COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY

STREET MEDICINE PROVIDERS

- Bartz-Altadonna Community Health Center
- Behavioral Health Services, Inc.
- Central City Community Health Center
- California Department of Veteran Affairs
- Charles Drew University
- Healthcare in Action
- Homeless Health Care LA
- JWCH Institute
- Kedren Health
- Los Angeles Christian Health Centers
- Los Angeles County, Department of Health Services Housing for Health
- Los Angeles County, Department of Mental Health
- Los Angeles County, Department of Public Health
- Martin Luther King Jr. Community Hospital
- Northeast Valley Health Corporation
- Saban Community Clinic
- San Fernando Community Health Center
- St. John's Community Health
- Tarzana Treatment Centers
- TCC Family Health
- UCLA Health Homeless Healthcare Collaborative
- Union Rescue Mission
- USC Street Medicine
- Venice Family Clinic

PARTICIPATING PARTNERS

- Anthem
- Blue Shield CA
- Health Net
- Healthcare LA IPA
- Kaiser Permanente
- L.A. Care Health Plan
- Molina Health Care
- Southside Coalition of Community Health Centers

CCALAC represents 65 community health centers in Los Angeles County, operating over 380 full-time sites. These community health centers serve as the medical home for 1.89 million patients per year, with nearly 87,000 of these patients experiencing homelessness.

CCALAC.ORG

LOS ANGELES COUNTY STREET MEDICINE COORDINATION COLLABORATIVE

Convened by CCALAC, the collaborative aims to coordinate street medicine services among all providers in Los Angeles County to ensure linkages to specialty and direct care, medical homes, housing, and other supportive services. The collaborative will work to develop a network of street medicine providers in LA County that are aligned in their mission to provide consistent trauma-informed care that is comprehensive, patient-centered, and addresses both the health and social needs of patients experiencing homelessness.

LONG-TERM GUIDING THEMES

TECHNOLOGY-ENABLED INFORMATION SHARING

Build upon existing communication platforms to establish an **interoperable system of coordination** where all street medicine providers can access patient health information and coordinate across the delivery system.

MEANINGFUL MAPPING

Create a map that would enable better **geographic coordination** by highlighting coverage area, coverage frequency, and services being offered by all street medicine providers.

CONSISTENT COORDINATED CARE

Develop **standards of care agreements** for all providers to follow to ensure whole person care is being delivered.

SPECIALTY CARE AND SUPPORTIVE SERVICES

Expand **working partnerships** across the health care continuum to address the complex medical needs for patients in need of SUD treatment, mental health services, and primary and specialty care.

WHOLE-PERSON, TRAUMA-INFORMED CARE

Provide care for people with complex needs by **considering their full spectrum of needs** including medical, behavioral, socioeconomic and beyond, as well as acknowledging their history with trauma.

HOUSING LINKAGES

Refer patients to entities that can connect patients to the **coordinated entry system** with the ultimate goal of **permanent supportive housing placement**.

MEMBER DRIVEN. PATIENT FOCUSED. @CCALAC