

Loyola Street Medicine Elective

CCGH 475
syllabus



- Sign into the LUMA Loyola Street medicine opt in group in Epic.
- Make sure that you are able to access the Loyola Street Medicine Inpatient Consult Service shared list in Epic.
- Get sign out from the students finishing up the elective prior to starting on Monday.

The inpatient consult service runs **Monday-Friday, 8am-5pm**. You will need to be available to see patients and responding to Epic secure chat messages during this time.

MONDAY

- Round on patients in the morning, attend WIND rounds
- Attend medical respite rounds at Sojourner House with Dr. Bareis at 12:30pm

TUESDAY

- Round on patients in the morning, attend WIND rounds
- Follow up on assigned tasks
- Listen to podcasts / webinars

WEDNESDAY

- Round on patients in the morning, attend WIND rounds
- Follow up on assigned tasks
- Listen to podcasts / webinars

THURSDAY

- Round on patients in the morning, attend WIND rounds
- CTA Blue line outreach from 7-11pm (711 Des Plaines Ave)

FRIDAY

- Attend Live4Lali outreach from 11am-1pm (1014 S. 17th Ave, Maywood)
- Round on patients in the afternoon, see new consults



ORIENTATION MATERIALS & REQUIRED READING

(To complete before starting the elective)

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Loyola Street Medicine [Intro Lecture](#)

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[HOUSED BEDS](#) assessment

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[LSM podcast](#) on HOUSED BEDS

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Inpatient consult service
[orientation document](#)

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Understanding [medical respite](#)

☐

2025 Community Homelessness
[Needs Assessment](#)



HOUSED BEDS

A standardized approach to gather **essential social, medical, and behavioral health history**.

H HOMELESSNESS History

- Length of homelessness
- Frequency
- Patient's definition of "home"



O OUTREACH & Services

- Engagement with other orgs/people
- Frequency of contact
- Types of services received
- Frequency



U UTILIZATION

- ER/hospital visits
- Social service use
- Judicial system interacts/jail
- Frequency



S SALARY / Income

- Sources of income (employment, benefits, dynamic sources)
- Frequency



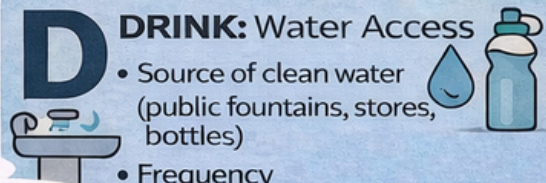
E EAT: Food Access

- Sources of food (food banks, meal programs)
- Frequency



D DRINK: Water Access

- Source of clean water (public fountains, stores, bottles)
- Frequency



B BATHROOM Access

- Types of facilities (public, portables, business)
- Privacy, availability



E ENCAMPMENT Environment

- Sleeping location
- Shelter type
- Exposure



D DAILY Routine

- Typical day's flow
- Potential barriers to care

S SUBSTANCE Use

- Substance types
- Frequency of use
- Impact on health and routine

→ OUTCOME:

Comprehensive Treatment Plan

- Tailored care
- Trust Building
- Reality-Based planning



Developed by Keck School of Medicine of USC

Illustrative



Center for
Health Care
Strategies



Center for
Health Care...

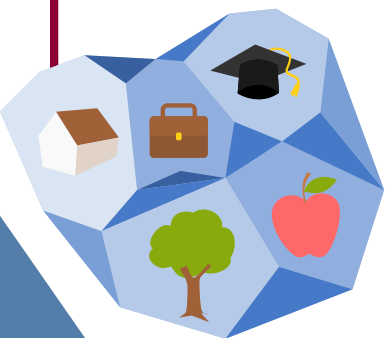
COMMONLY USED RESOURCES:



LSM
RESOURCE DRIVE



- [Beds Plus](#) referral form
- [Resource database](#) in the google drive
- [MLP referral form](#)
- Get oriented with the HUD resource locator:
<https://resources.hud.gov/>
- Understand the [City of Chicago guidance](#) related to safely discharging and placing people experiencing homelessness into City of Chicago shelters (updated Sept 2025)
- Street outreach [resource map](#)



IL PATHWAYS TO HOUSING

<https://sites.google.com/litworks.org/housing>

- National Health Care for the Homeless Council's new [centralized resource library](#)
- [CSM resource database](#)
- [CSM weekly run schedule](#)



COMMUNITY PARTNERS

click on logos to learn more



CHICAGO
STREET
MEDICINE



ADDITIONAL READING:

In order of relevance to the elective

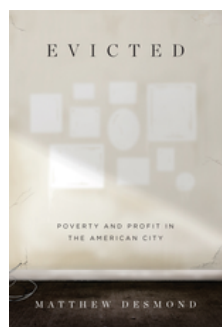
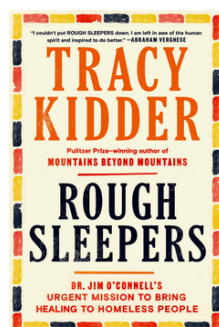


- Loyola Street Medicine cases
- CSM [Education resources](#):
- Chicago [Point in Time count](#):
- WTTW [Firsthand homeless](#) in Chicago
- Pre and Post-operative care: [Adapted guidelines](#) for HCH providers
- Medical Provider's [guide](#) to creating care and discharge plans for PEH who are hospitalized



- Criminalization of Homelessness
 - [Housing not Handcuffs](#)
 - SMISC [criminalization policy updates](#)
 - [Civil rights and homelessness](#)

[Healing Hands](#), a publication of the HCH Clinicians' Network, melds scientific knowledge with the experience of clinicians working in Health Care for the Homeless and reflects issues of concern to direct service providers and program administrators who serve people experiencing homelessness.



QUICK TIPS:

- **Is patient a veteran?**
 - If YES, reach out to Donald Donahue, Homeless Program Care Coordinator at VA Hines health care
 - Phone: 708-202-4952
 - Email: Donald.donahue@va.gov
 - Confirm if patient is eligible for services and if they are already working with the homeless veterans program
- **Does patient have a criminal history?**
 - If YES, please refer to reentry programs and resources
 - Anyone on the sex offender registry cannot be accepted to medical respite (and most facilities)
- **Are there school aged kids involved?**
 - If yes, get them in contact with the McKinney Vento liaison
- **Please plug everyone into the LSM cell phone so we can follow up after they get discharged.**
 - Give everyone our business card, even if they are not interested in resources
- **Encourage follow at the CTA blue line clinic when possible. Provide extra CTA passes.**

Revive
pamphlet

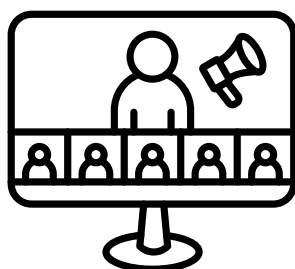


OPHC resource
card



CURRENT EVENTS AND RECENT WEBINARS OF NOTE

- Dissecting the Street medicine landscape with Street medicine leaders ([NHCHC August 2023](#))
- In LA, street psychiatrists offer a radical solution to homelessness and mental health ([NYT Oct 2024](#))
- Seniors are the fastest growing group experiencing homelessness. Why? ([NPR June 2025](#))
- One year since Grants Pass - Tracking the criminalization of homelessness ([ACLU Feb 2026](#))
- Children in Families Experiencing Homelessness ([SMI April 2026](#))
- Medicaid changes begin January 2027: <https://getmedicaidfacts.com/>
- No Address on the Chart: Hospital Experiences of Patients Without Housing and the Teams Who Care for Them ([NHCHC April 2026](#))



ELECTIVE WRAP UP

must submit before receiving final grade



1. Submit log of patients seen: [sample log](#)
2. Submit a personal reflection on the experiences of this rotation and how what you witnessed will shape your future career. Please include your response to the following questions in your final reflection:
 - a. As a result of this rotation, what additional insights have you gained into patients experiencing homelessness and how will this impact your future practice as a physician?
 - b. What challenges did you and your team face when coordinating care and discharge planning for patients experiencing homelessness?
 - c. What are your thoughts on the concept of homelessness being a crime?
3. Complete debriefing session with elective course director.



KEY LEARNING POINTS:

- Utilize the HOUSED BEDS tool on any patient struggling with social determinants of health as a way of understanding their situation and developing a patient centered care plan.
- Discharge planning for individuals experiencing homelessness is often complex and requires an interprofessional approach.
 - Effective street medicine relies on teamwork with social workers, outreach staff, case managers, and community organizations—not just physicians.
- Caring for patients on the street reveals how housing, food access, safety, and trauma directly shape health outcomes more than any single medical intervention.
- Meeting patients where they are—whether with substance use, wound care, or chronic illness—improves outcomes and preserves dignity.
- Physicians have a role beyond bedside care—advocating for housing, policy change, and resource allocation is integral to improving health.



