Integrated Care for SUD and Co-morbid Conditions

A community-based organization's perspective

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President & CEO

Who We Are

- Not-for-profit healthcare services for low income individuals and families since 1967, with a specialty in treating substance use and co-occurring mental illness
- 27,000 clients served in 2017
- Services in 11 California counties with 89 sites from Solano to San Diego
- Provide addiction treatment in four state prisons and three county jails
- House over 1,500 individuals in either treatment or transitional housing every night
- 1,300 + employees
- $140M in annual revenue from:
  - Medicaid managed care plans
  - FQHC PPS--Medicaid
  - Specialty behavioral health Medicaid carve-outs
  - County general fund
  - County and state criminal justice funds
  - HRSA grants
  - SAMHSA grants
  - Fundraising

What we do

- Integrated substance use disorder and mental health treatment
- Case management
- Primary care/FQHCs with integrated behavioral health
- Transgender healthcare
- Medication Assisted Treatment available in San Francisco, San Mateo County, and Los Angeles
- Continuum of care, including outreach, outpatient and intensive outpatient behavioral health treatment, residential substance use disorder treatment, and recovery residences
- Culturally and linguistically appropriate and relevant in 5 threshold languages
- In-custody substance use treatment and re-entry services for persons formerly incarcerated
- Services that address social determinates of health (housing case management, employment prep and referral, social supports and recovery management, health navigators)
- Transitional Housing

Substance Use Disorder and homeless in San Francisco

- Health conditions among chronically homeless population*
  - Drug/alcohol misuse – 62%
  - Psychiatric or emotional conditions – 55%
  - Physical disability – 43%
  - Post-traumatic stress disorder – 35%
  - Chronic health problems – 43%
- HR360 Residential Substance Use Disorder Treatment
  - 1,463 people served for a total of 1,687 treatment episodes
  - In 94% of treatment episodes clients described their living situation at intake as "outdoor transient"

- **defined as people who experienced homelessness for at least one year or has a disability and has experienced four or more episodes of homelessness within the past three years*

San Francisco Integrated Care

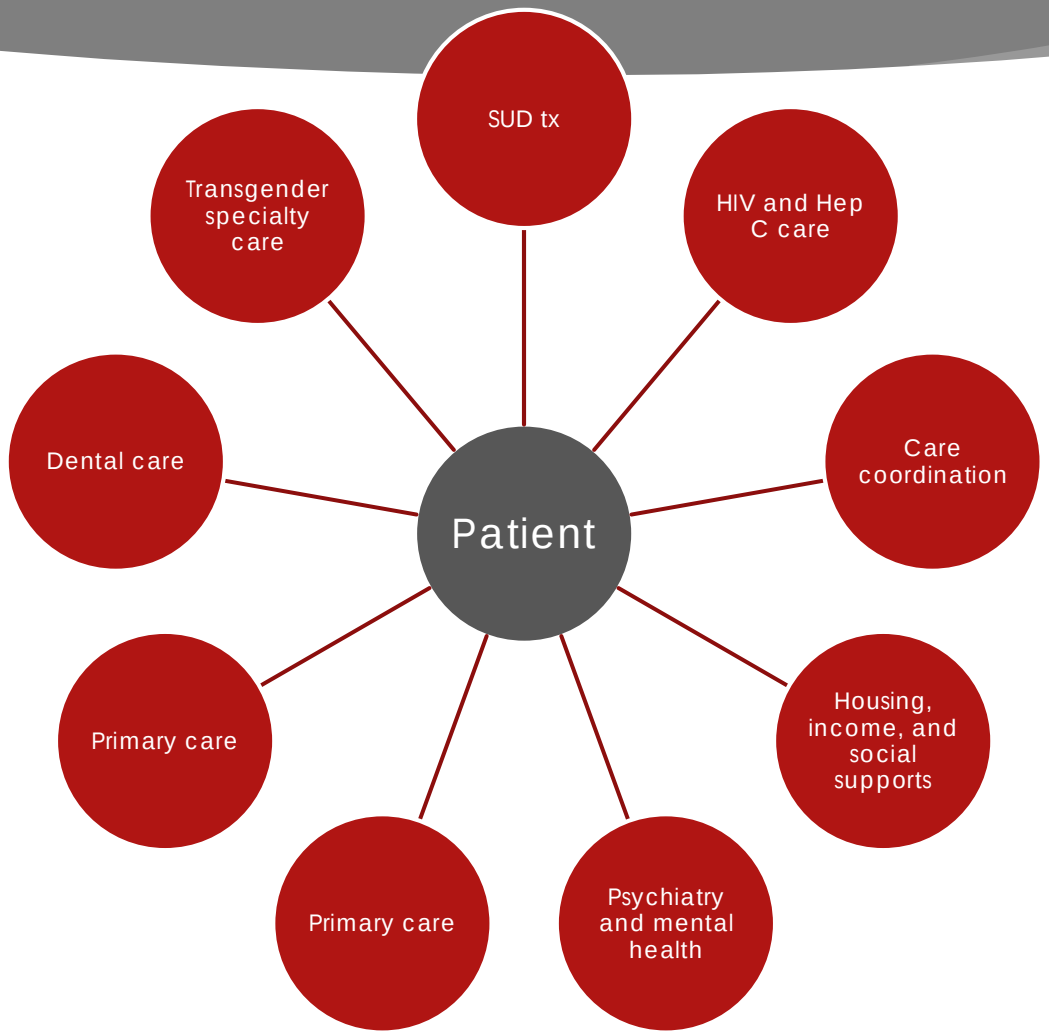
In 2017, healthRIGHT 360 provided medical care for 3916 people without housing, more than half of the estimated unsheltered population living in San Francisco

4 Federally Qualified Health Centers provide primary medical and dental care with Medication Assisted Treatment, Infectious Disease care, specialized healthcare for women and transgender people.

Integrated Care Center Project in SF

- 50,000 sq foot facility located at a transit hub in San Francisco, near areas of greatest need in terms of homelessness and street drug use.
- Primary care clinic, with addiction medicine program, and infectious disease specialty program
- Integrated dental clinic
- Psychiatry
- Outpatient substance use disorder and mental health treatment
- Social services and social supports program
- Central intake for residential SUD treatment, located at 3 other sites around the city (300 beds)
- Linkages to transitional housing services for patients transitioning from residential SUD treatment (200 beds)

No wrong door



Team based care

- Patient care team
  - Medical provider—team lead
  - Medical assistant—vitals, labs, discharge
  - Medical referral coordinator—appointments for specialty care
  - Nurse care manager—interface with other teams, med reconciliation, health self-management
  - Access coordinators—front office, enrollment, etc.
  - Additional members as needed:
    - Patient care support—complex care management for high utilizers of emergency departments
    - Patient navigators for Hep C, HIV, Prep programs, Transgender health, and MAT
    - Resource Center Coordinators for social determinants services

Specialty Care Teams

- Mental health team (in clinic)
  - Psychiatry
  - Mental health clinicians (LCSW's & Psychologists)
- Addiction Team
  - Addiction medicine providers
  - Medical assistants
  - Nurse care managers
- Dental team
  - Dentists
  - Dental assistants
  - Dental hygienist
- Behavioral health team
  - Licensed mental health clinician (lead)
  - Nurse care manager (residential)
  - Certified SUD counselors
  - Peer navigators


KEEP
CALM
and ask a
CARE
COORDINATOR

Care coordination for complex conditions

- Huddle 2x daily
- Weekly team meeting
- Weekly integration meeting
  - SUD behavioral
  - SUD medical
  - Psychiatry
  - Infectious disease
  - Mental health
  - Resource center

Chronic Care Model for SUD: Patient Flow

KEY

SBIRT= Screening, Brief Intervention, Referral to Treatment

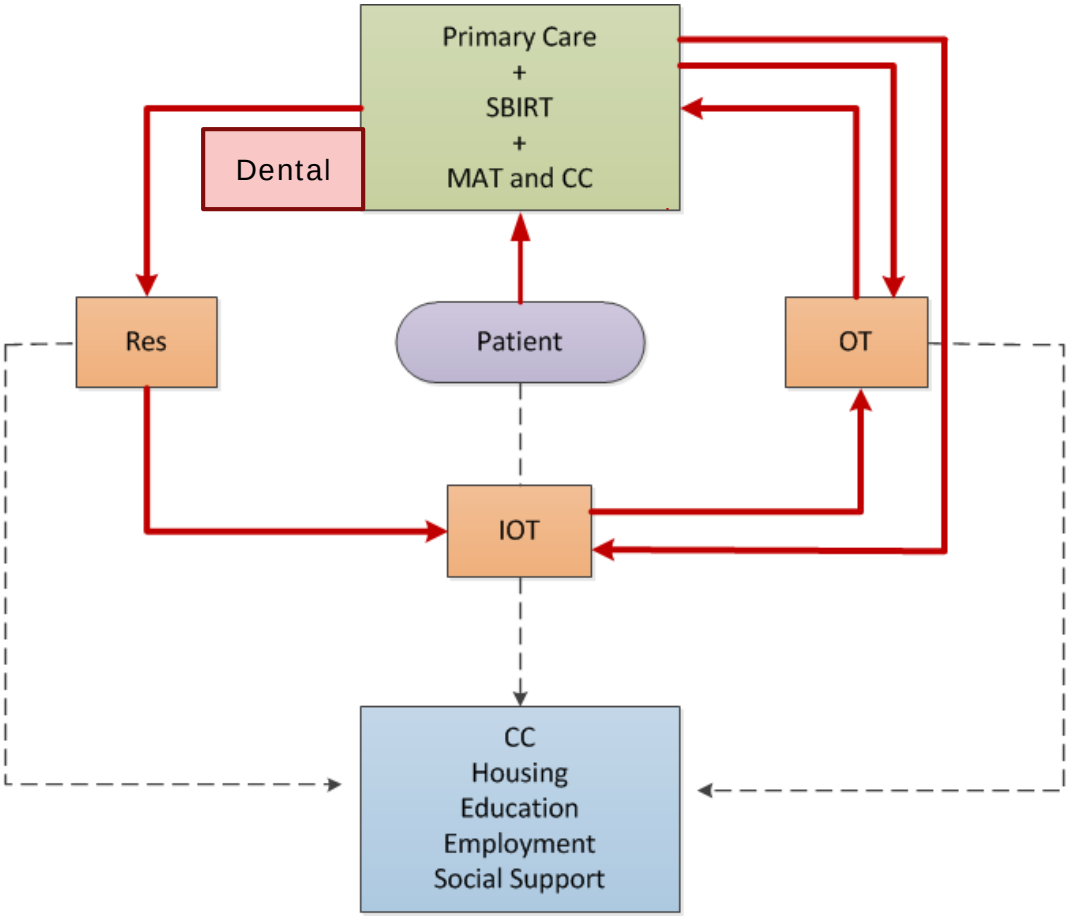
MAT= Medication Assisted Treatment

CC= Care Coordination

Res= Residential

IOT= Intensive Outpatient

OT= Outpatient



Questions?

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7 No wrong door

- A patient can receive the following services: HIV and Hep C care; care coordination; housing, income, and social supports; psychiatry and mental health; primary care; dental care; transgender specialty care; and SUD tx

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- **KEY**
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    - MAT= Medication Assisted Treatment
    - CC= Care Coordination
    - Res= Residential
    - IOT= Intensive
    - Outpatient
    - OT= Outpatient
- This graphic illustrates how a patient with substance use disorder needs could flow through the chronic care model at Health Right 360. The patient could have access to the following services depending on the level of need: Primary care, screening brief intervention referral to treatment, medication assisted treatment, dental, residential services, intensive outpatient services, outpatient services, and care coordination with other supportive services like housing, education, employment, and social support.

13 **Questions?**