2025 STREET MEDICINE AGENDA

CALIFORNIA STREET MEDICINE COLLABORATIVE

USC Street Medicine

USC Institute on Inequalities in Global Health

USC Homelessness Policy Research Institute

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This Agenda offers a strategic roadmap to guide national coordination, policy reform, and field-building efforts in street medicine in the United States. Grounded in the collective thinking, experience, and vision of more than 75 national leaders who gathered in Washington in May 2025 at the *U.S. Street Medicine Summit*, it marks the beginning of a shared national effort. The document offers a snapshot of where the field stands today and where it aims to go, recognizing that the landscape continues to evolve.

Through a process of collaborative brainstorming, thematic synthesis, and structured voting, participants identified shared priorities that span regions, practice models, and policy contexts. The Agenda brings together a mix of research questions, policy proposals, and practical interventions—many of which are deeply interconnected—and further work will be required to refine, implement, and assess them. To support prioritization and sequencing, Summit participants voted on the proposed agenda items based on perceived impact, feasibility, and urgency. Items that received the strongest consensus were designated as Tier 1 priorities, while those identified as critical but requiring further development or longer timelines were placed in Tier 2.

While this is a living document that will continue to evolve, it offers a clear north star—charting a path for national coordination, policy change, and field-building efforts in street medicine.

AT A GLANCE

CORE PRIORITIES OF THE 2025 STREET MEDICINE AGENDA

TIER 1

- Establish national standards, models, and outcome measures for street medicine
- Advance access to food, water, and hygiene for people living outdoors
- Develop sustainable and inclusive payment mechanisms
- Build the evidence base for street medicine's impact on systems and health outcomes
- Strengthen national and state infrastructure for leadership in the field of street medicine

TIER 2

- Develop and support a specialized street medicine workforce
- Define and strengthen street medicine's role in the housing continuum
- Advance data integration across health and housing systems for unhoused patients
- Expand legal support, access to justice, and rights protections for patients and the field

TIER 1

1. ESTABLISH NATIONAL STANDARDS, MODELS, AND OUTCOME MEASURES FOR STREET MEDICINE

- Develop a national taxonomy of street medicine that defines distinct program types, scopes of service, care workflows, staffing models, and sustainable financial approaches.
    - Establish a tiered framework that allows programs to align with minimum standards while retaining flexibility.
- Establish a core set of outcome and quality metrics across clinical, behavioral health, housing, and justice-related domains, enabling consistent evaluation of impact across programs.
    - Where it serves patients well, seek to align these metrics with state and federal quality improvement efforts to support integration into broader systems of care.

2. ADVANCE ACCESS TO FOOD, WATER, AND HYGIENE FOR PEOPLE LIVING OUTDOORS

- Advocate for state and federal funding dedicated to ensuring access to food, water, and hygiene as part of public health infrastructure for people experiencing homelessness.
    - Advocate for the recognition of water, hygiene, and food access as fundamental health rights for people living without shelter.
- Partner with local governments and agencies to expand on-site access to toilets, showers, handwashing, and meals for people who are unsheltered—particularly in encampments and high-need outdoor settings.
    - Evaluate the impacts of interventions and policies—such as “right to hygiene” initiatives—that aim to increase access to these essential services.
- Support peer- and community-led efforts to provide food, water, and hygiene services, including resourcing unhoused individuals and grassroots organizations to lead or co-design service delivery.

3. DEVELOP SUSTAINABLE AND INCLUSIVE PAYMENT MECHANISMS FOR STREET MEDICINE

A. Build Tailored and Equitable Financing Models

- Create and advocate for bundled payment models specific to street medicine and collaborate with policymakers to determine appropriate payers.
- Revise eligibility mechanisms and reduce burdensome assessments to improve patient enrollment and retention in Medicaid and related services, with special attention to populations vulnerable to disenrollment or who face administrative or legal barriers to access.
- Advocate for alternative eligibility and reimbursement pathways for care provided to uninsured and undocumented individuals, including those excluded from traditional safety net systems.

B. Expand Coverage for Holistic and Behavioral Health Services

- Improve reimbursement for street psychiatry and other behavioral health interventions by ensuring automatic eligibility on the basis of experiencing unsheltered homelessness.
- Research and adopt state-level policy changes to integrate street psychiatry and behavioral health into managed care systems.
- Support funding partnerships for wraparound services—such as housing support, behavioral health care, and legal aid—delivered by street medicine teams.

C. Strengthen Billing and Reimbursement Infrastructure

- Expand and strategically apply Z-codes across the patient journey to capture and support social needs.
- Conduct research on how street medicine can optimize billing to increase reimbursement.
- Identify payment pathways for non-licensed providers and outreach roles.

4. BUILD THE EVIDENCE BASE FOR STREET MEDICINE'S IMPACT ON SYSTEMS AND HEALTH OUTCOMES

- Launch a national research collaborative on street medicine to strategically guide research efforts.
- Identify funding and implement research to demonstrate the impact of different types of street medicine programs on patient outcomes and health care costs.
    - Prioritize studies on cost savings, quality outcomes, and system utilization.
    - Ensure funding mechanisms are available for community-based teams to participate in research.

5. STRENGTHEN NATIONAL AND STATE INFRASTRUCTURE FOR LEADERSHIP IN THE FIELD OF STREET MEDICINE

- Establish or designate a national coordinating entity to guide implementation of the *2025 Street Medicine Agenda*, foster alignment across regions, and serve as a hub for collaboration, policy advocacy, and resource-sharing.
- Support the development of state-level street medicine collaboratives to advance region-specific strategies, share best practices, and engage local policymakers.
- Ensure meaningful leadership from people with lived experience of unsheltered homelessness by embedding them within governance, advisory, and decision-making bodies.
- Create infrastructure to monitor and respond to emerging threats to patient safety, service delivery, and team operations—including criminalization and deportation risks.

TIER 2

1. DEVELOP AND SUPPORT A SPECIALIZED STREET MEDICINE WORKFORCE

- Build a robust street medicine workforce pipeline by developing a certification process and integrating street medicine electives and practicums into medical, psychiatry, and social work training programs.
- Establish street medicine curricula in medical schools, residency programs, and allied health training.
- Provide Continuing Education-accredited training in trauma-informed care, structural competency, and social medicine.
- Advocate for sustainable funding to grow and sustain this specialized workforce.

2. DEFINE AND STRENGTHEN STREET MEDICINE'S ROLE IN THE HOUSING CONTINUUM

- Create detailed, consistent measures regarding housing status and health that can be tracked across the spectrum of homelessness (e.g., emergency shelters, supportive housing) and service settings.
    - Leverage this data to support housing prioritization for patients with complex or advanced health conditions.
- ·Study health trajectories before and after housing placement among street medicine patients.
- Create standards for care continuity during housing transitions.
- Explore and expand pathways for street medicine teams to participate in medical respite, housing navigation, and post-housing follow-up.

3. ADVANCE DATA INTEGRATION ACROSS HEALTH AND HOUSING SYSTEMS FOR UNHOUSED PATIENTS

- Support the development of integrated data platforms and health information exchanges to enable real-time coordination across healthcare, housing, public health, and homelessness services.
- Clarify HIPAA regulations and promote the use of opt-out universal ROI forms to facilitate ethical and legal data-sharing.
- Launch pilot projects using standardized MOUs and ROI templates to improve data-sharing workflows across sectors.
- Conduct research on current data collection barriers, including qualitative interviews with stakeholders in states with successful integration models, and document strategies for replication.
- Promote and incentivize the collection and standardization of social determinants of health (SDOH)—especially housing status—across healthcare and community-based settings, including non-traditional points of care such as college campuses.
- Document and disseminate best practices from states that have achieved integrated care data systems to inform national strategies.

4. EXPAND LEGAL SUPPORT, ACCESS TO JUSTICE, AND RIGHTS PROTECTIONS FOR PATIENTS AND THE FIELD

- Provide real-time legal support to patients experiencing unsheltered homelessness—focused on housing, benefits, immigration relief, citations, and criminalization.
- Advance legal and human rights strategies to protect patient care during encampment actions, involuntary removals, or enforcement policies that threaten continuity of care, autonomy, or the wellbeing of patients.
- Develop legal infrastructure to support street medicine teams facing institutional or legal threats.
- Explore medical-legal partnerships in street medicine to address barriers and study their role in protecting health access, including amid rising criminalization.

ADDITIONAL THEMES

- Develop a research and policy framework that affirms the rights to housing, health, and dignity for people who are unhoused. This framework should be responsive to the current federal climate and legal landscape that increasingly threatens those rights.
- Launch storytelling campaigns and public education initiatives to counter stigma and highlight the impact of street medicine.

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