Developing Mobile Buprenorphine Treatment for Homeless Patients with Opioid Use Disorder


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Objectives
- Identify barriers to buprenorphine service specific to homeless patients and solutions to overcome them
- Describe the development and implementation of a mobile buprenorphine treatment approach integrated in a larger street psychiatry service

Study Setting
- The program is being developed by Alameda County Health Care for the Homeless, which serves a populous, urban county
- In Alameda County:
  - Opioid-related emergency visits has increased 29% between 2009 and 2014
  - Homelessness has increased by 39% from 2015 to 2017

Background
- In the U.S. opioid-related overdose deaths have increased dramatically over the last two decades
  - 2019 rate: 8.9 per 100,000 people
  - 2019 rate: 13.3 per 100,000 people
- Opioid overdose deaths are particularly high in homeless populations, and may be a leading contributor to a dramatically increased mortality rate among homeless versus housed individuals
- Homelessness creates barriers to accessing structured, office-based buprenorphine treatment
- Lowering treatment barriers with a flexible, harm reduction approach may improve access for homeless populations, but implementation and evaluation of such programs has been insufficient

Discussion
- Traditional buprenorphine delivery models do not reach some of the patients who are most in need
- A flexible, harm reduction approach as part of a street psychiatry service may feasibly address barriers preventing buprenorphine access for homeless patients with opioid use disorder
- Community partnerships including flexible pharmacy services are a key to reducing barriers
- Future Directions
  - Pilot testing with PDSA model
  - Additional sites
  - More prescribing capacity?
  - Open access clinics
  - Coordination with local emergency department, county buprenorphine induction clinic
  - Building partnerships with primary care clinics to enable outflow
  - More formal evaluation

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