

Protip: The title is clear, engaging, and immediately conveys both the focus and target population, effectively drawing reader interest.

Street Psychiatry: On-The-Ground Experiences and Model Comparisons to Support People Experiencing Unsheltered Homelessness

From 2015 to 2023, the number of people experiencing unsheltered homelessness (PEUH) in the U.S has increased by 80,000, with an unprecedented 39% of people experiencing homelessness now sleeping outside in tents, cars, parks, on sidewalks, and other areas not designed for regular human habitation. Unsheltered homeless populations have poorer health, increased mortality, and greater prevalence of serious mental illness (SMI) and substance use disorders (SUD) compared with housed populations and sheltered homeless populations. These health disparities are further exacerbated by the fact that PEUH face significant barriers to accessing general medical treatment and mental health care, including cost, access to transportation, lack of insurance, involuntary displacement, competing needs, stigma, prior negative healthcare experiences, distrust in the healthcare system, and symptoms of untreated SMI, SUD, and other psychiatric disorders.

Several localities across the country have responded to this inequity in access to care for PEUH by implementing novel low-threshold street-based psychiatric service models that take into account both the clinical needs and barriers to care experienced by this structurally vulnerable and medically underserved population. Common themes/strategies used by these programs include outreach, stabilization, assessment/treatment provided on-the-ground where clients reside (such as street-side or in encampments, as opposed to clinic-based), rapport/relationship-building, motivational interviewing, harm reduction, client education, prioritizing client-driven goals, and linkage to shelter/housing. Programmatic differences/contrasts include differing forms of collaboration/integration with other healthcare entities, collaboration with non-healthcare entities, composition of teams, roles of

Protip: Opening establishes a significant, real-world problem with clear data and scope

Protip: The abstract explicitly identifies barriers to care, reflecting strong constraint-aware and clinically grounded framing.

Protip: The abstract describes concrete service models, demonstrating actionable, implementation-level specificity and clear practice relevance.

team members, referral sources, programmatic size/scope, and payer/funding sources.

This general session will feature a moderated panel of multiple street-based/low-threshold psychiatrists from different localities and programs, including in Boston, Chicago, Los Angeles, and San Francisco. A brief introduction to

street-based psychiatry will be given. After this, panelists will share each of their team's models of care delivery, including detailing their unique program design, funding, and clinical approaches. This will be followed by a

moderated Q&A using challenging case examples to show the structural similarities and differences

between programs as well as audience Q&A. This will allow for a natural comparison and contrasting of the various models, associated strengths/challenges of each model, as well as sharing of on-the-ground experiences, with the goal of demonstrate how psychiatrists can best provide high-quality, accessible care to this population.

00:00 - Begin with introduction to topic, panelists, and disclosures

00:05 - Overview of low-threshold/street psychiatry (Slides/presentation)

00:20 - Comparison of street-based/low-threshold programs in different cities including program design, funding, and clinical approaches (Brief slides + panelist presentation)

00:50 - Challenging case presentations to show how to provide effective care for this population (Panelist discussion)

01:10 - Audience Q&A + Open discussion (Panelist and audience discussion)

01:30 – End

Protip: Comparative framing across multiple cities highlights expertise from around the U.S., enhancing generalizability and transferability

Protip: The abstract details the panel format with a moderated discussion and case-based examples showing clear session architecture and active audience participation.

Protip: The session integrates panel discussion, challenging case presentations, and active audience participation through Q&A and discussion.