



Using an outreach team to engage and retain clients in buprenorphine treatment

THE CHALLENGE

When Centro Ararat, an HIV clinic in Puerto Rico, began integrating buprenorphine treatment into HIV primary care, its care team identified major barriers to enrolling new clients and engaging current clients in the program. Located in a rural area of Juana Diaz and having a reputation for providing HIV care, Centro Ararat was not known in the community for providing buprenorphine services. Additionally, other agencies in the vicinity had recently suffered funding cuts in HIV care services, resulting in fewer agencies providing HIV care and other services for people with HIV. As a result, relying on community partner referrals to promote program recruitment was not feasible. Another challenge the care team encountered was that it was not uncommon for clients in the program to fall out of care, in which case they needed to be re-engaged in their buprenorphine treatment and HIV care. With competing responsibilities, the clinical coordinator did not have the capacity to overcome these issues alone.

DISSEMINATION OF EVIDENCE- INFORMED INTERVENTIONS

Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care
Centro Ararat, Inc.

WHY THIS SPOTLIGHT?



Integrating opioid treatment into HIV primary care settings is a particularly timely topic given the current opioid crisis. People with co-occurring HIV and substance use disorder may experience multiple barriers to staying retained in care. Outreach teams can provide consistent connections to both HIV primary care and substance use treatment.

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THE SOLUTION

Centro Ararat created a specialized outreach team to raise awareness of the buprenorphine program, provide HIV testing for the community, and link new and disengaged clients into buprenorphine treatment and HIV care.

HOW IT WORKED

The outreach team consisted of a peer, nurse, and case manager, all of whom had experience working with people who inject drugs (PWID). The peer assisted in identifying, mapping, and accessing areas of the community impacted by injection drug use and HIV so the team could reach people who would benefit from the intervention. The nurse provided medical expertise and administered testing in the community, such as HIV rapid tests, to identify newly diagnosed clients. The case manager coordinated outreach team logistics and linked clients to intervention services upon locating them. The team always conducted community outreach together, to ensure staff's safety and to provide a variety of services given their different roles.

While Centro Ararat's outreach efforts were originally intended to identify clients, provide rapid HIV testing, and link clients to services, they evolved to also address other client barriers to care. For clients enrolled in the intervention who had missed appointments or were no longer adherent to their



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treatment, the outreach team would locate them, link them back to care, and offer transportation to the clinic. When the area was affected by Hurricane Maria in 2017, the outreach team tackled client needs

that competed with medical treatment. In conjunction with other clinic staff such as case managers, they conducted needs assessments for and distributed food and medication to clients in the community who were not attending their appointments.

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Beyond their efforts in the community, the outreach team helped with client documentation for health insurance and support in buprenorphine induction. Their presence in the clinic facilitated improved care coordination and integration into the buprenorphine team. The outreach team staff and the clinical coordinator were in communication every day, and also had weekly meetings to discuss client cases and identify clients who were not attending medical appointments or were not adherent to their medications. The outreach team used that information to develop a plan to address clients’ needs and follow up with them. For example, the outreach team was able to link a 37-year-old male with HIV who was actively using heroin, who had made several attempts to adhere to buprenorphine and antiretroviral therapy, to the intervention team after conducting outreach to him five times.



FIND OUT MORE



To learn more about the initiative and access additional project resources, visit:

<https://targethiv.org/deii/deii-buprenorphine>

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TAKEAWAYS

A designated outreach staff was vital in finding and linking clients to the buprenorphine program, given the multifaceted challenges Centro Ararat experienced and the level of effort needed to reach their target population. Hiring staff

experienced in working with an injection drug use population, in addition to including all three outreach team staff (peer, nurse, case manager), established a team that was competent in conducting outreach activities. Constant communication among the buprenorphine and outreach teams, through both ad hoc and scheduled meetings, was essential to effectively integrating the outreach team into the buprenorphine intervention’s efforts.

