CENTERING LIVED EXPERIENCE AND HARM REDUCTION IN PRIMARY CARE FOR PEOPLE WITH OPIOID USE DISORDER

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National Healthcare for the Homeless Conference 2024





PObjective 1:

Discuss the components of a harm reduction framework in a low barrier primary care setting for people experiencing homelessness

PObjective 2:

Describe the impact of Recovery Support Counselors embedded in a primary care clinic on reducing stigma for patients

PObjective 3:

Generate new ideas for deepening your own harm reduction practice



TRUST CLINIC

Downtown Oakland, CA

Primary care clinic for people experiencing homelessness

Est. in 2015

Drop-In Appointments

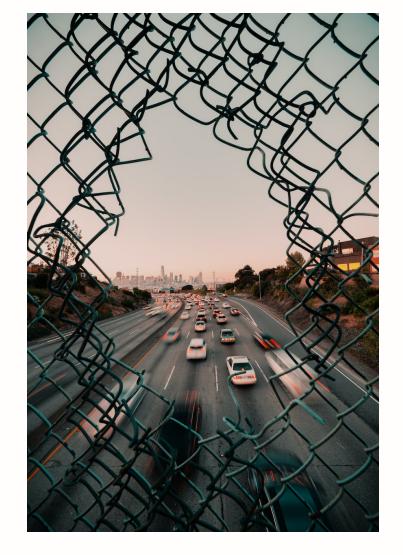
Initiate primary care, wound care, MAT, HIV/STI testing and treatment

Basic Needs

Food bags, clothes, hygiene supplies, mailing address, hot drinks/ oatmeal, water

Street Medicine

6 geographic nurse led teams outreach and connect to brick and mortar clinic

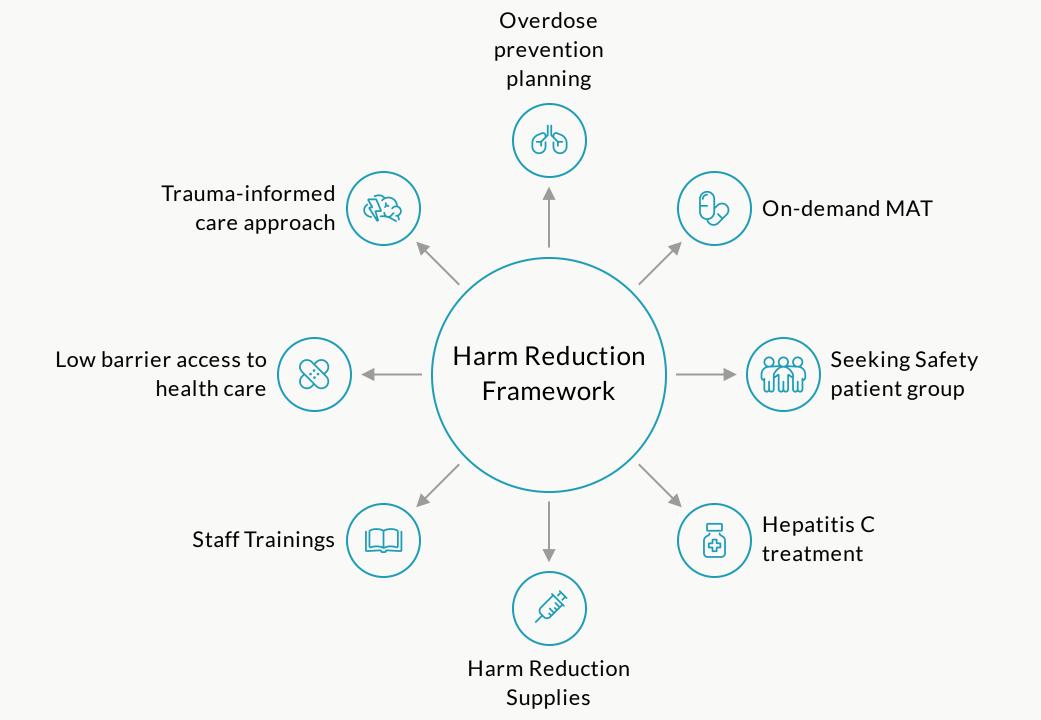


Case Management

support with transportation, referrals, insurance enrollment and troubleshooting, pharmacy issues, collaborate with external service teams, inpatient teams

Integrated Behavioral Health

Therapy and psychiatry on site, drop in and scheduled appointments



PHYSICAL SPACE

Examples of overdose education and accessibility of naloxone





TRUST clinic patients with Opioid Use Disorder (OUD) **30%**

Patients with OUD who ALSO have Methamphetamine Use Disorder

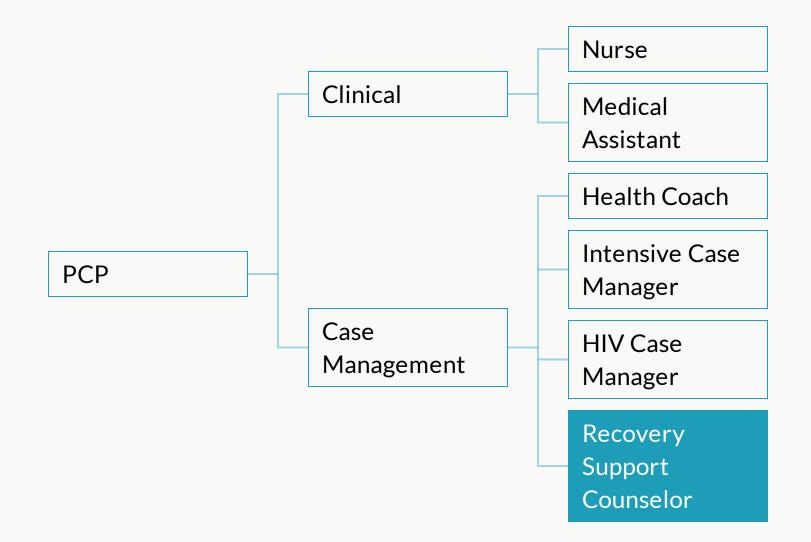
41%

RECOVERY SUPPORT COUNSELOR (RSC) PROGRAM OVERVIEW



- Funding: 5 year SAMHSA grant
- Launched at the end 2021
- 3 Recovery Support Counselors (RSCs) are paired with 4 Primary Care Physicians

TEAM-BASED CARE



MEET THE RECOVERY SUPPORT COUNSELORS

Our team brings lived experience into the exam room



Noah Haugen, RADT

(he/they)



Robert Archuleta, CADC, NCAC1, CAMS1, SAP



Tamisha Davis, RADT

(she/her)

(he/him)

PROGRAM STRUCTURE

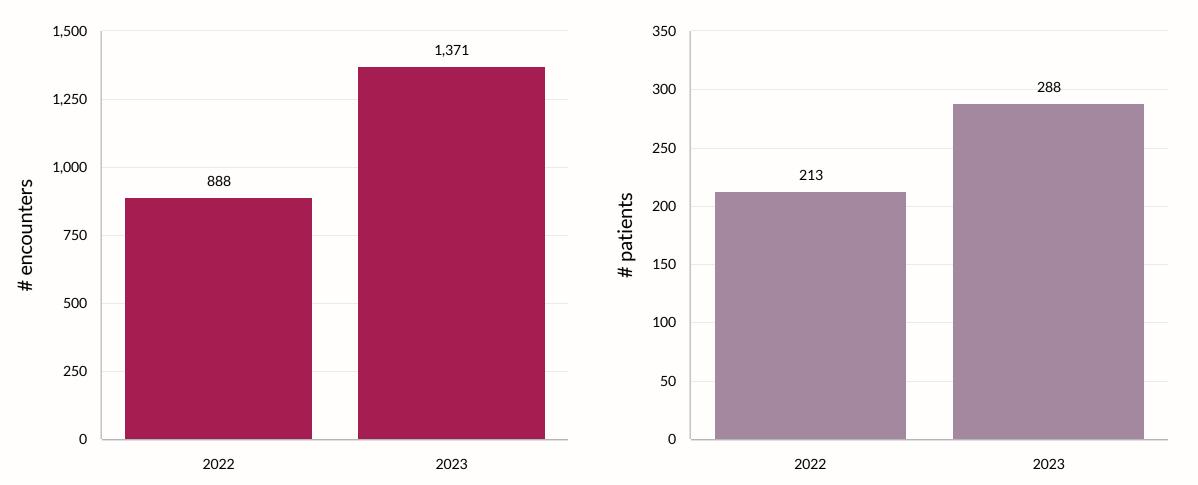
• Caseload 55+ patients with OUD per RSC

patients who are interested in MAT or who have a prescription for MAT in the last three months

- Onsite daily for walk-in support, and new or establishing patients
 - enhanced case management
 - substance use counseling
 - health education
 - access to harm reduction supplies
- For patients with other SUDs: patient education, harm reduction services, and support as available

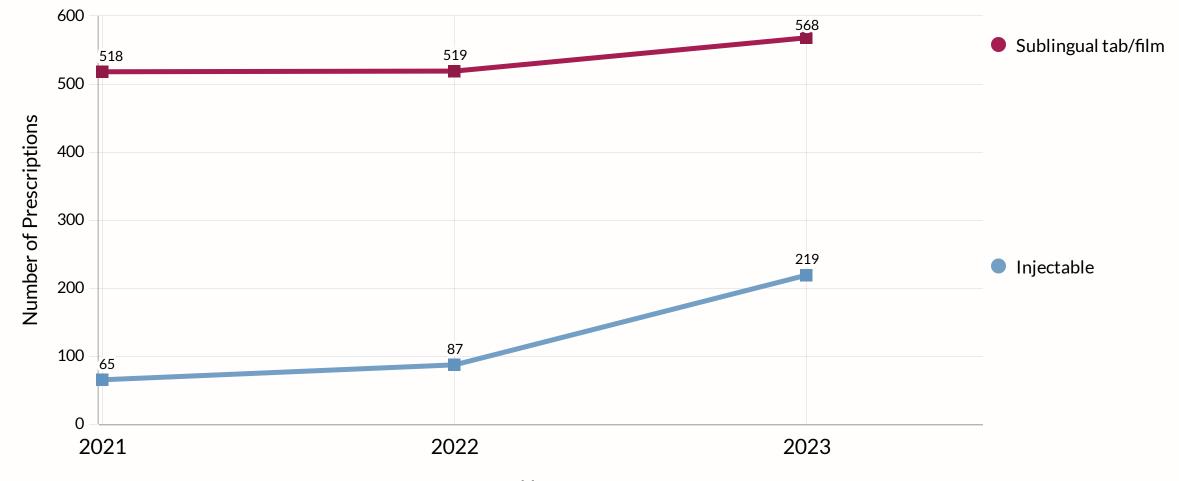
ANNUAL RSC ENCOUNTERS

Patient Encounters



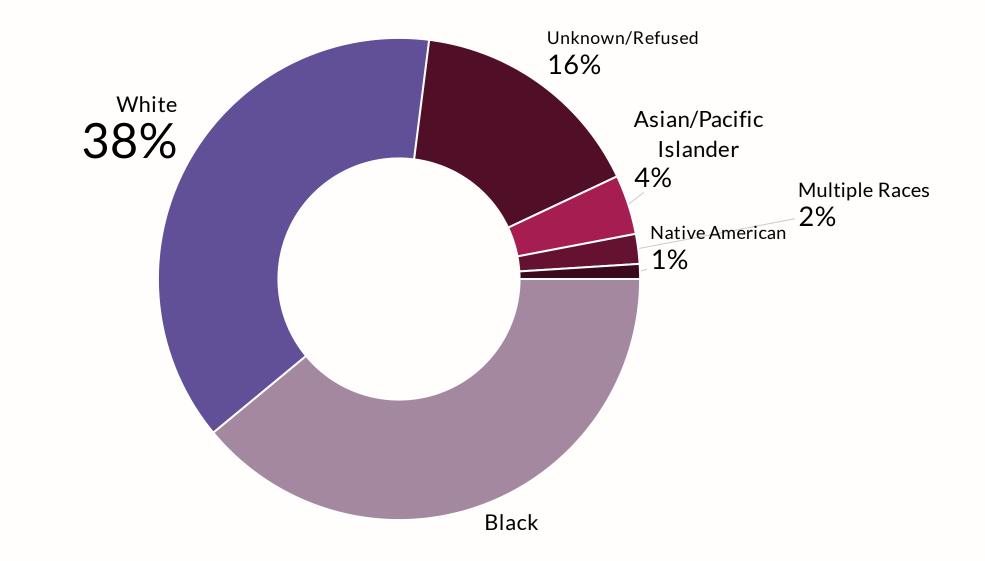
Unique Patients Served

BUPRENORPHINE PRESCRIPTIONS BY YEAR

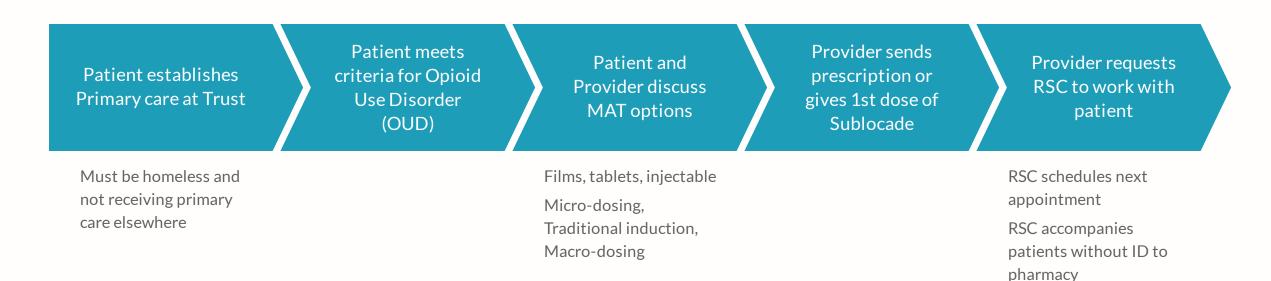


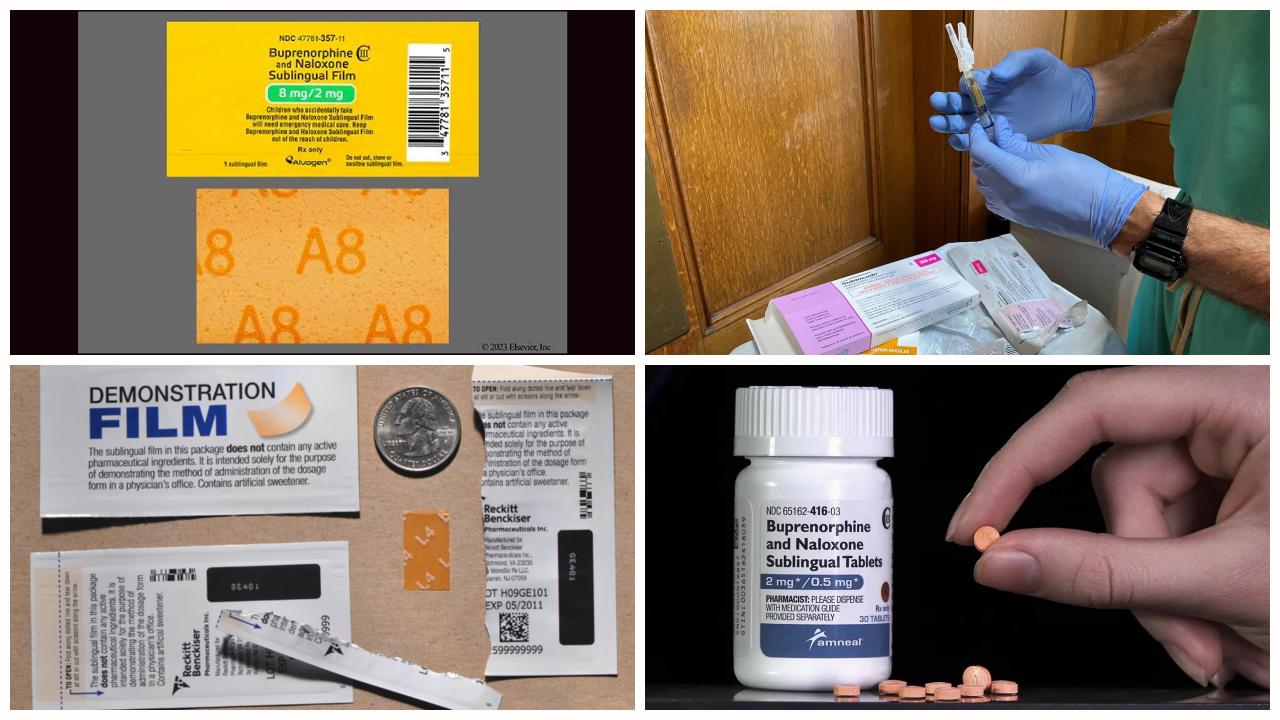
Year

PATIENT DEMOGRAPHICS: RACE

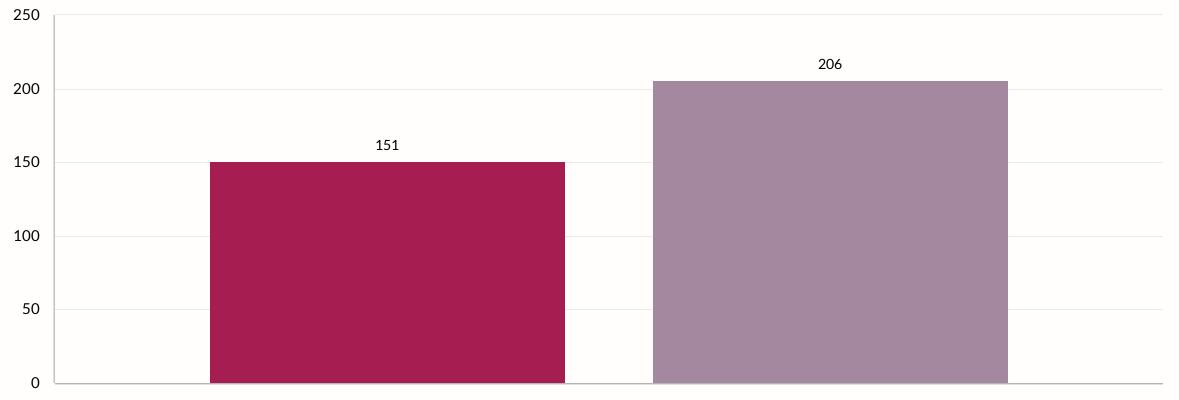


ON DEMAND MEDICATION ASSISTED TREATMENT





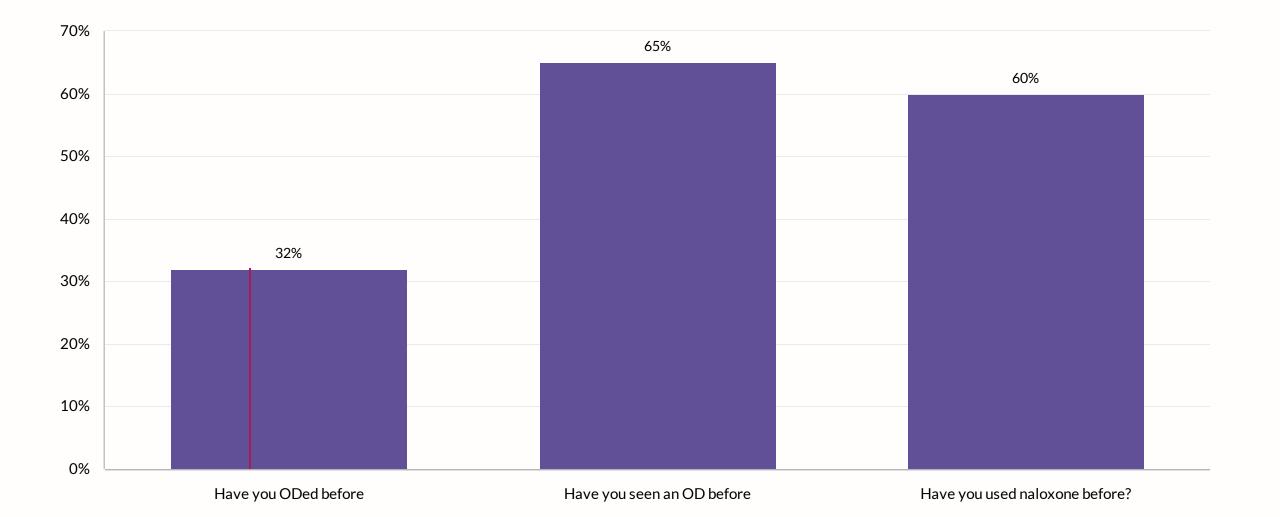
NARCAN KITS DISTRIBUTED AT TRUST



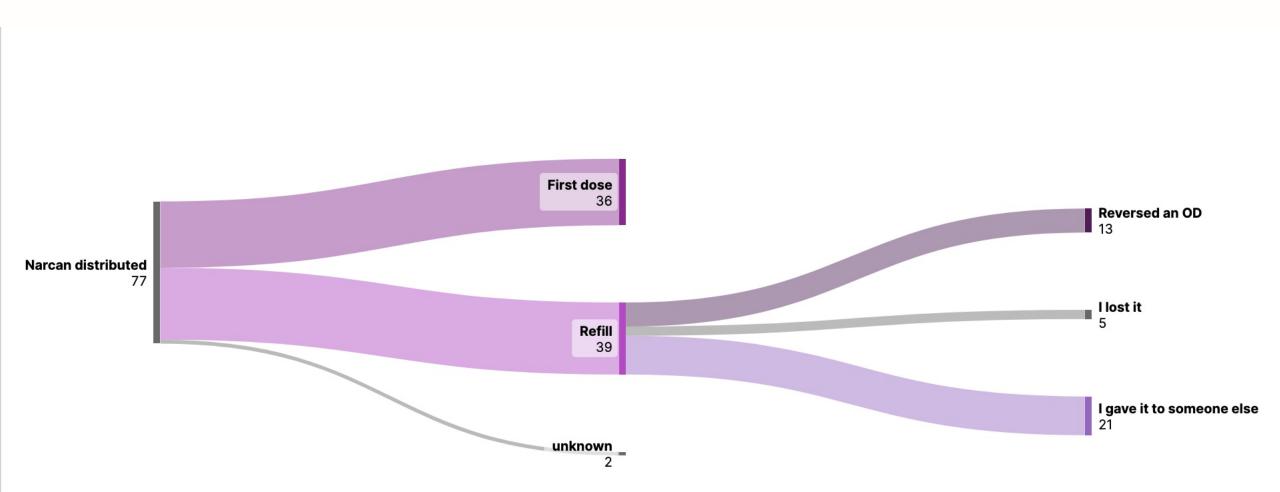
of narcan distributed



NALOXONE RECEPIENT DATA



NALOXONE OUTCOMES



CHANGE IN OPIOID USE AFTER PROGRAM ENROLLMENT

Patients using full-agonist opioids on intake

64%

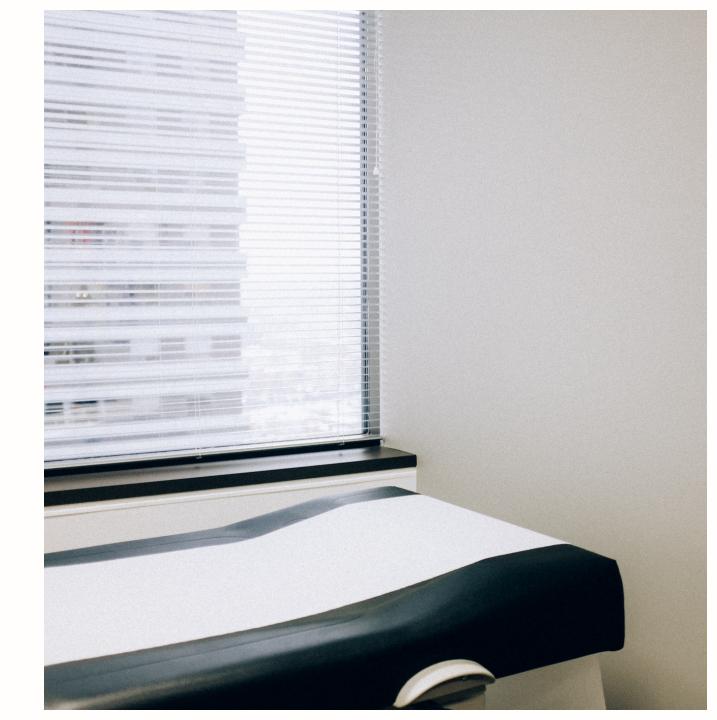
Patients using full-agonist opioids at reassessment

47%



ROLE PLAY

RECOVERY SUPPORT COUNSELOR AND PATIENT INTERACTION DURING A PRIMARY CARE VISIT



HARM REDUCTION SUPPLIES

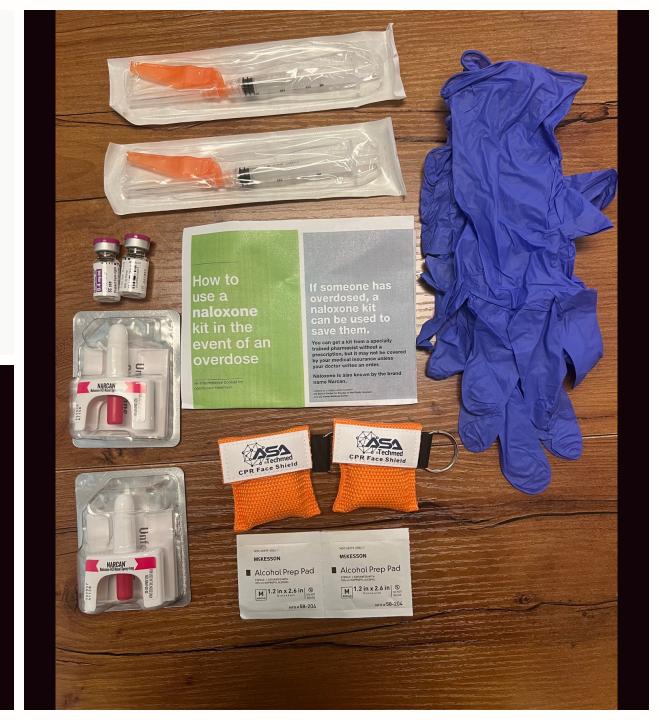
SAFE INJECTION KIT





NARCAN KIT





FENTANYL TEST STRIPS







Nicotine Replacement Kit

Hygiene Kit



Safe Smoking Kit

SMALL GROUP DISCUSSION



1 What does harm reduction mean to you?

3

What is one service you could start providing? 2 What is one barrier you could remove to care?

> How could you incorporate harm reduction

4





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THANK YOU!