Developing Mobile Buprenorphine Treatment for Homeless Patients with Opioid Use Disorder @

Colin Buzza, M.D., M.P.H., M.Sc., Melanie Thomas, M.D., M.S., Alexandra Ballinger, B.A., James Dilley, M.D., Jeffrey Seal, M.D., Aislinn Bird, M.D., M.P.H., Christina Mangurian, M.D., M.A.S.,



Background

- In the U.S. opioid-related overdose deaths have increased dramatically over the last two decades
- 1999 rate: 2.9 per 100,000 people
- 2016 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

Literature review

> Stakeholder interviews

> > Identify barriers and opportunities

> > > Program design

Objectives

Identify barriers to buprenorphine service specific to homeless patients and solutions to overcome

University of California, San Francisco, San Francisco General Hospital, and Alameda County Health Care for the Homeless

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

Key Themes from Stakeholder Interviews

- **Need for consistency**
- location
- by MDs
- Mostly "home" inductions: 8-32mg to 16-
- **Barriers**
- Transport
- Pharmacies (stigma, cooperation)
- ID requirements
- Inactive Medi-Cal
- Picking up meds
- **Outflow problems**
- Open access clinic fills up (e.g. SF Street Medicine)

2 6 Mobile Buprenorphine Service TRUST Clinic Legend TRUST Clinic **Outreach Sites** Encampments **Opioid Overdose Rate** > 6 deaths per 100k residents **Census Tracts** Level 2: 12 - 26 unsheltered people Level 3: 27 - 36 unsheltered people Level 4: 37 - 115 unsheltered people

Historical Antecedents

- Poor retention without reliable follow-up
- Build trust through outreach, incentives, etc.
- Better retention when patients are identified by outreach workers rather than "on the spot"
- **Procedures**
- Under-dosing and tight timeframes worsen retention
- 24mg, 1-7 days

- Focus on higher-priority needs
- Other services have higher barriers

Level 5: > 115 unsheltered people

BARRIERS TO PROVIDING BUPRENORPHINE TO HOMELESS CLIENTS



- Housing segregation Punitive drug policy
- Income inequality Over-prescription of painkillers
- Community violence
 - Community trauma

Policy Barriers

- Restrictive licensing for MAT

 - Community Barriers
- Inflexible pharmacy practices
 Clinical inertia Confidentiality
 - Clinic/Provider Barriers
- Inflexible MAT treatment requirements Difficulty arranging follow-up locations
 Stigma Chaotic environment (crime,
- encampment clean-ups, etc.) Many uninsured **Client Barriers**
 - - Trauma and disaffiliation

 - (food, safety, etc.)
- Lack of social suppor
- and link to social services - Linkage to comprehensive medical care - Warm hand-off to pharmacy

INTERVENTIONS

- Policy/procedures for flexible MAT based

- Street outreach and mobile MAT

Routine visits to encampments

- Collaborative decision-making

- NCM availability between appts

- Alternative diversion prevention

Bridge to brick-and-mortar clinic

Medi-cal activation w/ county-

- Build relationship and understanding

on literature/precedent of other services

with community pharmacy

Policy and procedures

measures

funded bridge

Outreach/trust-building

- Supply some basic needs

(e.g. hygiene kits, water)

with low-barrier MAT

Flexible, trauma-informed services

- Offer transit vouchers and support

Partner with community organizations

- HRSA grant and county support

- Partnership with New Oakland Pharmacy: stocking and client ID
- Transit passes and direct transport as needed
- Medi-Cal activation
- Potential county support to bridge gap if no active insurance

Program Components Diversion Prevention

Street Psychiatry Buprenorphine Service:

Initial Target

- •3 stable encampments
- •2 encampments with known opioid use concentrations

Medication Access

- agreements

Clinic follow-up with utox

CURES review

No utox in field

 If there is diversion suspicion, do film counts, shorter prescription durations

Exclusions

- Refer adolescents*
- Refer pregnant clients* Consider referral for heavy

and chaotic benzo and

*Provide referral, offer transport

alcohol use Consider referral if concerns for liver disease

Follow-up

- ·Within one week with prescriber (field or
- Interval follow-up with Nurse Care Manager (NCM) with cell phone availability
- Linkage to clinic

Counseling

 Provide brief counseling during MD appointments with support from NCM Referral to counseling groups at TRUST clinic

Safety

- Team-based treatment decisions and follow-up
- whenever possible

or partnering orgs

- Partnership with Overdose Prevention Education and Naloxone
- Distribution (OPEND) in Alameda County Distribution at outreach
- as well as prescriptions Naloxone use tracked by county and our
- program Timely outreach in event of overdose reversal coordinating
- with Highland **Emergency Department**

Discussion

6

- 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

This work was supported by the San Francisco, Alameda, and San Mateo County Behavioral Health Systems and HealthRight360.