
Care for the Homeless MAT program

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Cornerstones of responding to the Opioid Crisis

- ❖ 1. Training in Narcan/Safe injection sites
- ❖ 2. Safe injection sites
- ❖ 3. Train more clinicians to prescribe Buprenorphine
- ❖ 4. Dealing with the stigma
- ❖ 5. Peer support

The “**I Saved a Life**” (PDF) awareness campaign uses powerful stories to increase awareness about naloxone and encourage New Yorkers to learn more about it:

- **I Saved My Neighbor’s Life:** “My neighbor’s boyfriend knocked on my door at 2 a.m. and told me she was overdosing. I got to the apartment and found her passed out. I gave her naloxone and in a few minutes she started coming through. It was lucky I was home and had naloxone to save her.” ~**Billy, Manhattan**
- **I Saved My Father’s Life:** “I got trained in overdose prevention after I spent four years in the Army. One night at home, my dad fell out of bed. He wasn’t breathing and he had turned blue. I knew he had used heroin before. I grabbed my naloxone and gave it to him. After a few minutes, he started breathing again and he came out of it. That was a life-changing moment for both of us.” ~**Brian, Queens**

An advertisement for naloxone featuring a woman with short blonde hair, wearing a dark top, looking directly at the camera. The background is dark and slightly blurred. Overlaid on the image is the title "I SAVED MY NEIGHBOR'S LIFE" in large, white, bold, sans-serif font. Below the title is a quote in smaller white text: "I took a different way home from work one night and found my neighbor on the ground. He was blue and not breathing. I gave him naloxone, which I always carry, and in 2 minutes he was breathing again. As we waited for the ambulance, it hit me that if I hadn't come home this way, his family would be getting a very different phone call that night." Below the quote is the attribution "-Evelyn, Manhattan". At the bottom of the advertisement, there is a dark blue banner with white text: "NALOXONE is an emergency medicine that prevents overdose death from prescription painkillers and heroin." Below this banner, there is more text: "To find out more about naloxone and where to get it, call 311 or visit nyc.gov/health/naloxone. If you need help or referral to treatment call, 888-NYC-Well." In the bottom right corner, there are logos for "Thrive NYC" and "NYC".

“I SAVED MY NEIGHBOR’S LIFE”

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~Evelyn, Manhattan

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Thrive NYC | NYC



Naloxone/Narcan® at New York City Opioid Overdose Programs

Organization Name	Program Type	Street Address	Site Address	ZIP code	Borough	Walk-in availability?	Contact Name	Phone
Acacia Network Inc.	Community based org	1776 Clay Avenue		10457	Bronx	No, call to make appointment	Evelyn Munoz	(347) 649-3046
BOOM! Health	Syringe exchange prog	226 East 144th Street		10451	Bronx	No, call to make appointment	Ed Manchess	(718) 292-7718
Bronx Neighborhood Action Center- NYC DOHMH Center for Health Equity	DOHMH	1826 Arthur Avenue	Suite 125	10457	Bronx	Yes	Fernando P Tirado	718-508-0622
Bronxworks	Community based org	630 Jackson Ave		10455	Bronx	No, call to make appointment	Christopher Ibeling	(646)740-7927
Lincoln Medical and Mental Health Center	Healthcare org	234 East 149th St	Room BC23	10451	Bronx	Yes, Tuesdays and Thursdays from 9-4 in Flu Clinic	Nasir Iqbal	(718) 579-5989
Montefiore Comprehensive Family Care Center (CFCC)	Healthcare org	1621 Eastchester Road		10461	Bronx	No, call to make appointment	Tiffany Lu	(718) 405-8227
Montefiore Comprehensive Health Care Clinic	Healthcare org	305 East 161st Street		10451	Bronx	No, call to make appointment	Tiffany Lu	(718) 405-8227
Montefiore Family Care Center (FCC)	Healthcare org	3444 Kossuth Avenue		10467	Bronx	No, call to make appointment	Tiffany Lu	(718) 405-8227
Montefiore Family Health Center (FHC)	Healthcare org	1 Fordham Plaza		10458	Bronx	No, call to make appointment	Tiffany Lu	(718) 405-8227
Montefiore Medical Center	Healthcare org	111 East 210th Street		10467	Bronx	No, call to make appointment	Tiffany Lu	(718) 405-8227
Planned Parenthood of NYC	Healthcare org	349 East 149th St	3rd Floor	10451	Bronx	No, call to make appointment	Marcella Tillett	(212) 965-4888
St. Ann's Corner of Harm Reduction	Syringe exchange prog	886 Westchester Avenue		10459	Bronx	No, call to make appointment	Van Asher	(718) 585-5544
Institute for Family Health - Stevenson Family Health Center	Healthcare org	731 White Plains Road		10035	Bronx	No, call to make appointment	Thomas McCarry	(845) 338-2562
After Hours Project Inc.	Syringe exchange prog	1204 Broadway		11221	Brooklyn	Yes	Hector Quinones	(718) 249-0755
BMS Family Health Center	Healthcare org	592 Rockaway Ave		11212	Brooklyn	No, call to make appointment	Harvey Lawrence	(718) 345-5000 x1123
Brightpoint Health - Sterling Health Center	Healthcare org	803 Sterling Place		11216	Brooklyn	No, call to make appointment	Kate Kozeniewski	718-640-4380
Community Healthcare Network		1167 Nostrand						

Safe injection sites coming to NYC

- ❖ De Blasio's supports the plan to create 4 new Overdose Prevention sites in NYC but needs approval of District Attorney and State Department of Health and Federal Law as well as local hurdles to make this happen.
- ❖ Sites would be located at Washington Heights, Midtown West in Manhattan; the Long wood section of the Bronx; and Gowanus, Brooklyn.

Access to and uptake of MAT for OUD in NYC

- **Methadone**
 - 30,000 patients in care; no waiting list and flexible patient cap
- **Buprenorphine**
 - 1,800 physicians prescribed in 2016
 - 13,000 patients received at least one prescription
- **Goal:** an additional 20,000 New Yorkers receiving pharmacotherapy by 2022

Public sector low threshold office-based buprenorphine treatment: outcomes at year 7

[Elenore Patterson Bhatraju](#),^{1,2} [Ellie Grossman](#),² [Babak Tofighi](#),^{1,2} [Jennifer McNeely](#),^{1,2} [Danae DiRocco](#),¹ [Mara Flannery](#),¹ [Ann Garment](#),² [Keith Goldfeld](#),¹ [Marc N. Gourevitch](#),¹ and [Joshua D. Lee](#)^{1,2,3}

- ❖ Buprenorphine maintenance for opioid dependence remains of limited availability among underserved populations, despite increases in US opioid misuse and overdose deaths. Low threshold primary care treatment models including the use of unobserved, “home,” buprenorphine induction may simplify initiation of care and improve access.

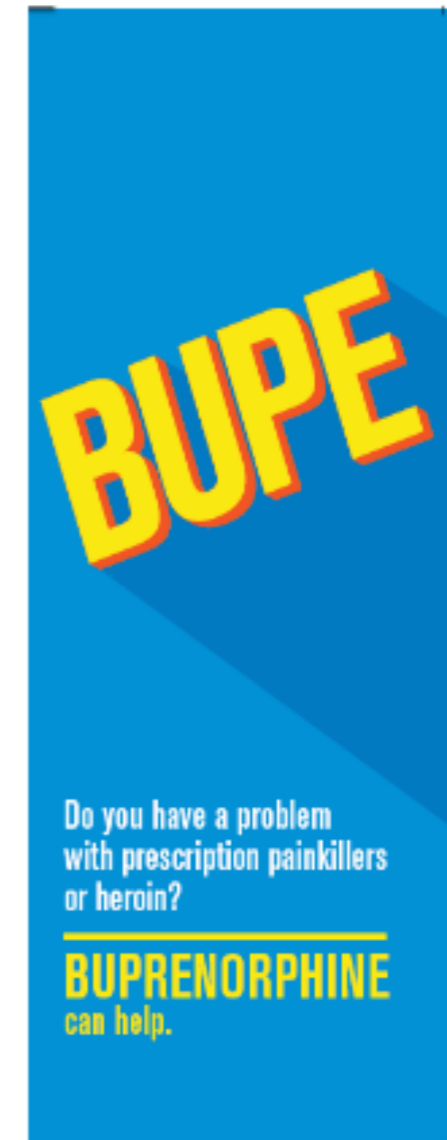
NYC DOH commitment to increase access

Fact: In New York City, rates of treatment with buprenorphine are elevated in zip codes with higher incomes and higher percentages of white residents.

- DOHMH is committed to ensuring equitable access to care for all new Yorkers and has created initiatives to decrease existing disparities in treatment.

NYC approach to increasing access to MAT

1. Fund 14 safety net health organizations (24 clinics) to implement buprenorphine treatment through Nurse Care Manager Program
2. Fund 4 adolescent and emerging adult programs in NYC (with NYS support)
3. Fund selected syringe exchange programs to start buprenorphine treatment
4. Train 1,500 MDs, NPs and PAs to prescribe buprenorphine (>500 trained)
 - Offer mentorship and technical assistance for implementation
5. Raise public awareness about methadone/buprenorphine treatment



Nurse Care Manager initiative

- RN-level Nurse Care Manager (NCM)
 - Works with buprenorphine prescribers and clinic staff in primary care to coordinate patient care, screen and conduct intake, function as primary point-of-contact for patients, conduct follow-up care, etc.
- 24 NCM clinics at varying phases of implementation
 - 14 clinics currently accepting new patients
 - 10 additional clinics by December 2018



stig·ma

a mark of disgrace or infamy; a stain or reproach, as on one's reputation.

Stigma erodes confidence that mental illnesses are real, treatable health conditions.

We have allowed **stigma** to erect barriers around effective treatment and recovery. It is time to take those barriers down.

**End the stigma.
Change lives.**

Stigma affects clinicians willing to treat

- ❖ Physicians were hesitant about becoming certified or providing buprenorphine maintenance treatment because of the stigmatized nature of the opioid dependent patient.
- ❖ Overall, 75% of physician participants identified negative attitudes towards substance abuse patients or addiction treatment as dissuading doctors from prescribing buprenorphine. One physician noted, “providers generally are not interested in treating opiate addicted patients because they are problematic in general. It’s a little more difficult type of patient to deal with.”
- ❖ Lack of training: “Addiction medicine is a really challenging field and I’m not sure one all-day session prepares you for dealing with this type of population.”
- ❖ Other barriers to prescribing included prior authorization requirements, lack of clinical resources (space, staff) and psychiatric services.

Shifting blame: Buprenorphine prescribers, addiction treatment, and prescription monitoring in middle-class America

[Sonia Mendoza](#), [Allyssa S. Rivera-Cabrero](#), and [Helena Hansen](#)

Peer support



Having peer support programs can be a helpful adjuvant for providers providing MAT care

Our Program

Total patient enrolled (since 2015)	62
# New enrollees in 2018	18
#Active Patients in the Program	46
Retention rate	74%

Working with clients

- ❖ Building trust
- ❖ Counseling
- ❖ Group therapy
- ❖ Challenges