Strategies and Best Practices for Mobile Service Delivery: Q&A

1) **Brett, do you note any changes in Point in Time Count since the method of collection has changed to observational surveys?**

Brett Feldman: This hasn't been a universal change. Most cities I know of still are doing the physical count. This is far from a scientific method, and highly effort dependent. I would view it more as a minimum than an accurate number. It is a good way of showing trends, however.

2) **Brett, did I hear that the medical school has a street medicine track? Do you think Street Medicine will become standardized in medical systems?**

Brett Feldman: We have a Family Medicine Residency Track and have street medicine integrated into the medical and PA school curriculum. I believe in the next 10 years street medicine will be standard of care for the unsheltered homeless. Legislation, research and managed care need to catch up to what we've experienced for years.

3) **I have heard that the Feds remove CA unhoused statistic since it is such an outlier, when they report on national unhoused statistics. Any comments?**

Brett Feldman: I haven't seen this done, but that doesn't mean it hasn't been done in certain circles! One thing to be aware of is mixing the Point in Time statistics, how many on the street in a given night, with numbers over the course of the year. I was part of a panel with a high-ranking official who said the outreach teams reached 20,000 people last year, almost half of the unsheltered. However, that is assuming the number of the year is stagnant with the same 40k on the street who started the year, which is a major error in statistics.

4) **If a program is starting to do mobile medicine, how many sites do you recommend they serve? What is the minimum amount of time (duration over months) do you recommend in order to establish trust and gain ability to provide medical care? When do you consider leaving one site and starting a different one?**

Brett Feldman: This depends a lot on the staffing and frequency of street rounds. Each site should be visited at least every other week, preferably weekly. Less than that is a lifetime on the street. The amount of time to gain trust is influenced by a lot of factors like who you're going with (other established outreach teams or alone), how often you go, the skill of the team, etc. Street outreach strategies might be a coming lecture!

5) **When asking other service providers to assist, do you have signed permissions from the clients, so HIPAA is sustained?**

Brett Feldman: It depends on what we have to tell the service provider. If we have to divulge health information, then yes. If it's a close partner, we have a MOU to share information.

6) **Do you coordinate services with specific homeless outreach services?**

Brett Feldman: As many as we can and find helpful. Ideally, we can do what we do best, medicine, and they do what they do best. It doesn't always work that way, but that's ideal.

7) How do you obtain consent for treatment?

Brett Feldman: We ask just like in an office. They sign consent to treat and HIPPA forms. I've never been turned away. This was a theoretical concern, but not one we've seen in practice. What strategies can be used to reach those who are actively using drugs, particularly those who may be motivated to remain hidden?