

# Making a Transformation (MAT) Conference 2024



# Breakout 1B: Street Medicine and MAT

## *Care for People Experiencing Homelessness*



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# Disclosures

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Homeless persons health project

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*The mission of the Homeless Persons Health Project is to eliminate homelessness by providing comprehensive health care and housing for everyone.*

- » Founded in 1987 – Healthcare for the Homeless, Patient Centered Medical Home, Federally Qualified Health Center
- » Primary Care, integrated behavioral health, substance use disorder services including medication-assisted treatment & acupuncture

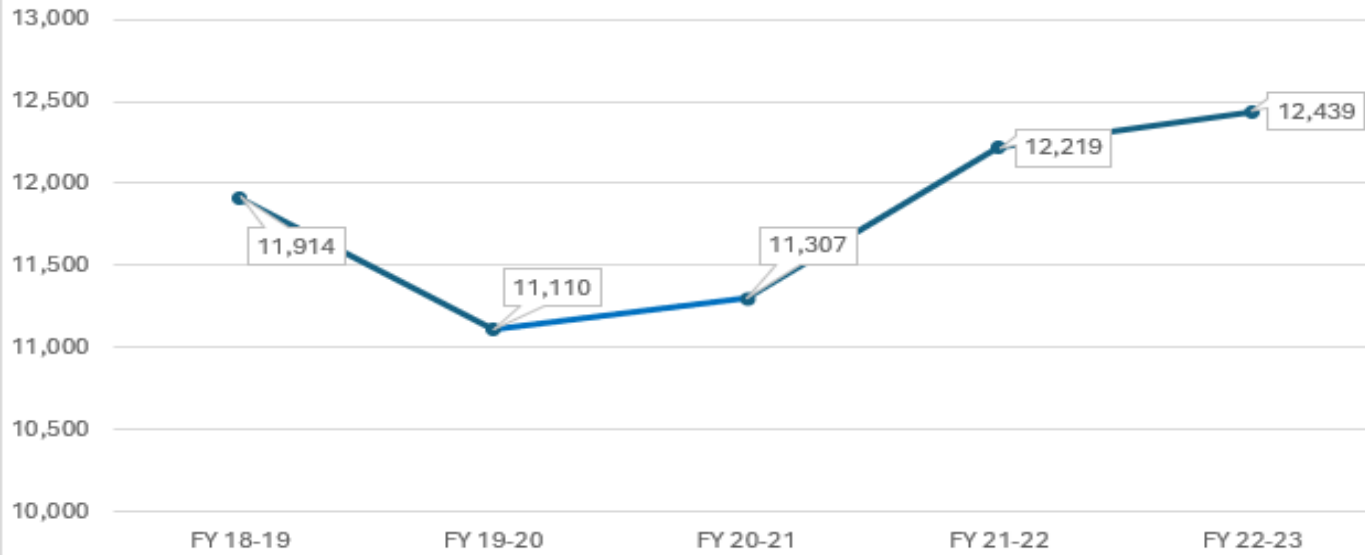
- » Recuperative Care Center
- » On-site medication dispensary
- » Benefits advocacy & money management program
- » Permanent Supportive Housing Programs
- » Housing Navigation and Case Management
- » Outreach + Harm Reduction Services, Naloxone distribution program
- » Street Medicine

# Permanent Supportive Housing

- HPHP currently supports 100+ clients in permanent supportive housing
- Over 200 clients receive housing case management from HPHP staff
- Current clients have been housed an average of 5.5 years
- Working with Coordinated Entry System

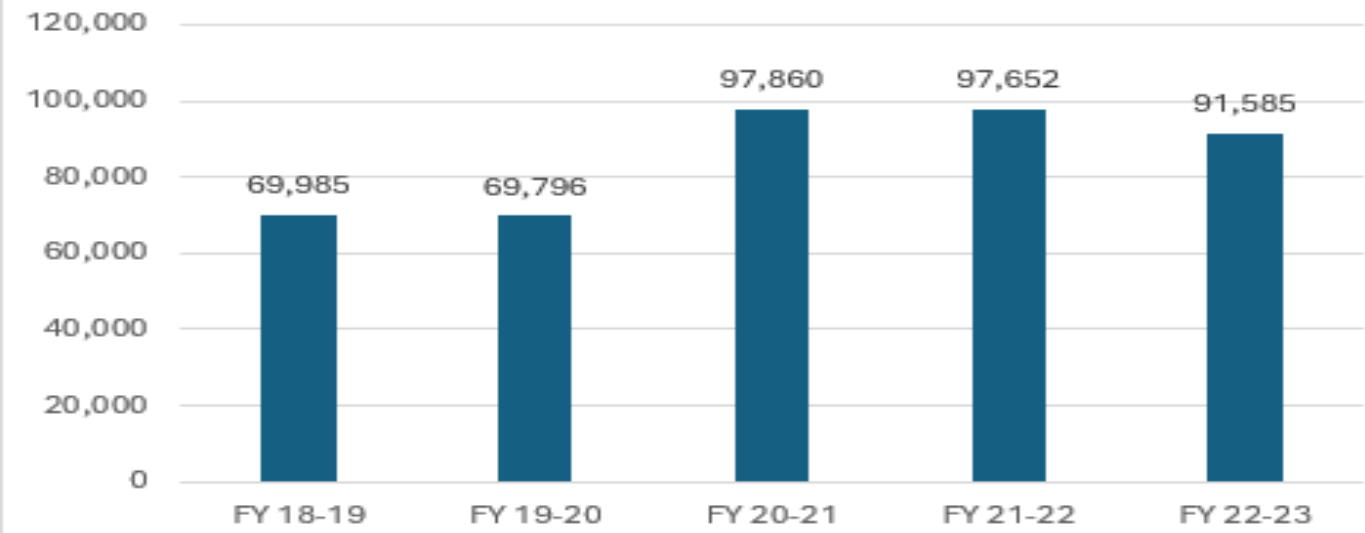


Unduplicated Patients by Fiscal Year

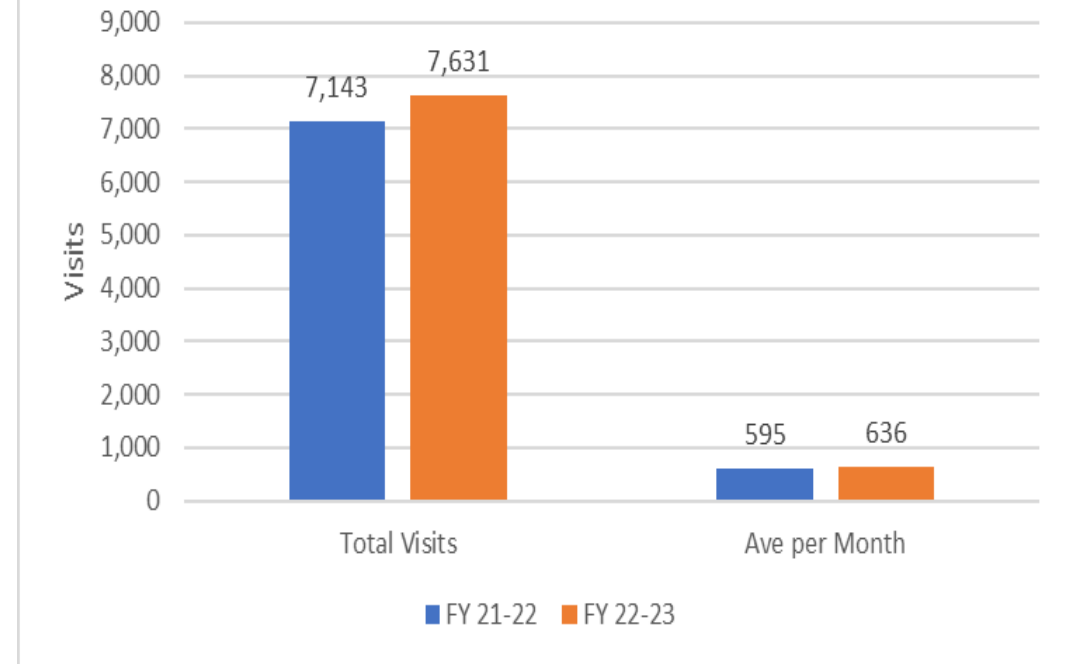


# Health Services Agency – Clinics Division

Total Visits-Last 5 years



HHPH Health Center





# Important Funding Sources for HPHP

- HRSA Health Center Program
- Medicaid / Medicare – Clinic Revenue, Medicaid Administrative Activities
- Department of Health Care Services
- Department of Housing and Urban Development
- Small Grants on Special Projects Opportunities – CalAIM, SAMHSA, Housing & Community Development





# Homelessness & Health care

- » Medically Vulnerable
- » Increased acute health problems
- » Congregate Settings
- » Social Determinants of Health
- » Stigma and discrimination
- » 2023 – 123 people experiencing homelessness died in Santa Cruz County
- » Avg. age of death for housed in Santa Cruz County = 80; for People experiencing homelessness, its 49.
- » Accidental overdose #1 cause of death among PEH in CA (CDPH, 2022)



# Mortality Among People Experiencing Homelessness in Santa Cruz County

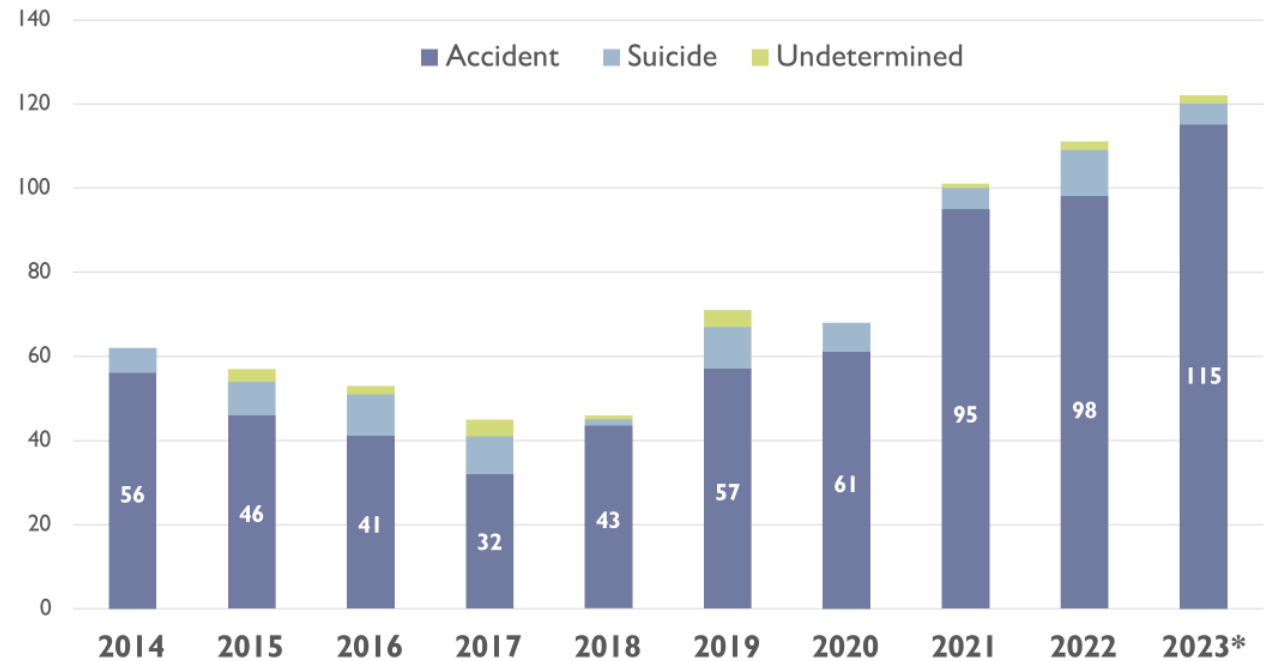
- 123 deceased, compared to 91 last year, or 6.7% of the total population of people experiencing homelessness
- People experiencing homelessness died at ~9.4x the rate of the rest of the county population this past year.
- People experiencing homelessness died 27 years earlier than the average housed person in Santa Cruz County
- Adherence to treatment for mental health and/or substance use disorder is incredible difficult without a stable, healthy, safe place to sleep at night.

OVER 100,000 AMERICANS DIE EVERY YEAR FROM AN OPIOID OVERDOSE (CDC & PREVENTION)

OPIOID OVERDOSE IS THE LEADING CAUSE OF DEATH FOR PERSONS EXPERIENCING HOMELESSNESS IN CA IN 2022 (CDPH).

FENTANYL RELATED ACCIDENTAL OVERDOSES ACCOUNTED FOR 66 DEATHS AMONG PEOPLE EXPERIENCING HOMELESSNESS IN SANTA CRUZ COUNTY

## Acute Drug-Related Deaths per Year by Manner of Death



\*Data collected: Jan-Oct

# Principles of harm reduction

- » Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- » Individual's decision to use is accepted
- » Individual is treated with dignity
- » Individual is expected to take responsibility for his or her own behavior
- » Individuals have a voice
- » Reducing harm, not consumption
- » No pre-defined outcomes

# BENEFITS OF HARM REDUCTION



Challenge stigma



Increase trust with clients and foster engagement



Improve individual and community health



Keep individuals engaged in care



Reduces utilization and cost in medical systems



# Code Blue Response at HPHP

- Code blue = cardio-pulmonary emergency
- Most code blues for HPHP are accidental overdoses occurring outside the clinic
- Code Blue Protocol
- Safety when responding – its dangerous!
- Debriefing – Secondary Trauma





# Code Blue and Naloxone Distribution

- HPHP responded to 40 Code Blues in 2023 due to accidental overdose, avg. 1/week, 1/3 of which are patients of Behavioral Health
- Over 8,000 units of nasal Naloxone distributed in Santa Cruz County by HPHP in 2023, received for free through the CA Department of Health Care Services' Naloxone Distribution Project - [Naloxone\\_Distribution\\_Project \(ca.gov\)](https://www.cdph.ca.gov/Programs/OPA/Pages/N230501.aspx)
- Overdose Response Training provided by HPHP to other organizations, 1 on 1 with patients
- Accidental Overdose #1 cause of death among people experiencing homelessness in CA (CDPH, 2022)

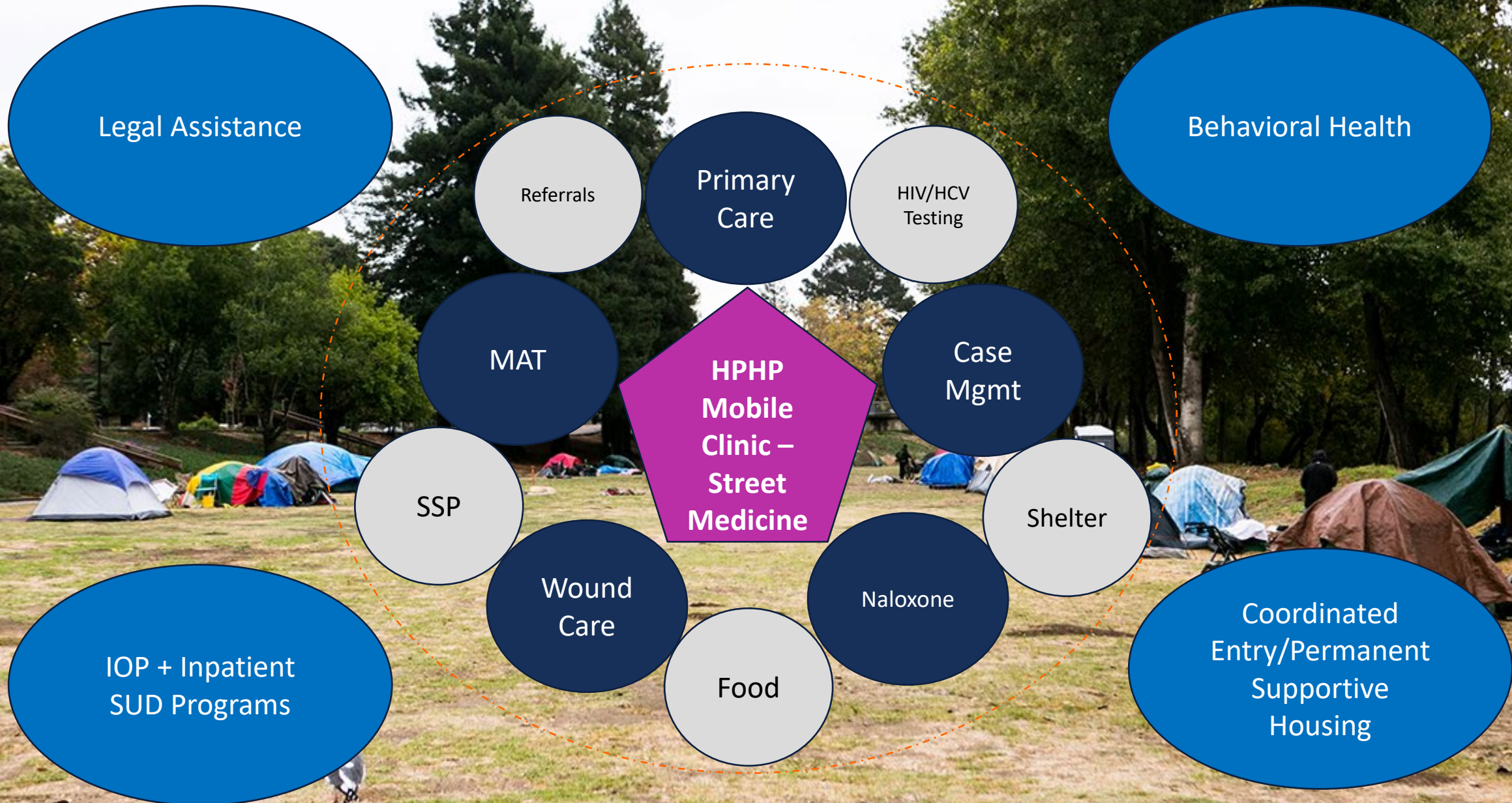


# HPHP MOBILE CLINIC





# An Ecological Approach to Health Care – County of Santa Cruz Health Services Agency







# Mobile Health Clinic

- » 2,000 mobile clinics located across the country.
- » Expanding access with 6.5 million visits annually.
- » Average return on Investment for mobile health is 12:1.
- » It is estimated that each mobile clinic results in 600 fewer Emergency Department visits every year.
- » 2023 – 511 completed appts with .1 FTE Physician Assistant (mostly low barrier MAT)

# Effective Street Outreach

- » Street outreach staff receive regular training in evidence-based practices
- » Utilize harm reduction principles
- » Liaison to housing services
- » Coordinate with other agencies







# Street Medicine

- Work with Homeless Service Providers, community agencies.
- Expand access to care – Reach most isolated, difficult to reach populations
- Provide services to people who don't normally go to a clinic.
- Gateway for volunteers and interns to expand service capacity and opportunities for learning and recruitment
- Continuous Engagement
- Preventative Medicine – Prevent outbreaks, decrease ER use
- Low-cost to implement, revenue generating



# Types of Street Medicine

- » Backpack Street Medicine
- » Mobile Clinics
- » Pop-up Clinics
- » Combination, ability to adapt



# Street Medicine Staffing Structure

- » Staffing depends on site, population, and interventions
- » Backpack – 2-4 staff, usually public health nurses, or public health nurse + case manager. Sometimes PA/NP/MD/Integrated Behavioral Health. Sometimes Medical Assistant. If no provider available in person, ideal to use telehealth/phone consult ability.
- » Mobile Clinic – similar to backpack, but uses mobile clinic as a base for supplies and private exam room for procedures, labs, injections, and documentation
- » Pop-ups – Staffing up to 15-20 depending on intervention, usually includes community partners and includes break-away outreach teams to cover ground. Includes medical provider.





# Street Medicine Outcomes

- Over 500 visits in 2023, 160 in Q4 alone (mostly low barrier MAT)
- 80 patients cured Hep C since January 2023
- 120 patients engaged in HCV treatment
- Treating opioid use disorder in the street



# Street Medicine Visits FY 23/24 YTD

Street Medicine Visits										
Street Medicine	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	Total
Primary Care	56	47	40	58	34	38	30	52	51	406
Integrated Behavioral Health	5	5	6	4	11	3	5	0	2	41
Completed Appts	61	52	46	62	45	41	35	52	53	447

- Does not include RN encounters
- Does not include case management
- Does not include general outreach encounters

# MAT Prescribing During Street Medicine

- » DEA & Board of Pharmacy Clinic Permit associated with the clinic, extends to mobile clinic.
- » Dispense from clinic, deliver via street medicine.
- » Start patients on MAT regardless of labs, but ideal get labs for HCV, HIV, syphilis, liver panel, and standard labs to check for contraindications. Oral fluid tests in the field since no bathroom.
- » Bup conversion to long-acting injectable works well with street medicine.



# Outbreak Response for pEH



- » COVID-19 Pandemic, Hep A (2017)
- » 2024 Syphilis and shigella outbreaks
- » Work with Public Health to deploy resources & supplies
- » Coordinate follow up care
- » Incentivize testing, labs, treatment
- » Cross train staff in street medicine
- » Challenge = balance clinic capacity with demand of new patients seen during street medicine

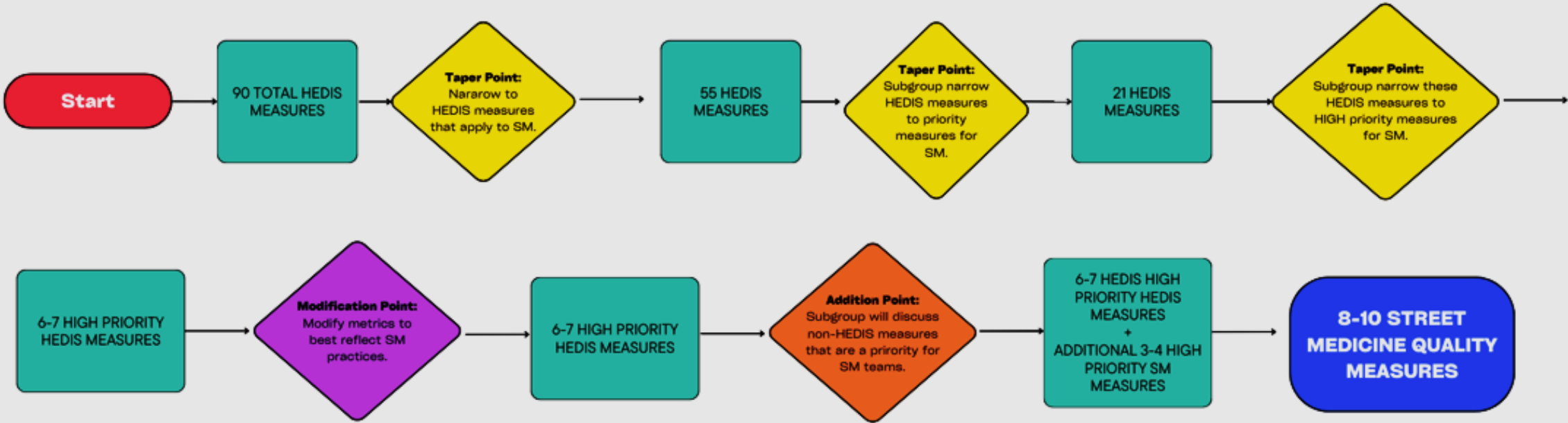
# HPHP+SSP – MAT Access Points

- » Wednesdays 10am–2pm, focused on Coral, SC Levee, Harvey West Park
- » Since 8/30/23, 700 encounters, including 303 new encounters
- » 385 units of Naloxone distributed
- » Contributed to UCLA study low-barrier MAT at SSPs – 22,792 unique individuals received harm reduction services from 27 grantees, 7,963 new patients started MOUD
- » MAT Access Points MOU with Harm Reduction Coalition

# STREET MEDICINE QUALITY MEASURES PROCESS WORKFLOW



Goal: 8-10 measures that ALL street medicine teams can measure and are high priority for SM patients, SM teams, and the plans.



# Resources

- » County of Santa Cruz Medication-Assisted Treatment Program - [Medication Assisted Treatment \(MAT\) \(santa-cruz.ca.us\)](https://www.santa-cruz.ca.us/medication-assisted-treatment)
- » [Home - National Health Care for the Homeless Council \(nhchc.org\)](https://www.nhchc.org/)
- » California Overdose Surveillance Dashboard: <https://skylab.cdph.ca.gov/ODdash/>
- » Statewide Standing Order for Naloxone, California Department of Public Health: <https://www.cdph.ca.gov/Programs/CCDCDC/DCDC/DCDC/Pages/Naloxone-Standing-Order.aspx> + Recovery Position resource: <https://healthify.nz/health-a-z/r/recovery-position/>
- » Naloxone Distribution Project: [https://www.dhcs.ca.gov/individuals/Pages/Naloxone\\_Distribution\\_Project.aspx](https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx)
- » Fentanyl, National Institute on Drug Abuse: <https://nida.nih.gov/publications/drugfacts/fentanyl/>
- » Dope Project Overdose Prevention - [Overdose Prevention Resources | National Harm Reduction Coalition](https://www.dopeproject.org/overdose-prevention-resources)



**THANK YOU!**