Who We Are

• San Fernando Valley (Los Angeles, CA)
• Homeless Community
• Healthcare for the Homeless Program within an FQHC
• EHR system – Nextgen software
Share your work

• Since learning session 1, what changes have you made or did you try out?
  • Contingency Management (started August 2019)
  • Weekly Refill/Stabilization Group (started June 2019) – one 4 hr block (Wed 11 am -3 pm)

• Describe HOW you made the change, including:
  • Who was involved in planning the change: MD, RN, SUD Counselor, Clinic Administrator.
  • Who was involved in testing the change: LVN, MA, LAB Tech.

• What workflows were impacted: Scheduling, Time Management

• What tools did you use:
  • Fentanyl testing for Harm Reduction
  • Food during groups
  • Contingency mgmt (gift cards) for neg UDS for opioids and methamphetamine
Key Learnings

• What have you learned so far?
  • Our biggest surprise was that the number of MAT patients increased by 50% in the past 3 months after starting MAT weekly stabilization groups

• If you could go back and do one thing different, it would be...establishing groups earlier, extend the hours of group refills, increase food providing budget.

• What are some early wins or successes from the change? 97% of engaged MAT patients (in program for 6 months) are heroin-free; 25% in program > 1 year; referrals from other patients

• Challenges
  • What got in your way? Communication and transportation for our homeless patients; lack of housing
  • Where did things not go well? Broken appointments, Low retention rate
  • What are doing to mitigate the challenges? We are contacting patients the day before the appointment
Q&A and Discussion Questions

List 2 questions or challenges you want to discuss after your presentation with folks in the room (to promote cross sharing with peers).

1. How do you retain homeless patients in treatment?
2. What treatment alternative do we have for meth use?