

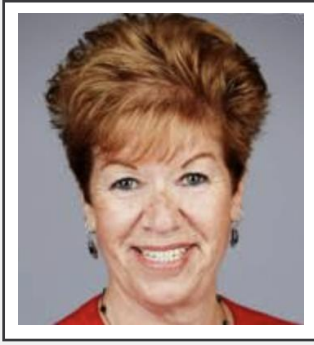
ATSH Virtual Learning Session 3: Caring for Patients without Stable Housing



Introductions



Today's Speakers



Teresa Whitney

Manager of Alcohol and Other Drug Counselors

Father Joe's Villages

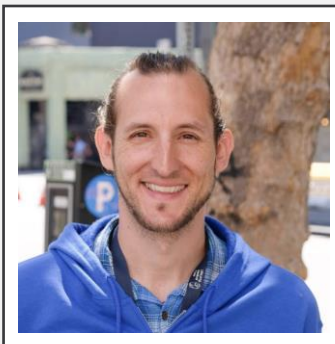


Barry Zevin, MD

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





Father Joe's Villages

Ending Homelessness in
San Diego, one life at a time

Village Health Center

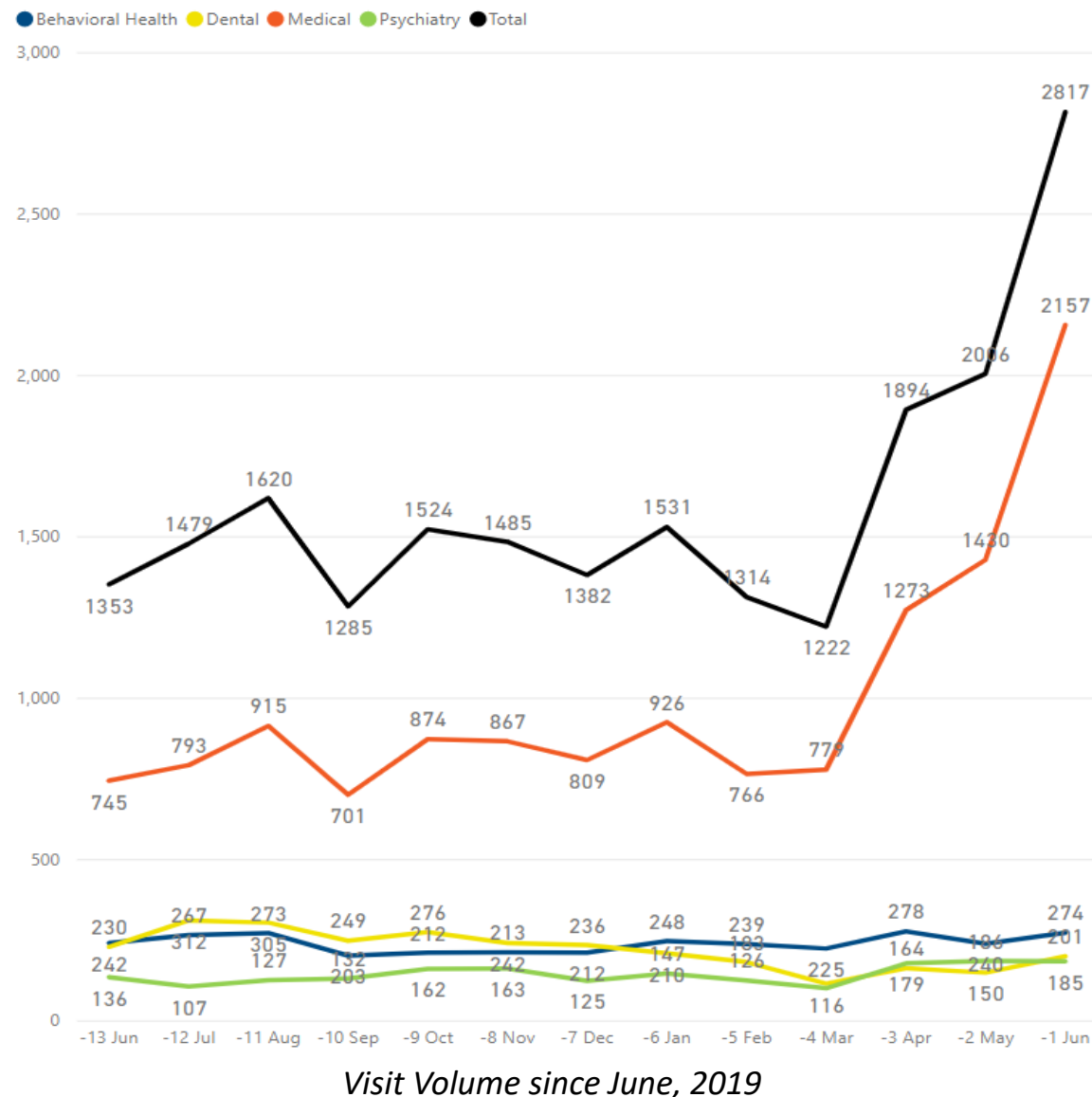


VHC Street Medicine



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!



Covid19-related Challenges	Our Solutions
Lacks basic needs	Telehealth COVID19 Screening Tool
Vulnerability to COVID19	Emergency shelter COVID19 testing
Patients uprooted during COVID19	Health Center does onsite services at shelter
Longer prescription-telehealth inductions	Use of COVID19 Protocols and Workflows
Telehealth: Pts no access to phone/internet	Use of clinic phones -Follow COVID19 Script
Changes in illicit drug supply	Providing Naloxone, Narcan trainings
Increase in MH and SUD Symptoms	Health Center Integrated Care

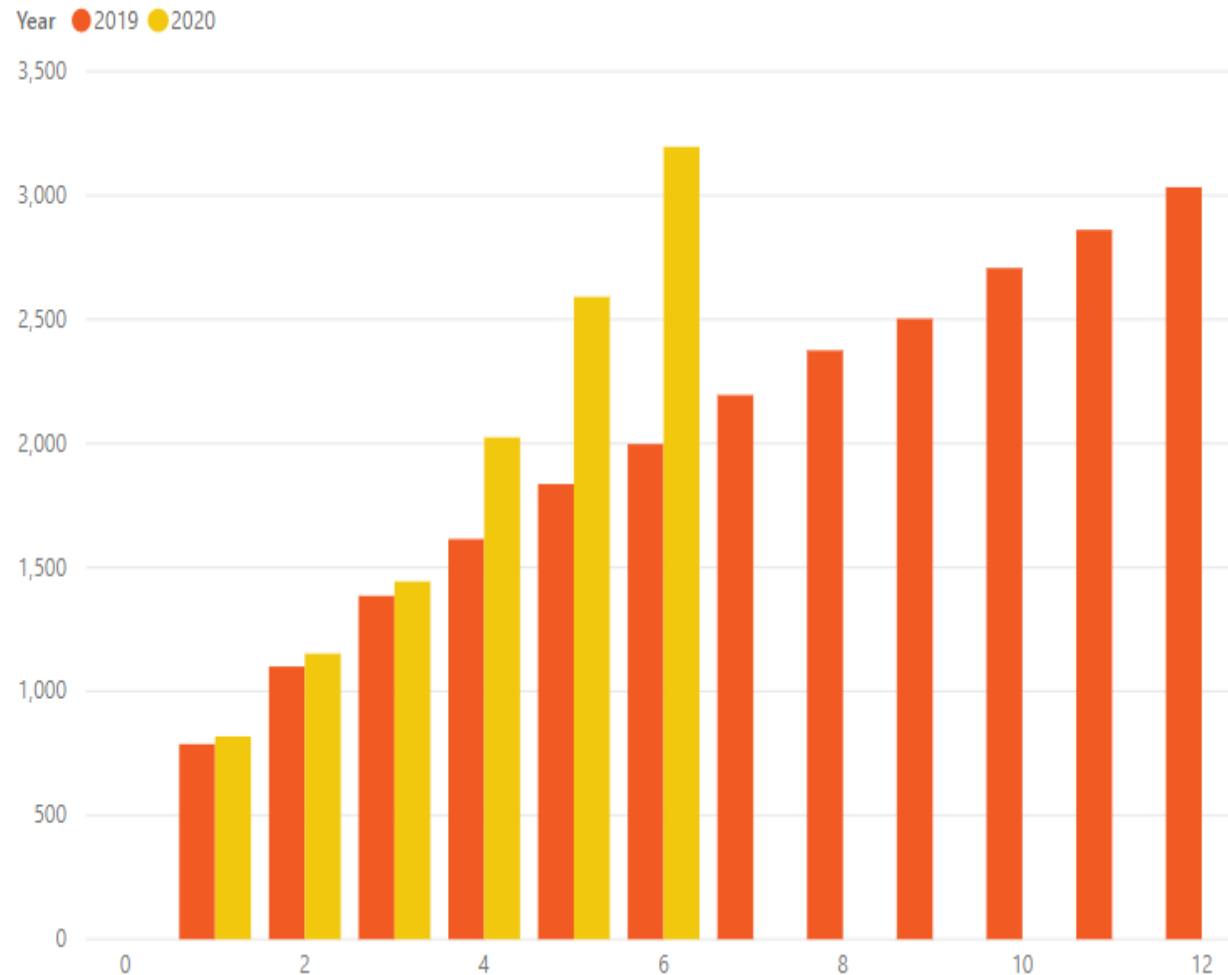
January to June 2020

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



Unduplicated Patients: 2019-2020 comparison

Barry Zevin, MD



San Francisco Department of Public: Health Whole Person Integrated Care
Street Medicine and Shelter health
Low Barrier MAT Program



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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

- **Patient challenges**

- No Medi-Cal/Medi-Cal inactive
- No ID
- No phone
- Difficulty making appointments
- Can't / won't leave stuff / pets
- Can't / won't leave partner
- Lack of trust for doctors
- Warrants or other criminal justice complications
- 86'd from clinics
- Chaotic constant drug use
- Acute medical issues
- "They just want to control you"

- **Prescriber perception of patients**

- "They are out of control"
- Frequent lost or stolen medication
- High risk of diversion of medication
- Poor understanding of reasons not to divert medication
- Goals other than abstinence
- Poor previous track record of adherence to medical plans
- Missed appointments
- Safety risk
- Time consuming and manipulative

- **Prescriber perception of buprenorphine**

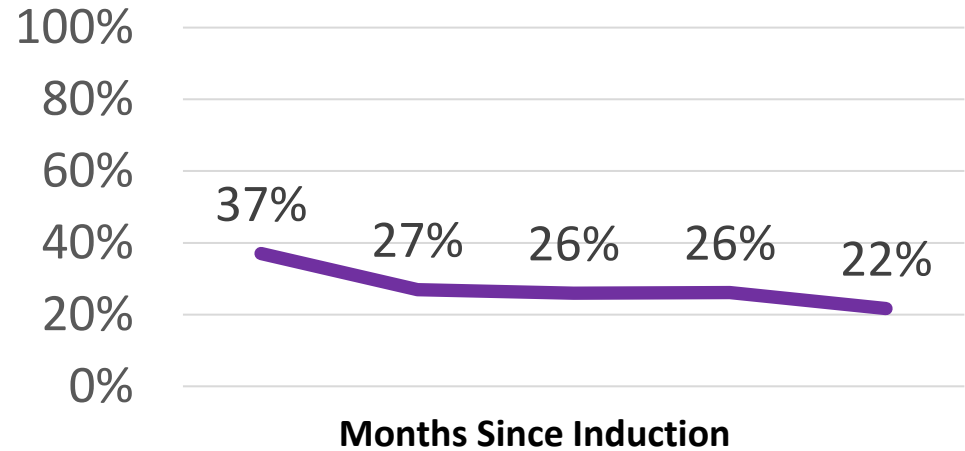
- Handle "red flags" same as for opioid analgesics
- Dangerous and difficult to use

Overcoming Barriers to MAT for PEH in SF

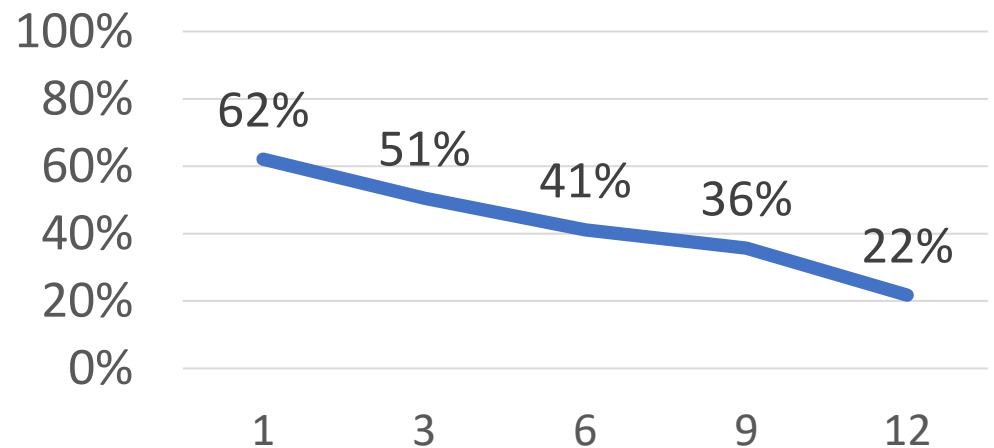
- No Medi-Cal – Arrangement with County Mental Health Pharmacy
- No ID – Outreach to chain pharmacy regional directors to accept ID letters from provider (going to individual managers was a flop)
- Can't make appointments – Open Access Model, no appointments to miss. Multiple sites with different days 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

Retention on Buprenorphine by Month



Retention in Care by Month



Jason Reinking, MD



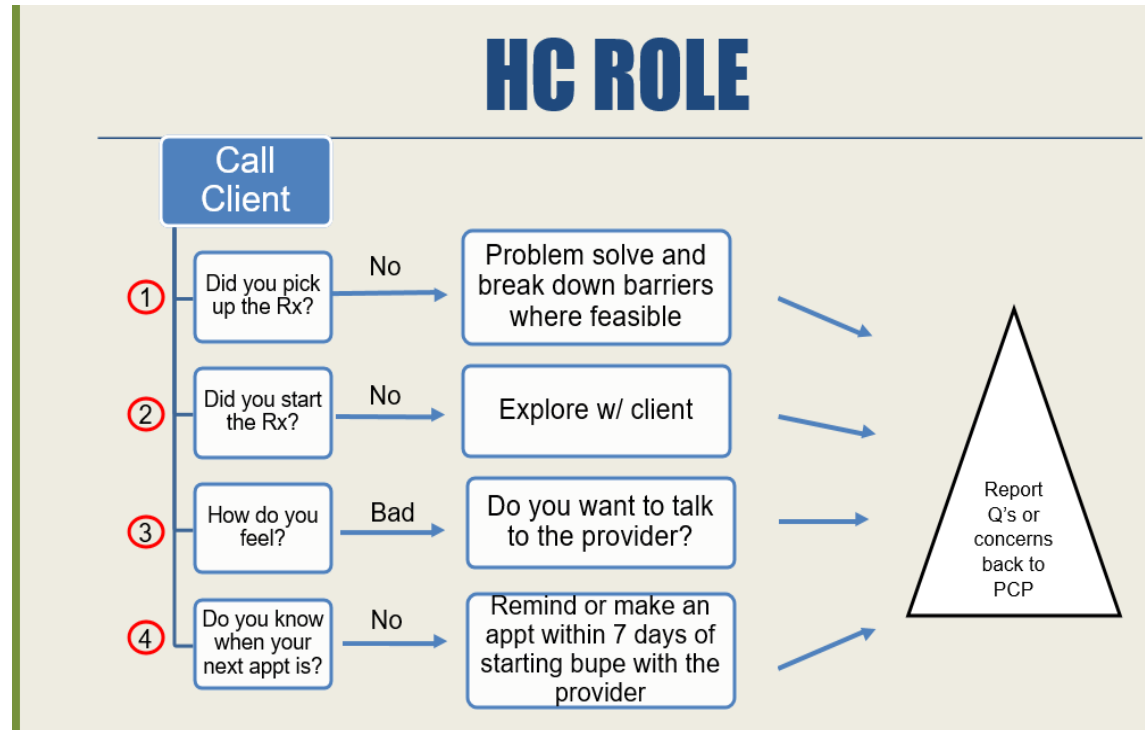
Lifelong TRUST Clinic

- 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
 - https://www.dhcs.ca.gov/provgovpart/Documents/COVID-19-FAQ-MAT-and-Telehealth_CSD.pdf
- Longer prescribed courses
- Telephone support
 - Grant based phone procurement
 - Grant-based solar chargers
 - California Lifeline up-to-date listings (<https://www.californialifeline.com/en>)



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!

