

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

MEDICATION-ASSISTED TREATMENT IN THE HCH COMMUNITY:

Strategies for Expanding Services

Wednesday, May 1, 2019

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HRSA DISCLAIMER

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TODAY'S PRESENTERS

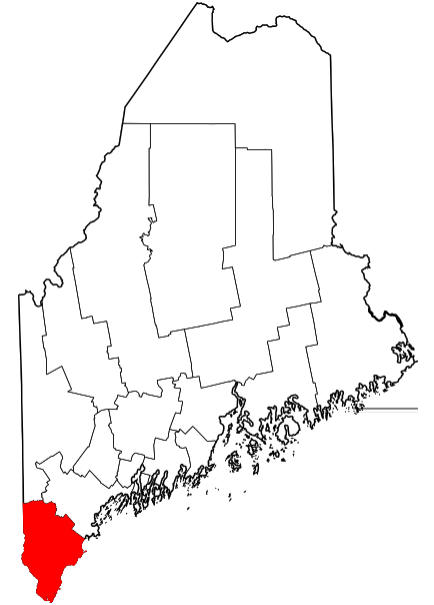
PROJECT HOPE CAMDEN, NJ

- **Lynda Bascelli, MD,** Chief Medical Officer
- **Brian Colangelo, LCSW,** Director of Mental Health



NASSON HEALTH CARE SANFORD, ME

- **Martin Sabol,** Director of Health Services
- **Rhianna Meadows, DO,** Medical Director
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Moderator: Barbara DiPietro, Senior Director of Policy, NHCHC

POLL QUESTIONS

DISCUSSION AGENDA

- Program description: Project HOPE
- Program description: Nasson Health Care
- Overview of Policy Brief Findings
- Panel discussion
- Audience Q&A



LEARNING OBJECTIVES

- Understand **three reasons** why HCH programs are providing a higher level of MAT compared to all health centers
- Identify at least **three challenges** that HCH programs encounter when starting and/or expanding MAT programs
- Identify at least **three strategies** to overcoming challenges to starting and/or expanding MAT programs

Project H.O.P.E.

Camden, NJ

- Project H.O.P.E., Inc. serves the medical and behavioral health needs of the homeless population in Camden County, particularly Camden City. The City of Camden is the largest urban center in southern New Jersey, with a population of 78,675 residents, and is ranked as the most economically depressed city in New Jersey and one of the most economically depressed cities in the United States.



PROJECT H.O.P.E.⁸ CAMDEN, NJ

- Stand-alone FQHC 330H Healthcare for The Homeless
- Initially started over 20 years ago as a street medicine program
- Approximately 5000 patients per year (20,000 visits)
- NJ Licensed Community Mental Health Agency
- Staff of 50 people
- 340B formulary (with collaborating pharmacy)
- Mobile Health Van

- Primary medical care services
- Laboratory services
- Fully integrated Behavioral Health Services
- Mobile Health Van
- Insured and uninsured patients
- No residency requirements

Clinical Staffing

- 6 PCPs
 - (MD, 2 DOs, 3 APNs)
- Psych APN
- PT Psychiatrist
- 5 LCSWs
- 2 CADCs
- 3 RNs
- 5 MAs
- Peer Advocate
- Case Managers (Medical CM, BH Case Manager)



OPIOID DEPENDENCE TREATMENT

- 2013 Began prescribing Buprenorphine
- 2014 Participation of Buprenorphine – Project ECHO
- 2015 Received HRSA Expansion for MAT Services
- 2015 All Project HOPE prescribers waived to prescribe Buprenorphine
- 2016 Started Narcan trainings for Staff and patients
- 2017 Received Community Grant from CVS Foundation to address OUD
- 2017 Community Opioid Awareness Sessions for the local neighborhood
- 2017 Began monthly *Suboxone Breakfasts* to educate community medical providers
- 2018 Awarded SAMHSA grant to expand MAT to more sites and with more hours
- 2019 Collaboration with Camden County Jail

OPIOID DEPENDENCE TREATMENT

- Pioneering Buprenorphine treatment in Camden
- Previous access to treatment
 - Methadone*
 - Private buprenorphine prescribers*
- Why we started
- How we started
- Prior Authorizations

ADDICTION PHARMACOTHERAPY

- Began Buprenorphine in 2013

- *Prescribed to over 1000 patients in the past 6 years*

- Currently we prescribe to c. 300 people
- All prescribers are waived
- Counseling (group and individual)
- Patients seen on a weekly to monthly basis
- Diversion Prevention

- Began Naltrexone injections (Vivitrol) in 2014
- Approximately 300 patients have received injections.
- Maintain monthly average of c. 15 injections
- Primarily referred by parole & jail

Issues to Consider:

- Insurance Authorizations
- Workflow
- UDS
- Prescriptions
- Waitlist

OPIOID DEPENDENCE TREATMENT

•Spreading the word

- How to increase access to suboxone treatment in Camden*
- Suboxone Breakfasts*
- How to support new providers*
- Additional resources*

•Partnerships

- Cooper Hospital – Addiction Treatment*
- Camden County Jail*
- NJ Department of Corrections*
- Maryville Treatment Center*
- Volunteers of America*
- Cathedral Kitchen*
- Rutgers University Behavioral Health Care*

•Important Concepts

- Low Barrier Care*
- Medication first approach*
- Harm Reduction*
- Stigmatizing Language (Project HOPE's Language Guide)*
- Recovery Oriented System of Care*
- Staff Training, Education & Support*

York County Community Action

- Founded in 1964.
- The mission of York County Community Action Corporation is to alleviate the effects of poverty, attack its underlying causes, and to promote the dignity and self-sufficiency of the people of York County, Maine.



Nasson Health Care

- 5 Sites
- 5,500 active patients
- 12 providers
- Medical, BH, Dental
- CHC, HCH, PHPC



Medicated Assisted Treatment

- Program started October 1, 2017
- Highly structured office based treatment program
- Presented many challenges for patients and treatment team
 - Availability of prescribing providers
 - Transportation for appointments and to pick up prescriptions
 - Lack of stable housing
 - Lack of social supports
 - Cost of treatment and medication
 - Access to Treatment due to structure of program
 - Patients are not fully ready to commit to structure of program

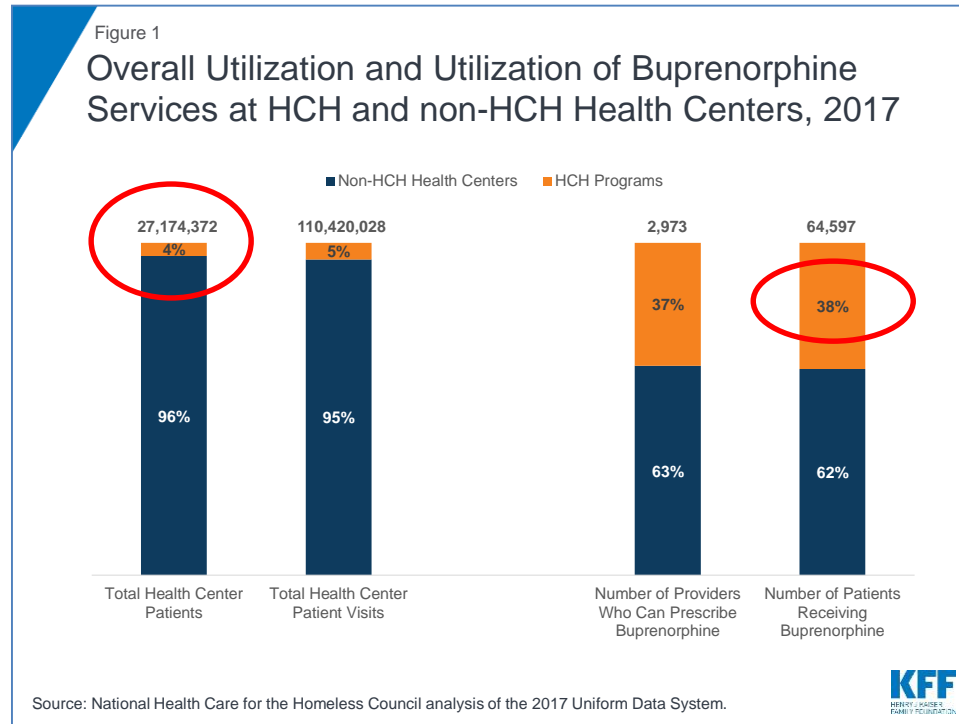


Medicated Assisted Treatment

- Low Barrier Program started January 1, 2019
- Focus on harm reduction
 - Suboxone script given same day
 - Narcan provided
- Flexible-Individualized treatment plan
 - Meet the patient where they are at
 - Break down barriers
 - Provide out reach and engagement



POLICY BRIEF FINDINGS



April 2019 | Issue Brief

Addressing the Opioid Crisis: Medication-Assisted Treatment at Health Care for the Homeless Programs

Barbara DiPietro, Julia Zur, and Jennifer Tolbert

Executive Summary

Health Care for the Homeless (HCH) programs, a subset of community health centers that receive special populations funding to address the specific needs of vulnerable and medically complex patients, play a significant role in addressing the opioid epidemic by providing medication-assisted treatment (MAT). MAT, which combines one of three medications (methadone, buprenorphine, or naltrexone) with behavioral therapies, is the standard of care for opioid use disorder (OUD). This brief presents findings from an analysis of health center data on the provision of buprenorphine-based MAT, as well as interviews with providers and administrators from 12 HCH programs about strategies they adopted to implement MAT programs. Key findings include:

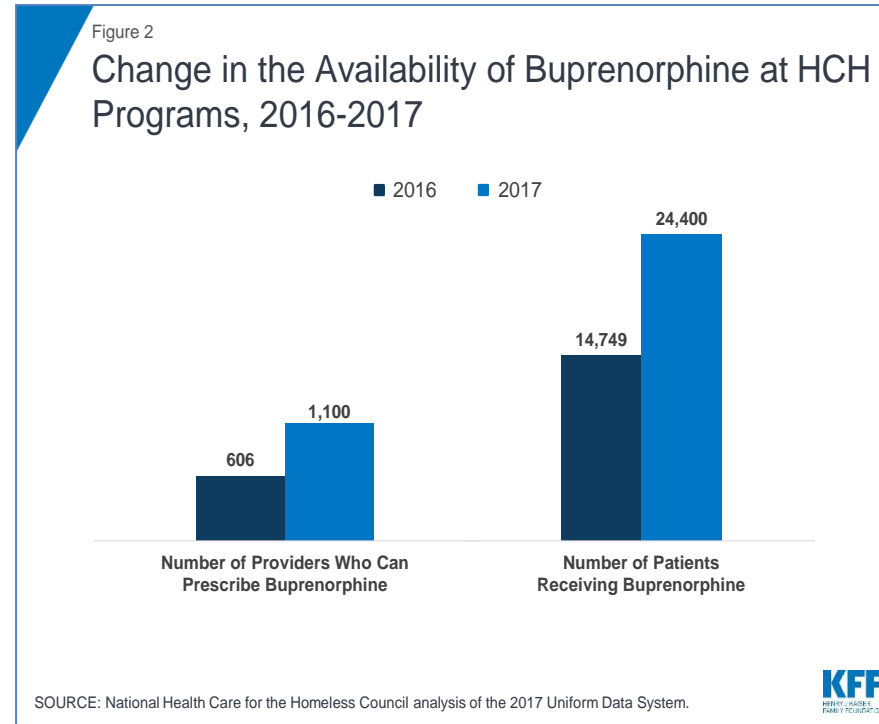
- Among health centers, HCH programs provide a disproportionately large share of buprenorphine-based MAT, although there was wide variation across states. HCH programs accounted for over one-third of both providers who can prescribe buprenorphine and of all patients receiving buprenorphine in 2017, despite serving only 4% of all health center patients. Additionally, the number of providers able to prescribe buprenorphine and the number of patients receiving the medications both more than doubled at HCH programs from 2016 to 2017.
- Building support with leadership and clinical staff was a key strategy to implementing MAT at HCH programs. Some approaches to achieving this goal included identifying “champions” within HCH programs to advocate for establishing MAT services, consulting with more experienced HCH programs, and addressing concerns about medication diversion.
- HCH programs also reported the need to invest in staff training and support. Providing training to primary care providers who lacked expertise in treating opioid use disorder (OUD), fostering coordination between primary care and behavioral health staff, dedicating administrative staff for MAT programs, and recruiting waived providers can help build MAT programs.
- Another important strategy respondents discussed was the need to create more flexible systems and programs. For example, adjusting schedules to block out dedicated time for MAT patients and adopting a more flexible approach to the therapy component of MAT services improved access to treatment.
- Fostering community partnerships and accessing available resources helped build MAT programs. HCH programs were able to establish and grow MAT programs by working with

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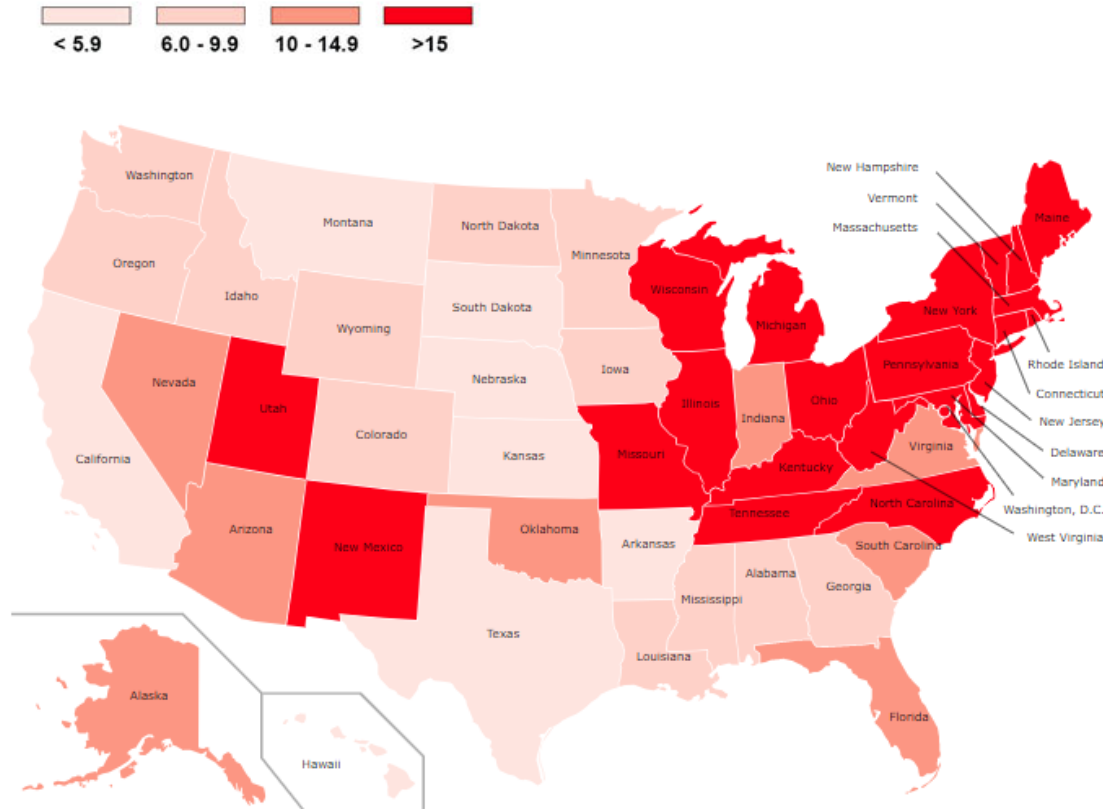
POLICY BRIEF FINDINGS

- Significant increases in both prescribers and patients
- Patient need and care model likely drive focus on this service
- Everyone is doing more: all health centers as well as HCH programs



OPIOID OVERDOSE DEATH RATES

Opioid-Related Overdose Death Rates (per 100,000 people)¹



23 States Hardest Hit:

- 132 HCH programs
 - 68 report MAT (~50% programs)
 - In 9 states, at least 2/3 of HCH programs report MAT
 - In 5 states, <1/3 of HCH programs report MAT

SUCCESSFUL STRATEGY #1

- **Building organizational support and buy-in**

- Identify champions within the program who will advocate for MAT and obtain support from leadership and staff
- Consult with more experienced programs to share lessons learned and address concerns
- Acknowledge concerns about diversion but also acknowledge harm reduction aspect



SUCCESSFUL STRATEGY #2

- **Providing staff training and support**
 - Provide training to clinicians who lack expertise in treating OUD
 - Engage staff throughout the organization and foster coordination between primary care and behavioral health
 - Dedicate administrative staff to alleviate burden and allow for more patient care
 - Set expectations for MAT and recruit already-waivered providers



SUCCESSFUL STRATEGY #3 & #4

CONSIDERING PROGRAM FLEXIBILITY

- Modify internal systems to increase capacity and facilitate patient engagement
- Adopt a more flexible approach to the therapy component

BUILDING COMMUNITY PARTNERSHIPS AND RESOURCES

- Work with community partners to reduce barriers to treatment
- Maximize funding and training resources to initiate and expand MAT programs

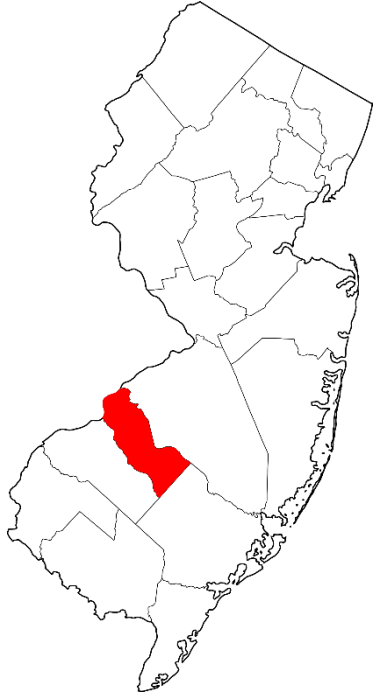
PANEL DISCUSSION

- What were the biggest challenges you had to overcome when you first started your program?
- What are your biggest challenges currently?
- What innovative approaches have you found worked well?
- What policy changes are needed to better ensure access to MATs?
- What advice would you offer to others?



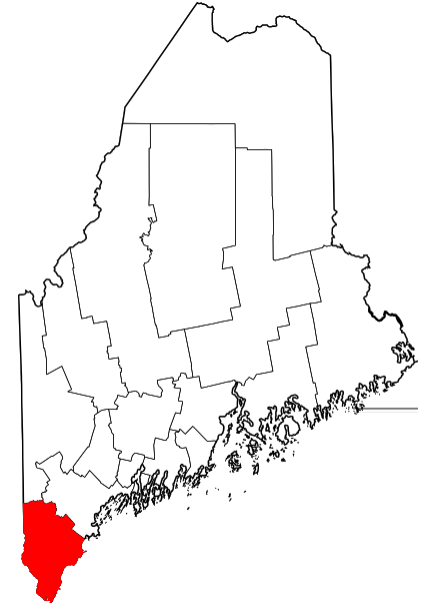
QUESTIONS?

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MORE RESOURCES

- Save the date for our Medication-Assisted Treatment Training in Portland, Oregon: **September 16-17, 2019**
- Numerous policy briefs, webinars, clinical guidelines, and fact sheets available from the Council
 - Medication-Assisted Treatment: Buprenorphine in the HCH Community
 - Medication-Assisted Treatment: Changes in Federal Law & Regulation
 - The SPOT: Boston's New Harm Reduction Program for Opioid Users Forges New Ground (webinar)
 - **Addressing the Opioid Crisis: Medication-Assisted Treatment at Health Care for the Homeless Programs (with Kaiser Family Foundation)**
 - Addressing the Opioid Epidemic: How the Opioid Crisis Affects Homeless Populations (fact sheet)
 - Adapted Clinical Guidelines: Recommendations for the Care of Homeless Patients with Opioid Use Disorders



Resources & Links