



# SBOT: A Family Shelter-Based Opioid Treatment Program in Massachusetts

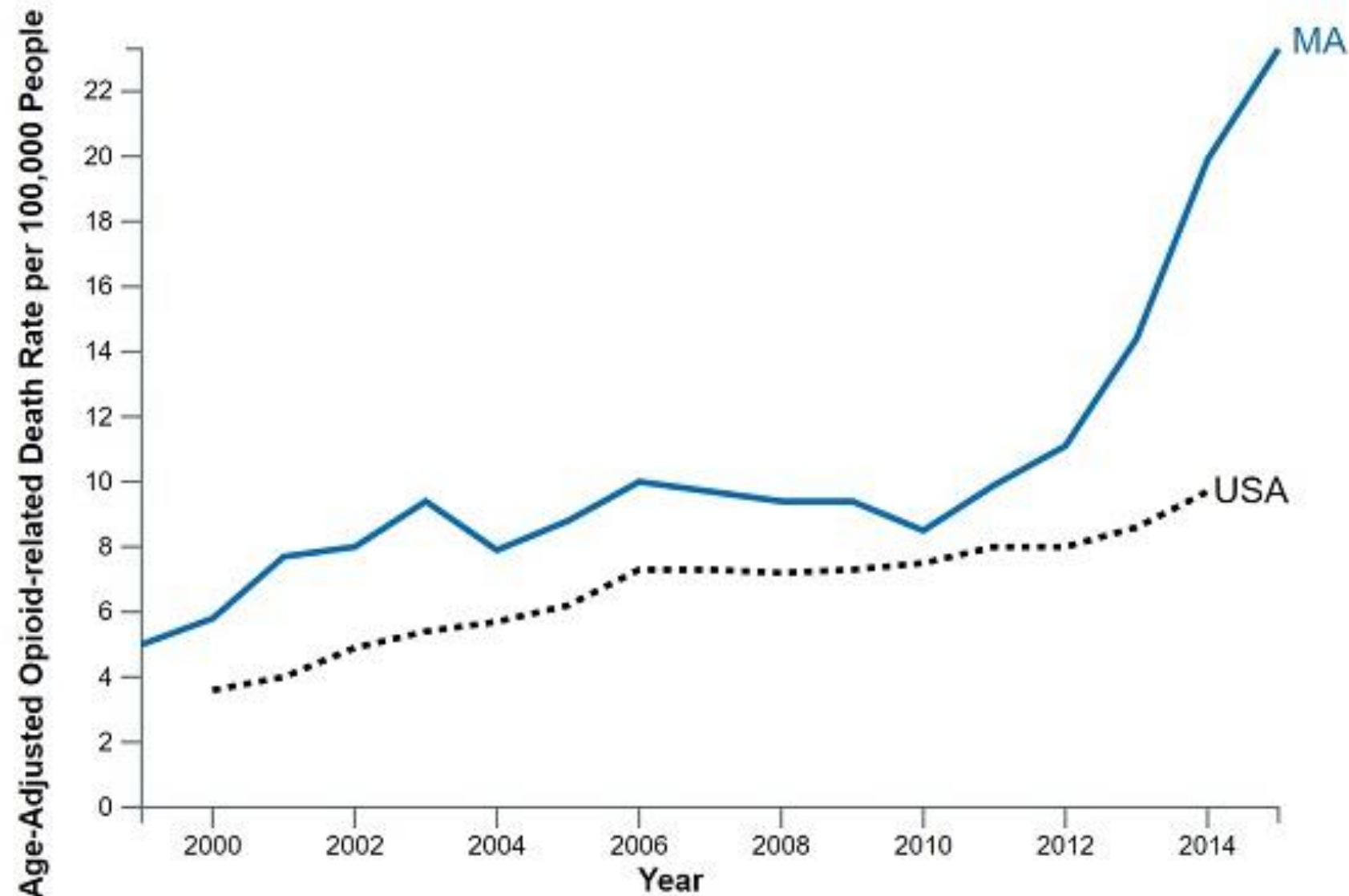
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# Conflicts

- We have no conflicts of interest to disclose

# Age-Adjusted Opioid-related Death Rate by Year<sup>4,7,8</sup>

Comparing the opioid-related death rate of Massachusetts to the nation overall.



# The Opioid Epidemic Impacts the Most Vulnerable

- Overdose is **most common cause of death** among those experiencing homelessness



Baggett 2013

# Buprenorphine is an Option for Opioid Use Disorder (OUD)

- Partial agonist—decreases illicit opioid use and overdose risk
- In office setting as part of comprehensive outpatient treatment: OBOT

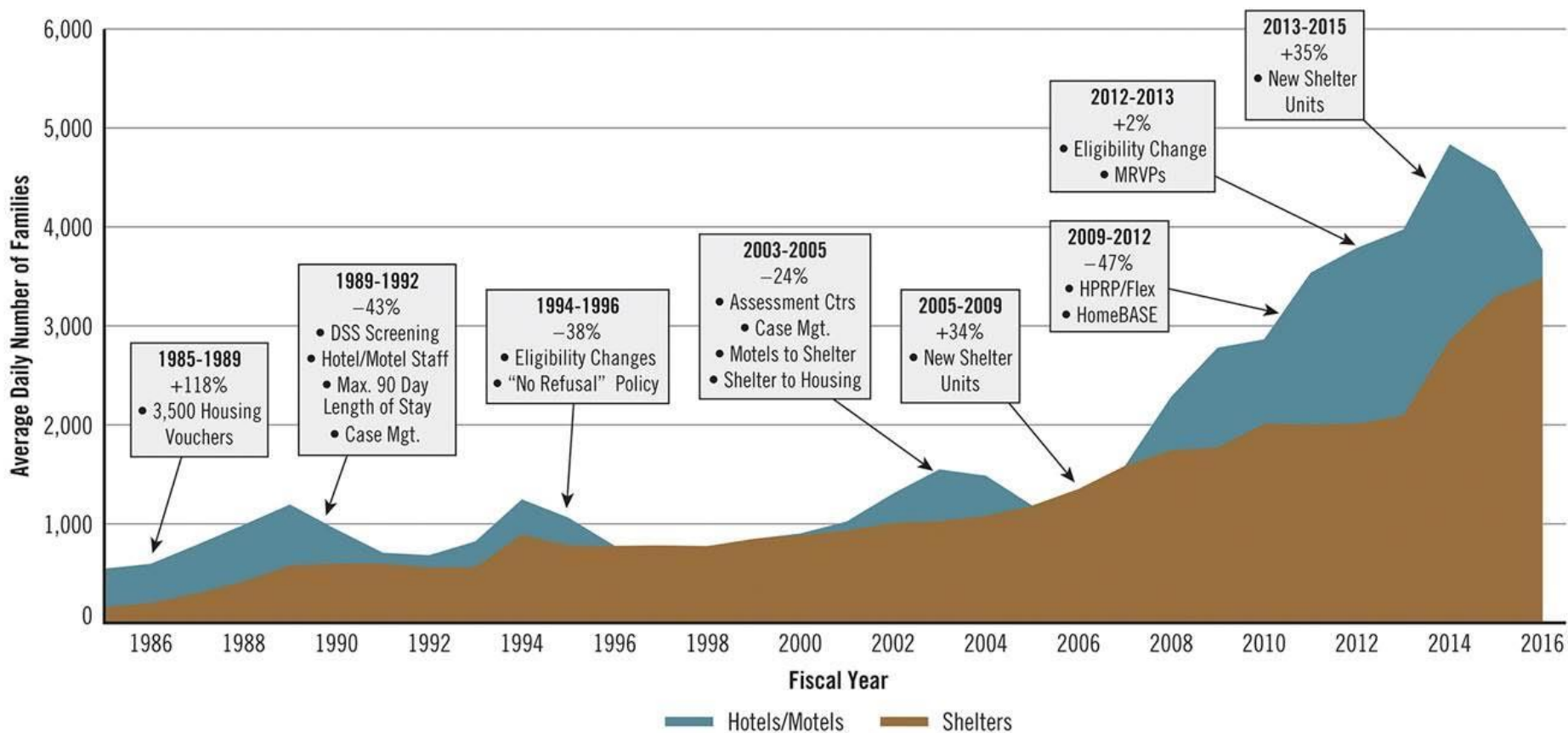
# OBOT Works for Homeless Adults

- 44 homeless patients (vs 41 housed patients)
  - 59% male
  - Mean age 42
- Decreased opioid use
- Increased treatment retention
- Required additional case management

# But Family Homelessness is Different

- In 2016, 35% of homeless individuals were homeless in families
- Primarily women and young children
  - 60% under 18
  - 61% female
- In MA, 4805 families received shelter In 1<sup>st</sup> quarter of 2016

## Number of Families Receiving Emergency Assistance in Shelters and Hotels/Motels, FY1985–2016<sup>1</sup>



1. Computed using the monthly caseload for September of each fiscal year.

Source: Data provided by DHCD.

Courtesy of the Boston Foundation, *The Growing Challenge of Family Homelessness* report.





# Homeless Families Face Unique Barriers to Care

- Transportation
  - PCPs far away
  - No treatment options in shelter communities
- Children
  - Child care during appointments
  - DCF
- Complex patients
  - Comorbidities
  - Social Determinants

# The Family Team at BHCHP

- Since 1986
- Team-based care: MD/NP/PA, RN, BH, CM
- Shelter-based
- In 2015, we took care of 848 adults, 481 children

# Objective

Can we design a **family motel shelter-based opioid treatment program (SBOT)** that is feasible and improve access to treatment?

# SBOT Salient Features

<b>Program Feature</b>	<b>Responsible Team Members</b>
<b>Patient agreement form</b>	<b>MD</b>
<b>Onsite buprenorphine induction</b>	<b>MD, RN</b>
<b>Weekly physician visits, spaced out as appropriate</b>	<b>MD</b>
<b>Weekly medication counts, urine drug testing, and counseling</b>	<b>RN</b>
<b>Integrated group/individual therapy</b>	<b>BH</b>
<b>Intranasal naloxone prescription/training</b>	<b>MD/CM</b>
<b>Lockbox</b>	<b>CM</b>
<b>Employment, housing, transportation, budgeting, food, and parenting support</b>	<b>CM</b>

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# Study Design

- **Retrospective Chart Review** of SBOT patients
  - 8/2015-8/2016
- **Setting/Population:** Twice-a-week outreach clinic in a 120-room family motel shelter
  - 55% white, 33% Black, 3% Native American
  - 31% Latino ethnicity
  - 6% prevalence of OUD
- **Outcomes:**
  - Patient demographics and comorbidities
  - Urine drug testing (1<sup>st</sup> vs 3<sup>rd</sup> month)
  - Overdose
  - Employment status
  - Reason for leaving the program

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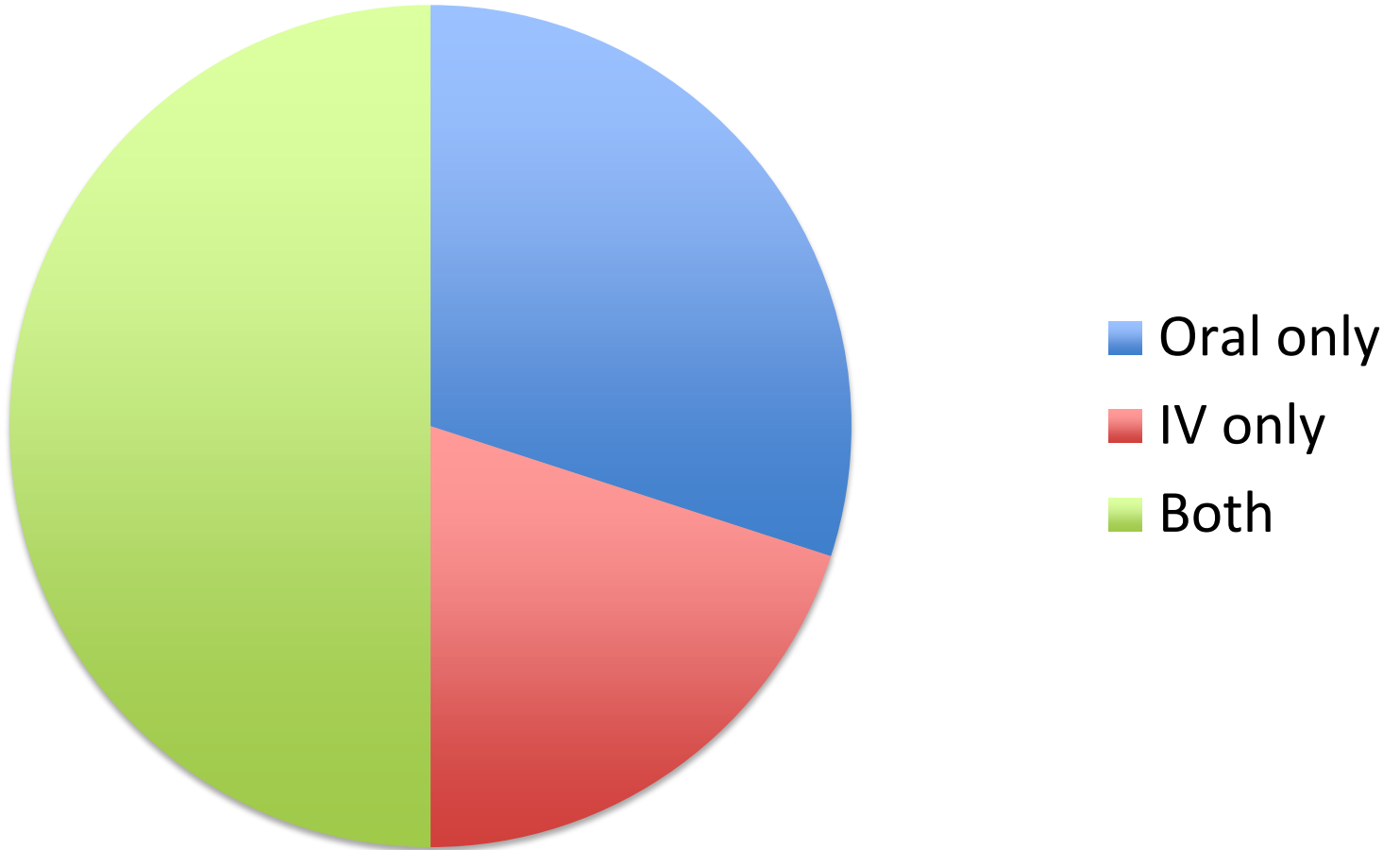
# SBOT Was Feasible

- 10 patients (unique families) enrolled
- 9 continued treatment until end of study period or moved from motel
- 7.4 months mean treatment duration

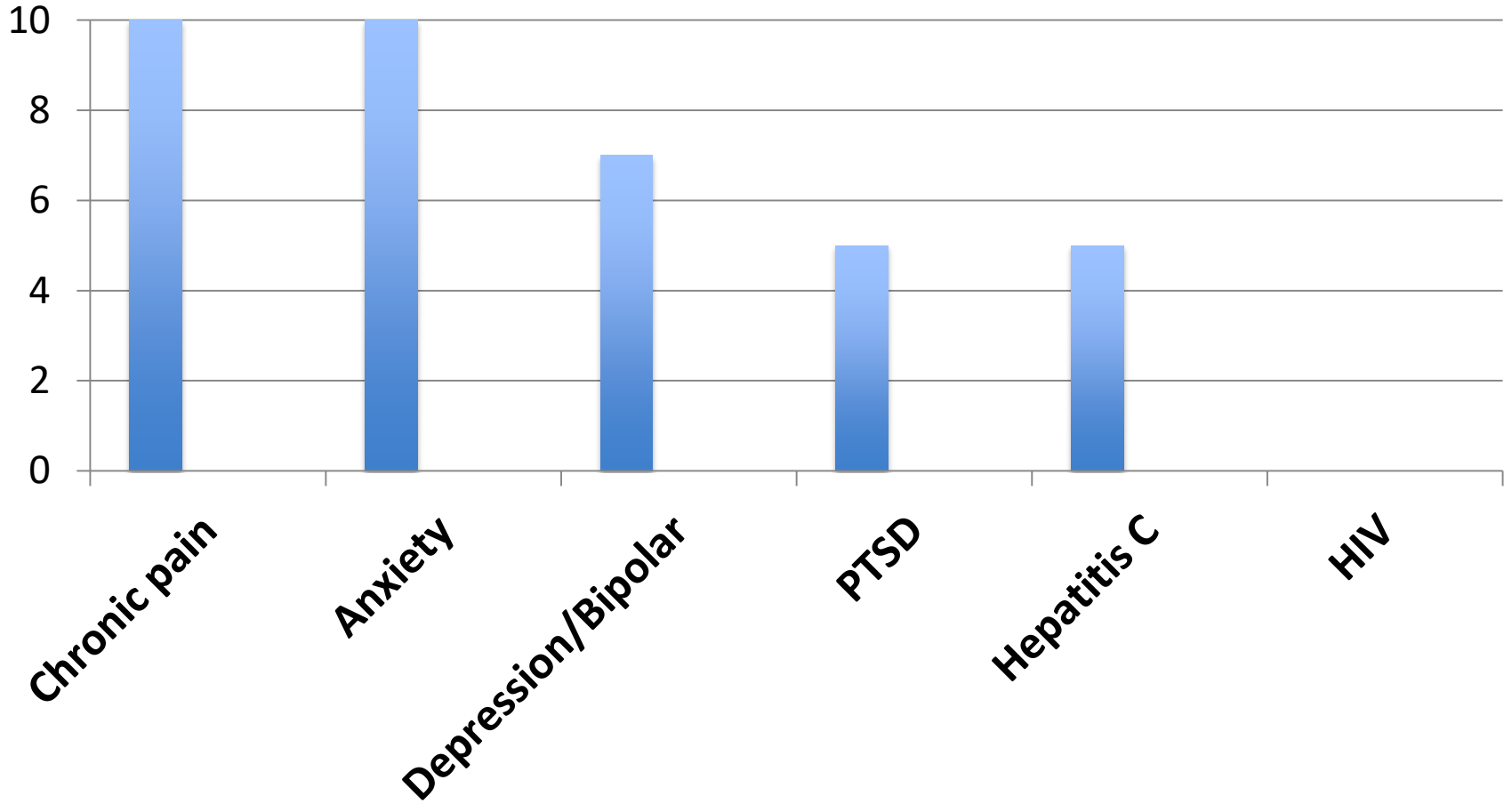
# Diverse Patients

	Number or mean (range)
<b>Female</b>	<b>6</b>
<b>Race</b>	
<b>White</b>	<b>6</b>
<b>African-American</b>	<b>1</b>
<b>More Than One Race</b>	<b>1</b>
<b>Did Not Report</b>	<b>2</b>
<b>Age</b>	<b>35 (32-40)</b>
<b>Partner in shelter</b>	<b>5</b>
<b>Number of children</b>	<b>2 (1-5)</b>
<b>DCF involvement</b>	<b>5</b>

# Results: Opioid History



# Co-Morbidities



# Decreased Substance Use

	1 <sup>st</sup> month (n=44)	3 <sup>rd</sup> Month (n=31)	P-value
UDT with Opioids	5%	3%	0.43
UDT with Unexpected Results	77%	51%	<0.01

75% of positive UDTs showed marijuana

# No Overdoses, More Employment

	Prior to Treatment	During Treatment
Overdose	4	0
Employed	1	3

# Post-Shelter Transition

- At end of review period
  - 6 remained in shelter system
    - 4 remained in original shelter
      - 3 remained in SBOT
      - 1 relapsed, threatened clinic staff, was asked to transfer care elsewhere
    - 2 moved to a different shelter and transitioned to our OBOT program



# Post-Shelter Transition

- At end of review period
  - 4 transitioned into housing, had to leave SBOT, and **ALL relapsed and ALL lost custody of children**

# Lessons

- SBOT is feasible and may help vulnerable patients **avoid substance use and overdose**, while helping **maintain families and employment**
- Having children may be protective
- SBOT as entry into medical care

# Factors that Helped

- Well-resourced clinic
  - Medicaid expansion/MA health care reform
- Team-based
  - MD, RN, BH, CM
- On-site
  - Child care
  - Transportation

# Our Challenges

- Transition out of shelter is a **vulnerable period**
  - **Unintended consequence of rapid rehousing**
  - Few OBOT providers in the community
  - Less support
  - Transportation, child care

# Future Directions

- Longer-term follow-up
- Qualitative assessment

# Future Directions

- Can we promote a successful transition out of shelter?
  - Information sharing and advance planning with community OBOT providers
  - Home visits for counseling, UDT, therapy, case management, and prescriptions
  - ?Continuity clinic at our main facility

# Too Ambitious?

- Making too big a deal of this might be keeping people from treatment
- Prescription Opioid Addiction Treatment Study (POATS)
- Script alone may help prevent relapse

# Acknowledgements

- Our patients
- The Family Team
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Questions?

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