, preferring to utilize the emergency room over all other health care options.⁹ This pattern not only generates major costs to the health care system; it is also not ideal since patients are often lost to follow-up without a primary medical home.

Street Medicine consists of providing health care to unsheltered individuals where they reside on the streets, under bridges, or other street-based locations in order to cater to their specific needs. The Street

² Diane Coccozza Martin. Experiences of Homeless People in the Health Care Delivery System: A Descriptive Phenomenological Study. *Public Health Nursing* 2008, Vol. 25 No. 5, pp. 420–430.

³ See appendix D: Mike Boucher, interview 7/9/11 and Hubert Wilkerson, Interview 7/10/11

⁴ HCH Directory, <http://www.nhchc.org/hchirc/directory/NY.html>

⁵ Chronically homeless: homeless for over 1 year or becoming homeless 4 or more times in past 3 years (www.hud.gov).

⁶ National Alliance to End Homelessness. <http://www.endhomelessness.org/>

⁷ O'Connell, J. "Premature Mortality in Homeless Populations: A Review of the Literature."

<http://www.nhchc.org/PrematureMortalityFinal.pdf>

⁸ Margot B. Kushel et al. Factors Associated With the Health Care Utilization of Homeless Persons. *JAMA*, 1/10/2001. Vol 285, No. 2

⁹ Interviews of homeless people conducted 7/11

Medicine program works toward helping street individuals live healthier lives, which may include help with not only medical care, but health literacy, safety, housing, substance abuse, mental health issues, and general fulfillment of one's potential. Street Medicine organizations throughout the country deliver care through various successful models.¹⁰ Street Medicine operates under several guiding principles that will be upheld here, such as respect for the individual and personalization of care based on their reality and goals, engagement and companionship through relationship-building and development of trust, humanization and integration of the individual into the greater community, the principle of harm reduction, and the idea that health care is a basic human right.¹¹

As a Street Medicine project, our goal is to use an outreach model of care to build relationships with the street homeless in order to engage them with medical care both immediately through direct street-side care, and longitudinally through appropriate follow-up with primary care.

In addition to improving access to health care for the street homeless population, UR HOME serves as an educational model in the practice of Street Medicine. Based on the above, and a number of other models of medical education, namely, University of Wisconsin at Madison, WI, and University of California at San Diego, CA, this program will serve as a valuable opportunity for learning about the needs of an underserved population and the practice of Street Medicine.

Learning Objectives of participation in UR HOME:¹²

1. To evaluate and manage medical conditions associated with the street homeless population, as well as gain an understanding of their unique psychological and social needs.
2. To understand the unique barriers to health care access for the homeless population.
3. To develop essential communication skills through the practice of outreach, engagement, and relationship-building, and to understand the importance of values such as respect, trust, and empowerment in working with diverse patient populations.
4. To explore community resources that support the health and well being of the homeless population by working as part of a care team.

Ultimately, the goal of the Street Medicine experience is to create a safe space of dialogue that promotes understanding among the homeless patients, students, and service providers. Interactions with homeless people on street rounds will personalize the situations of the homeless, humanizing this often misunderstood population, and combating stereotypes. Similarly, as representatives from the medical system, we will demonstrate our respect for the realities of homeless people in order to break down preconceived barriers. An environment that preserves the dignity of the patients, promotes learning, and stimulates reflection is the ideal. Community service involvement in UR HOME will further enhance the University of Rochester's values of a biopsychosocial model of care.

¹⁰ Evan Howe, David Buck, Jim Withers. Delivering Health Care on the Streets: Challenges and Opportunities for Quality Management. *Q Manage Health Care*, 2009, Vol. 18, No. 4, pp. 239–246.

¹¹ Dr. James Withers, Street Medicine Operations Manual

¹² Adapted from Dr. James Withers, Operation Safety Net: Student Clerkship, and Dr. Ellen Beck, UCSD Student-Run Free Clinic Project

Models:

After reviewing a variety of Street Medicine programs throughout the country, two examples of delivery will be modeled and are the main contributors to this proposal.

1. **Operation Safety Net** (Pittsburgh, PA) is a Street Medicine organization whose mission is to provide health care, social services, and housing to the street homeless population as well as serve as a medical education model for health care students. It operates street rounds six times per week primarily at night, with teams that walk defined routes to four neighborhoods of Pittsburgh. Teams are composed of an outreach worker, clinician (EMT, nurse, physician, or PA), medical students, and a social worker. 1st and 2nd year students primarily build rapport and provide health screenings under the supervision of the preceptor. Clerkship (3rd/4th year) students provide medical care under the supervision of a physician that co-signs the encounter note. The medical director signs off on all medications and care given out. Clinicians must show documentation of their malpractice insurance covering their volunteer work.

OSN 2008-2009	
Volunteer clinicians (physician, EMT, PA, RN, NP)	21
Medical students (volunteer and clerkship)	18
Residents per month	5
Pharmacy students	7
Nursing students	13
Social work students	2
Other volunteers	15
Volunteer hours per month	200-350

2. **MUSHROOM (Multidisciplinary UnSheltered Homeless Relief Outreach Of Morgantown)** (Morgantown, WV) is based out of West Virginia University Department of Family Medicine and modeled off of Operation Safety Net. Operated by 1st and 2nd-year students with physician leadership, MUSHROOM works with the unsheltered homeless to provide medical care directly on the streets and in the local shelters of Morgantown. Under the supervision of a physician attending, two teams of ten students provide supplies like food, drinks, socks, as well as medications, screenings, and medical care on bi-monthly street rounds. Funding is mainly by donation. Documentation is paper-based at this time. MUSHROOM collaborates with a local homeless clinic, Health Right, in order to ensure follow-up care for its patients. Volunteers may also be social work, nursing, public health, and law students. Volunteers sign up online and undergo a mandatory outreach training prior to the street rounds. Due to its focus on the educational aspect of Street Medicine, as well as the more comparable size and nature of the homeless population to that of Rochester, MUSHROOM is an ideal role model for a University-based Street Medicine project.¹³

MUSHROOM in 2010:	
Volunteer Hours:	946
Professional Volunteer Hours:	173.25

¹³ Dr. Michael McCawley, MUSHROOM approach (e-mail 7/2011) and Site visit (5/2009)

Est. Value of Professional Hours:	\$23,306.25
Supplies Given:	3463
Value of Supplies Given:	\$6,314.30
Total Encounters:	872
Street Encounters:	257
Bartlett Shelter Encounters:	615
Medical Encounters:	97

What are the current health care resources for the homeless? What are the needs?

UR Well Asbury and St. Joe's: These student-run free clinics provide medical care to the uninsured; however, homeless individuals are rarely seen. Besides the barriers previously discussed, one barrier is transportation, because Asbury is not centrally located. Another barrier is lack of knowledge about the services available; that is, many homeless individuals are unaware that the clinic exists. At St. Joe's, because appointments are encouraged, some patients are also reluctant to attend. UR HOME will serve to recruit homeless patients to the clinics, in order to serve the original target populations and promote the initial goal of improving access to health care for the underserved.

St. Joseph's Neighborhood Center: According to Mike Boucher, clinical social worker, St. Joe's is not intended to provide health care to the homeless population. The target population is the uninsured, often the "working poor," who make too much money to be eligible for Medicaid, but are unable to afford their own insurance. Because homeless individuals are usually eligible for Medicaid, St. Joe's provides enrollment assistance with the goal of connecting them with a separate primary care provider, rather than providing medical care itself. Boucher explains that St. Joe's does very little for the homeless population.

Unity HealthReach for the Homeless and Unity St. Mary's Clinic: provide health care for strictly homeless populations. A mobile medical unit goes to various shelter sites in Rochester each week. The St. Mary's clinic takes patients daily, including walk-ins. Currently there is no formal street outreach component; however, sometimes specific clients must be located on the streets for follow-up. Leadership of Unity HealthReach is strongly in favor of a street outreach component to their services and is willing to contribute staff, leadership, and supplies to this project.

Center for Youth: The Center for Youth provides social services to the teen homeless population of Rochester. They conduct outreach Tuesday through Saturday evenings to various city locations, seeking vulnerable homeless and runaway youth using an outreach vehicle combined with walking rounds. The Center for Youth does not provide medical care at this time, and are only able to make referrals. However, the head outreach worker Eric Soublet expressed that there is a strong medical need amongst their population, and would benefit from a Street Medicine component to their existing outreach teams. Their specific needs are in the areas of preventive medicine such as nutrition, pre-natal care, mental health, domestic violence, and STIs, and they are very open to student and physician volunteers.

Emergency rooms: Based on interviews with homeless people throughout the year, when asked where they would go if they had a medical problem, the most common response was the emergency department. All interviewees understood that there were various free clinics in the area. However, most stated that they could not remember the last time they saw a doctor. Many patients prefer the emergency room over a clinic, or simply wait until their medical problems are so dire that they require emergency care.

Specific needs identified through interactions with homeless people include assistance with:

1. *Physicals*—the majority of people could not remember the last time they were seen by a doctor. When asked, most were very open to being seen if a physician were to see them on the street.
2. *Mental Health*—mental health is a huge issue for many of the homeless based on experience by Hubert Wilkerson and psychiatric nurse Laurie-Jean Premo.
3. *Alcohol and tobacco use*—a remarkable number of homeless people have been drinking alcohol during our encounters, or admit to using alcohol frequently; many of them smoke cigarettes.
4. *Health education for chronic conditions*—select individuals were dealing with severe chronic conditions but did not seek health care to manage these conditions; for example, seizures, COPD.
5. *Follow-up care after hospital discharge*—several individuals we encountered were discharged from the hospital to the streets without appropriate follow-up instructions; for example, having undergone wrist surgery, broken an arm, or after a car accident.

Project proposal:

General setup:

Outreach teams will drive to a central location and proceed on foot to various known areas of homeless residence. The locations of the outreach will be determined by the outreach guide. Teams will be composed of a formerly homeless outreach guide, 2 medical students, a clinician, and when available, a social worker. It will be important to keep teams small (maximum of 6) in order to be less intrusive to the people we will visit. Teams will carry material supplies such as socks, food items, hygiene items. Students and the clinician will also be equipped with first aid supplies, blood pressure cuffs, glucometers, and stethoscopes. Please see appendix for a complete list of medical supplies. Street rounds will be weekly. Outreach will take place on a weekday evening going from approximately 9:30 to 11 pm, and may also take place on Saturday mornings.

Although medical care is a key component of the outreach mission, street rounds will not be cancelled if there is not a clinician available. Building trust through consistency and reliability of the street teams is essential to the success of the program regardless of availability of medical care. Therefore, street rounds without a medical component are also valuable in order to establish rapport and continuity. Furthermore, the medical director will be on call so as to be able to advise if a medical need does arise in this situation.

Roles of team members:

1. **Outreach guide:** The role of the outreach guide is to be a liaison between the team and the homeless. As a formerly homeless individual, a trained outreach worker, or a social worker with outreach experience, he or she must be personally familiar with the population and have experience with outreach. The guide will scope out locations to ensure the safety of the team members, as well as identify and avoid potentially dangerous situations. The guide will establish ground rules with each new team member from the start in order to ensure respectful and safe interactions.
2. **Clinician:** The clinician may be a doctor, nurse, physician's assistant, or EMT who is licensed with documentation. The clinician's role will be to oversee the medical care of the homeless patient given the experience of the medical student. The clinician will judge whether to provide care at that point or to call an ambulance in the case of emergency. The clinician will serve as a role model for the medical students, promoting nonjudgmental, holistic, compassionate, quality care. The clinician will guide and educate students, provide context, and promote reflection. The

clinician will be essential in the educational component of this project, both in providing medical expertise, and in guiding and processing the encounters with each homeless individual.¹⁴

3. **Group leaders:** Group leaders will be experienced students, who will execute the street rounds by driving if necessary, purchasing supplies, coordinating meeting points with team members, communicating the route to the RPD, and be responsible for record-keeping. The group leader must have rapport with the outreach guide, and as they choose will facilitate a de-briefing session at the end of the night.
4. **Medical student:** The Health Junior (1st year medical student) will hand out material supplies and establish rapport with the homeless patients. Towards the end of the 1st year, the student may be comfortable taking on the role of the Health Senior. The Health Senior (2nd – 4th year medical students) will be responsible for assessing medical needs through history-taking and physical exam if required, under supervision of the clinician. The group leader will take on the role of Health Junior or Senior, as appropriate.
5. **Pharmacy student:** Pharmacy students will assist the team in the dispensation of medications directly, or work to connect the homeless patient with a needed medication. They will prepare backpacks with the appropriate medical supplies prior to each street round and restock/inventory at the end of each street round.

Other roles:

1. **Medical director:** The medical director will serve as the clinician at times, as well as be “on call” in the event of a lack of clinician volunteer. He or she will be in charge of signing off on any care provided, whether it is verbal or written. He or she may oversee the giving of prescription medications when the program develops to be able to take on that role. The overall medical care of each patient will be the responsibility of the medical director; therefore, each medical patient encounter will require sign-off by the medical director. The medical director will also provide physician credibility for student fundraising, grant applications, and the recruitment of other health professionals, as well as facilitate community networking and public relations. The medical director will also advise on medical and legal liability issues, as well as assist in developing policies and procedures. As far as a role model, he or she will assume the duties of the clinician, as well as overseeing the learning of the individuals involved.
2. **Administration:** Administrative needs of this project will include a volunteer-coordinator, which will be added to the duties of the UR Well volunteer scheduler. The UR Well physician-recruiter will be responsible for recruiting clinicians for street rounds, documenting their license to practice, and ensuring that their malpractice insurance covers volunteer work of this kind.

Documentation and follow-up:

Every encounter with a homeless individual will be documented, even if the interaction is “non-medical,” and even if no conversation occurs. Simply noting that the person was staying on the streets that night is significant. If only limited information is available, a description of the individual can be attempted including gender, approximate age/height, and ethnicity. All encounters will be noted on encounter forms (see appendix) with as much information as possible. Patients who receive medical care will be required to sign a release of information, with the understanding that their information may be shared amongst the care providers at UR Well, St. Mary’s, and Unity HealthReach. These notes will be stored in a single

¹⁴ Based on e-mail correspondence with Dr. David Deci, University of Wisconsin and Dr. James Withers, Operation Safety Net

binder that will be kept in a locked office at all other times. The Group leader will be responsible for collecting encounter notes from the evening, which should be completed before the end of the night. StreetEMR.org is a potential documentation system that is being explored, and when it becomes available may be adopted as a long-term method of electronic documentation.

Unity HealthReach (Health Care for the Homeless) is available to provide follow-up care for any homeless person who is in need of outpatient medical services. Patients can either visit the Mobile Medical Unit in front of Open Door Mission, 210 West Main Street Mondays from 4:00 PM to 7:00 PM, or we will set up an appointment for the patient at the HealthReach clinic, located at 819 West Main Street, by calling 368-3720. Unity can also provide case management services. Referrals will also be made to UR Well Asbury Clinic. Referral cards will be given out to each patient that requires follow-up. Finally, in order to provide continuity of care, the Group Leader will communicate significant encounters to the next Group Leader; for example, patients that require follow-up or who appear to be distressed at any time should be highlighted.

Safety Protocol:

Several safety measures will be put in place to avoid unnecessary danger, prepare teams adequately for emergency situations, and to ensure the highest level of safety for all volunteers involved. These are based on the Street Medicine Operations Manual (Pittsburgh: Operation Safety Net), MUSHROOM's training guidelines (Morgantown: West Virginia University), consultations with Rochester Police Department, and the Center for Youth's Guidelines for Street Outreach Counselors. These protocols will be strictly followed with no exceptions and will be included in the mandatory volunteer training (see below).

*Street Etiquette:*¹⁵ The outreach guide will always be the first to enter a campsite or sleeping area and be first to engage with the homeless patient. Team members will wait a safe distance away from any homeless individuals until they are given the go-ahead from the outreach worker. Team members will introduce themselves by name, and explain their purpose briefly to the homeless individual. Team members will always be non-confrontational. General guidelines are as follows:

- Team members will stay alert and must understand their surroundings and the planned route before each street round.
- Team members will always stay together in one group within eyesight. If the outreach worker advises that the team needs to leave a situation, team members must immediately follow such commands, trusting in the street credibility of the outreach worker. If a homeless individual is uncomfortable speaking with the team, the team will respect their wishes and immediately leave. Similarly, if a team member is uncomfortable with any situation, he or she should inform the team and should feel no obligation to continue any interaction.
- All valuables should be left in cars or at home. No weapons will be carried by any member (except police officers), and no controlled substances or syringes will be carried.
- All team members will wear designated reflective vests with the UR Well logo, as well as their ID. Teams will wear appropriate attire that is casual, non-provocative, and not intimidating.
- Team members will never approach sleeping individuals. Teams will never enter private buildings.

¹⁵ Adopted from: Eric Soublet, Guidelines for Street Outreach Counselors, Center for Youth

- During every encounter in which team members are occupied, the outreach guide will be a “lookout” for a potentially unsafe situation, such as an unknown person approaching the group.

Team composition: All teams must be composed of at least three total people. One of these people must be either a formerly homeless person, a social worker who is very familiar with the population, or a police officer. There should also always be at least one experienced person (clinician or student) that has attended outreach before and can facilitate interactions with the homeless. Team size will never exceed six people, and should normally be limited to 4-5. This will prevent overwhelming the homeless individuals.

Communication with Rochester Police Department: The UR HOME Group Leader will be in communication with the RPD through phone/fax prior to each street round so that they are aware of the team's route. This may occur the day of the street round but is required for every street round. Phone number: 528-2234. Fax number: 528-2266. During the street round, the team will have police radios that will be in direct communication with the police department throughout the street round. At the end of each street round, the Group Leader will notify RPD that the team has completed the rounds safely.

Emergency protocol: The team will carry police radios that can be used to call for police assistance. All team members are required to carry cell phones that will be turned on at all times, and will have 9-1-1 programmed on speed dial in order to be able to contact the police in an emergency as soon as possible. Team members will also carry panic buttons in order to attract attention quickly in the case of an emergency.

Mandatory Volunteer Orientation: Every student and clinical volunteer will be required to attend a two-part orientation. A safety training will be provided by the RPD to train volunteers about the use of police radios and general personal safety. Volunteers will also undergo an outreach training module online based on the Morgantown training module. An online exam will ensure that the safety protocol and other topics have been understood. Topics will include: engagement strategies, confidentiality, legal aspects to care, missions and values of UR HOME, and outreach etiquette. Other orientation items to be covered include: proper attire, items to be carried, documentation protocol, and emergency protocols. These topics will also be reviewed at the beginning of every street round to remind the team members of protocols.

Other activities:

UR HOME will also link students with other volunteer opportunities such as working with RAIHN, Genesis House, Food Not Bombs, St. Joe’s House of Hospitality, House of Mercy, Open Door Mission, Center for Youth, and the Flying Squirrel Community Center.

Budget: (dependent on whether donations are possible)

Item	Per night	Per semester (x 18 weeks)
Transportation	\$ 1.50	\$ 27.00
Food	\$ 10	\$ 180.00
Socks	\$ 8	\$ 144.00
Total	\$ 19.5	\$ 351.00

Other items to be purchased:

- iPad for documentation purposes
- Identifiable article of clothing (vest or t-shirt) for all team members

Appendices:

- A. Student Backpack Contents**
- B. Resource booklet: In progress—working on with Becca to finalize**
- C. Interviews of Homeless Providers**
- D. Encounter note**
- E. Map of locations for outreach**

A. Student Backpack Contents¹⁶: individual baggies will contain medications in each of the following categories

1. **Pain:** Tylenol, Motrin 200/400/600, Naprosyn 375
2. **Antibx:** Pen VK, Keflex, Bactrim DS, Doxycycline, Z Packs, E-mycin
3. **Inhalers:** albuterol, combivent, advair, flovent (optional)
4. **Cold Rx:** Sudafed, Benadryl, Tessalon, Cepacol(bag), Claritin (optional)
5. **Misc.:** Dilantin, Glucotrol
6. **Eye/ear:** antibiotic eye and ear meds
7. **Potions/lotions:** cortisone cream, antifungal ointment, antibiotic ointment, baby powder
8. **Bandages:** (small and medium), 4x4's, tape, kling roll, ACE wrap
9. **Vitamins:** multivitamins, iron, folate and thiamine
10. **Hand care:** medical gloves and hand cleanser
11. **Cardiac:** Norvasc, HCTZ, ASA (optional)
12. **GI:** Pepcid, Prevacid/Prilosec, Tums, maybe Lomotil

Other supplies:

- Socks
- Fruit (bananas, oranges, apples)
- Hygiene Kits (toothbrush, toothpaste, soap)
- BP cuff, stethoscope, oto-ophthalmoscope, watch, flash light, pencil and note pad, suture removal kit, surgical gloves, plastic bags
- Referral booklets, encounter forms, release of information forms

B. Resource Booklet: (to include clinics and referral sites with maps, shelters, soup kitchens, clothing resources, social services)

¹⁶ Adopted from Dr. James Withers, Operation Safety Net

C. Interviews of homeless providers

	<i>Mike Boucher: Clinical Social Worker at St. Joe's Neighborhood Center</i>	<i>Catherine Trimbur: UR Well</i>	<i>Hubert Wilkerson: Formerly homeless outreach guide</i>	<i>Eric Soublet: Center for Youth 585-473- 2464 x227</i>
What barriers do the homeless face in accessing medical care?	Geography Misinformation/fear Chronic conditions that seem hopeless Waiting for emergency Lifestyle/substance use Judgment by medical system Not anything to do until they quit addiction Loss to follow up (transportation)	Other issues are greater priority. Shelter, food, etc.	Lack of trust Don't think people care Don't think the care is quality Failed follow-up Shame in lifestyle	Insurance Knowledge about services available
How does your organization provide health care for the homeless? Do you feel this is adequate to serving the population?	Very little for unsheltered homeless; mostly we don't see homeless b/c they have Medicaid, or we try to sign patients up when eligible.	Honestly, I think we really don't provide care for the homeless. The original mission for Asbury was to target the homeless population and meet acute care needs, but it does not address these needs.	NA	Just navigating the system that is already in place. We mainly make referrals, but don't provide any medical care.
Do you see a gap in care for the street homeless or other populations?	Yes. Patients often delay care, have more chronic conditions, are very limited by lifestyle, mobility, and conditions. Subsistence needs come before health care. There is also a problem in emergency rooms where there is some level of medical discrimination because either these patients are seen so often, or are intoxicated.	Yes, I think that one of the major downfalls of Asbury has been location. It's useless to a lot of people there and we haven't done a good job of reaching out. I think that mobile units dispatched into the homeless community is the way to go.	Definitely, especially the street and chronically homeless	Yes.
What other medical resources currently exist for the	Unity, UR Well Spirit of Christie MH Outreach	St. Joes and unfortunately the ED are what I am aware	Emergency rooms	Unity Health

homeless?	Salvation Army, shelters may take care of medical needs	of that people use.		St. Joe's Highland Family Planning (STDs etc.)
Is a medical street outreach program needed in Rochester?	On a trial basis, because it must be a worthwhile utilization of resources. Currently, we are finding about 6 people a night.	I think so.	Yes, absolutely. You have to do something for them right then on the spot and be consistent.	Yes
What type of model do you think would be successful? (Walking vs. mobile clinic)	Walking is too limited, perhaps a combination.	I don't know what people would be more open to.	Walking, you have to come out to them. Showing them that you care. Best would be doctors plus outreach, about 4-5 people. Go as often as you can.	Mobile clinic and walking are necessary
What safety/legal concerns will providers have and how should they be addressed?	Violence, substance abuse are the main issues.	Honestly, just good training and for students not to be idiots. There are plenty of programs across the country that successfully deliver care for the homeless on the streets, we can do the same. As far as safety, maybe going out before dark, but more importantly, a good, concrete training for everyone should go a long way.		Mandatory reporting, confidentiality
What are good methods for recruiting medical or outreach workers? Formerly homeless?	Hubert is unique, but other folks probably want to give back as well. But having formerly homeless outreach workers is a fragile and unpredictable model. Maybe develop a team that includes formerly homeless but does not rely on it.			Always stay within eyesight, stick together—no one alone ever, if anyone is uncomfortable the team leaves (see safety guidelines)

D. Encounter Note: (to be discussed)

E. Map: (see attached)