

Engaging marginalized people in MOUD: harm reduction, relationships, and outreach

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BACKGROUND

In 2018, RIZE Massachusetts awarded grants to 3 community health centers to partner with community agencies to implement novel OUD treatment initiatives:

- **Lynn Community Health Center (LCHC)** set up a low-threshold MOUD program serving individuals experiencing homelessness. LCHC engaged individuals by doing outreach at a local soup kitchen and placing staff in a local shelter and a harm reduction agency for engagement with clients and ease of access to treatment.
- **Brockton Neighborhood Health Center (BNHC)** formed a mixed-agency street outreach team to engage with individuals experiencing homelessness. BNHC co-located an employee at a local correctional facility who linked incarcerated individuals to MOUD upon release.
- **Boston Health Care for the Homeless Program (BHCHP)** established a low-threshold engagement program with co-located clinicians at a day shelter. BHCHP also increased MOUD capacity at multiple shelter sites.

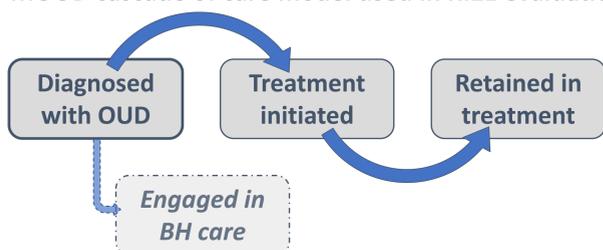
The Institute for Community Health conducted a mixed-methods evaluation of the grant program.

EVALUATION METHODS

→ Quantitative:

- Collaborative development of set of electronic health record (EHR) measures
- Data extraction from health center EHRs for 5 18-month time periods

MOUD cascade of care model used in RIZE evaluation

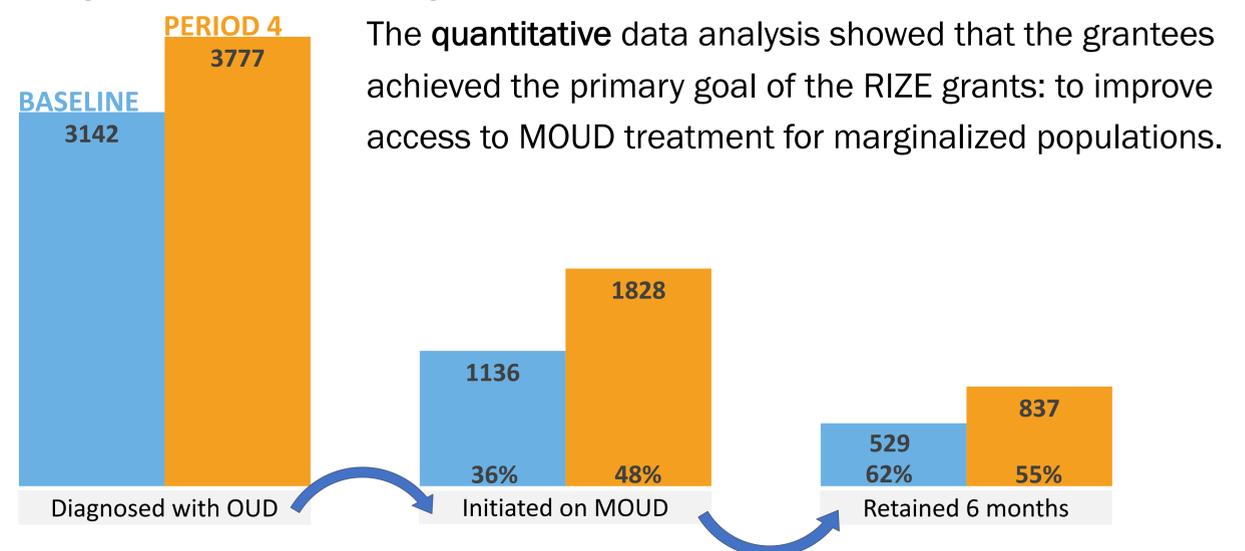


→ Qualitative:

- Implementation progress reports submitted 4 times during the grant period
- Semi-structured interviews with 26 individuals from grantee and partner agencies

RESULTS

RIZE grantee cohort: OUD diagnoses, MOUD initiation, and MOUD 6-month retention



The quantitative data analysis showed that the grantees achieved the primary goal of the RIZE grants: to improve access to MOUD treatment for marginalized populations.

The qualitative data showed how the grantees achieved the goal, with multiple interviewees emphasizing the importance of the strategies below:

“What made it work since the beginning, is people like [our nurse]...who just has nothing but compassion and the ability to connect with people and really meet them where they are. And without that, it wouldn’t have mattered how much we wanted to make it work...nobody would have trusted them, and it wouldn’t have worked.” – *Leadership at partner agency*

Relationship-building a prerequisite to engagement

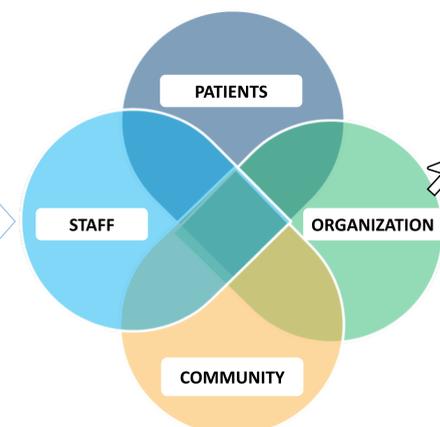
“Really understand harm reduction like yes, this person is taking buprenorphine and yes, they’re still testing positive for cocaine, and that’s okay. And we’re going to figure out where to go from there. And if going from there is the person is never going to stop using cocaine, we’re still going to prescribe them buprenorphine, so they don’t die. Being comfortable with true harm reduction.” – *Outreach worker*

Promoting real harm reduction

“[The outreach worker] really has established herself as a trustworthy person in here that these guys will talk to, and will be open, and share, and have those honest conversations with...We haven’t had anyone like that in here before.” – *Staff person at partner agency*

Conducting strong outreach

The qualitative data also showed the interconnected impacts of the grantees’ programming at four levels: patients, staff, organization, and community.



To learn more about the impacts and other aspects of the evaluation, use this link: communityhealth.org/projects/rize

*Disclosure: Celero Systems, Springer Textbook, and UpToDate.