

MOTION

People experiencing homelessness often have intensive physical and behavioral health needs. Recent surveys and studies indicate that 40% to 67% of homeless Angelenos have either a mental illness or a substance abuse disorder, while over 20% have a physical disability. In recent years, the City of Los Angeles has made sizable investments in interim housing programs where unsheltered individuals are able to come indoors and stabilize. However, these sites are not equipped with on-site medical, mental, and behavioral health support for program participants. In order to comprehensively serve the individuals moving into shelter and to ensure that staff at these sites are supported, holistic health care services should be provided on-site.

The City has recently made a sizable investment in Street Medicine, expanding in February from one team to three, which serve Council Districts 1, 4, 8, 9, 13, and 14. These mobile teams provide critical care to support unsheltered individuals, and they continue to provide services as these individuals transition to living indoors. Street Medicine teams provide the following services to individuals living unsheltered and transitioning into interim housing sites:

- General medical services, including chronic disease care, preventive care, urgent care, and wound care;
- Behavioral health services, including counseling, therapy, and medication treatment for severe mental illness with guidance from a psychiatrist;
- Addiction recovery services, including counseling and medication-assisted treatment with guidance from an addiction medicine specialist; and
- Medical care management, including coordination of specialist visits, medication delivery, health insurance enrollment, and the provision of durable medical equipment.

In November 2022, the California Department of Health Services released guidance to Medi-Cal managed care health plans that effectively encourages Medi-Cal insurers to fund and partner with organizations that bring primary care into encampments, including the Street Medicine teams doing life-saving work here in the City of Los Angeles. Thanks to this new guidance, Street Medicine teams are able to cover a large portion of the costs of these services by billing Medi-Cal for both medical services and CalAIM services. However, these reimbursements do not entirely cover the costs of the program, particularly for service recipients who, for various reasons, are uninsured. The City must subsidize these services in order to ensure that Street Medicine teams are able to provide continuous care to residents as they transition indoors from encampments, and so that these teams can expand their care to all residents of all City-funded interim housing sites.

Healthcare in Action, a Street Medicine provider, estimates that adequate service at interim housing sites would require half-day clinics once per week at interim housing sites with approximately 50 individuals and half-day clinics twice per week at interim housing sites with



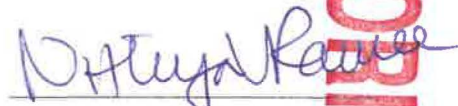
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approximately 100 individuals. For each weekly half-day clinic, the annual subsidy the City would need to provide would be \$24,000. Just over \$4 Million remains unspent and unallocated in the General City Purposes - Additional Homeless Services (GCP-AHD) fund. We should take action now to ensure that these funds are spent on the badly needed, life-saving services provided by Street Medicine teams, and that these teams are able to continue seeing clients that they serve on the street after they transition indoors.

I THEREFORE MOVE that the City Council direct the City Administrative Officer (CAO) to report back within 30 days with recommendations that will enable Street Medicine teams to provide medical, mental and behavioral health services at all City-funded interim housing sites. These recommendations should include appropriate funding, staffing, and other resources to initiate this expansion of Street Medicine services as soon as possible.

I FURTHER MOVE that the City Council direct the CAO, with the assistance of the Chief Legislative Analyst, to explore additional funding sources for these much-needed services, including State and Federal grants and potential agreements with the Los Angeles County Department of Mental Health and the Department of Health Services.

PRESENTED BY:



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SECONDED BY:



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