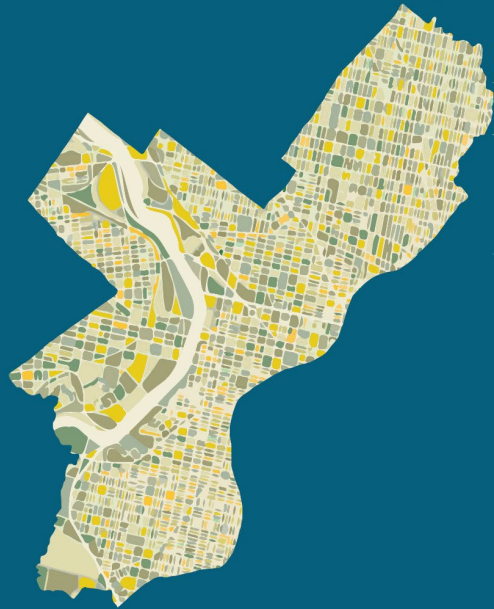
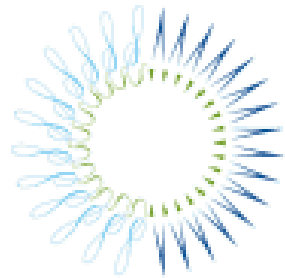


**Map
OUD**

**MAPPING THE OPIOID
USE DISORDER CRISIS
IN PHILADELPHIA, PA**



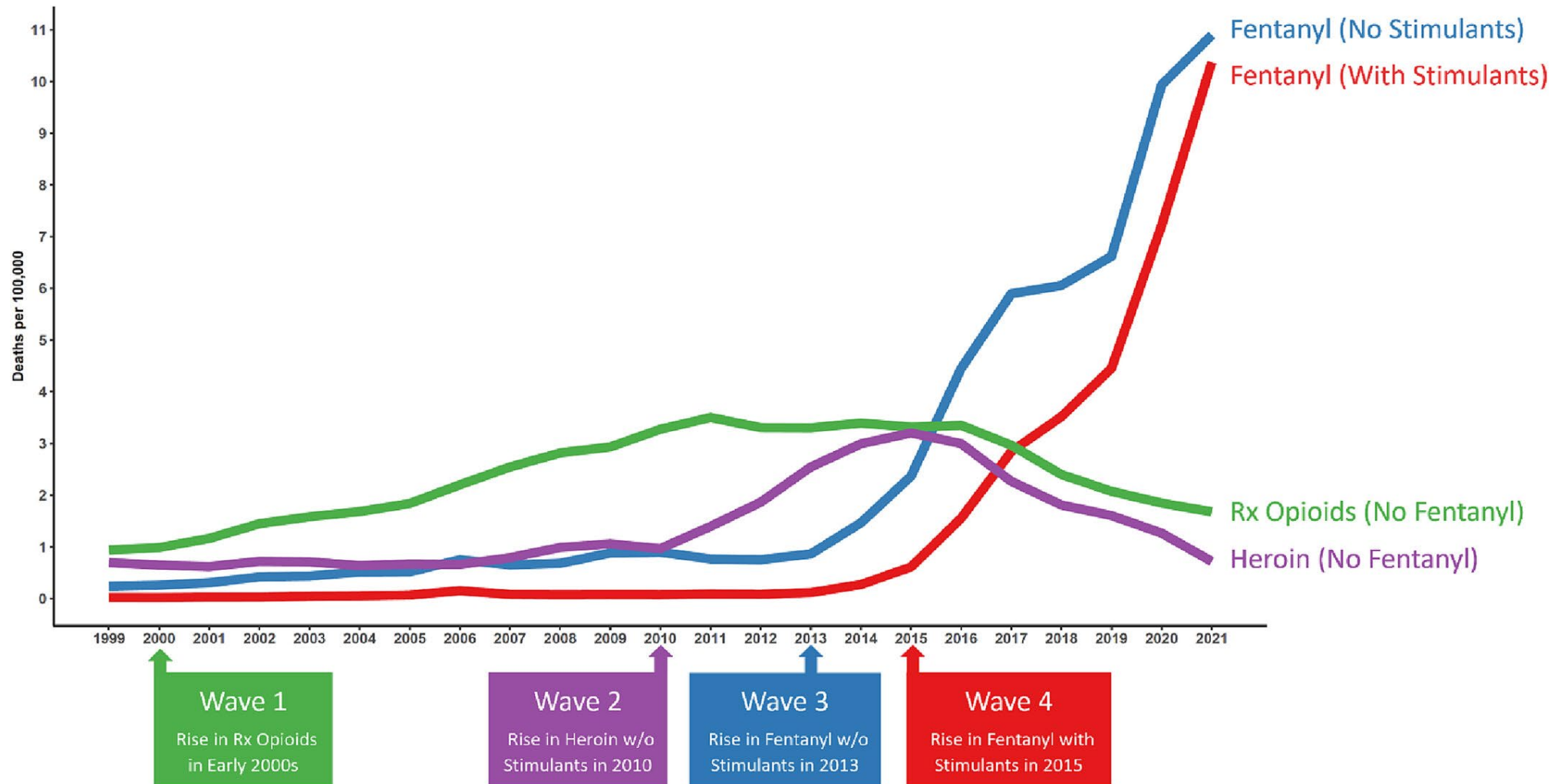
Erin L. Kelly, Megan K. Reed, Lara C. Weinstein, Robert Sterling, Tracy Esteves
Camacho, Diane Abetamarco, Jeffrey Gillingham, Shané Gill, Shimrit Kedeem,
John Cashy, Meghan Gannon, Simran Rahi, Melissa Denish



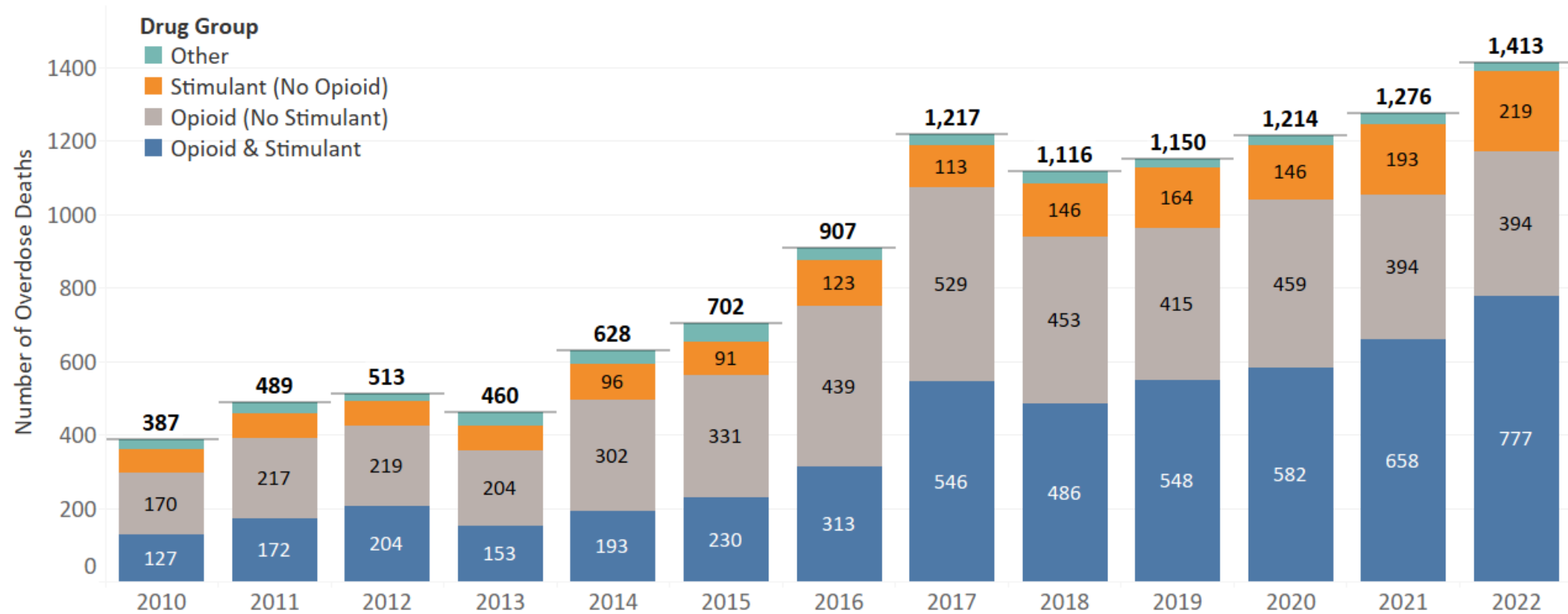
THE
PEW
CHARITABLE TRUSTS

Substance Use
Services in
Philadelphia:
Access and
Retention
Barriers to Care

Four Waves of the Overdose Crisis



Number of Overdose Deaths
by Drugs Involved, 2010 - 2022

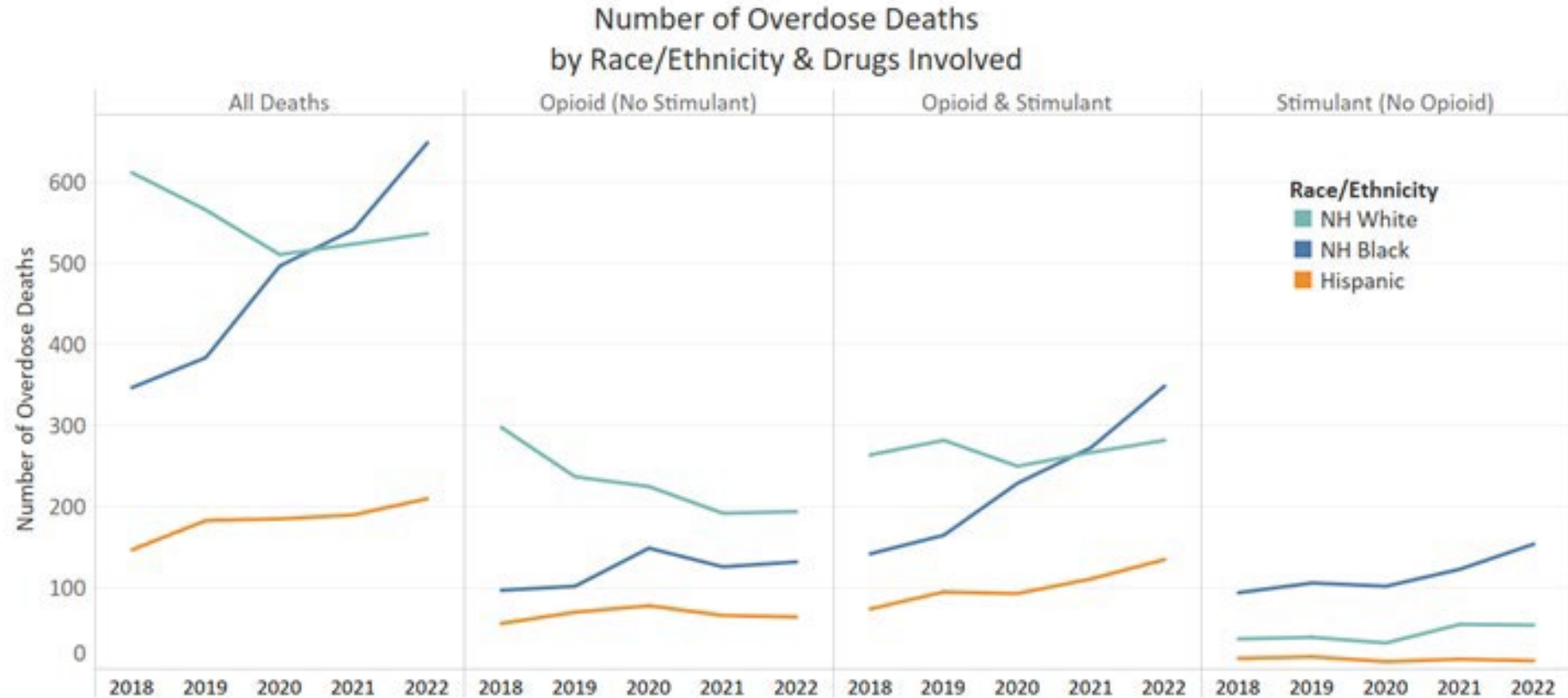


Fourth wave of the overdose crisis
in Philadelphia

As overdose deaths for Black Philadelphians climb, we must expand access to treatment

The death rates for white people are falling, suggesting that those with the resources to enter traditional rehabilitation facilities are less likely to die.

by Solomon Jones | Columnist
 Published Oct. 6, 2023, 5:02 a.m. E



Mapping the OUD Treatment System in Philadelphia

Research Questions:

- What are the barriers and facilitators to treatment entry and retention?
 - What treatment services are available to individuals with public insurance within Philadelphia?
 - Are there racial/ethnic differences in neighborhood access to substance use services within Philadelphia?
 - Philadelphia is 40% Black, 40% White
- Multimethod study (November 2022 – August 2023)
 - GIS mapping of treatment centers
 - Focus groups with people with lived or living experiences of opioid use
 - Monthly meetings with community advisory board to help develop instruments and interpret findings
 - Methadone provider survey

Focus Groups

- Groups: certified recovery specialists (x2), methadone (x2), buprenorphine, outpatient, inpatient, pregnant and parenting people, harm reduction, Black men, Black women (x2), Latino men
- Demographics:
 - 61% had used a drug in the past month (heroin/fentanyl and crack cocaine)
 - 60% had ever overdosed
 - ¼ used ED last time they accessed OUD treatment
 - 95% had been in some form of past-month treatment
- Themes:
 - Frustration with assessment process
 - Facilitators and barriers by treatment type
 - Recommendations across treatment type

Assessment Process

If I went to a crisis center, you have to sit there for 18 hours, sick, whatever it is. If you have to wait that long, I think that they should make you not be sick waiting there. That's one of the things that I had a problem with.

- Buprenorphine focus group

So, first of all, the procedure to get an assessment to even be able to be considered for an available bed in the city of Philadelphia is grueling to say the least. Twelve, 15, 18 hours people sit in a waiting room just to get them done to find the bed to hopefully get placement. Which does not always happen. So, you just waited 15, 18 hours while you're withdrawing and you're sick. And at the end of it, you may or may not get the bed that you went there seeking.

-Hospital CRS focus group

Treatment Types

- Inpatient: anxiety about insurance approval for length of stay
- Buprenorphine & methadone: feeling “stuck” by daily requirements, punitive programming

With the methadone it was a big hassle. Every day you get home you go to the frigging clinic and sit there for hours and deal with people you didn't want to have to deal with, you know what I mean? It was like an everyday all day thing. It's a job, that's what it is, going to the methadone clinic is a job.

-Buprenorphine focus group

I think the majority of times you can actually push someone away, that actually is like on the cusp of changing. So, they can be using and you're like, "Oh, you used again." They kick you off.

-Buprenorphine focus group

Locations of Care and Transportation

- Barrier, especially for unhoused participants
- Need for monthly transportation passes
- Reliance on public transportation
- Location as trigger to use

The guy who's been using dope and fentanyl for the last 10 years and is trying to get it together doesn't want to go back on the [subway] to the spot where he was getting high. Like, there's a lot of studies that show, like, that muscle memory, right? He had every intention on going to the clinic. But he wound up in the shooting gallery.

-Community CRS focus group

Culturally-Competent Care

- Language:
 - Lack of bilingual staff as major barrier to Spanish-speaking participants
 - Multiple instances of discrimination
- Race:
 - Some believed programs were more permissive of White participants
 - Code switching
 - Racial concordance in staffing important to about half

Staffing

I don't care what degrees you have. First off, to be honest, the average addict has one of the highest IQs. So, it doesn't matter what degrees they have. Like our survival, like literally depends on our life ... and the things, like, when I'm in group, I don't be wanting to share about [expletive] that I've been through because they're gonna look at me different because they haven't had to struggle. They haven't had to, they never been through this stuff. So, when we go into group, we're just in here to [meet program requirements] and bounce.

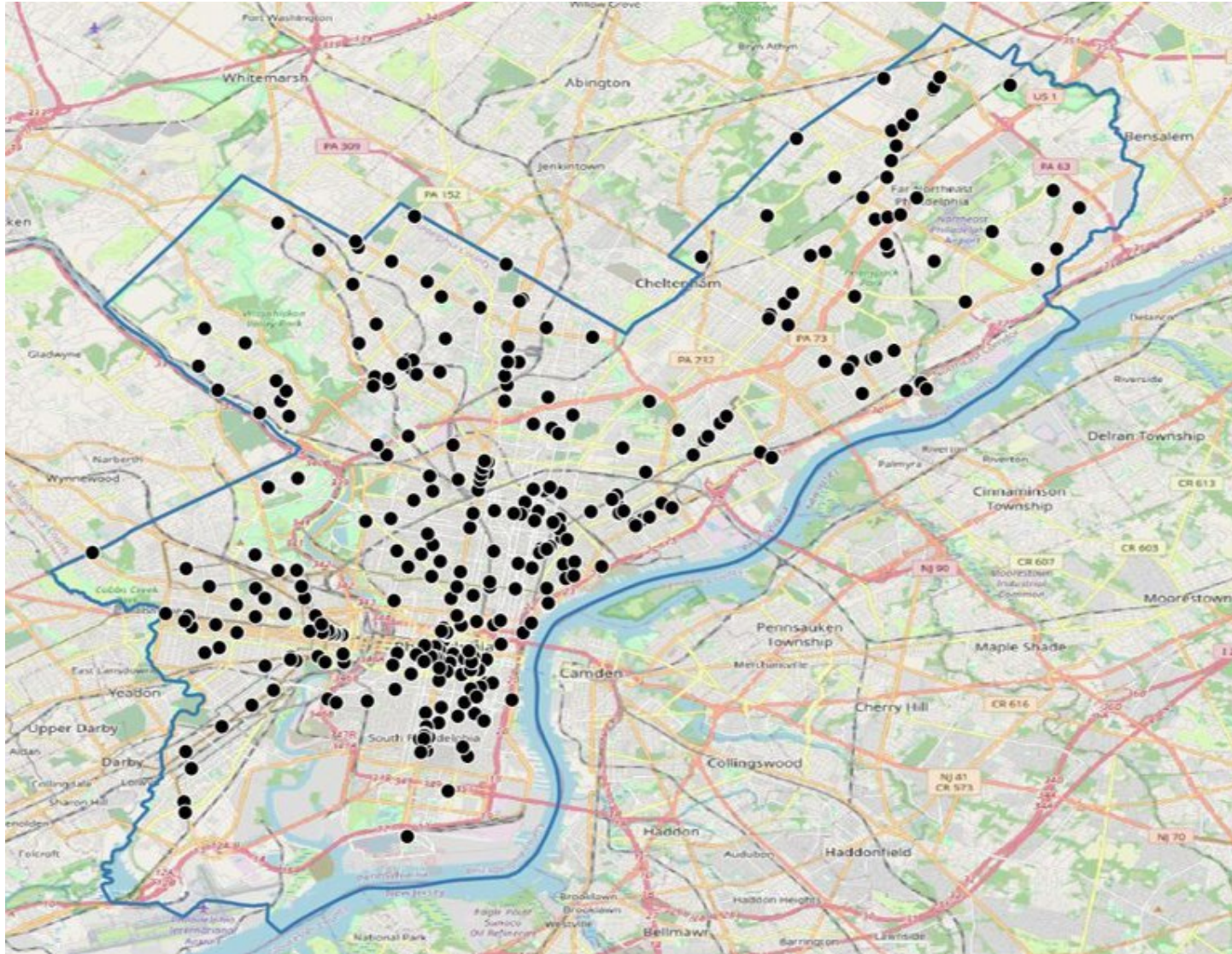
-Black women focus group

People that don't give a [expletive], they don't, uh, they don't understand what you're going through so they just be, like, 'Ah, you're just being a baby' or you're just – you know, it's, like, they treat you like [expletive] and it's, like, what's the point of it? If I'm going through pain or something, that's your job to actually come out and actually give a [expletive] about what's going on with me. Why don't you? If you don't, then get the [expletive] out this job.

- Harm reduction focus group

Parenting

- Most said it was important to be in treatment with other parents
- Feelings of safety with staff and other participants
- Noted need for resources for children, emotional support for parents, flexibility on scheduling, meaningful groups
- Physical safety of area important
- Histories of DHS involvement – trust issues with disclosures to staff
- Lack of resources for parents in longer-term recovery



Approach to GIS Mapping

- 1649 provider sites were drawn from the Substance Use and Mental Health Services Administration (SAMHSA) website, if Substance Use, Buprenorphine, or Outpatient Treatment Program (OTP) facility (<https://findtreatment.gov/locator>).
- After removing all providers outside of Philadelphia, **545 sites remaining**.
- After de-duplicating this list of sites, **330 non-duplicated providers**.
- **Added back 37** inpatient treatment facilities outside Philadelphia that accept County insurance after discussions with experts
- **Total sites = 367**

Treatment Beds/Slots for Individuals with Public Insurance

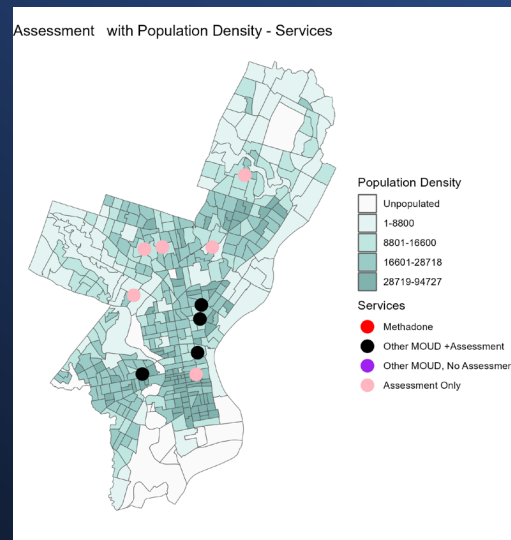
- BUT --- as we dug deeper – the SAMHSA dataset had many errors and included locations that did not take insurance or only private insurance
 - 78-85% of those admitted to ED for opioid poisoning were publicly insured
- Asked Philadelphia County for sites where people with public insurance can receive services
 - **96 sites** accept public insurance (26% of what SAMHSA listed)

Methods

Creation of GIS maps

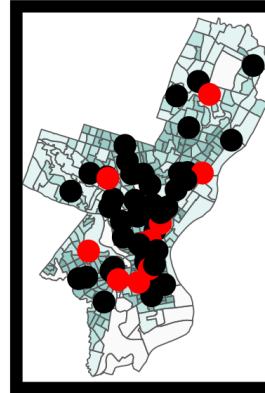
- Using R, the list of treatment centers were projected onto a map of Philadelphia
- Sets of Maps
 - All locations of care
 - Inpatient and Outpatient treatment/Assessment centers overlaid with density by the proportion of residents from 4 races/ethnicities
 - With treatment locations as centroids, polygons were created to show 20-minute walking, SEPTA and driving radius using OpenTripPlanner for outpatient treatment centers

All Outpatient and Inpatient Centers

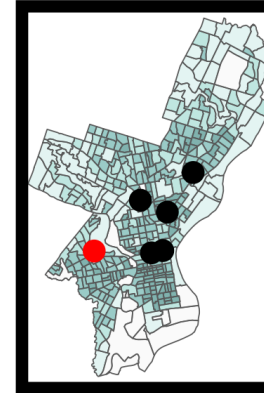


Inpopulated 1-8800 8801-16600 16601-28718 28719-94727 Services Met

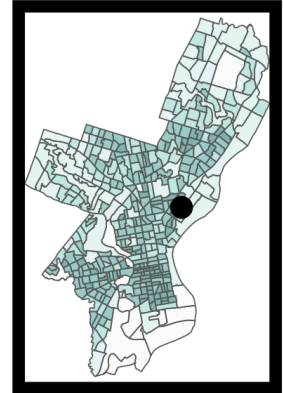
ASAM Level 1



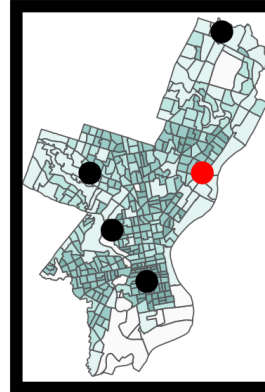
ASAM Level 2.1



ASAM Level 2.5



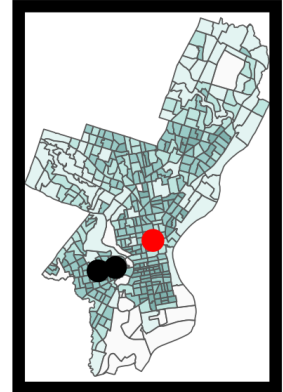
ASAM Level 3.1



ASAM Level 3.5



ASAM Level 3.7



ASAM Level 3.7WM



ASAM Level 4

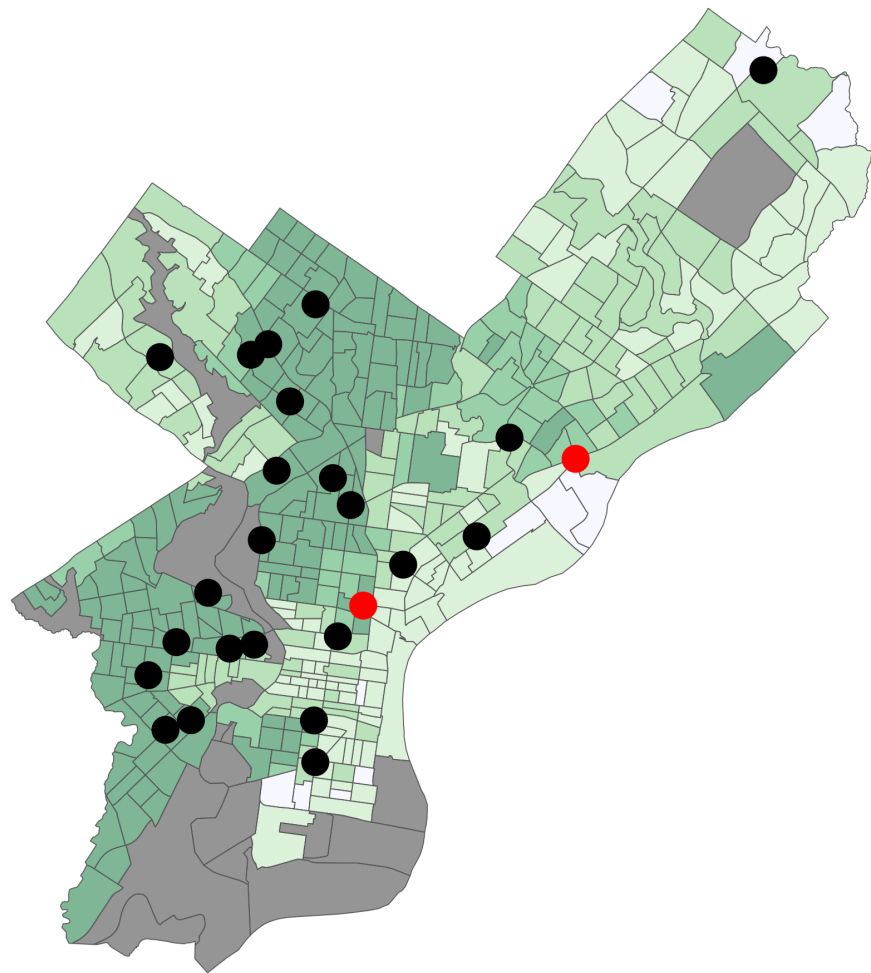


ASAM Level 4WM

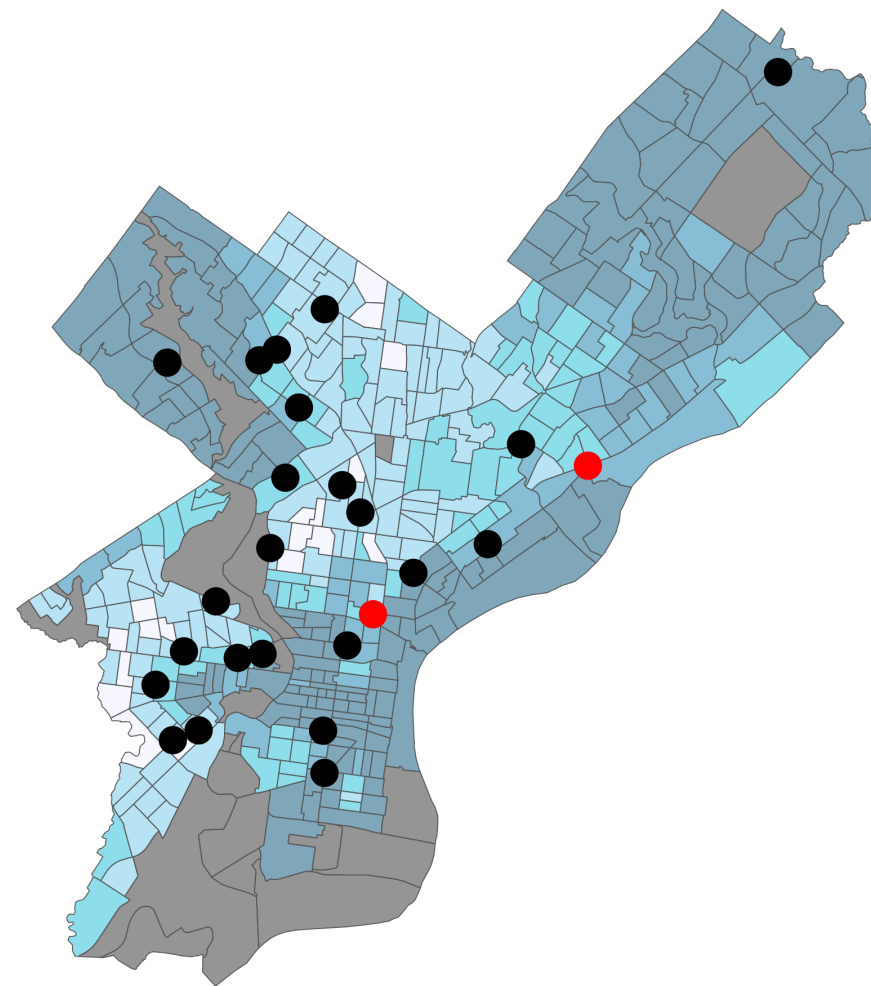


Race/Ethnicity and Inpatient Settings

Inpatient Sites with Percent Black



Inpatient Sites with Percent White



Services

- Methadone
- All Other MOUD

Percent Black

- 0-1
- 1.01-10
- 10.01-30
- 30.01-50
- 50.01-100
- Unpopulated

Services

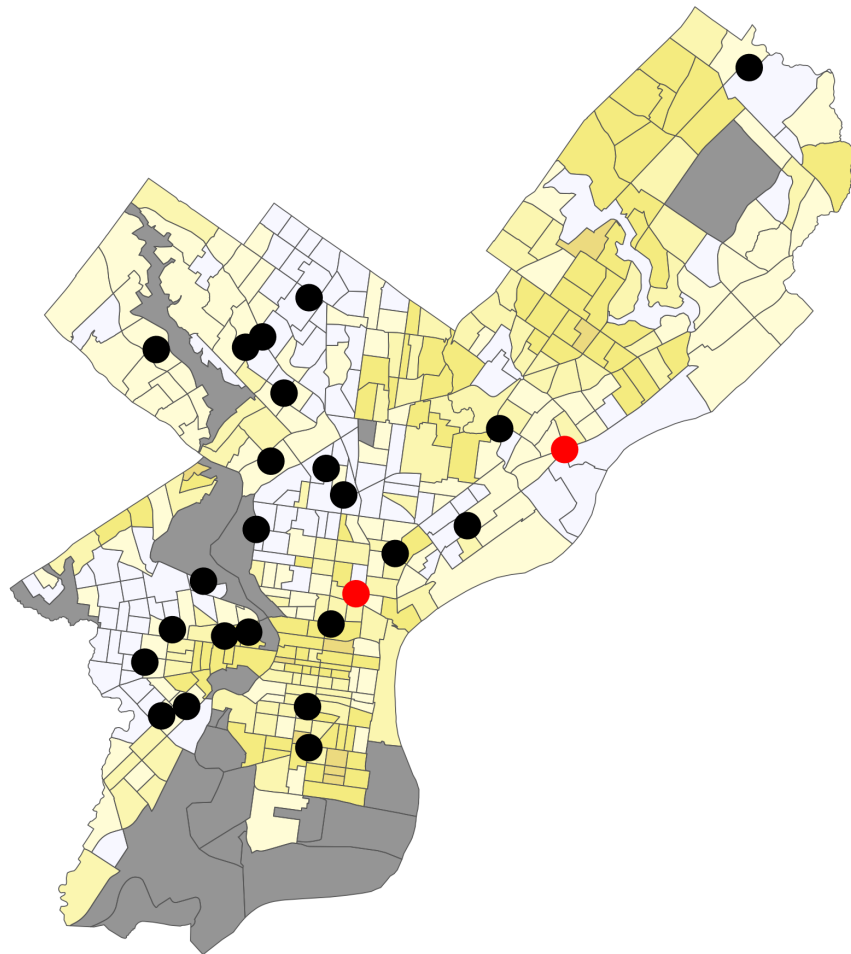
- Methadone
- All Other MOUD

Percent White

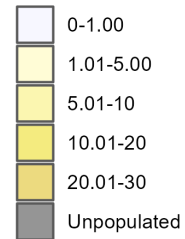
- 0-1
- 1.01-10
- 10.01-30
- 30.01-50
- 50.01-100
- Unpopulated

Race/Ethnicity and Inpatient Settings

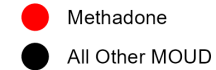
Inpatient Sites with Percent Asian



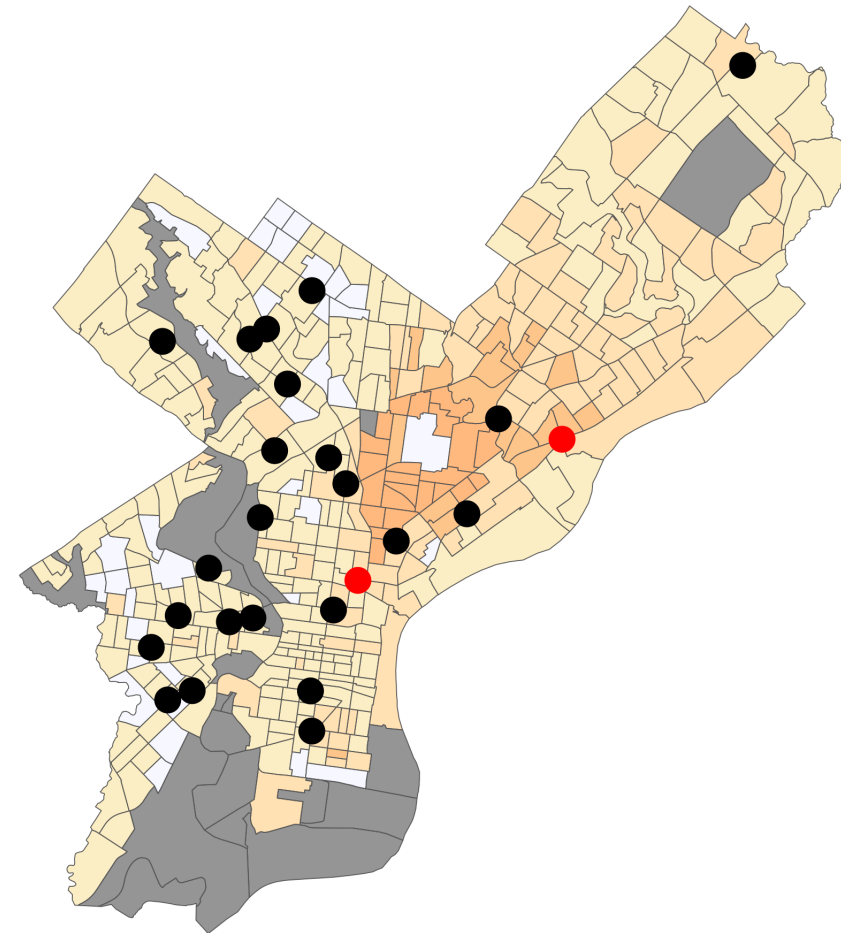
Percent Asian



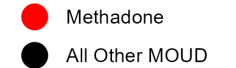
Services



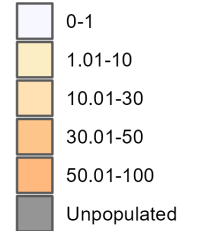
Inpatient Sites with Percent Hispanic



Services

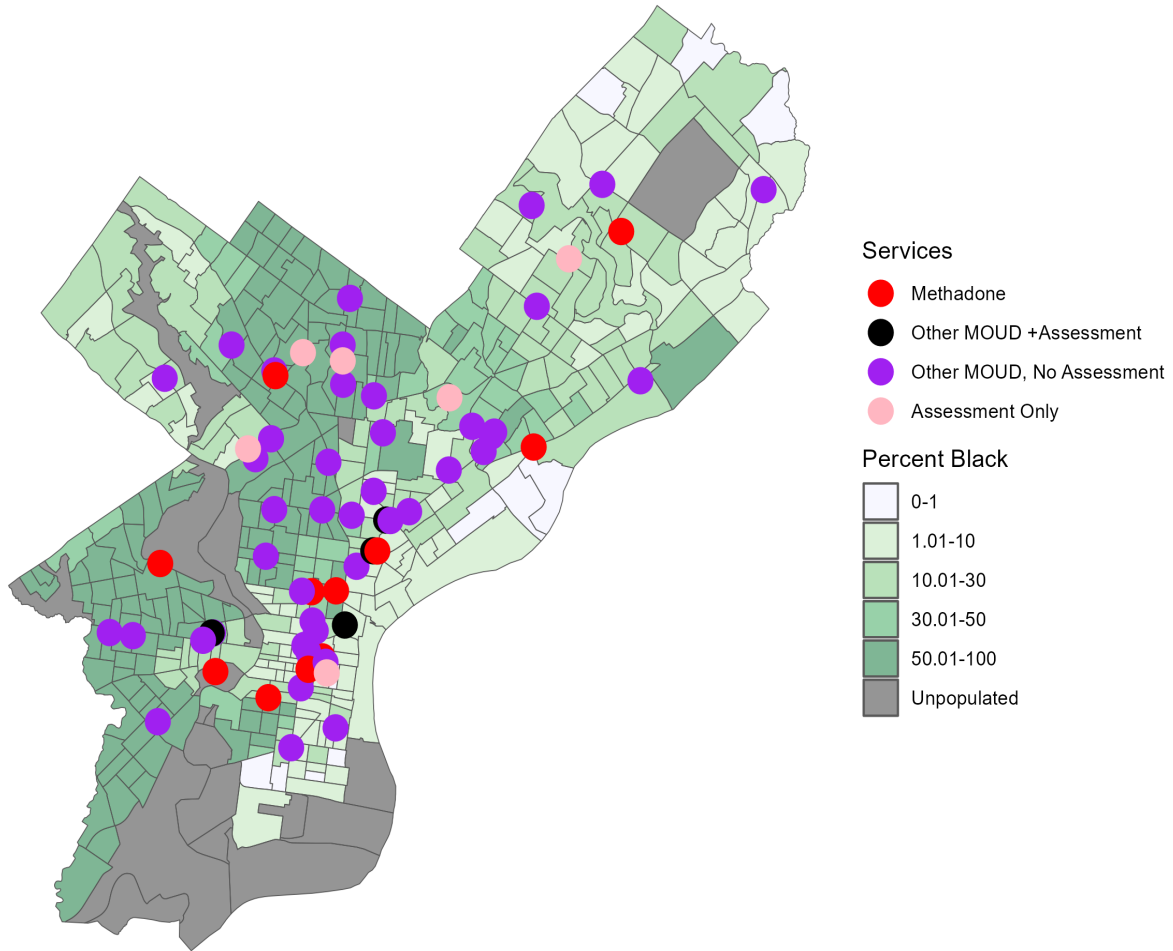


Percent Hispanic

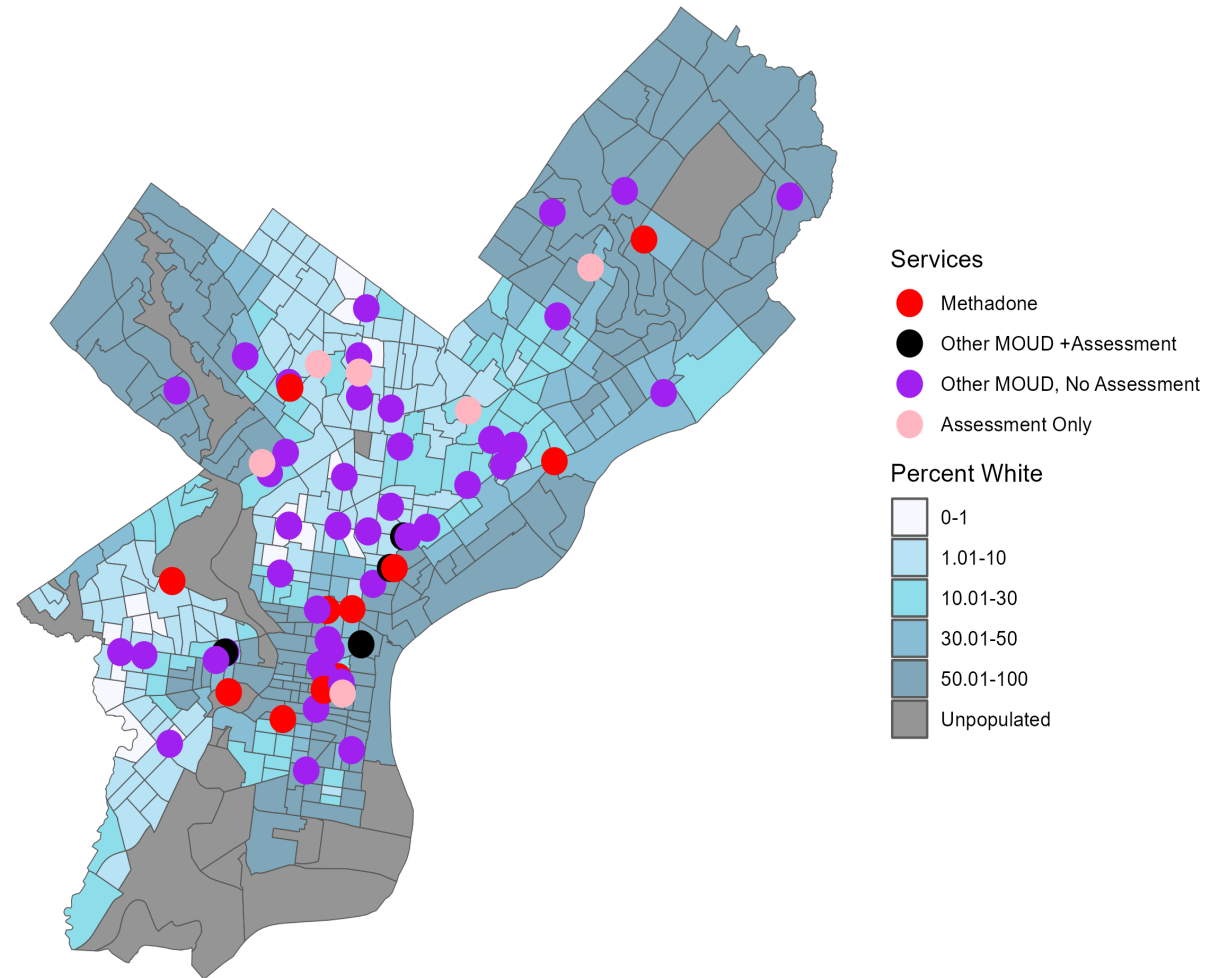


Race/Ethnicity and Outpatient Treatment and Assessment Centers

Outpatient Sites with Percent Black

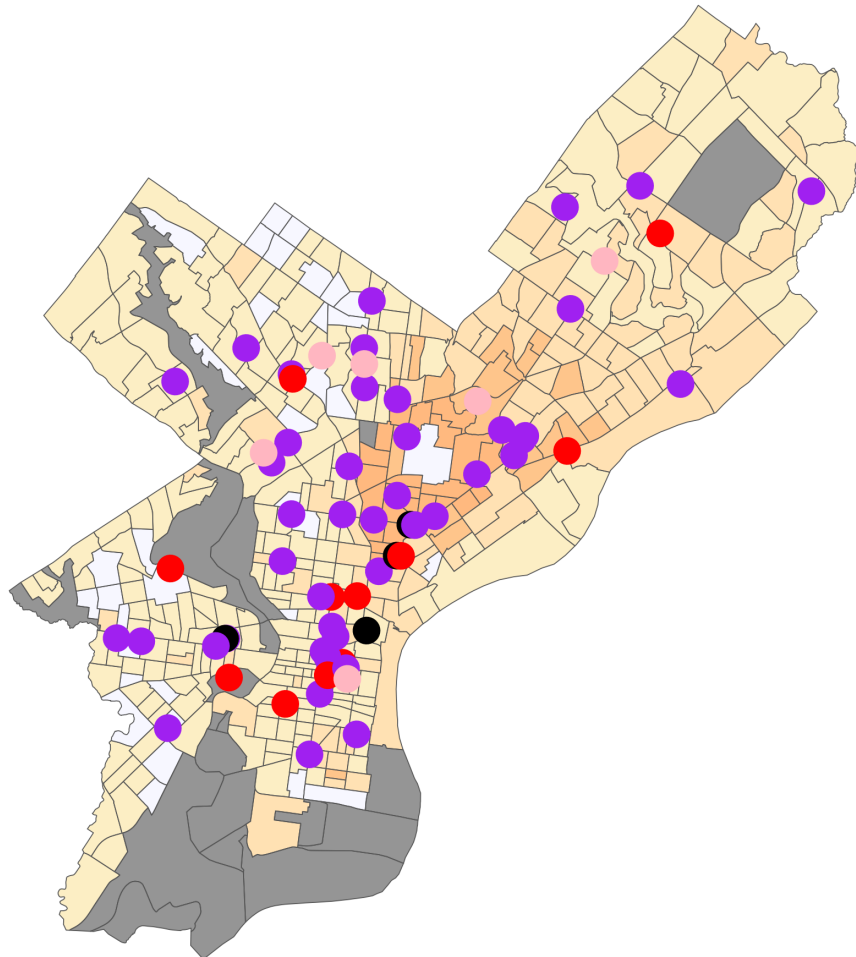


Outpatient Sites with Percent White



Race/Ethnicity and Outpatient Treatment and Assessment Centers

Outpatient Sites with Percent Hispanic



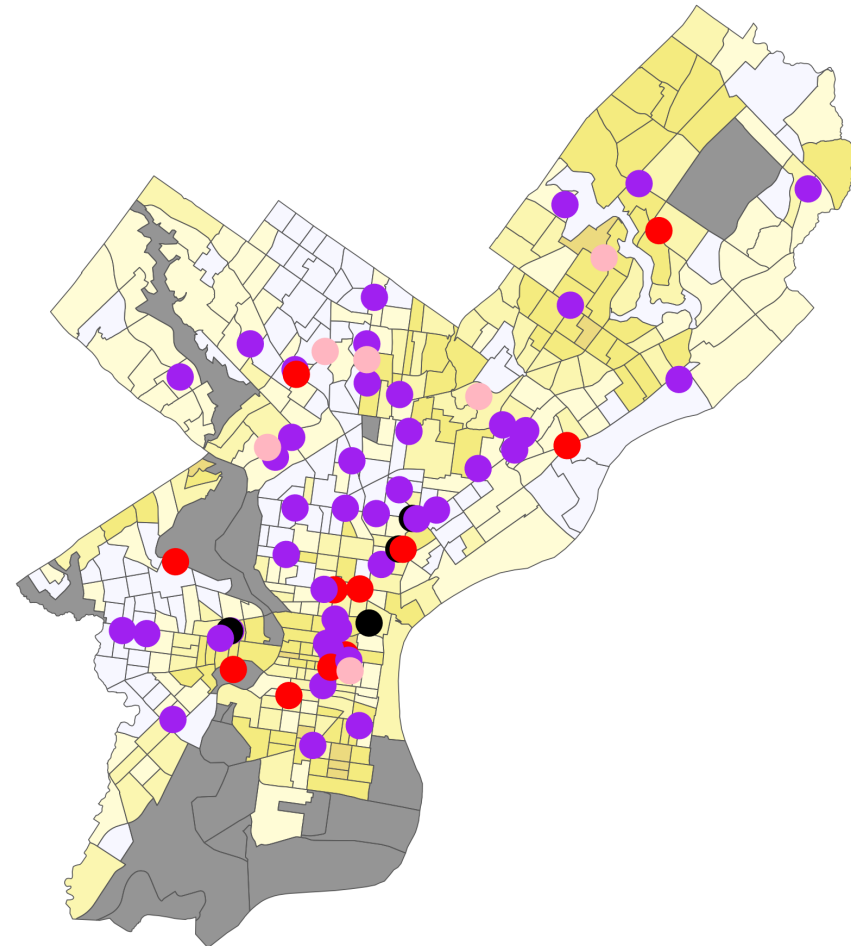
Services

- Methadone
- Other MOUD +Assessment
- Other MOUD, No Assessment
- Assessment Only

Percent Hispanic

- 0-1
- 1.01-10
- 10.01-30
- 30.01-50
- 50.01-100
- Unpopulated

Outpatient Sites with Percent Asian



Percent Asian

- 0-1.00
- 1.01-5.00
- 5.01-10
- 10.01-20
- 20.01-30
- Unpopulated

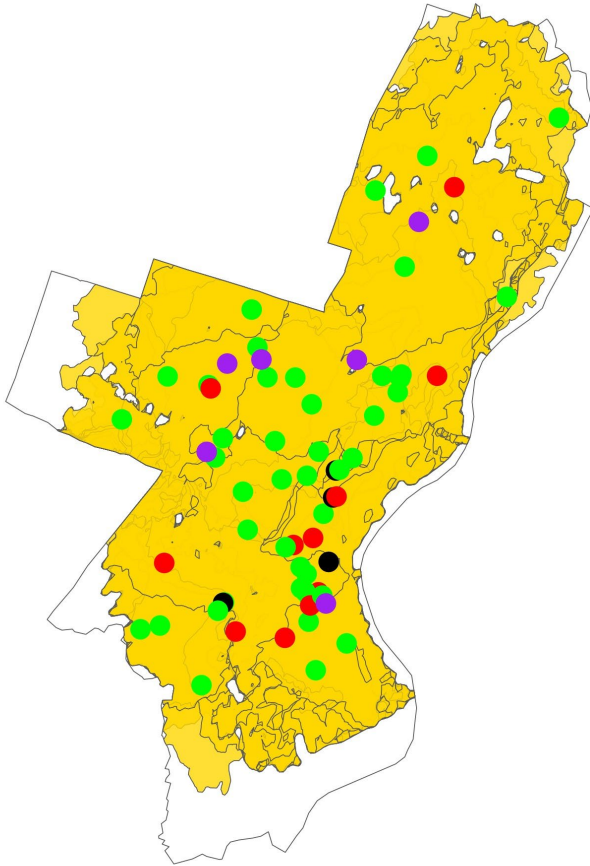
Services

- Methadone
- Other MOUD +Assessment
- Other MOUD, No Assessment
- Assessment Only

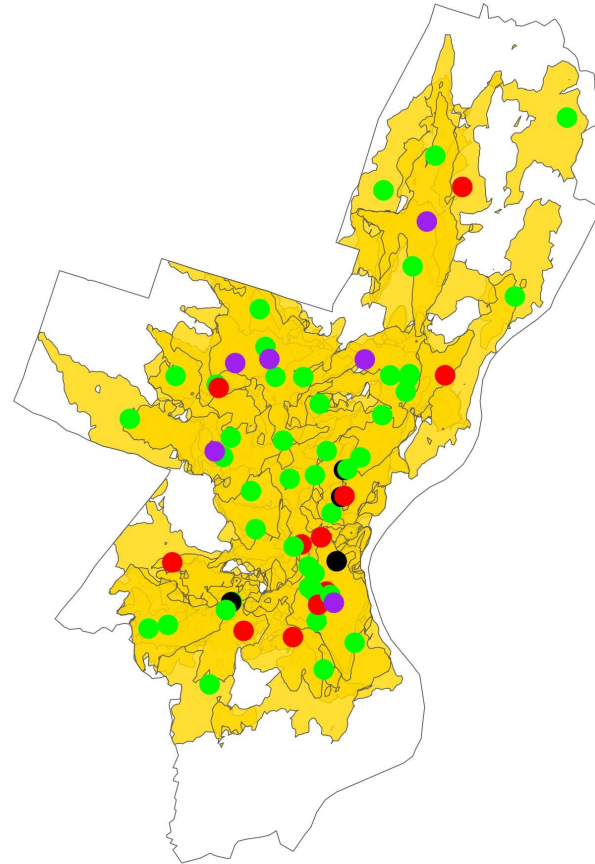
Transportation and Outpatient Services and Assessment Centers Access

Within 20 minutes of travel time with each form of transportation

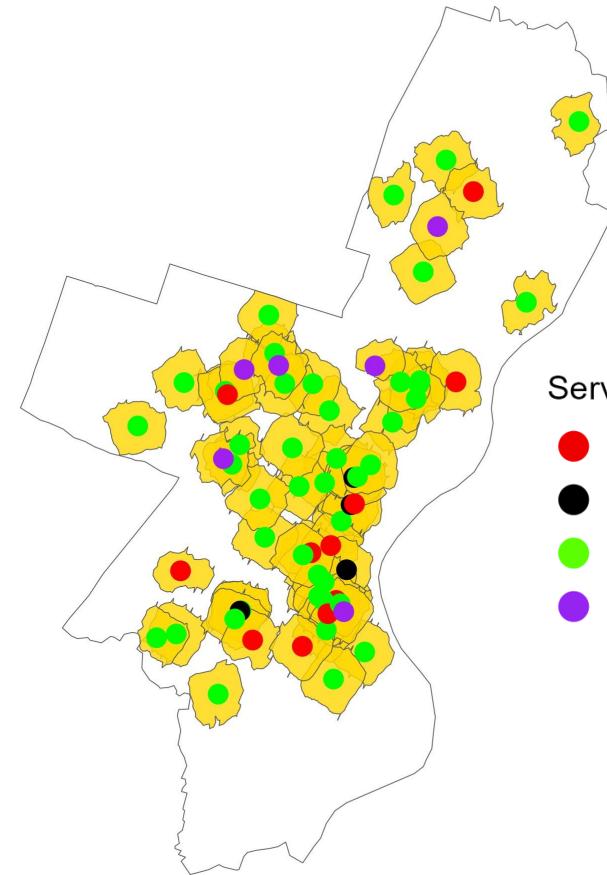
Driving



Public Transit



Walking



Services

- Methadone
- Other MOUD +Assessment
- Other MOUD, No Assessment
- Assessment Only

Takeaways and Recommendations

- Illustrating the treatment centers graphically allows us to intuitively see gaps in coverage
 - The nearest OUD treatment center may not be the right level of care for an individual's needs
- Poor access to OUD treatment may be associated with limited geographic and logistic access
- These maps are a snapshot in time: Philadelphia's opioid treatment centers in 2021-2022
- The process of creating an accurate and comprehensive list of treatment centers was difficult and inconsistent
 - Highlighted the obstacles that those seeking treatment may encounter when trying to find help
 - Initiation and participation in treatment depends on the accessibility of up-to-date program lists

Methods

- Online survey sent to 10 program directors (12 sites)
 - Completed by 9 program directions (11 sites) (92% response rate)
- Survey included questions regarding:
 - Current DDAP approved capacity
 - Current census
 - Impacts of COVID-19 on hours of operation, patient retention, adaptations to services, treatment adherence, staffing, impact of federal emergency policy,
 - Factors to prevent premature treatment termination
 - Factors leading to administrative termination
 - Patient supports
- Descriptive statistics

Results: Demographics

Participant Demographics:

- Insurance (93% public insurance, 5% had other insurance, 2% uninsured)
- Gender (57% male, 42.7% female, 0.3% transgender)
- Race (58% White, 27% Black, 0.20% Asian, 0.06% American Indian or Alaska Native, 15% other)
- Ethnicity (13.0% Hispanic/Latinx)

Comparison to Philadelphia:

- 43% Black, 41.5% White, 8.8% Asian, 16% Hispanic /Latinx

Compared to unintentional fatal overdoses in Philadelphia:

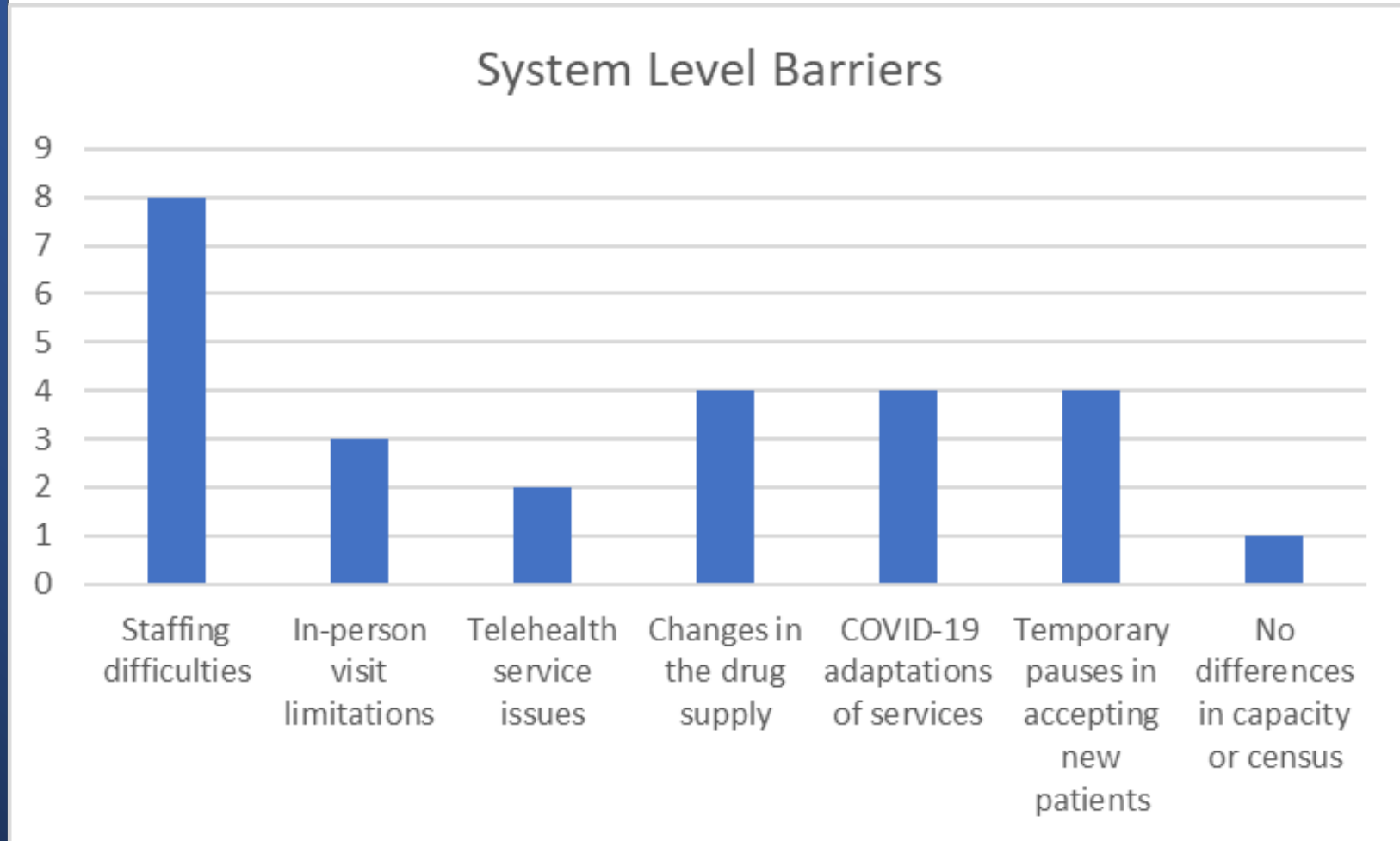
- 46% Black, 38% White, 15% Hispanic/Latinx

Results: MOUD Operation and utilization

- Weekday hours of 5:15-7:30 AM to 1:00/7:00 PM, truncated weekend/holiday hours
 - 7/9 respondents: no change to hours of operation during the pandemic
 - 2/9 respondents: closed early/reduced hours due to staffing shortages
- No programs at full capacity, census range 170 -1200
- Percentage of occupied slots/approved capacity: 62.5% - 91% (average of 76.8)
- 98.5% treated with methadone (99% methadone adherent)

System-Level factors limiting access during COVID-19

- Others that were not selected included:
- Neighborhood safety around treatment centers
- Hours of operation



Patient-level factors preventing access during COVID-19

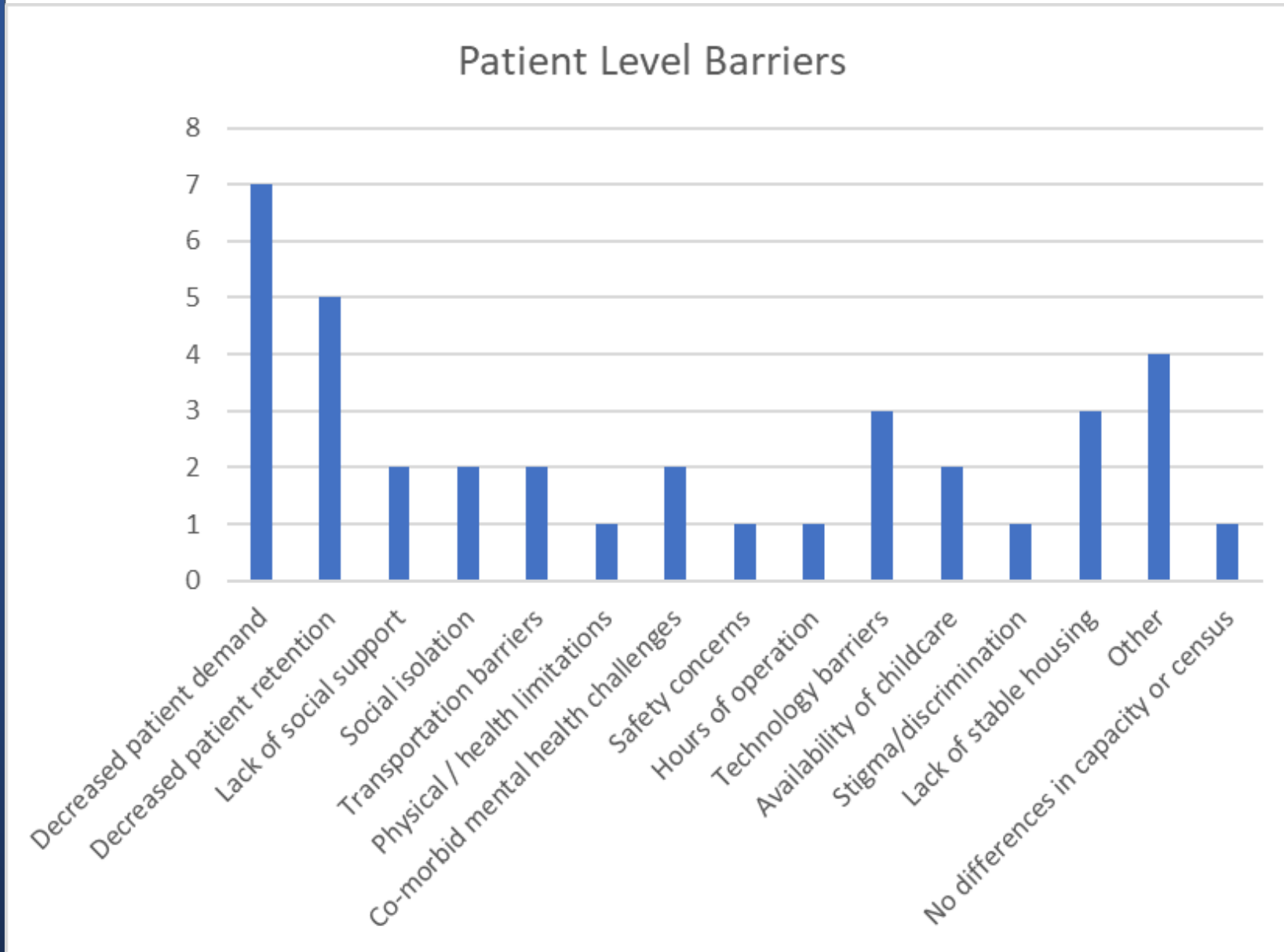
Another option that was not selected:

Lack of Benefits / Employment

Other:

Methadone and other medications designed for OUD has very little, if any, impact on the Fentanyl and Xylazine.

Patients chose to receive treatment from PCP instead



Results: Patient supports

- Housing
- Transportation
- Case managements supports
- Sense of community within treatment program
- Trauma-informed mental health care
- Access to mental health care
- Support for basic life needs
- Not being vilified due to substance use when receiving external medical treatment
- Family
- Self-step/Twelve step organizations
- Faith based organizations
- Daily engagement
- Encouragement
- Positive Reinforcement
- Identifying strengths
- Connecting to resources

Takeaways from Methadone Survey

- Methadone programs are not at full capacity
- Lack of staffing is a major barrier for providing methadone services
- Patients may be shifting to prefer other forms of MOUD
- Most methadone program directors do not see hours of operation as a major barrier and few see housing issues as a major barrier – which is major disconnect from the patient focus groups on MOUD services generally

Policy Recommendations

- Based on the full study data, we created a list of policy recommendations to improve access and retention in services
 - Developed with our CAB stakeholders and based on their experiences as well as integrating the findings from our GIS analysis and methadone program director survey
 - Met monthly with city stakeholders about this project for over a year, which Pew facilitated
 - Worked with Graphics Design class to create more visually appealing report to share broadly

Policy Recommendations

Understanding the Scope of the System Locally

- Build a current and user friendly, public-facing website that identifies locations and types of services available
- Improve service planning and evaluation through a comprehensive survey to assess the scale of OUD within Philadelphia

Assessment

- Improve consumer experiences during the assessment process by decreasing wait times, paperwork burden, & withdrawal management

Workforce Development

- Expand and support the OUD service workforce with staff members that are skilled and reflect the demographics & language preferences of those participating in services (in collaboration with DDAP)
- Train more staff who speak Spanish and other languages
- Increase the number of Certified Recovery Specialists (CRS) and other peer support workers

Policy Recommendations

Outpatient

- Increase financial, housing, and transportation resources available to support people when initiating treatment
- Increase housing for all stages of recovery, during transitions between levels of care, and that allows family unification and preservation
- Explore alternative treatment locations and expand efforts to provide expanded hours, mobile, wound, & outreach services
- Enhance harm reduction services
- Encourage less punitive approaches to address ongoing substance use during treatment through restricting or denying access to medication
- Improve linkage to treatment for incarcerated people upon release

Inpatient

- Address withdrawal from xylazine and opioids
- Improve treatment access by increasing the number of available treatment programs and continue current efforts to create more inpatient beds that can support those who have complex comorbid conditions and wounds to ensure that individuals do not experience critical delays in access
- Provide support for longer inpatient stays and initiate extensions earlier during stays

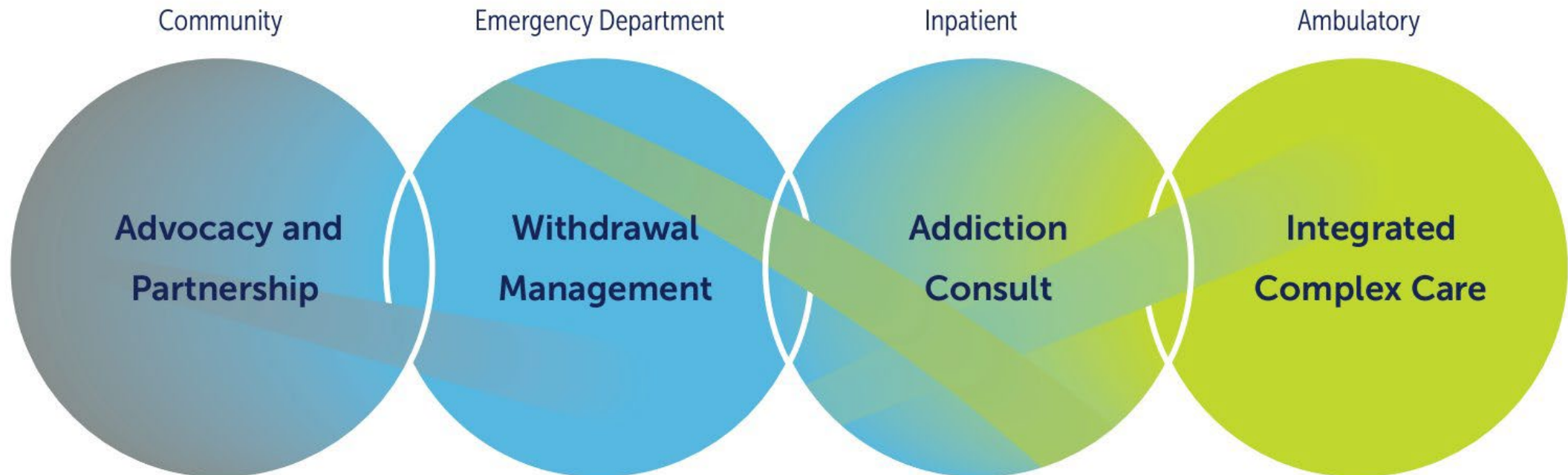
Thank you!!!

- The report:
- <https://www.jefferson.edu/content/dam/academic/skmc/departments/family-medicine/MAPOUD.pdf>
- A Journey Map Illustrating journeys through recovery:
- <https://www.jefferson.edu/content/dam/academic/skmc/departments/family-medicine/OUDJourneyMap.pdf>

Jefferson Addiction Multispecialty Services (JAMS)

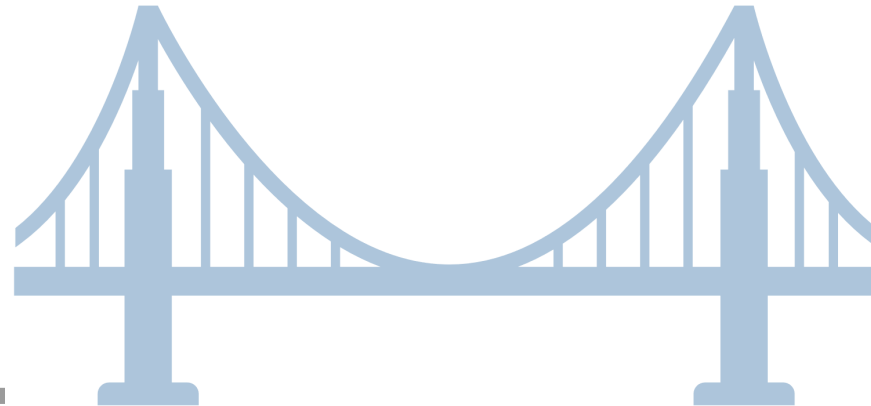
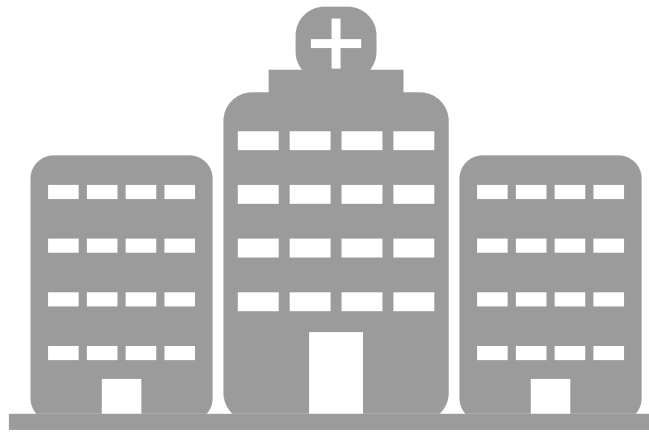
FINDING HOPE, TOGETHER

Jefferson Health is creating a comprehensive, integrated ecosystem of care for people who use drugs.



The Stephan and Sandra Sheller Bridge and Consult Program

- Opened February 2024
- 1015 Chestnut street
- Services:
 - Post-acute care coordination
 - MOUD
 - Full spectrum primary care
 - HIV/HCV/STI screening, prevention, treatment
 - Recovery support services with Certified Recovery Specialist
 - Social drivers of health support
 - Transportation
 - Housing
 - Material needs eg IDs



Navigation



Harm Reduction

Jefferson Addiction Multispecialty Service (JAMS)

Addiction Physician



- Withdrawal management
- MOUD initiation

Certified Recovery Specialist



- Recovery support
- Transitions Planning

Social Worker



Bridge Program

Primary Care Team



- Complex primary & acute care
- Psychiatric treatment
- MOUD

Behavioral Health Provider



Certified Recovery Specialist



- Infectious disease screening & Tx
- Wound Care

Jefferson's Hospital to HOME Program Model

Inclusion Criteria

- Dx of opioid use disorder
- Unhoused
- Independent with ADLS
- SERR: open to MOUD
- BH: ongoing use
- Requires supportive environment

Hospital interface

- JAMS Consult Team
- Certified Recovery Specialist
- Addiction Medicine Fellow
- Shared care plan with residential staff

Collaborative-funded Jefferson staff

- Registered Nurse
- Behavioral Health Consultant
- Certified Recovery Specialist
- Addiction Medicine Fellow
- Program coordinator
- Evaluation team