Staff and Provider Perspectives on a Low-Barrier Buprenorphine Program in Portland, Maine

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ABSTRACT

Background: Homelessness and opioid use disorder are at the forefront of public health issues in Maine. Substance use accounts for a higher proportion of deaths among those experiencing homelessness than it does in the overall population. In 2022, Maine ranked third in the U.S. for fatal overdoses involving opioids. The clinic at the center of this evaluation is a low-barrier buprenorphine bridge program serving people experiencing homelessness that provides same-day prescriptions and other supports, while connecting patients to ongoing care for substance use disorder.

Methods: This was a qualitative program evaluation that used semi-structured key informant interviews. The evaluation focused on assessing internal processes, attitudes and beliefs of employees, and relationships with partner organizations. Participants were included if they are current employees at the clinic or a partner organization. Interviews were conducted via Zoom and recorded. Interviews were coded in Excel using in-vivo coding. Codes were categorized using a color-coding system. Themes were assessed based on codes and categories.

Results: Six interviews were conducted. A total of six participants were interviewed. Four of these participants currently work at the clinic, and two work at partner organizations. After analysis and coding, a total of 26 distinct categories of codes were identified. Among the codes and categories, five unifying themes emerged. The five themes include: Providers/Staff at the clinic build trusting, respectful relationships with patients & partners which is key to success; the clinic is the lowest barrier in the community, which promotes harm-reduction; Many systemic challenges impact the clinic and its patients; Respondents are excited to expand the clinic to include more outreach

via van; Respondents overwhelmingly support low-barrier buprenorphine and acknowledge limitations/drawbacks.

Discussion: The findings support low-barrier, harm-reduction approaches to treating substance use disorder, especially in a population that is experiencing homelessness. The findings highlight human connection, harm reduction approaches, and trusting, respectful relationships as strengths of the clinic. The findings also highlight the need to include patient voices in future study. At the community level, the findings could spark further discussion about harm reduction and promote its adoption in more medical settings.

Conclusions: The clinic is a local leader in harm reduction, and would benefit from more social work support. Further evaluation is needed that includes patient voices. These findings can help garner support for the clinic and for low-barrier buprenorphine in the community.

BACKGROUND

The low-barrier buprenorphine clinic that is the focus of this evaluation is located in Portland, Maine. It is housed within an organization that serves people experiencing homelessness and unstable housing by providing rest beds, showers, clothing, medical, and case management services.[1] The buprenorphine clinic is specifically designed to provide low-barrier access to medication for the treatment of opioid use disorder in this population. The clinic fills a significant need in the community.

Both homelessness and opioid use disorder are at the forefront of public health issues in Maine. Maine and the United States (U.S.) are facing a severe shortage of affordable housing.[2,3] Homelessness, both sheltered and unsheltered, in Maine has increased over the past few years[4]; unsheltered homelessness specifically has increased by 165% from 2007 to 2022.[5] Substance use accounts for a substantially higher proportion of deaths among those experiencing homelessness than it does in the overall population.[6] In 2022, Maine ranked fourth in the U.S. for age-adjusted fatal overdose rate and third for fatal overdoses specifically involving opioids.[7]

Approaches to substance use disorder that embrace harm-reduction, or meeting the patient where they are at, are generally thought to have the best success.[8] Harm reduction approaches to managing substance use disorder have demonstrated protective effects, particularly for people experiencing homelessness or unstable housing.[9] As for medication, buprenorphine-naloxone (Suboxone) has been shown to be safe and effective at reducing overdose in people using opioids.[10] All of these are strategies that the clinic employs to care for patients in Portland, Maine.

The clinic operates alongside other groups in the community who also use harm reduction methods, including syringe services, social services organizations, and pharmacy experts. The city public health department houses a syringe services program,[11] and the clinic is a collaboration between a social services organization and the local health system which employs pharmacy experts.[12] Representatives from each of these groups served as formative key stakeholders and helped to inform this evaluation design. Collaboration between the clinic and local partners is key to optimally serve the patients and the community.

EVALUATION QUESTIONS

1. What do providers/staff value about the clinic?
2. What do providers/staff wish was different about the clinic?
3. How well does the clinic work together with other services in the community to meet address patients' needs?
4. What are the beliefs and attitudes of staff/providers at the clinic toward harm reduction?
5. What steps do providers and staff take to ensure a low-barrier, judgement-free experience for patients at the clinic?
6. What are the opportunities for improvement at the clinic?

METHODOLOGY

This was a qualitative program evaluation that used semi-structured key informant interviews. The evaluation focused on assessing internal processes within the clinic, attitudes and beliefs of staff and providers, and how the program interfaced with local partner organizations. Key informant interviews were chosen in order to assess

nuanced topics such as attitudes and beliefs and perceived strengths and weaknesses.[13] The ultimate aim was to improve existing program operations to better serve the patient population.

Prior to conducting key informant interviews, informal interviews were held with three formative key stakeholders. Topics of importance that arose from those interviews included visibility of the clinic, collaboration with partners, attitudes about harm reduction, and nuances of medication use. These topics were considered when formulating evaluation questions and data collection tools.

Participant Criterion & Conducting Interviews

Participants were recruited by reaching out to them directly, either in person or via e-mail. Utilizing a combination of purposive/snowball sampling strategies,[14] providers and staff at the organization who see patients in the clinic regularly were recruited. They were then asked for referrals to participants outside of the organization (at partner organizations). This allowed for the inclusion of the key personnel at the clinic, and those outside the clinic who interact regularly with clinic staff. The target number of participants to include was six. This number was based on the Issel et al[13] recommendation of at least six participants for qualitative studies seeking to understand the experience of people. Participant criteria included: Currently working at the clinic at least part-time, or currently working at an organization that shares clients with the clinic All clinic staff and providers who participated were paid employees.

All interviews were scheduled ahead of time via email. Interviews were conducted via Zoom and recorded to the cloud to allow for secure storage during the project. Zoom also allowed participants to engage in the interview in a comfortable and

private setting of their choice.[13] Another benefit of conducting interviews over Zoom was the automatic generation of full transcripts which were utilized to generate raw data for coding. At the start of each interview, the purpose of the interview was explained and the participant was notified that the interview would be recorded, a transcript would be generated, and that they would have an opportunity to review the transcript. There was no requirement for Zoom cameras to be on. Each interview lasted 20 to 30 minutes, which is the time it took participants to answer the six to seven interview questions. The duration of each interview was partially dependent on the participant—the interview was concluded when the participant had shared everything they wished to share.

Data Management

Interviews were recorded to the cloud, within the evaluator's password-protected University of New England (UNE) account. Documents used for analysis contained no participant identifying information and were stored on the evaluator's personal computer which is also password-protected. Files of interview recordings and transcripts were named with unique participant identifiers. A Master List of participant identifiers was stored in a separate, unmarked folder. Only de-identified data has been shared. At the conclusion of the evaluation, all original interview recordings and transcripts will be permanently deleted from the cloud and the computer.

Data Analysis

Once data were collected, word documents were created for each interview transcript. Key quotes were copied and pasted into an Excel document in a column for raw data. In the next column, keywords and phrases were listed as codes using in vivo coding. This was appropriate in this setting to preserve the participants' voices.[15] Once

coding was complete, codes were grouped into categories. In the third column of the Excel sheet, corresponding categories were listed for each code, using a color-coded indexing system. Once categorization was complete, overarching themes among the categories were assessed.

Steps to Combat Evaluator Bias

Snowball sampling was used to help combat evaluator bias because it allows people to be reached who may not be previously identified as key personnel. To mitigate bias due to one individual evaluating the program, member checks were conducted by sending transcripts of each interview transcript to the respective respondent and asking them to give their approval of the content of the interview.

Dissemination of findings

Findings will be shared with all participants and the stakeholders once the project has concluded. Findings will be disseminated through a presentation to formative key stakeholders, as well as clinic providers and staff. For anyone unable to attend the presentation, I will work with the clinic medical director to distribute a summary of key findings via email, in accordance with the Institutional Review Board's guidelines under the Integrated Learning Experience classroom exemption.

Data Collection Instruments

The data collection instruments are the interview guides for clinic staff and partner organization staff (see Appendix). Qualitative approaches yield insights into the strengths, barriers, and needs of the program and population of focus, while quantitative data may show numerical trends without details about the driving forces.[13] Thus, qualitative data collection tools in this case were conducive to answering the evaluation

questions.[13] The interview questions were designed to be open-ended and to address the overarching evaluation questions.[16] The first question was intentionally included to be an introduction question that would be easy to answer and would get the participant thinking about the clinic.[16] The order of the questions was intentional to create a natural flow and to ease into more difficult questions. When needed, follow-up and probing questions were asked. The data collection instruments reflected qualitative evaluation approaches of seeking to understand the nuanced viewpoints of key informants.

FINDINGS

A total of six participants were interviewed. Four participants worked at the clinic at the time of the evaluation, and two worked at partner organizations. After analysis and coding, a total of 26 distinct categories of codes were identified. Table 1 shows a sample of original quotes from participants (raw data) with corresponding codes, categories, and themes. Key findings for each evaluation question are summarized in Table 2. Among the codes and categories, five unifying themes emerged. The five themes are:

1. Providers/Staff at the clinic build trusting, respectful relationships with patients and partners which is a key to success.
2. The clinic is the lowest barrier option in the community, which promotes harm reduction.
3. Many systemic challenges impact the clinic and its patients.
4. Respondents are excited to expand the clinic to include more outreach via van.
5. Respondents overwhelmingly support low-barrier buprenorphine and acknowledge its limitations.

Table 1. Sample of raw data with corresponding codes, categories, and themes

Raw Data	Code(s)	Category	Theme
"…we're really trying to keep people alive, and we're trying to make them feel loved and supported as they are sleeping outside." (Interviewee 4, March 28, 2024)	Feel loved and supported	Relationships	Providers/Staff at the clinic build trusting, respectful relationships with patients and partners which is a key to success.
"So I think it's like low barrier services, really listening, giving time and attention and listening to patients, respecting their time." (Interviewee 2, March 22, 2024)	Low barrier services; respecting their time	Low barrier	The clinic is the lowest barrier option in the community, which promotes harm reduction.
[Respondent paraphrased what they hear from patients]: "The suboxone is working as far as my cravings, but then I step outside, and it's so readily available in the community that I end up using just out of pure peer pressure." (Interviewee 1, March 19, 2024)	Suboxone is working; So readily available; peer pressure	Systemic barriers	Many systemic challenges impact the clinic and its patients.

Raw Data	Code(s)	Category	Theme
“…the time that we've spent together like going to do outreach at tent sites, and in the community, it's really meaningful to actually see people in their environment.” (Interviewee 5, April 3, 2024)	People in their environment	Outreach	Respondents are excited to expand the clinic to include more outreach via van.
“Okay, I see how much this is important and how stabilizing something like this is for somebody that is really not very stable in a lot of other ways” (Interviewee 2, March 22, 2024)	How stabilizing this is	Success of buprenorphine	Respondents overwhelmingly support low-barrier buprenorphine and acknowledge its limitations.

Table 2. Findings by evaluation question with corresponding narrative

Evaluation Question	Findings	Explanation
1. What do providers/staff value about the clinic?	Low barrier nature of the clinic	Even compared to other organizations with similar missions, the clinic tends to be the lowest barrier. This was repeatedly described as a uniquely positive aspect of the clinic, and a source of pride for providers working in this space. Respondents described how the clinic is a local leader in harm reduction approaches, which includes meeting people where they are at, and tailoring the clinic's approach to what the patient needs in that moment. Sometimes providers are able to complete a full intake, and sometimes the most immediate need is medication, and other discussion must wait. Respondents valued being able to fill the immediate need for buprenorphine and provide same-day prescriptions in those cases. Respondents also value the clinic for engaging the most vulnerable people in the community, those with severe substance use disorder and sometimes co-occurring untreated mental illness.
	The trusting team	Many references were made to the the clinic team working well together, sharing similar values, communicating well together. Praise was given in particular to the social workers and case managers who help coordinate services for patients. Respondents described a team made up of individuals who all work hard on behalf of patients and the community and who are all similarly dedicated to the mission of the clinic.

Evaluation Question	Findings	Explanation
	Successes of buprenorphine	Providers appreciate the stabilizing, safe nature of buprenorphine and the need that it fills as a safer alternative to illicit opioids that are ubiquitous in the current drug supply. Although they see people struggling more often than not, respondents mentioned that the joy in seeing positive changes in patients' lives is what keeps them motivated to continue this work.
	Relationships	Staff/providers value the relationships they are able to build with patients in order to facilitate a safe and reassuring space for the most vulnerable patients to feel comfortable. Phrases like "make them feel loved" (Interviewee 4, March 28, 2024), and "connecting on a more human, less clinical way" (Interviewee 6, April 16, 2024) were used to describe how the clinic operates, and interviewees felt strongly about these positive and unique attributes. In addition, robust relationships with partner organizations were also praised as a strength of the clinic, largely thanks to a dedicated social worker who is committed to this work.
	Provision of basic needs at the clinic	Many references were made to wraparound services, or the ability to fill multiple needs in one visit, at the Learning Collaborative which is co-located with the clinic. The provision of rest beds, clothing, wound care, showers, and other services was an important aspect of the way the clinic functions. References were made to the possibility of patients coming into the space for basic needs, then ending up getting connected with other care, including the clinic as a result of simply feeling safe and cared for in the space.

Evaluation Question	Findings	Explanation
	Importance and impact of the clinic	Staff and providers find that the clinic fills a critical need in the community, and the impact goes beyond providing patients with medications. Impacts mentioned include training medical learners to care for this population, reducing stigma against people who use drugs, and providing an example to other providers of what a low barrier approach truly looks like.
2. What do providers/staff wish was different about the clinic?	Hard to connect patients to ongoing care	Respondents described how the clinic is meant to be a bridge program, temporarily serving patients while they get stabilized and connected to treatment elsewhere in the community. However this proves challenging for several reasons. There is a lack of availability at other programs due to the high demand for treatment, and staffing difficulties that are ubiquitous in healthcare currently. Respondents also note that the clinic seems to be the program with the most flexibility for patients. While this is one of the clinic's strengths, it can be challenging for patients to successfully transition to another program that may have more requirements or stricter protocols. Furthermore, patients develop relationships with providers and staff at the clinic., and leaving those behind to start over with a new provider can be daunting, especially for someone who may have been discriminated against in other medical settings.

Evaluation Question	Findings	Explanation
	Systemic challenges affect the clinic	Respondents also noted many systemic challenges that affect work at the clinic. One issue is the easy availability of illicit drugs. One respondent paraphrased what she has heard from patients: “The Suboxone is working as far as my cravings, but then I step outside, and it's so readily available in the community that I end up using just out of pure peer pressure” (Interviewee 1, March 19, 2024). Respondents note that this is why The clinic is so important, but it makes the work challenging. There are also a host of challenges related to homelessness, including lack of reliable phones, addresses, and transportation. This overlaps with the concept of social determinants of health; respondents note that history of trauma, lack of positive relationships, lack of access to affordable housing, and other competing priorities exacerbate mental illness and substance use disorder and pose ongoing challenges for patients at the clinic.
	Limitations of buprenorphine:	Like anything, buprenorphine is not a perfect solution to opioid use disorder. One respondent noted that Suboxone affects people’s teeth, and is difficult to wean off of, if that is someone’s goal. There is also street value to buprenorphine, which can make providers feel conflicted about prescribing it. As one respondent noted, “Overall it's really important, but it doesn't come without all of those smatterings of concern” (Interviewee 2, March 22, 2024). In addition, one respondent noted some patients are reaching maximum doses of buprenorphine and may be good methadone candidates, but do not want to leave the supportive environment of The clinic and so are forced with a difficult decision.

Evaluation Question	Findings	Explanation
	Communication between organizations	Different organizations use different systems for record keeping, and communicating between systems is time-consuming and cumbersome. Some communication requires back-and-forth calls and leaving messages for providers to respond to. Much of this navigation regarding organizations' preferred methods of communication rests with one person at the clinic. Providers at outside organizations also expressed interest in finding an easier way to communicate in real time.
	Increased demand leaves less time for outreach	The capacity of the clinic to take on more patients has increased since its inception in 2018, but with the increased patient census, some respondents noted less time for outreach into the community where people may want treatment but are unable to physically come into the clinic. Respondents described feeling that they are overlooking these more vulnerable community members.
3. How well does the clinic work together with other services in the community to meet patients' needs?	Organizations share similar missions and work well together.	A few key findings emerged regarding working with partner organizations. Overall, respondents reported that partner organizations and The clinic work well together. They share similar missions and want to see patients reach their goals. Overall, there is great mutual respect for the work that all partner organizations are doing.
	Communication across systems is a challenge.	However, some challenges were mentioned such as communication barriers due to use of different systems. That said, organizations work hard to accommodate each others' communication preferences.

Evaluation Question	Findings	Explanation
	Another challenge is differing approaches (real or perceived) between organizations	Respondents who work at The clinic tend to view The clinic as the most low-barrier and flexible of all the buprenorphine services in the area, and that patients often prefer that environment, especially after they have become familiar with the setting. Respondents outside The clinic similarly note that patients are so comfortable at The clinic that sometimes it is difficult for them to transition elsewhere, even if the partner organization is similarly low-barrier.
	The ability of The clinic to act as a bridge clinic depends on availability and capacity of partner organizations.	Respondents note that overall there is limited capacity in the community for robust treatment services for opioid use disorder. This is another reason why some patients end up continuing their treatment at The clinic beyond the typical riding timeframe.
4. What are the beliefs and attitudes of staff/providers at the clinic toward harm reduction?	All respondents spoke positively of harm reduction approaches.	One respondent said in support of the clinic's low-barrier approach, "patients should not be required to do anything in order to get their buprenorphine" (Interviewee 4, March 28, 2024). Respondents also expressed a hope that more medical settings would adopt a more harm reduction-oriented approach to substance use treatment.

Evaluation Question	Findings	Explanation
	Respondents also noted some nuanced feelings about buprenorphine.	A few respondents noted some nuance and complex feelings about harm reduction, mostly related to the drawbacks and street value of buprenorphine. One person said, “I would be lying if at first I didn't feel like sometimes it was enabling a little bit…I think as time goes on I see the benefit of [Suboxone]” (Interviewee 1, March 19, 2024). After explaining some complicated feelings about contributing to the street market for suboxone, another respondent said that patients’ stories allay those concerns and “I see how much this is important and how stabilizing something like this is for somebody that is really not very stable in a lot of other ways” (Interviewee 2, March 22, 2024). Alternatives to buprenorphine for opioid use disorder, including Sublocade and methadone, were also mentioned as other good options that are not available at the clinic.
5. What steps do providers and staff take to ensure a low-barrier, judgement-free experience for patients at the clinic?	Urine tests are not punitive.	One respondent gave the example that a urine drug test that is negative for buprenorphine would be an opportunity to ask the patient if they are giving their prescription to someone else who may be a candidate for the clinic outreach. If other substances are found in a patient’s urine, especially benzodiazepines, that is an opportunity for counseling on risks of overdose but would not be an automatic cancellation of their buprenorphine prescription.
	Other basic needs services are available.	Offering basic needs services (shower, clothing, food) helps to connect with patients on a personal level and build trust so they feel more comfortable also accessing medical care at the clinic.

Evaluation Question	Findings	Explanation
	Relationships are prioritized.	Respondents described the dedication of the whole team to the patients and the strong belief in harm reduction approaches. Staff and providers are also intentional about connecting with patients on a personal level and prioritizing building that relationship over completing the medical protocol. Visits will be adapted to what the patient needs in that moment.
6. What are the opportunities for improvement at the clinic (in terms of patient care and/or community partnerships)?	Please see Recommend-ations section below.	

DISCUSSION

Implications of Findings

The findings of this evaluation have several potential implications for the clinic, the patients, and the community. Considering implications first for the clinic, the findings support low-barrier, harm-reduction approaches to treating substance use disorder, especially in a population that is experiencing homelessness and unstable housing. These findings are consistent with my review of the literature. Harm reduction has been associated with better patient engagement in treatment,[17] and is recommended as an "integral aspect" of treating opioid use disorder in the U.S.[18(p119)] In a qualitative study during which people experiencing homelessness who were receiving treatment for opioid use disorder were interviewed, participants agreed that harm reduction approaches and trusting relationships with providers were key to making them feel

cared for and safe.[19] The findings highlight these very aspects as strengths of the clinic, which is reassuring and validating for the team.

The potential implications of the findings for patients of the clinic could be multifaceted. While staff and providers describe the clinic personnel as providing empathetic, non-judgmental, person-centered care, patients may have a different perspective. Further investigation is needed to include patient perspectives on the strengths and shortcomings of the clinic, and it is possible that these findings could spark that dialogue with patients. Moreover, these findings could be used to garner more support and funding for the clinic and to promote harm reduction approaches in other settings. Ultimately, this could help to reduce the stigma against people who use drugs and/or people experiencing homelessness.

At the community level, these findings could spark disagreement, particularly from those organizations that also consider themselves leaders in harm reduction. The clinic staff and providers tend to perceive the clinic as the lowest barrier option in the community, and other organizations may disagree. A benefit of that disagreement would be increased dialogue around what harm reduction looks like at various organizations, thus clarifying any potential misperceptions. These findings also included discussion of the social determinants of health that affect the broader community. Programs like the clinic and its partners have developed assets to fill gaps and inequities that have been identified, and have adapted to meet changing needs. These findings can help spread awareness about the positive work that has been done, and can also be used to advocate for the structural changes still needed to address the root causes of inequities (eg. housing, mental health services, and financial support).

Recommendations for The Clinic

The findings of this evaluation highlight the importance of the clinic in caring for patients experiencing homelessness who might otherwise face difficulty accessing treatment for opioid use disorder. The findings highlight many strengths of the clinic, including the strong, trusting relationships with patients and partners, and the low-barrier nature of the clinic. Growth opportunities can be grouped into five main categories: social work support, partner organization support, communication, medication flexibility, and social determinants of health. Each will be explained below.

Social Work Support

The need for another social worker for the clinic came up in multiple interviews. Currently, there is one social worker who, again based on the findings, does an excellent job working with community partners and connecting patients to resources. Hopefully, the department can advocate for funding to hire another social worker. This is supported by literature from the priority population that highlights case management as a key aspect of recovery.[19] A potential drawback to this recommendation relates to the overall need for social workers across departments—increased social work for the clinic may mean limiting access for another department. Another possible drawback is if the added social worker is not someone with lived experience of homelessness or substance use disorder, that could contribute to a care team that is not representative of the population it serves. Despite these theoretical drawbacks, clinic respondents highlighted social work as one of the greatest needs for the clinic.

Another possible growth opportunity with increased social work is the ability to offer optional groups or therapy for patients who continue at the clinic longer term. The

clinic is a bridge clinc, meaning it ultimately aims to connect patients to ongoing care in the community at a program where they can receive counseling and/or group therapy regularly if they so choose. However, some patients end up being seen longer term at the clinic for a host of reasons including patient preference, barriers at other programs, and capacity of other programs. In those cases, it would be ideal to have those services to offer. The importance of such services is supported by qualitative data from participants experiencing homelessness.[19] A drawback to this recommendation is that it is not truly within the scope of being a bridge clinic, and instead may make it more difficult for patients to transition ongoing care with other organizations.

Partner Organization Support

One of the ripple effects of the clinic that respondents noted is leading by example to promote harm reduction. The clinic can serve as a local leader in this area. Other research has shown that harm reduction in inpatient settings is valuable in improving trust and reducing stigma against people who use drugs.[20] The clinic could collaborate with other harm-reduction efforts such as a local syringe services program at to further work on promoting harm-reduction approaches elsewhere in the community.

A community-level recommendation for the clinic to advocate for is increased capacity at the clinic's partner organizations. This could be achieved by state-level advocacy for increased funding for such organizations. Ultimately, increased access to medication for opioid use disorder is needed, and this is consistent with findings in the literature as well.[21] The staff and providers at the clinic have credible voices that could help garner support more widely.

Communication

Communication, while a strength for the clinic, represents opportunities for growth as well. A couple of respondents stressed the importance of in-person meetings and communication with partner organizations. Another respondent suggested more opportunities for staff from different organizations to meet in person. While the social worker at the clinic dedicates significant time to establishing good communication between organizations, something for the clinic to consider would be identifying whether there are partner organizations with new staff, and setting up in-person introductions with those individuals, ideally with more staff/providers at the clinc, not just social work. Barriers to inter-departmental communication have been identified as a factor that hinders harm reduction efforts in the literature.[22]

Respondents revealed barriers to communication caused by the lack of compatible electronic health record systems across different organizations. Communication mechanisms differ between systems, which creates a barrier to efficient exchange of information. There are certain mobile platforms - such as secure messaging apps - that could potentially improve this situation, if everyone were to adopt the same platform. A potential drawback to this recommendation is the risk for violations of patient privacy if a less secure platform is used.

Medication Flexibility

With some of the drawbacks to buprenorphine that were discussed, ways to increase medication flexibility could be considered at the clinic. For example, the clinic currently does not offer Sublocade, the long-acting injectable form of buprenorphine. Respondents noted Sublocade as a resource that the clinic would ideally have. Though coordination of logistics may be complex, offering Sublocade is a feasible opportunity

for growth for the clinic. Sublocade has been widely accepted as an advancement in the treatment of opioid use disorder.[23] A drawback to this recommendation is that it involves extra steps for storage and administration, and would take time away from already busy staff.

Another recommendation is regarding the handling of sublingual buprenorphine (Suboxone). The clinic currently does not have Suboxone on site - patients go to their own pharmacies, or a social worker goes to the pharmacy for them in some cases. At least one respondent noted this as another change that would facilitate access for patients and eliminate possible barriers. A downside to this recommendation is the complications involved in storing controlled substances on site and the extra time involved in that.

Finally, methadone is another medication option for the treatment of opioid use disorder, but it is tightly regulated and not available at the clinic. Respondents noted this as a limitation because buprenorphine has a more narrow dosing range compared to methadone. Thus, some patients must choose between the clinic, where they have close relationships with providers, and a methadone clinic, where they can get the dosing they need. Because the clinic is not able to offer methadone, a nearby methadone clinic came up as a partner with whom it might be helpful to strengthen a connection if needed.

Social Determinants of Health

According to the U.S. Department of Health and Human Services, social determinants of health (SDOH) are “the conditions in the environments where people are born, live, learn, work, play, worship, and age”.[24] While inequities created by SDOH

factors are not easily resolved by the clinic alone, they greatly impact the patients of the clinic. Recommendations around creative ways to address SDOH came up during the interviews. For example, the findings support advocating for more accessible, free public transportation. Advocacy efforts could be directed at this systemic factor to improve health equity by reducing the cost barrier in accessing transportation. A drawback to this recommendation is that the clinic already has limited capacity and its staff and providers have many responsibilities. Recommending spending time on advocacy may take away from the work they are already doing to meet immediate needs in the community.

The ability to contact patients reliably came up as another challenge during interviews. One respondent suggested physically handing out phones to patients as a possible solution. This may not be a feasible short-term goal, especially with limited funds, but grants and other innovative ways to achieve this could be considered. A drawback to this recommendation is cost and sustainability.

Finally, the lack of affordable, low-barrier housing is an ongoing challenge. The clinic's parent organization is a longstanding supporter and provider of low-barrier housing, and this remains an issue of extreme importance in the community. Not surprisingly, other qualitative work has shown housing to be a critical factor in recovery from opioid use disorder.[25] Like the other advocacy-related recommendations, a drawback to this is the impact of time spent on advocacy, which could take time away from the work that the clinic team already does.

Health Equity Considerations

People experiencing homelessness face disproportionate health challenges, culminating in an increased risk of death compared to the general population.[26] Thus, it is essential to find approaches to medical care, including treatment for opioid use disorder, that are effective for this population. The clinic is a leader in this area, serving people experiencing homelessness and opioid use disorder. In the findings, many health equity issues came up, including complications related to homelessness—transportation barriers, lack of phone/address, and untreated mental health concerns. In the interviews, it was clear that this population experiences disparities, at least as observed by staff/providers, but that those with severe mental illness and ongoing heavy drug use face the biggest barriers. This population has assets such as resourcefulness and sense of community that could help increase the program's effectiveness. Respondents discussed how the program can be even more effective at addressing these disparities once the mobile van can reach out to the highest risk patients who are not able to come in. The findings also speak to ongoing stigma and discrimination against people who use drugs. The clinic is setting an example of how to facilitate a space that is safe for those who are distrusting of the medical system because of prior negative experiences. Respondents stated “It doesn’t have to be more complicated” (Interviewee 4, March 28, 2024), meaning treating patients with respect and meeting them where they are is a realistic goal and one that the clinic is promoting in its commitment to addressing these health equity issues.

Limitations

This evaluation had limitations that are important to note. Patients at the clinic were not interviewed, which meant the perspectives of the population of focus were

missing. This was largely because of the timeline of the project, which was not conducive to full Institutional Rreview Board review. Also, the majority of the participants were from the same parent organization and had experience working at the clinic. This was helpful, but additional perspectives from partner organizations could have provided a more complete picture. Finally, given that the sole evaluator and interviewer was affiliated with the clinic, respondents may have felt swayed to portray the clinic in a more positive light.

CONCLUSION

This evaluation highlighted key aspects of the clinic, including what is most valued by employees and partners, and suggestions for growth. Themes emerged including praise for trusting, respectful relationships built by clinic staff, a strong focus on harm reduction, and acknowledgment of systemic barriers that impact clinic patients. Recommendations for the clinic fit into five categories: Social work support, partner organization support, communication, medication flexibility, and SDOH. This evaluation serves as a first step in gathering a holistic picture of the impact the clinic has on the community.

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APPENDIX

For the clinic staff:

1. Can you tell me about the work you do with the clinic?
2. What are the impacts of the clinic on the community?
3. What is the relationship between the clinic and partner organizations?
    a. Are there any barriers to good working relationships?
4. What are principles/practices that define the clinic?
    a. What are your thoughts about that?
5. Where are the biggest challenges at the clinic?
    a. What are the supports are in place to overcome those barriers?
6. The clinic is about to add a mobile health outreach unit as part of its services - what do you hope that will add to the program?

For staff from partner organizations:

1. What is your title and role at your organization?
2. What is your understanding of what the clinic does?
3. What is your experience in working with the clinic?
4. From your perspective, what are the strengths of the clinic?
5. Where are the biggest challenges with this partnership between your organization and the clinic?
6. Do you have any thoughts/comments about how most patients do after leaving the clinic?

7. The clinic is about to add a mobile health outreach unit as part of its services - what do you hope that will add to local services?