ATSH Virtual Learning Session 3: Caring for Patients without Stable Housing
Today’s Speakers

Teresa Whitney
Manager of Alcohol and Other Drug Counselors
Father Joe’s Villages

Barry Zevin, MD
San Francisco Department of Public Health
Whole Person Integrated Care
Medical Director, Street Medicine, Shelter Health, Urgent Care

Jason Reinking, MD
Medical Director
Trust Health Center
Challenges in Caring For Patients Without Stable Housing

- Staying connected to patients
  - Some patients have limited or inconsistent access to telephone/internet
  - Locating patients
- Providing counseling support for current MAT patients and keeping pre-existing relationships with patients strong
- Preference for in-person care by some patients; may be resistant to virtual care
- Potential exacerbation of pre-existing mental health concerns
- Change in illicit drug supply
  - Price of drugs has increased, Fentanyl; also problems with access to alcohol, tobacco, etc.
- Getting patients on active Medi-Cal – workarounds can vary by county/locale
Ending Homelessness in San Diego, one life at a time
Our Community and Team and COVID19

- FQHC and Homeless Service Provider in downtown San Diego
- The Village Health Center serves 3,000+ patients annually through integrated services
- Huge progress in increasing MAT availability since 2018
- COVID19 response: Outreach, street health, and COVID testing at the San Diego Convention Center (1,000+ sheltered individuals!)
- Altogether, almost 100% monthly visit volume increase from pre-COVID!
<table>
<thead>
<tr>
<th>Covid19-related Challenges</th>
<th>Our Solutions</th>
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</thead>
<tbody>
<tr>
<td>Lacks basic needs</td>
<td>Telehealth COVID19 Screening Tool</td>
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<tr>
<td>Vulnerability to COVID19</td>
<td>Emergency shelter COVID19 testing</td>
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<td>Patients uprooted during COVID19</td>
<td>Health Center does onsite services at shelter</td>
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<td>Longer prescription-telehealth inductions</td>
<td>Use of COVID19 Protocols and Workflows</td>
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<td>Telehealth: Pts no access to phone/internet</td>
<td>Use of clinic phones -Follow COVID19 Script</td>
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<tr>
<td>Changes in illicit drug supply</td>
<td>Providing Naloxone, Narcan trainings</td>
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<tr>
<td>Increase in MH and SUD Symptoms</td>
<td>Health Center Integrated Care</td>
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Convention Center Efforts:

- **Outreach**: 164 encounters, 110 first-time contacts – resulting in 11 new inductions
- **Street health**: 323 visits with 243 individuals
- **COVID testing**: 2,028 tests for 1,395 individuals (only 3 positives!)

Meanwhile...

- Maintained MAT census of ~75 clients/month
- Averaged 12 inductions/month
- Successfully created telehealth in one afternoon
Barry Zevin, MD
San Francisco Department of Public Health: Whole Person Integrated Care
Street Medicine and Shelter Health
Low Barrier MAT Program

Team Principles

• Outreach, engagement, trust-building
• Assessment
• Transitional primary care model
  • Accessible, acceptable, and effective care
  • Comprehensive view of healthcare
  • Collaborative
  • Transition when stable

Photo credit SF Chronicle
# Barriers to Opioid Use Disorder Treatment in San Francisco PEH Population

<table>
<thead>
<tr>
<th>Patient challenges</th>
<th>Prescriber perception of patients</th>
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<tbody>
<tr>
<td>No Medi-Cal/Medi-Cal inactive</td>
<td>“They are out of control”</td>
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<tr>
<td>No ID</td>
<td>Frequent lost or stolen medication</td>
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<tr>
<td>No phone</td>
<td>High risk of diversion of medication</td>
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<tr>
<td>Difficulty making appointments</td>
<td>Poor understanding of reasons not to divert medication</td>
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<tr>
<td>Can’t / won’t leave stuff / pets</td>
<td>Goals other than abstinence</td>
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<tr>
<td>Can’t / won’t leave partner</td>
<td>Poor previous track record of adherence to medical plans</td>
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<tr>
<td>Lack of trust for doctors</td>
<td>Missed appointments</td>
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<tr>
<td>Warrants or other criminal justice complications</td>
<td>Safety risk</td>
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<tr>
<td>86’d from clinics</td>
<td>Time consuming and manipulative</td>
</tr>
<tr>
<td>Chaotic constant drug use</td>
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<tr>
<td>Acute medical issues</td>
<td>Prescriber perception of buprenorphine</td>
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<tr>
<td>“They just want to control you”</td>
<td>Handle “red flags” same as for opioid analgesics</td>
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<td></td>
<td>Dangerous and difficult to use</td>
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Overcoming Barriers to MAT for PEH in SF

• No Medi-Cal – Arrangement with County Mental Health Pharmacy

• No ID – Outreach to chain pharmacy regional directors to accept ID letters from provider (going to individual managers was a flop)

• Can’t make appointments – Open Access Model, no appointments to miss. Multiple sites with different days and times all accessible.

• No trust of medical providers/institutions – Shannon D “secret weapon” peer outreach worker, growing group of people with good experience spreading word of mouth. Consistency!

• Medical providers don’t want to Rx “a controlled substance” – High level of support in organization (Director of DPH and Mayor), policy and procedure with provider input and regular quality improvement, clinical champions willing to formally and informally train others

• Others
• Year 1 pilot results n= 95
• 70% of patients followed up after induction
• Interruptions in treatment were common: 42% of patients who followed up after induction had a treatment interruption of 1 month or greater with return to care
  • Shorter treatment interruptions also very common
• Average maintenance dose of buprenorphine 20.6 mg
• 75% of patients used CBHS pharmacy
Jason Reinking, MD
Lifelong TRUST Clinic

• Collaboration between Alameda County Health Care for the Homeless and Lifelong Medical Services
• Servicing >2500 persons experiencing homelessness since 2015
• Located in downtown Oakland, CA
• 7 MAT providers (4 primary care, 3 psychiatry)
• 3 street medicine teams servicing zones with over 1500 street sleeping patients
• > 500 patients with OUD at any one time, with approx 200 having been inducted onto buprenorphine, with consistent retention of 50 per month
• Therapy, Psychiatry, and Substance Abuse Counseling services onsite
MAT Barrier Removal Strategies

- **Engagement**
  - Location
    - TRUST clinic daily walk-in capacity
    - Street Medicine
    - Co-locating at needle exchange
  - Signage and flyers
  - Field inductions
- **Procurement**
  - Same day
  - Accompaniment
    - Pharmacy assisting in establishing identity (BPC 4075)
- **Short term case management**
COVID-19 Era MAT Strategies

• COVID-era Street Medicine MAT program focus
  • Intentional education and awareness leading to higher MAT use
  • Early education around depo buprenorphine (sublocade)
• Telehealth inductions and maintenance
• Longer prescribed courses
• Telephone support
  • Grant based phone procurement
  • Grant-based solar chargers
  • California Lifeline up-to-date listings
Discussion
Next Steps

The breakout room will close at 1:50 pm and you’ll be automatically sent back to the main Zoom room.

Please fill out the poll/survey.

Thank you!