



Alameda County **Health Care for the Homeless**

StreetHealth Program (Oakland, CA): Bringing Mental Health Care to Those Who Need it Most



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Objectives

- Discuss the importance of public psychiatry
- Discuss StreetHealth: Psychiatry Backpack Medicine Program
- Discuss future directions



Public Psychiatry

- ❖ Uninsured or public insurance
- ❖ Care provided in federal, state, county or not-for-profit clinics, hospitals, and street medicine teams



Behavioral Health Care is Needed:

- ❖ 1 in 5 US adults experience a behavioral health condition each year¹
- ❖ 1 in 25 US adults experience a serious mental illness (SMI) each year¹
- ❖ Suicide is the 2nd leading cause of death for people ages 10-34¹
- ❖ Depression is the leading cause of disability worldwide¹
- ❖ 43.3% of US adults with a mental illness received treatment in 2018¹



Lack of Psychiatry Providers:

- ❖ 40% of psychiatrist work in cash-only private practices²
- ❖ 10% decrease of psychiatrist working in the public and private health insurance sector from 2003-2013²



Public Psychiatry Fellowships

UCSF Public Psychiatry Fellowship

- Started in 2011 & Modeled after Columbia University's fellowship
- Director: Dr. Christina Mangurian, MD, MAS
- Residency Data:
 - Total number of graduates: 29
 - Current class size: 4
 - Percent retained in the public sector immediately after graduation: 90%
 - Percent of graduates currently retained in the public sector: 76%

Stanford University

- Public Psychiatry Residency Track



How This All Got Started

- Psychiatry Residency at Stanford University, Chief Resident (2012-2016)
- Attended UCSF Public Psychiatry Fellowship (2016-2017)
 - Alameda County Health Care for the Homeless/LifeLong Medical TRUST Clinic
 - Integrated care clinic for people who are houseless or housing insecure
- HRSA Access Increases for Mental Health and Substance Abuse Services (AIMS) Award
 - Started StreetHealth: Backpack street psychiatry program (2017)
- StreetHealth: Expanding to 14 teams to cover all of Alameda County
 - Multiple funding streams including HRSA and MHSA



Houselessness in Alameda County

- Alameda County Point-In-Time Count (PITC). January 30, 2019.
 - 8,022 persons experiencing houselessness on this one night³
 - 6,312 persons unsheltered (literally homeless, HUD-defined homeless)³
 - Does not include people doubled up, incarcerated, hospitalized, trading sex for shelter

- Projected Yearly Count:
 - Urban Institute (2000): multiple the PITC single night count by 4.15-5.18 to give an estimated prevalence of yearly homelessness⁴
 - Estimate: 33,291 persons experiencing houselessness in Alameda County in 2019



Barriers to Care

Stigma

Not feeling
safe leaving
belongings

Trauma

Limited clinical
access

Not knowing
community
resources

Transportation

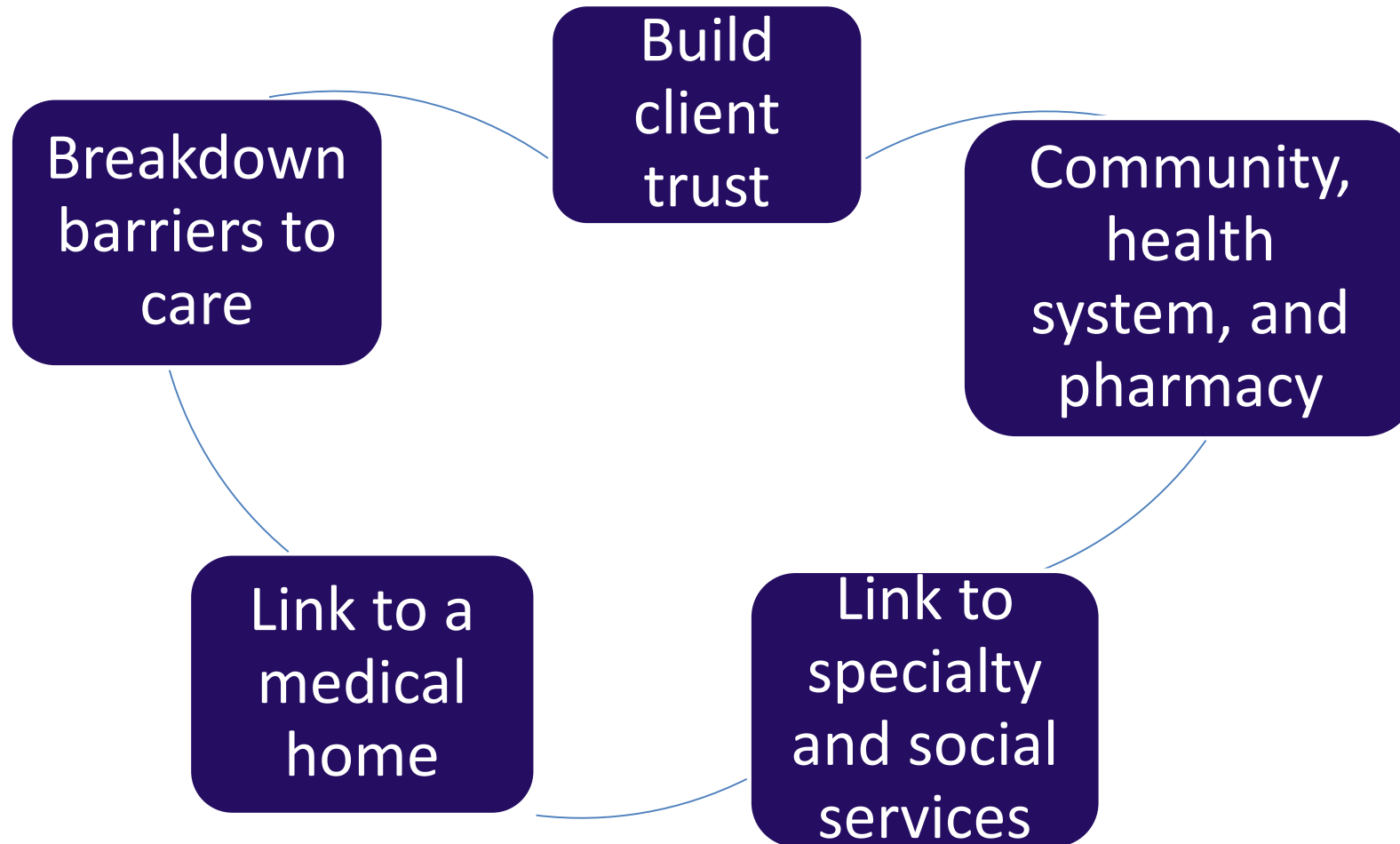
Lack of ID

Finances

Lack of
coordination
of care



StreetHealth Goals





StreetHealth Program Design: Go To People

- ❖ Backpack street medicine
- ❖ Registered Nurse-led multi-disciplinary teams
 - Scheduled encampment and street outreach
- ❖ Multi-jurisdictional coordination
- ❖ High level of community collaboration



StreetHealth Services

- Behavioral Health Assessments and Treatment
- Substance Use Assessments and Treatment
- Risk assessments
- Intensive Case Management
- Social Services
- Basic First Aid
- Linkage to a medical home



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StreetHealth: Role of Team Members



Nurse Care Manager (RN)

Mostly field based

Schedules field appointments with providers

Outreach and engagement

Provides health education and wound care

Health triage and basic first aid

Monitors inventory of 'backpack' medicine



Community Health Outreach Worker

Mostly field based

Outreach and engagement

Coordinated Entry System (housing)
applications

Benefits enrollment

Health related referrals (e.g. dental,
optometry)

Connects client with community
resources



Intensive Case Manager

Mostly office based

Supports clients with achieving their goals

Assist with attending appointments

Benefits and legal advocacy

Employment assistance

Reconnecting with family



Providers

❖ Psychiatric Provider (MD/NP/PharmD):

- Hybrid field/office based
- MD/NP- initial & follow up behavioral health assessments
- PharmD- follow up assessments
- Prescribe and dispense medicines in the field as needed

❖ Medical Provider (MD/NP):

- Hybrid field/office based
- Assessment, diagnosis, treatment of health conditions
- Consultation and telemedicine support for team

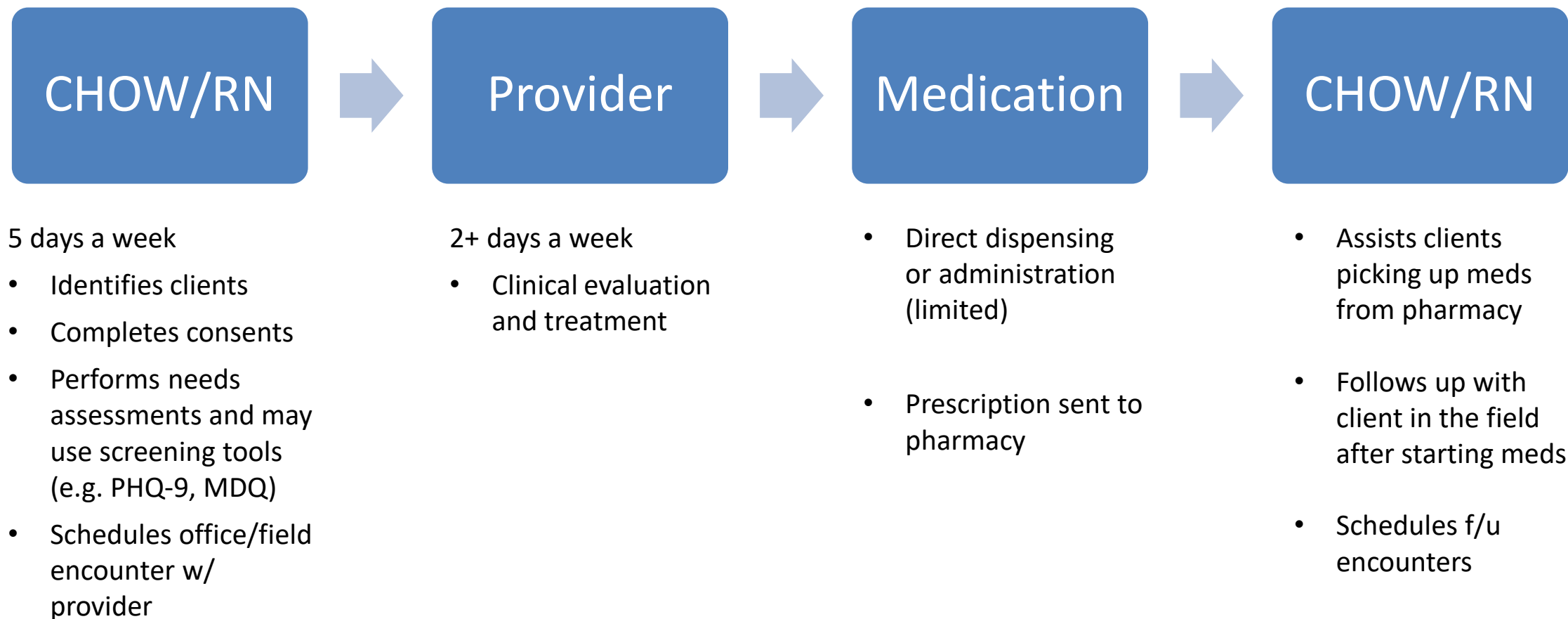


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StreetHealth: Service Delivery Framework



Street Health Psychiatry





Medication Related Services

Wound management supplies

Harm Reduction – naloxone
distribution

Psychotropic medications

Medication Assisted Treatment



Psychotropic Medications

May take multiple encounters
before medications introduced

Anti-depressants

Anti-psychotics

Anti-anxiety medicine

Long acting injectable
anti-psychotics

No controlled substances



Medication Assisted Treatment

May take multiple encounters
before medications introduced

Buprenorphine

Naltrexone

Nicotine Replacement Therapy



Medication Related Services

Decisions to medicate are made collaboratively between providers and clients

Prescribe (+/- dispense) 1-2 weeks medication supply

Clear follow-up plan

Support client to pick up medications as needed



Patients prescribed buprenorphine (Bupe) to date: 36

November 2018- April 2019

Patients who were prescribed bupe: 19

Never filled bupe prescription: 5

Patients who filled prescription provided in the field: 9

Patient who filled prescription provided in the clinic: 5

Average weeks of prescription filled in the field: 2.6 weeks

Average weeks of prescription filled in the clinic: 9.4 weeks



Data: July 1, 2018- June 20, 2019

- Individuals with trackable outreach encounters: 369
- Individuals with 1+ Enabling Service (HRSA UDS criteria): 254 (69%)
- Individuals with an enabling service linked to clinic: 54 (21%)
- People linked to clinic with 3+ visits: 25 (74%)
- Number of psychiatry evaluations: 50
- Number of individuals prescribed a medication: 35 (70%)
- Number of individuals prescribed buprenorphine: 22 (63% of all prescriptions)



Case Examples

- DP: 64-year-old AA man, chronically homeless, h/o Schizophrenia and Opioid Use Disorder, mistrust for psychiatry.
- Eventually agreed to start a LAI, provided in the field by our RN.
- Improved engagement in care. Slow warm hand-off to a Full Service Partnership case management team which did not go well.
- Patient has declined the LAI since December 19, 2019.



Case Examples

- DE: 40-year-old Latino man, homeless for less than a month, recently unemployed, h/o Opioid Use Disorder.
- Prescribed buprenorphine in the field on August 2018.
- Linked to Trust Health Center in August 2018.
- Established care with PCP who continued buprenorphine, last prescribed October 2019, when client moved out of county.

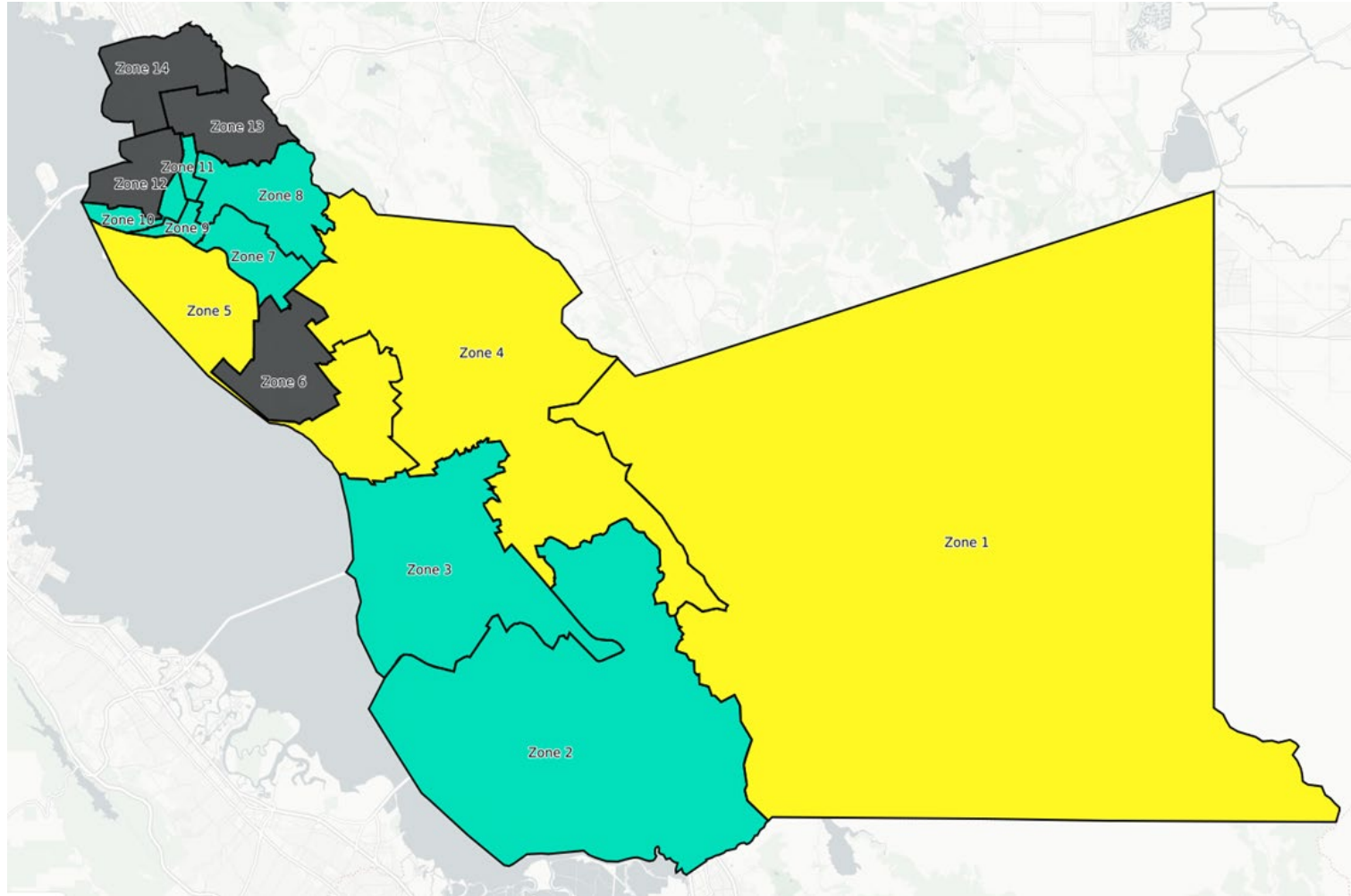


Case Examples

- JB: 23-year-old Caucasian woman, homeless on and off since age of 14, recently unemployed, h/o Opioid Use Disorder, referred by Punks with Lunch.
- Started on buprenorphine in December 2019.
- Never established care at Trust Health Center.
- Last prescription on January 2020
- Lost to follow-up



Future Directions





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Street outreach teams provide direct services and linkage to care to our most vulnerable neighbors



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QUESTIONS





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