StreetHealth: Improving The Medical Outreach Model to Homeless Encampments

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Project Description

The StreetHealth team will improve the model of homeless outreach through the efficient use of psychiatric consultation to allow for medications and opioid replacement in encampments.

Problem Statement:

Medical models of outreach to homeless encampments offer inadequate behavioral health services. Many people living in encampments suffer from psychiatric and substance use disorders, which prevent them from engaging in available means for ongoing care.

Discovery:

In 2017, we secured permanent funding through expansion of our federal HRSA grant to develop “psychiatry street outreach.” I proposed a model of a nurse care manager working with an outreach worker and a psychiatrist to allow for psychiatric medications and medication-assisted treatment (MAT) in encampments.

Conducted 42 interviews with the following highlights:

- Great interest in the program and the potential for future collaboration.
- There was some concern for scalability due to the cost of psychiatrists on an outreach team, but others felt it added essential value.
- Clear that we needed to prioritize consistent schedules and relationships with entire encampments over responding to crises.
- Linkage to a nearby health center is key to a successful transition of care.
- Despite nearby health centers and successful relationships, many vulnerable patients struggle to ever make it to the clinic.
- Essential to have drop-in hours at the community health center and of great benefit for the patients to see the same providers as in the field.

Goal:

To develop a sustainable model of psychiatric outreach to individuals experiencing homelessness through the provision of psychiatric and substance use medications (MAT) in encampments and improved linkage to community health centers.

Outcome-oriented Objective:

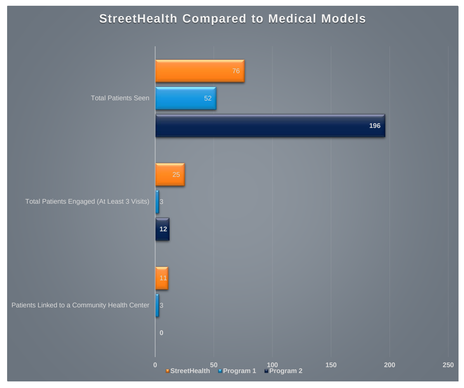
Improved efficacy of medical encounters, patient engagement, care coordination, and linkage as compared to standard homeless outreach models.

Results

Staff was hired and psychiatry time allocated to run a pilot between March 1st and June 30th, 2018. Three encampments near a community health center were selected for services.

In addition to the graph, StreetHealth was able to complete other interventions that will take more time to evaluate:

- Completed 2 buprenorphine inductions in the field.
- Connected 2 patients to high-level mental health case management and 2 HIV patients to specialty services.
- Started 1 person on Hep C treatment.
- Provided 33 naloxone kits with 1 overdose reversal reported.
- Started 10 patients on psychiatric medication.
- Completed 4 coordinated-entry (housing system) applications.
- Completed post hospital discharge care coordination for 2 patients.



Lessons Learned

- The design of our program and addition of psychiatric consultation appeared to give us significantly better results than our contracted medical models of care.
- Availability of psychiatry remains a precious resource and we have much to learn on how to make it most high-yield in a non-traditional setting.
- The collaborative care model may assist expansion.

Next Steps:

- We are submitting an application for expansion of our program and are confident in obtaining additional permanent funds within a few months.
- We plan to use the collaborative care model to tailor the program to support our partner organizations who currently only provide a medical model of outreach.

Mission Model Canvas

Key Partners	Key Activities	Value Propositions	Buy-in & Support	Beneficiaries
• **Community Health Centers** • **Behavioral Health Care Services (BHCS)** • **Other medical outreach programs**	**Development of street outreach team with low barriers to access for people experiencing homelessness.** Key Resources • **Psychiatrist** • **Psychiatric fellow** • **Community Health Worker** • **Nurse Care Manager** • **HRSA funding (AIMS grant)**	**90% of patients receiving services were retained within the system.** **50% of patients that have received an assessment will be linked to a medical home.** **80% of patients that have received an outside referral will have been linked.** **80% of patients will report an increased ability to respond to overdoses.** **# of opioid overdose reversals.** **# of buprenorphine inductions.**	• **Outreach champion; peer support.** • **Personal; county medical director is my supervisor.** Deployment • **Behavioral health street medicine team.** • **Population health analysis.**	• **People who are homeless in encampments, have a mental health or opioid use disorder, and struggle to come to a clinic.** • **County medical director who needs to address homeless and opioid crises.**

Mission Budget/Cost	Mission Achievement/Impact Factors
$75K from HRSA AIMS grant matched with $65K from dissolved position to fund nursing position. 2-3 days/week of psychiatry time through ongoing innovations funds.	**To create a low-barrier and culturally-informed behavioral health street medicine team for people experiencing homelessness.**