



Providers
Clinical Support
System

Treatment While Unhoused: Providing MOUD to Populations Experiencing Homelessness

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Housekeeping

- Today's webinar is being recorded and all participants will be kept in listen only mode. There will be an opportunity to ask questions at the end of the webinar, so we encourage you to please submit your questions throughout the webinar in the Q&A box located at the bottom of your screen.
- The recording and slides will be made available on the PCSS-MOUD website within 2 weeks.
- Within 24 hours of today's session, you will receive an email from grantededucation@aaap.org with evaluation and certificate claiming information.



*The content of this activity may include discussion of off label or investigative drug uses.
The faculty is aware that is their responsibility to disclose this information.*

Funder Information

- This event is brought to you by the Providers Clinical Support System – Medications for Opioid Use Disorders (PCSS-MOUD). Content and discussions during this event are prohibited from promoting or selling products or services that serve professional or financial interests of any kind.
- The overarching goal of PCSS-MOUD is to increase healthcare professionals' knowledge, skills, and confidence in providing evidence-based practices in the prevention, treatment, recovery, and harm reduction of OUD.

Today's Speakers



Adam Fussaro, LSW, LCSW
Clinical Director
Pathways to Housing PA

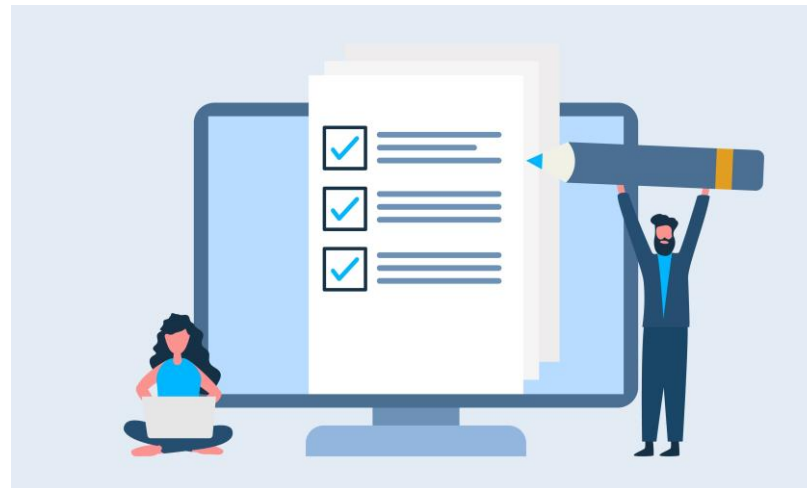


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Disclosures

- **No disclosures to report**



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Educational Objectives

- Identify the barriers prevalent in conventional opioid use disorder treatment.
- Summarize a novel model of MOUD care delivery.
- Define the role of Integrated Care in the Housing First model.
- Identify concrete strategies for developing an integrated approach to health for people with complex care needs.



Who is Pathways to Housing PA?



Photo credit: Pathways to Housing PA

Pathways to Housing PA

- Our Mission: Empowering people with disabilities to improve their housing stability, achieve better health, and reclaim their lives.
- High Fidelity Housing first founded in 2008
 - We currently house 600+ participants within scattered-site housing.
 - There are currently 8 Assertive Community Treatment (ACT) teams with over 250 participants experiencing opioid use disorder (OUD).
- Additional programs include: the Philadelphia Furniture Bank, Housing First University, Good Haul and the Center of Excellence
 - PFB and Good Haul operate Work First supportive employment programs

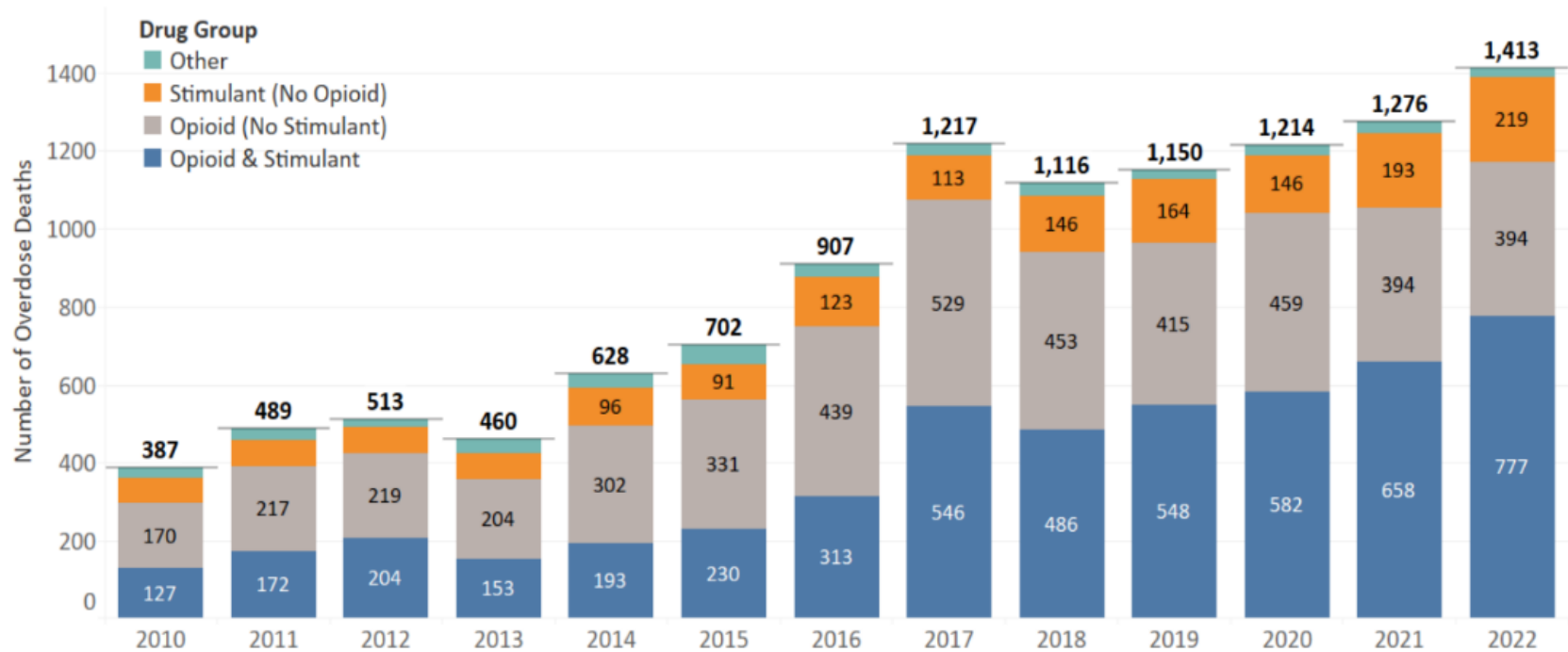
The Opioid Epidemic & Barriers to Treatment



Photo credit: Pathways to Housing PA

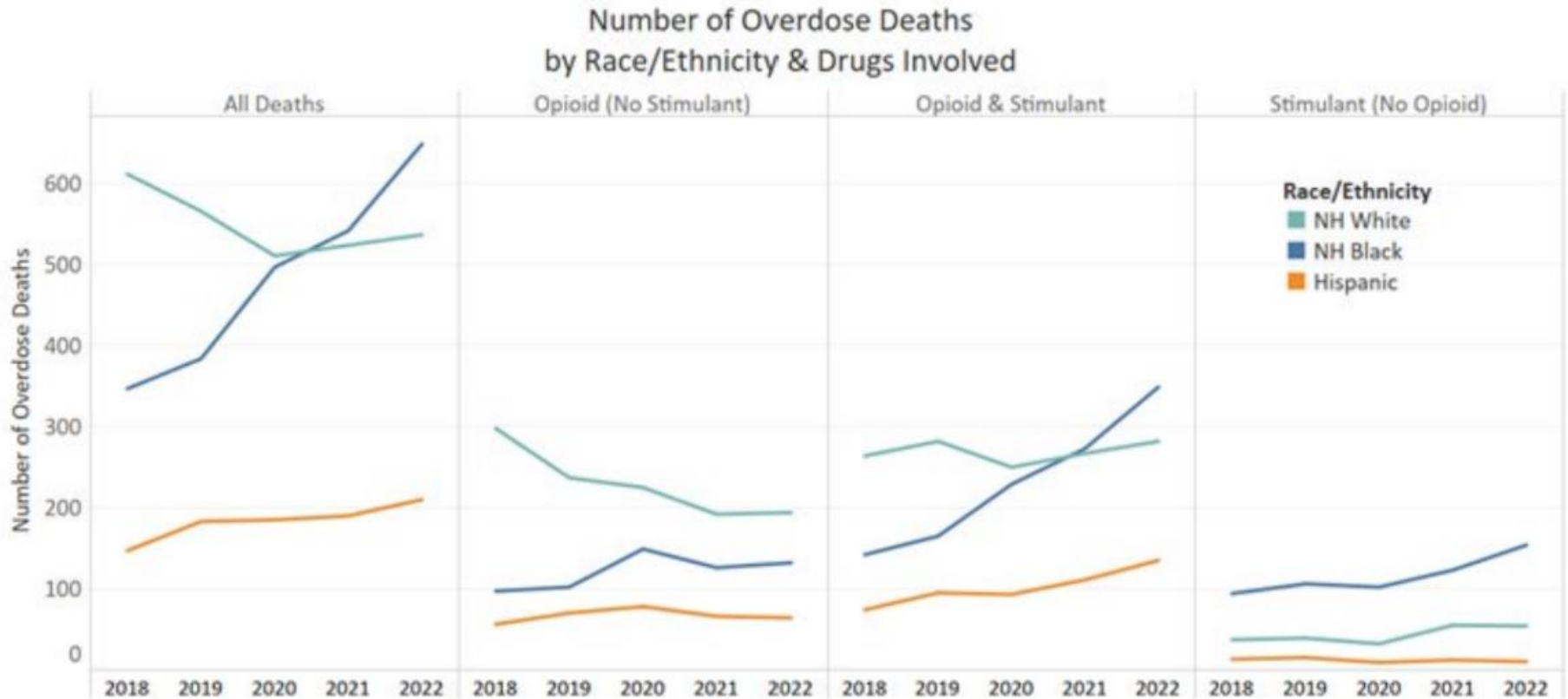
Opioid Overdose: A Deadlier and Inequitable Pandemic

Number of Overdose Deaths
by Drugs Involved, 2010 - 2022



Data Source: Philadelphia Medical Examiner's Office - updated yearly

Opioid Overdose: A Deadlier and Inequitable Pandemic



Data Source: Philadelphia Medical Examiner's Office - updated yearly

Barriers to OUD Treatment

System Challenges

Patient Challenges

Racism, bias, discrimination

Shame

Lack of training

Lack of resources: phone, ID, insurance...

Untrustworthiness

Difficulty making/keeping appointments

Lack of resources + funding

Lack of trust with providers

Lack of affordable housing

Labeled non-compliant
 High risk of diversion of medication
 Goals other than abstinence
 No income
 Precipitated withdrawal

Center of Excellence for Opioid Use Disorder



The Center of Excellence



Photo credit: Pathways to Housing PA

- Partnership between Pathways to Housing PA, Project HOME, and Prevention Point Philadelphia.
- Center of Excellence (COE) advances health equality for people and communities affected by opioid use disorders.
 - Increase access to MOUD.
 - Integrate physical and behavioral health.
 - Deploy community-based care management teams to support individuals with OUD through recovery.

Integrated Care Clinic

- On-site partnership with Project HOME Health Services
- Staffing:
 - Clinic Coordinator
 - Medical Assistant(s)
 - Behavioral Health Consultant
 - Team Nurses/Office Nurse
 - Nurse Practitioners
 - Primary Care Physicians



Photo credit: Pathways to Housing PA

Medical Tier System

- Determined by a nurse.
- Based on initial/annual nursing assessments and ongoing evaluation of health status.
- Tier designation is revisited monthly.
- May change based on acute or emerging needs.
- Informed by behavioral health/social needs to determine frequency of contact.
 - Housing status, substance use, behavioral health needs, social supports.

Getting Started with Tiers

- **Medical Needs Assessment**
 - Acute or untreated medical conditions
 - Recent change in functional status
- **Behavioral Health Assessment**
 - Stability and connection to care
 - Recent 201 or 302s
 - Current substance use
- **Housing status**
 - Relations with neighbors and neighborhood
 - Maintenance or safety concerns



Medical Tier System

Tier 1

Acute

Medically fragile

Uncontrolled chronic illness

Frequent nurse interventions

Tier 2

Subacute

Managed chronic illness

Less frequent contact with nursing

Tier 3

Stable

Independently managing medical appointments

Minimum nurse interventions

MOUD Program



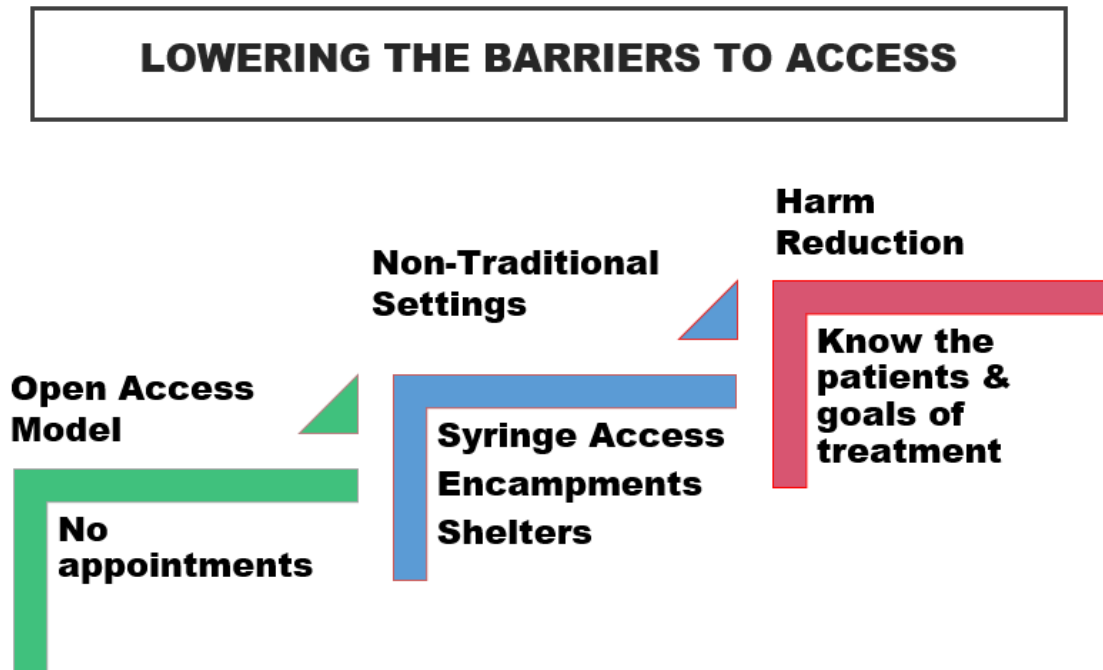
Low Threshold Model

- Same Day Entry
- Home Induction
- Harm Reduction Approach
- Non-Traditional Settings
- Flexible Programming

Service Provision

- In-office
- Community
- Home visits
- Hospital care
- Specialty care

Low Threshold vs. Low Barrier



- Goal is to give excellent uncompromised high standard of care.
- Adaptations to standard practices as needed.
- **Urine Drug Screen (UDS)** should be a data point and not a barrier to treatment.

Selected Adaptations for Lowering Barriers to Access

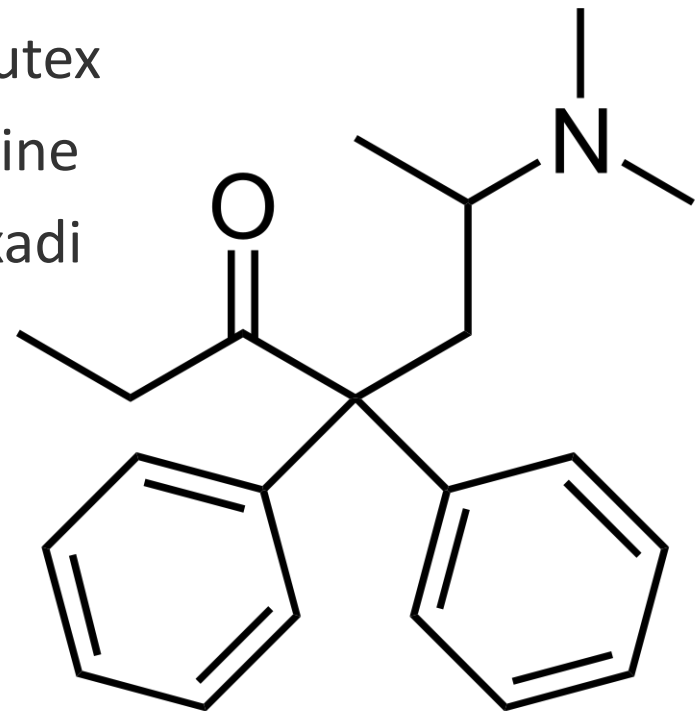


Photo credit: Housing First University

- Trauma-informed approach.
- Naloxone for everybody.
- Improved functioning, safety, and retention in care as primary desirable outcomes.
- Open Access Clinic – no appointments to miss.
- Initiate (and continue) care at sites such as streets, needle exchange, etc.

Forms of MOUD

- Methadone
- Oral Buprenorphine
 - Common brand: Suboxone, Subutex
- Long-acting injectable buprenorphine
 - Common brand: Sublocade, Brixadi
- Oral naltrexone
- Extended-release naltrexone
 - Common brand: Vivitrol



Buprenorphine Treatment & Barriers

- Typical treatment
 - Oral (Suboxone, Subutex) & Long-acting Injectable (Sublocade, Brixadi)
 - Standard induction requires patient to have time between last use
- Barriers
 - Micro
 - Complicated induction instructions
 - Does not require patient to stop using opiates
 - Macro
 - Intentionally pushes patient through precipitated withdrawal
 - Buprenorphine products were not really designed for treatment of fentanyl use

Understanding Diversion



Photo credit: Pathways to Housing PA

- No income → street economics
 - Oral buprenorphine can resell for \$2 - \$10 per film.
- Lack of MOUD access is the primary driver of diversion.
 - Increasing prescribing decreases illicit use.
 - ‘X-ing the X-wavier’ has removed prescriber barriers to forms of MOUD.
- Fear of precipitated withdrawal

When to Consider Long-Acting Injectable Buprenorphine (LAIB)

- Anyone with opioid use disorder should be considered for LAIB.
 - At the Pathways Integrated Care Clinic, we do not require 7+ days or oral buprenorphine stability.
 - Variability/daily fluctuations in buprenorphine plasma concentrations
 - Incorrect administration
 - Intentional and unintentional skipped doses
 - Missed appointments/refills
 - Diversion (to the extent that the targeted patient does not receive the intended dose)
 - Evidence-based treatment for stimulant use disorder is contingency management (CM).
- **Note:** Acute medical concerns, specifically in the abdomen, may limit one's ability to receive an LAIB.

Lowering Barriers Cont.

- Arrangement made with local pharmacy
- Welcome people back who are intermittent MOUD users
- Non-facility-based induction standards
- Meaningful waiting and other incentives



Photo credit: Shutterstock, 2020

The Study



Photo credit: Housing First University

Study Objectives

- Does adding a financial incentive to LAIB result in:
 - **Increased medication uptake**
 - **Select medical outcomes**
 - Increased medication adherence
 - Decreased opioid use, and use of other non-prescribed and unregulated drugs
 - **Select social outcomes**
 - Housing
 - Stability
 - Safety



Photo credit: Microsoft PowerPoint, 2024

Incentivized pilot

25 participants	\$50 visa gift card for 6 months
<ul style="list-style-type: none">8 participants were maintaining their existing Sublocade injection	<ul style="list-style-type: none">To receive the incentive, patients must be on time for their injections or within a 2-week buffer window
<ul style="list-style-type: none">4 participants restarted Sublocade injections	
<ul style="list-style-type: none">13 participants Sublocade naïve	

Pilot Outcomes, 6 Months Post-Incentive

17 participants continued receiving Sublocade

- 1 participant was discharged from Pathways but remained on the injection through another site with no incentive.

3 participants stopped Sublocade after the incentive ended

- 1 participant transitioned to Methadone.
- 1 participant remained on oral buprenorphine.
- 1 participant did not remain on any form of MOUD.

5 participants stopped Sublocade during the study (while still eligible for incentive)

- 3 participants elected to continue with oral buprenorphine.
- 2 participant did not continue with any form of MOUD.

Improved Outcomes

Social Outcomes

- 1 participant was housed for the first time!
- 2 participants were rehoused.
- 6 participants were approved for relocation.
- 2 participants maintained their unit after previous threat for eviction.
- Decreased maintenance requests.
- 2 participants restarted employment.
- 2 participants accepted referrals for vocational support.
- 11 participants applied for Supplemental Security Income (SSI).

Medical Outcomes

- 21 participants remained engaged in psychiatric care.
- 24 participants increased medical follow up.
- 7 participants completed or attempted inpatient drug and alcohol (D&A) treatment.
- 4 participants decreased their hospitalizations.

Best Practices Review

- Promote/normalize continuous communication.
- Schedule regular small-group meetings/huddles, reporting out essentials to larger team.
- Warm handoffs as standard practice.
- Streamline electronic communications.
- Minimize physical barriers between offices/departments.
- Emphasize a team approach and support team members' work within their area of expertise.
- Use a harm reduction, patient-driven approach.

References

- PA Department of Human Services [Centers of Excellence](#)
- SAMHSA [Peer Recovery Center of Excellence](#)
- SAMHSA [Strategies to Build a Coordinated and Culturally Responsive System of Care for People with Substance Use Disorders who are Experiencing Homelessness](#)
- US Department of Health & Human Services [Overdose Prevention Strategy](#)
- [Whole Person Care For People Experiencing Homelessness and Opioid Use Disorder Toolkit](#)

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Questions?



Thank You!!!

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PCSS-MOUD Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

<https://pcssNOW.org/mentoring/>

PCSS-MOUD Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

<http://pcss.invisionzone.com/register>

Addiction Policy Forum	American College of Medical Toxicology
Addiction Technology Transfer Center*	American Dental Association
African American Behavioral Health Center of Excellence	American Medical Association*
American Academy of Addiction Psychiatry*	American Orthopedic Association
American Academy of Child and Adolescent Psychiatry	American Osteopathic Academy of Addiction Medicine*
American Academy of Family Physicians	American Pharmacists Association*
American Academy of Neurology	American Psychiatric Association*
American Academy of Pain Medicine	American Psychiatric Nurses Association*
American Academy of Pediatrics*	American Society for Pain Management Nursing
American Association for the Treatment of Opioid Dependence	American Society of Addiction Medicine*
American Association of Nurse Practitioners	Association for Multidisciplinary Education and Research in Substance Use and Addiction*
American Chronic Pain Association	Coalition of Physician Education
American College of Emergency Physicians*	College of Psychiatric and Neurologic Pharmacists
Black Faces Black Voices	

Columbia University, Department of Psychiatry*	Partnership for Drug-Free Kids
Council on Social Work Education*	Physician Assistant Education Association
Faces and Voices of Recovery	Project Lazarus
Medscape	Public Health Foundation (TRAIN Learning Network)
NAADAC Association for Addiction Professionals*	Sickle Cell Adult Provider Network
National Alliance for HIV Education and Workforce Development	Society for Academic Emergency Medicine*
National Association of Community Health Centers	Society of General Internal Medicine
National Association of Drug Court Professionals	Society of Teachers of Family Medicine
National Association of Social Workers*	The National Judicial College
National Council for Mental Wellbeing*	Veterans Health Administration
National Council of State Boards of Nursing	Voices Project
National Institute of Drug Abuse Clinical Trials Network	World Psychiatric Association
Northwest Portland Area Indian Health Board	Young People In Recovery



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