Cross-disciplinary Approaches to Drug Dependence and the Homeless

Health Care for the Homeless Regional Training

Facilitators:
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Session Objectives

- Explain drug dependency as it relates to people experiencing homelessness.
- Identify policies and data-driven strategies used to address the issue.
- Apply information to organizations and communities in order to develop solutions.
Who is here?

- Consumers
- Peer Support Specialists
- Community Health Workers
- Housing Counselors
- Alcohol and Drug Counselors
- Social Workers
- Psychologists
- Nurses
- Physicians
- Dentists
- Administrators
- Lawyers
- Policy Makers
- Anyone else?
Case Study: Cheryl

Cheryl, a 27-year-old woman, has been using the syringe exchange for a few years. She is often tired, has been loosing a lot of weight, and doesn’t feel well.

Cheryl has told one of the peer educators recently about being tired of hustling and of the abscesses that form on her arms and buttocks from missing hits and muscle popping. She has mentioned her two children in foster care numerous times and expressed interested in drug treatment so that she can get them back.

The peer educator says that Cheryl is injecting heroin daily and smokes crack a few times a week. She reports that she lives in a tent with her boyfriend in a local camp. Cheryl has told the peer educator that her boyfriend is abusive, but that she has to have someone around to keep her safe on the streets. The peer educator suggested to Cheryl that she meet with a social worker at the health care for the homeless clinic about a referral for detox. Cheryl says she is interested, writes down all the information, but has not as yet actually done anything about it.
Discussion questions

1. Would Cheryl benefit from treatment? If so, what would you recommend?
2. What are the likely challenges to success?
3. What could be your role in helping Cheryl make progress with the various issues and challenges she has? What would you need to be successful in that role?
4. Who would you want to be on Cheryl’s service team and how should that team be organized?
5. How will Cheryl’s progress be measured?
Large Group Discussion

- Go to https://todaysmeet.com/HCHSeminar
- Enter your Nickname
- Enter your message (limited to 140 characters):

  What is one idea you gained from the discussion of this case study?
Current Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KCMU tracking and analysis of state executive action. *AR, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

Case Study: Fred

Fred, a 50 year old man, arrives at the health care for the homeless drop-in urgent care clinic requesting a refill of blood pressure medication. He reports he has recently gotten out of prison and ran out of medication he had been prescribed. He gives a history of hypertension. He complains of a chronic cough that he attributes to smoking cigarettes.

Fred is dressed in long sleeves and appears hesitant to take off his shirt to be examined. Overall he appears to be anxious and somewhat hypervigilant. When asked directly about his mental health he reports he has “psychotic reactions” from using cocaine and speed at times. When asked about his current drug use he states he is muscling about a gram of heroin a day and occasionally smoking crack. He reports using clonazepam (Klonopin) when he can't get heroin or when he starts to feel "overamped."

Your conversation about his blood pressure medication provides an opportunity to talk more about his drug use and possible treatment. Fred reports he was on methadone in the past and this kept him from using heroin. He stopped when he was incarcerated and had severe withdrawal because they did not give methadone or treat drug withdrawal in prison. He would like to stop heroin before his habit gets bigger and he lands back in prison or overdoses like a buddy of his recently did. He does not want to starts methadone again because he sees the old timers in the methadone clinic are usually "bent over, limping and broken down."
Discussion questions

1. What additional questions might you ask Fred?
2. Inventory Fred’s treatment and life needs.
3. How would you prioritize? How is decision-making done regarding the sequence of steps?
4. Who are all the team members and what are their roles?
5. How is progress tracked in this case?
6. Are there policies that might make management of all such clients more effective and efficient?
Large Group Discussion

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*What is one idea you gained from the discussion of this case study?*
The Health Belief Model

- Modifying Variables
  - Perceived Seriousness
  - Perceived Susceptibility

- Perceived Benefits vs. Perceived Barriers

- Perceived Threat

- Self-Efficacy

- Cues to Action

- Likelihood of Engaging in Health-Promoting Behavior
Model of Human Occupation

- Personal Causation
- Values
- Interests
- Roles
- Routines
- Space
- Social Environment
- Performance Skills
- Processing
  - Communication and Interaction
  - Motor Skills

(Kielhofner 2008)
Transcript of HCHSeminar

What is one idea you gained from the discussion of this case study?
10:24am, Thurs, Sep 22, 2016 by Boy

It would be good to have Fred receive many services in one visit.
4:02pm, Thurs, Sep 22, 2016 by Lydia

Providers should try not to
4:03pm, Thurs, Sep 22, 2016 by Tina

When your are ready...
4:03pm, Thurs, Sep 22, 2016 by Notyourregion

Addressing complex patients requires a system be in place to address Social needs as well as medical needs.
4:03pm, Thurs, Sep 22, 2016 by JP

Work on patient's main interest first, then expand.
4:03pm, Thurs, Sep 22, 2016 by Kiki

What would you do to lessen case loads to improve immediate service delivery?
4:03pm, Thurs, Sep 22, 2016 by La

Improved access to care. Having counsellors available for warm handoff in clinic.
4:03pm, Thurs, Sep 22, 2016 by Cel

Opening therapist schedules to give more access to immediate mental health needs
4:04pm, Thurs, Sep 22, 2016 by Me

Policy Makers need to see what happens on the front lines
4:04pm, Thurs, Sep 22, 2016 by Allen

Peer support importance and ideas to improve our program
4:04pm, Thurs, Sep 22, 2016 by Rockstar

Like talking in a small group and offering input. Good hearing what others had to say.
4:04pm, Thurs, Sep 22, 2016 by Buddy

Leaned Louisville is better than other places
4:04pm, Thurs, Sep 22, 2016 by Lolo

Having a liaison to connect clients to services
4:04pm, Thurs, Sep 22, 2016 by Edlouky

Role of pharmacist
4:04pm, Thurs, Sep 22, 2016 by Cooper

Address immediate need of pt
4:04pm, Thurs, Sep 22, 2016 by Cel

Methadone pick up at pharmacy
4:05pm, Thurs, Sep 22, 2016 by S

How do we persuade policy makers to have these discussions with Health Care workers?
4:05pm, Thurs, Sep 22, 2016 by Me

Seeing to it that the Client understands that there are a variety of services available to help them.
4:05pm, Thurs, Sep 22, 2016 by Duke

We need a better mediator to collect more services in a better time frame.
4:05pm, Thurs, Sep 22, 2016 by Twiggy
Staff availability for more personal and expanded services while clients are in the clinic.
4:07pm, Thurs, Sep 22, 2016 by Spice

need FASTER access to treatment
4:28pm, Thurs, Sep 22, 2016 by S

Domestic violence shelters may be able to provide Harm reduction care for those actively using drugs.
4:29pm, Thurs, Sep 22, 2016 by Cooper

We need to work in care teams
4:29pm, Thurs, Sep 22, 2016 by Notmyregion