



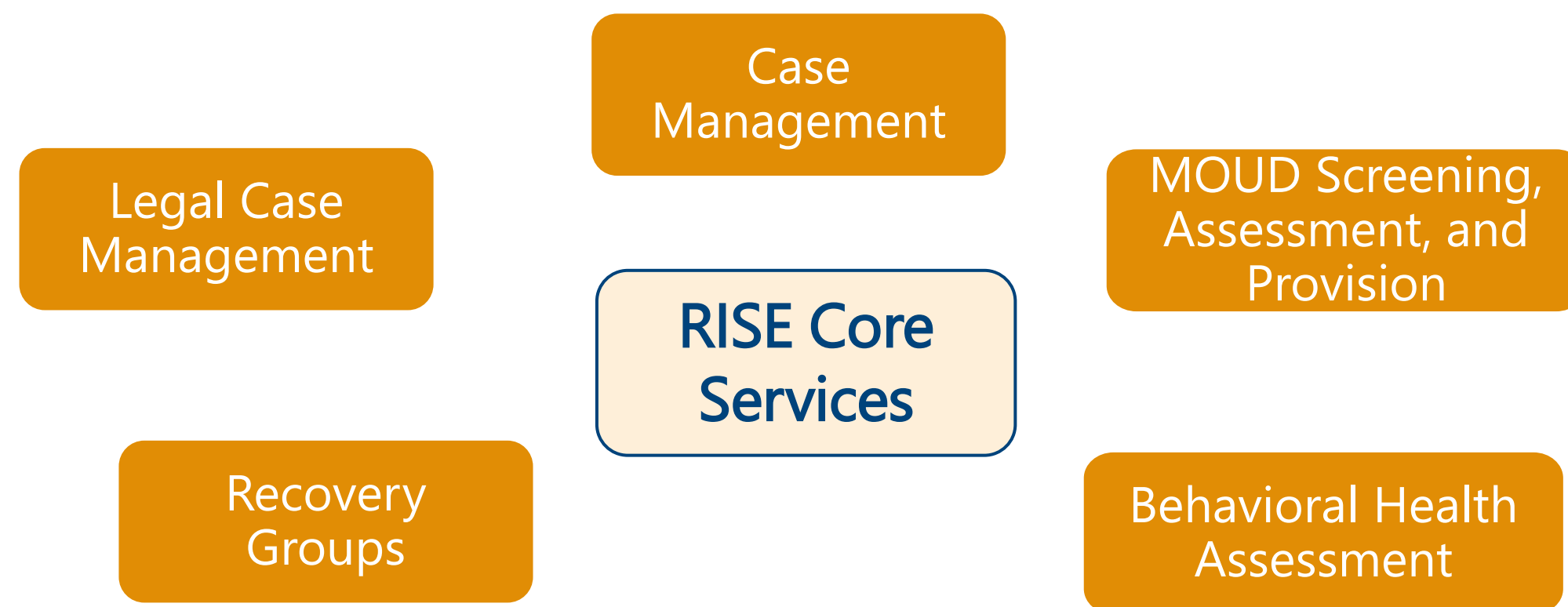
Utilizing a public health intervention to reduce fatal overdose for unhoused individuals upon release from incarceration in Boston: program reach and outcomes

Jeffrey Desmarais¹, Neal Chaudhuri, BS²; Sofia Ladner, MPH¹; Rolande Ayinkamiye, MA¹; Lina Fang, BS²; Lia Horkenbach, BS²; Cecelia McBride, LADC II²; Emily Rooney, BA²; Emi Suyama, BA²; Corey Bisceglia-Kane, MSW, LICSW²; Samantha Rawlins-Pilgrim, MD, MSc²; Kamala Smith, MPH²

¹Institute for Community Health, Malden, MA ²Boston Healthcare for the Homeless Program, Boston, MA

BACKGROUND

Recognizing the high prevalence of opioid use disorder (OUD) among incarcerated, homeless individuals and their elevated risk for fatal overdose upon release, Boston Health Care for the Homeless Program (BHCHP) collaborated with two county jails to provide medication for opioid use disorder (MOUD) and related care to people exiting incarceration through their reentry program (RISE). They partnered with the Institute for Community Health (ICH) as their evaluator to assess program outcomes.



METHODS

Data Collection

- Grantees are required to administer the Government Performance and Results Act (GPRA) Client Outcome Measures tool. BHCHP and ICH supplemented this tool with local survey questions.
- The combined assessment was administered in-person to all participants at baseline, and re-administered 4-7 months after enrollment (follow-up).

Data Management and Analysis

- Assessment data was entered into RedCAP, an online web-based survey platform, that served as the project's data management system
- ICH conducted a descriptive analysis of key demographics, drug use, and MOUD utilization at baseline.
- A pre-post analysis was conducted for participants with matched baseline and follow-up data changes in their drug use and MOUD utilization.
- Patients with and without follow-ups were compared to explore potential disparities in race/ethnicity, age, gender, and MOUD utilization.

Acknowledgments:

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RESULTS

Baseline Descriptive Characteristics and SDOH

Respondents identified as the following at their baseline assessment (n = 306)

<p>Sexual Orientation and Gender Identity</p> <ul style="list-style-type: none"> • 73% identified as male • 90% identified as heterosexual 	<p>Social Support</p> <ul style="list-style-type: none"> • 86% reported having recent interactions with supportive family and friends • 65% reported feeling satisfied with their personal relationships
<p>Race/Ethnicity</p> <ul style="list-style-type: none"> • 56% identified as white non-Hispanic • 24% identified as Hispanic/Latino • 15% identified as Black non-Hispanic 	<p>Mental Health</p> <ul style="list-style-type: none"> • 86% reported having a diagnosed mental health illness • 42% reported moderately severe or severe depression (PHQ9) • 54% reported moderate or severe anxiety
<p>Housing and Incarceration Status</p> <ul style="list-style-type: none"> • 98% were currently incarcerated • 49% has been incarcerated for less than 6 months 	

Matched Pre-Post SUD Outcomes

Compared self-reported SUD outcomes among participants with two data timepoints (n=137)

Self-Reported MOUD Utilization	Timepoint	
		% of respondents
	12 months prior to incarceration	76%
	At baseline assessment	67%
	At follow-up assessment	76%

Self-Reported Opioid Use in Past 30 Days	Timepoint		
		% of respondents	
		30 days prior to incarceration	80%
		30 days prior to baseline assessment	7%
	30 days prior to follow-up assessment	33%	

Follow-up Completion Comparison

Conducted statistical tests to compare patients with a completed follow-up to those without a completed follow-up

- 45% of participants (n=137) completed a follow-up while 55% (n=169) did not
- Compared the following groups and did not identify statistically significant differences between the groups
 - Race: p-value = 0.3193
 - Age: p-value = 0.0612
 - Gender Identity: p-value = 0.9853
 - Currently taking medication to treat opioid use: p-value = 0.4951
 - Diagnoses mental illness: 0.3785

DISCUSSION

Exiting incarceration is a vulnerable time for people with a history of OUD. RISE participants with matched pre-post data were able to maintain their MOUD utilization and saw lower opioid use compared to their pre incarceration. Further, we saw no differences in follow-up rates when comparing participants with different demographics, mental health statuses and MOUD utilization. These findings suggest that the BHCHP RISE program is effectively engaging patients in MOUD and associated services during a crucial period post-incarceration.