



Father  
Joe's  
Villages

# Integrated Treatment for Patients Experiencing Homelessness

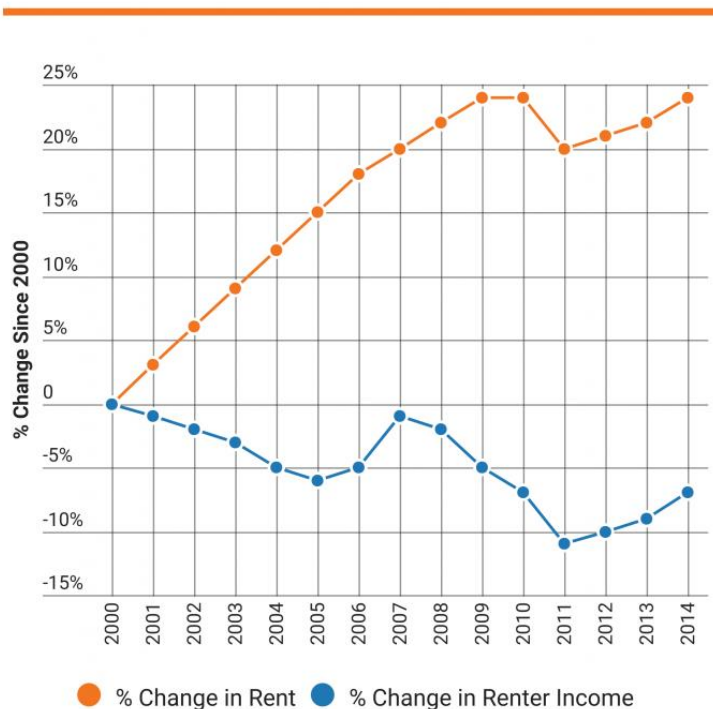
Jeffrey Norris, Chief Medical Officer  
7/20/20

# Objectives

- Outline causes of homelessness and interventions to end homelessness
- Explain MAT best practices for people experiencing homelessness (PEH)
- Describe specific strategies that can enhance MAT for PEH
- Discuss some of the structural challenges that PEH face when on MAT

# Cause of Homelessness in San Diego is MACROECONOMIC

Rents vs. renter income



- **Housing** prices rising rapidly + inaccessibility of housing (housing policies that discriminate)
- **Income** stagnant over time (income inequality)

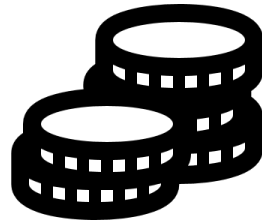
Source: California Department of Housing and Community Development, California Housing Partnership. All figures in 2000 dollars.

Reference: <https://calmatters.org/articles/housing-costs-high-california/>

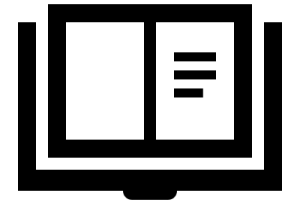
# On individual level, how do we address homelessness?



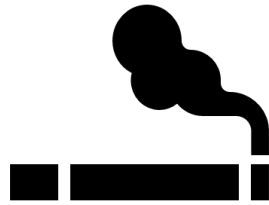
Housing



Income



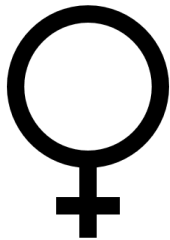
Education



Substance Use



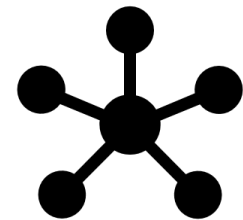
Criminal Justice



Identity/Discrimination

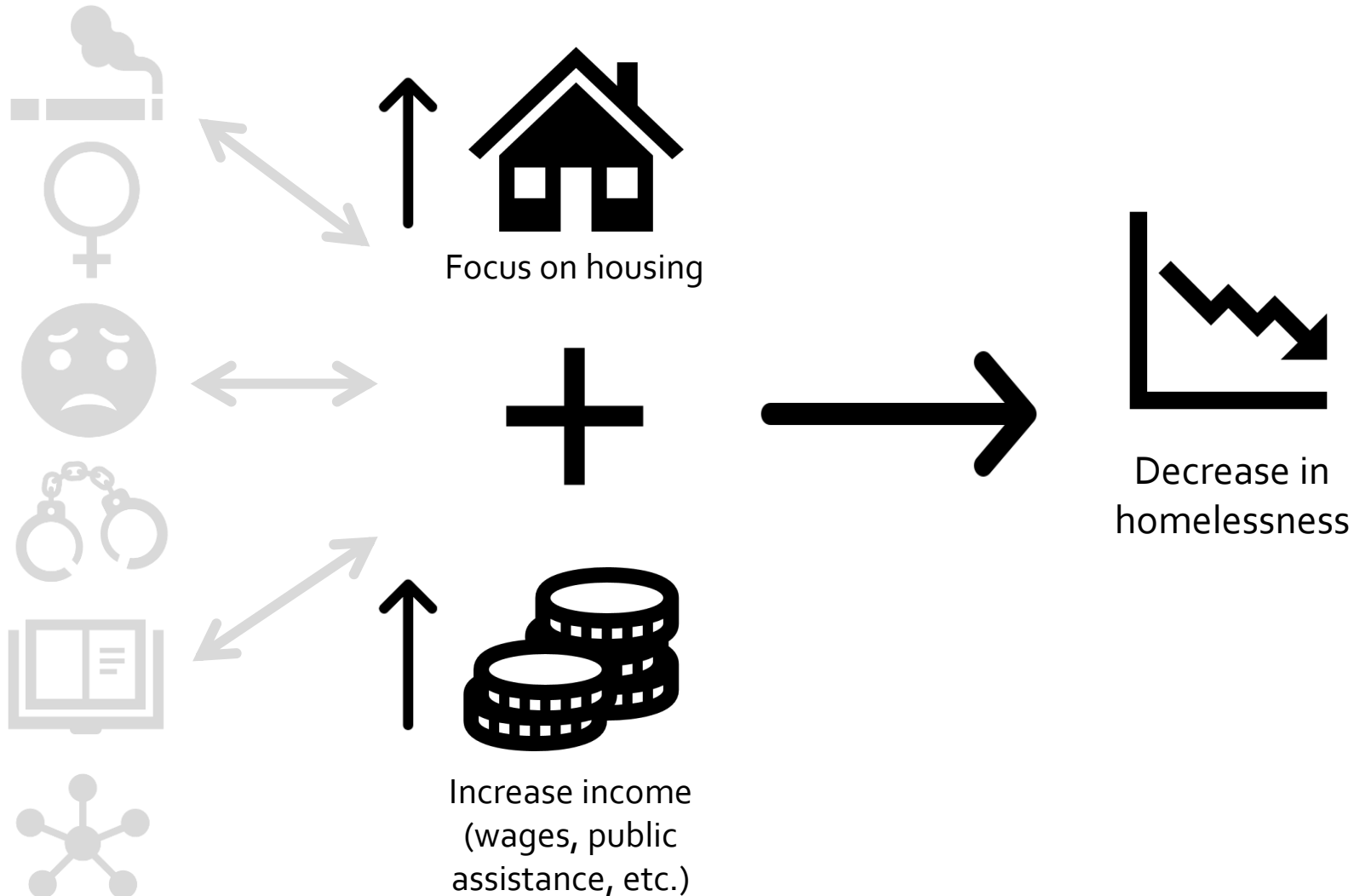


Mental Health



Social Connectedness

# Of many causes, where is it critical to make a difference?



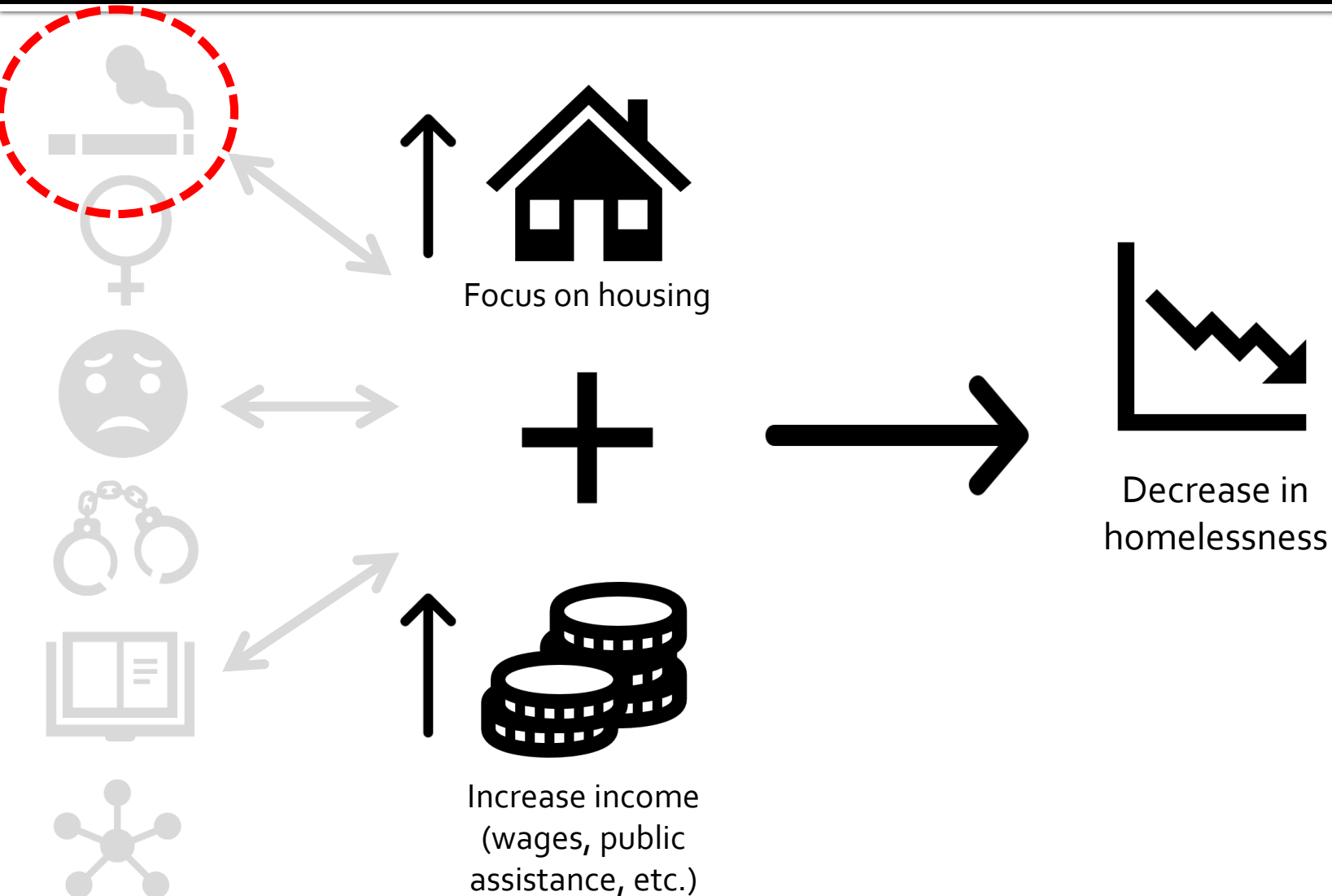
# It takes an integrated “Village”!

- Shelter & Housing
- Case Management
- Outreach
- Food
- Support Services (childcare, education & employment services, etc.)
- **AND COMPREHENSIVE HEALTHCARE!**



# Strategies: People Experiencing Homelessness and MAT

# Contextualize with Housing/Income





# Outreach & Care Coordination

- **Looks different among PEH**
- Must take a harm reduction approach
  - Do not judge if PEH don't want MAT, shelter, etc.
  - Decreased and/or safer use
  - Needle exchanges (in future - safe injection sites?)
- In our clinic:
  - AOD Outreach Worker & Community Health Worker
  - Close coordination with rest of Father Joe's
  - Presence at SD Convention Center shelter
  - PrEP, referral to needle exchange, etc.
  - Regular "case conferences" with clinicians, outreach, and AOD counselors
  - Street Health team (our version of "street outreach")

# Street Inductions

- Many folks won't come into clinic for induction due to:
  - Chaos in life
  - Stigma
  - Competing needs (food, shelter, other drugs/alcohol, etc.)
  - Bad past experiences with healthcare (i.e. trauma)
- **Need to reach them where they are** ("home visit")
- Starting MAT in streets looks different in different cities; **we provide through Street Health**
- Challenges:
  - Urine samples (do you do them?)
  - Labs
  - Privacy

# Walk-In Options

- Chaos in peoples' lives means access MUST be flexible
- We offer walk-in, same day:
  - Starts/inductions
  - Refills (even is miss regular f/u appointment)
  - Counseling
  - Psychiatry
  - (really appointments for ALL our services)

# Lost/Stolen Medication

- Common issue
- Be as flexible as you can
- Maintain your relationship with the patient! Discuss in non-judgmental manner
- Most “lost” buprenorphine diverted for people to self-treat
- Interventions:
  1. Provide replacement coverage for lost/stolen medication; we do this once
  2. Consider monthly injectable buprenorphine (Sublocade)
  3. Detox/rehab vs. shelter (if unsheltered on streets)
  4. Motivational interviewing to explore barriers above interventions

# Systems Challenges

# Lack of Housing/Treatment Options

- Many communities lacking:
  - Shelter/Housing
  - Treatment access along continuum (detox, rehab, hospitals, etc.) which often fills shelter role
- **Homelessness results in** more chaos, more lost/stolen medication, more relapse, etc. → **increased death rates**
- Solutions:
  - **Integrated care!**
  - Work with community partners to develop capacity

# Covid-19 Isolation

- Patients with symptoms or positive test sent isolation hotels/facilities
- Challenges with facilities:
  - Patients do not go there to stop smoking, drinking, or cease use of drugs
  - Often don't allow patient out
  - Access to tobacco, alcohol, and drugs limited
  - Onsite treatment options limited
  - Many decline entry if actively using alcohol/drugs
- Integrated isolation facilities with healthcare services are essential

# 42 CFR Part 2

- Important law to protect patients' privacy
- But in integrated care, law presents major challenges
- Especially problematic for PEH as integrated healthcare & social services are essential



**Thank you!**