Outreach/Street-based MAT

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In 2018, people presumed to be homeless in King County made up a significant share of all opioid-related deaths.

*Estimated
**People presumed to be homeless when they died, meaning they were living on the streets, in a shelter, abandoned building or a vehicle directly before their death.

Sources: Washington State Office of Financial Management, Public Health-Seattle & King County
What’s the Need?

• MAT is the most effective method of treatment.

  ▪ In 2013, an estimated 1.8 million people had an opioid use disorder related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use.
  ▪ MAT/OTP has proved to be clinically effective by:
    • Significantly reducing the need for inpatient detoxification services for individuals
    • Providing a comprehensive, whole-person centered approach
    • Provides an individual tailored program of medication and behavioral therapy
    • Includes support services that address the needs of most patients

7/13/2017
What’s the Need?: *Barriers*

- Significant barriers keep patients from accessing this service easily. These include:
  - Pervasive discrimination (aka stigma)
  - The need to visit a clinic six days a week (OTP)
  - Other Federally mandated treatment requirements
  - Potentially long commutes to treatment facilities
  - Limited access to waivered prescribers
Introducing TIM

Treatment in Motion
How does TIM work?: Now

• A two-van system
  ▪ Mobile Dispensary
  ▪ Medical Provider/Counseling/Case Management Van

• TIM services include:
  ▪ Daily dispensing of medications like Methadone and/or Buprenorphine
  ▪ Counseling/Case management
  ▪ Consultations with a medical provider
  ▪ Continued education about overdose risk, HIV, Hepatitis C, relapse prevention, etc.
  ▪ Waivered Medical Provider
  ▪ Jail Dosing

Treatment can now be accessible to the transient/homeless population!
How does TIM work?: *Future*

- Utilization of these services available for instant access buprenorphine services.
- Access expanded by strategic community placement and partnerships:
  - Libraries
  - Mobile Medical Vans
  - Mobile Dental Clinics
  - Shelters
  - Resource Centers
  - Hospitals
  - Jails
Getting outside the brick-n-mortar

• Implementing MAT/OTP Case-Management
  ▪ 3-months post implementation
    64 Patients served
    40+ referrals pending
  ▪ Retention?
    Early, very early, data suggests improved retention
    No discharges within CM assigned population (see above)
  ▪ In Development
    Collective Medical and Medical CM
    OUT REACH

7/13/2017
Questions?

Thank you!