



ATTC HHS REGION 10
Northwest



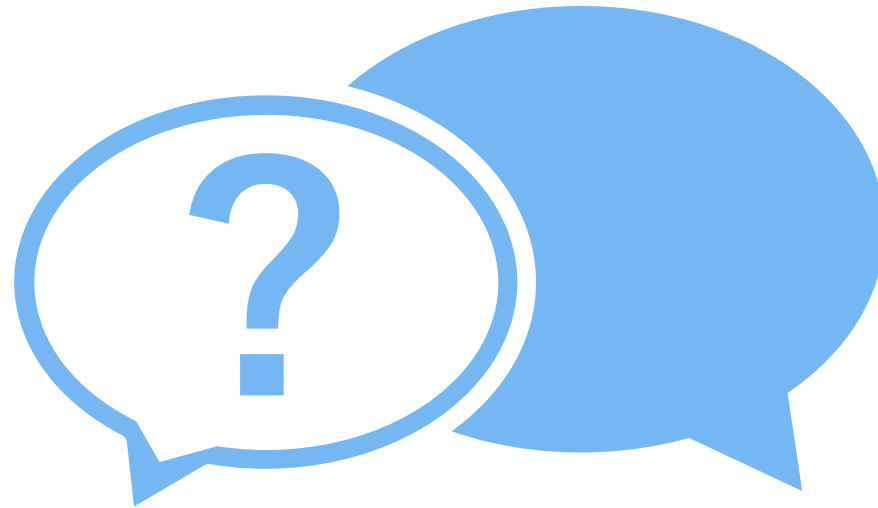
Thank you for joining us! The webinar will begin shortly.

Northwest ATTC presents:

Outreach-Based Long-Acting Injectable Buprenorphine: A Viable Pathway to Closing OUD Treatment Gaps

- **Participants are automatically muted during this presentation**
- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at: <http://attcnetwork.org/northwest>

Questions? Please type them in the chat box!



Look for our surveys in your inbox!

We greatly appreciate your feedback! Every survey we receive helps us improve and continue offering our programs.

It only takes **1 minute** to complete!



Certificates of Attendance are available for live viewers!



Viewing Groups:

Please send each individual's **name** and **email address** to **northwest@attcnetwork.org** within 1 business day.

Your certificate will be emailed within a week to the address you registered with.

Today's Presenters



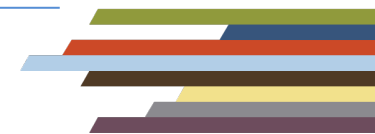
Jeremy Hoog, RN, BSN, MA
Senior Nurse Manager
Downtown Emergency Service Center

Jeremy has been at the agency since October of 2020. He worked as a nurse in the opioid treatment program for 4 ½ years and has now moved into a senior leadership position. Jeremy's study in nursing and bioethics, as well as his lived experience with opioid use disorder and alcohol use disorder, all work together to inform his practice. Jeremy is passionate about applying an ethical lens to the treatment of those living with varying mental health and substance use issues.



Carson Bell, MPH
Project Coordinator
Downtown Emergency Service Center

Carson has been at the agency for five years and is passionate about providing compassionate care to individuals often stigmatized including people who use drugs or people who have severe mental health illnesses.



Opioid Recovery & Care Access (ORCA)

ORCA Center + ORCA Patient Outreach Division (POD)

Jeremy Hoog, M.A. (Bioethics), BSN, RN, MHP

Carson Bell, MPH

Downtown Emergency Service Center (DESC)



Disclosures

We do not receive any financial reimbursement from pharmaceutical companies





Downtown Emergency Service Center (DESC) helps people with the **complex needs** of homelessness, substance use disorders, and serious mental illness achieve their **highest potential** for health and well-being through **comprehensive services, treatment, and housing.**



Permanent supportive housing x 20



Emergency housing shelters x 3



Mobile crisis team



Mental health case management
SUD counselling



Psychiatry and addiction medicine

ORCA Patient Outreach Division (POD): Low Barrier Access to MOUD (Formerly OTN)



- Bringing care to clients in DESC permanent supportive housing and emergency shelters
- Staffed by RN supervisor, RN x 2, peer support specialist, provider, program coordinator, and data analyst

(Kim, Greg. 2024. Seattle Times)

What we will Talk about Today

- Setting- growing need to development new pathways to starting MOUD
- Injectable only buprenorphine starting method in a field based setting
- Client experiences
- Opening of the ORCA Center

Setting the Stage: A need for a new approach

Opioid Crisis

Need for low
barrier +
outreach based
MOUD services

Trial of non-
scalable MOUD
starting methods

Development of
scalable method
to start MOUD

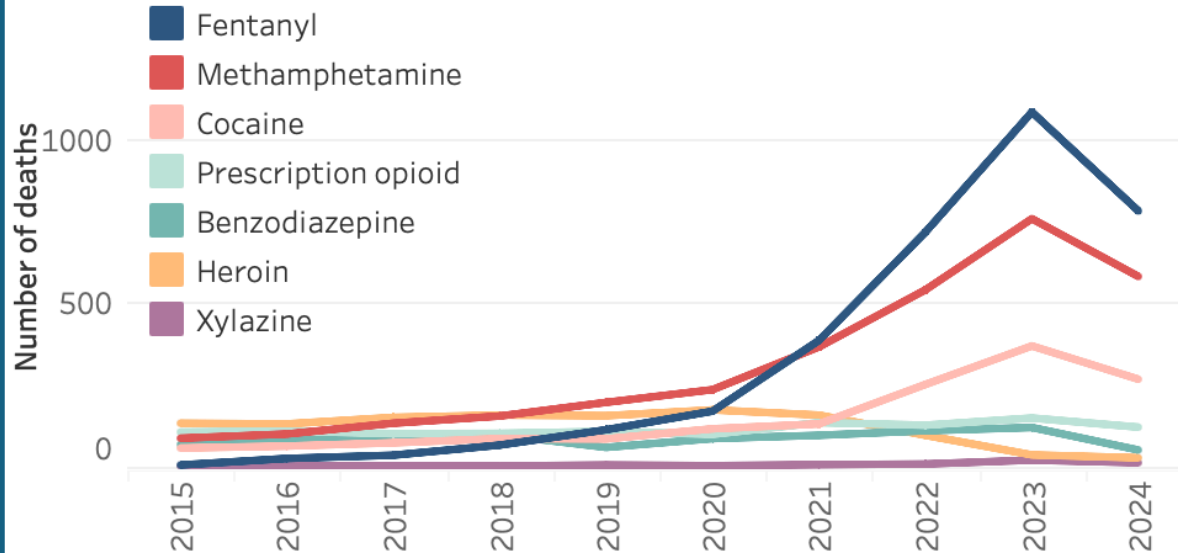
King County Opioid Crisis

Drugs Involved in King County Overdose Deaths, 2015-2024

Drug overdose deaths typically involve multiple drug classes - most commonly opioids and stimulants.

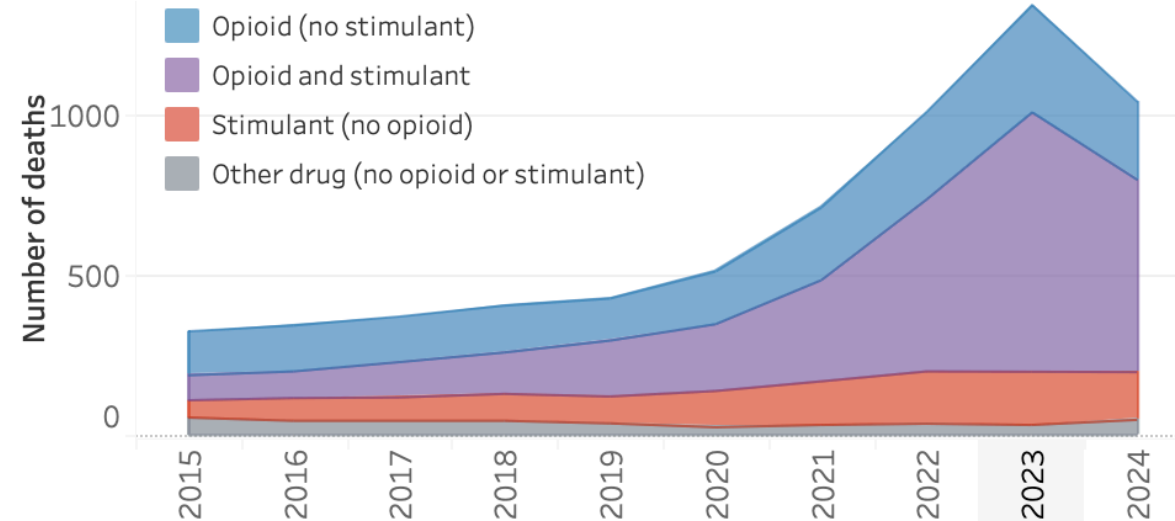
Specific drug classes involved in overdose deaths

Note: Individuals can be represented in more than one line



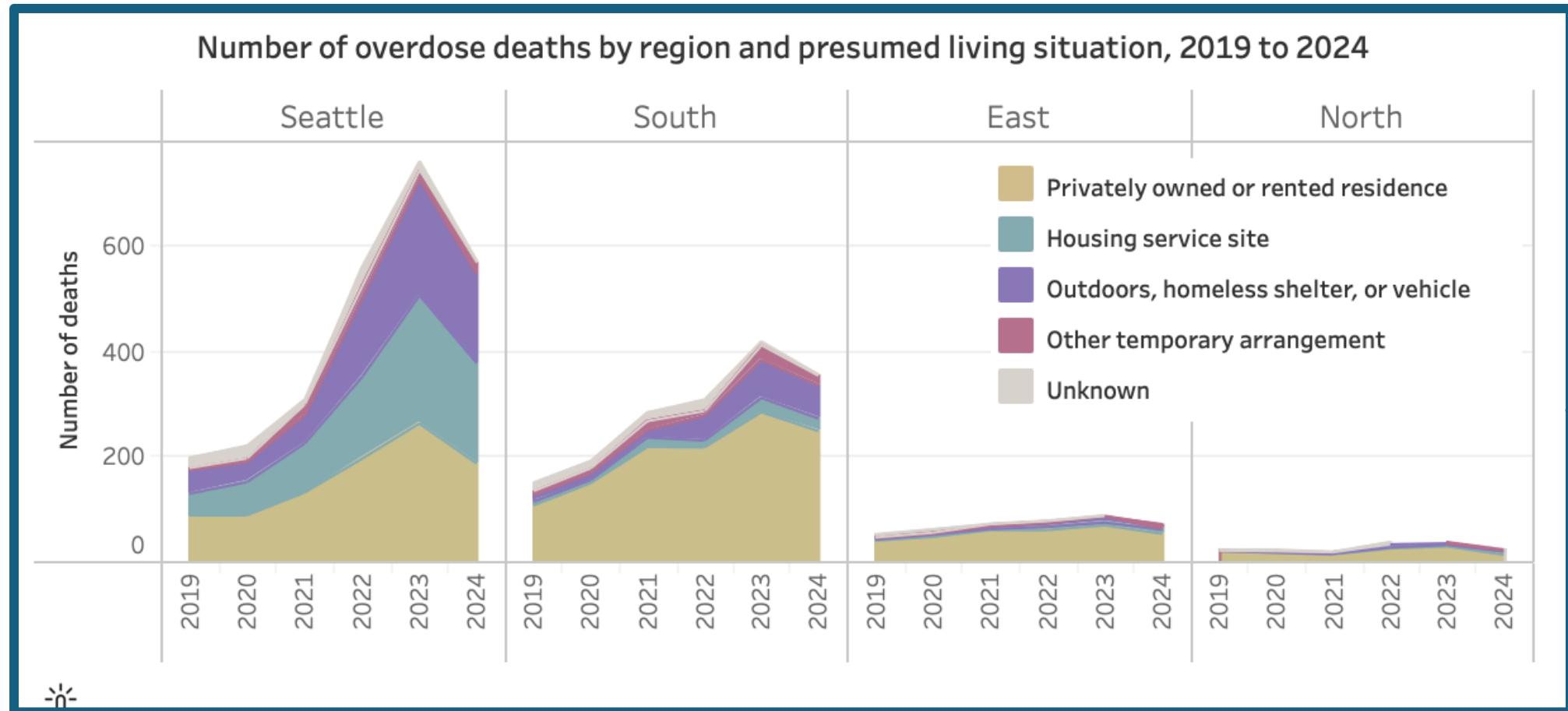
Number of Overdose Deaths Involving Opioids and/or Stimulants

Note: Individuals are represented only once; Opioid = Fentanyl, Heroin, an/or Prescription Opioids; Stimulant = Methamphetamine and/or cocaine



Disproportionate Impact of OD Deaths Among Those with a History of Homelessness

~13% with a DESC
EHR





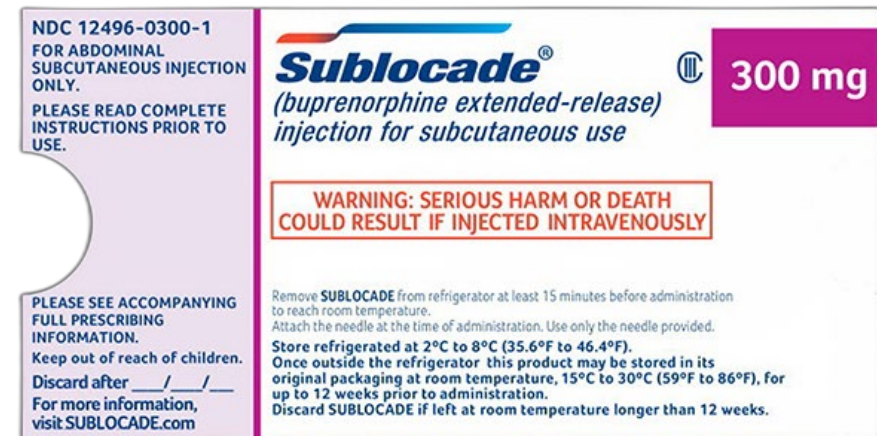
Barriers to MOUD Treatment

- Higher risk of precipitated withdrawal with fentanyl
- Missed appointments
- Difficulty with medication storage
- Difficulty stopping fentanyl before treatment
- Previous failed initiation attempts
- Stigma
- Need to self-medicate (e.g. chronic pain, mental health symptoms)

Non-scalable buprenorphine initiation methods



1. Sublingual (SL)-based overlapping (low-dose)
2. SL-based withdrawal-first (high-dose)
3. Naloxone-assisted (quick-start)



1. SL to monthly long-acting injectable (LAI)
2. Direct-to-monthly LAI buprenorphine
3. Buprenorphine transdermal patch to LAI buprenorphine

Direct to Inject Team Experiences

- Did 20 direct sublocade initiations in the field, in people's homes
- Did counsel patients to do a sublingual buprenorphine lead in with extensive outreach and support, most opted not to, but still wanted the injection
- Experience involved intense staff support, severe withdrawal experiences among patients
- Of the 19, 18 continued to a second dose
- Paper incoming

Development of an injectable only overlapping protocol

- Developed by **multidisciplinary team** through conversations **with patients**
- Patients struggled to take low doses of SL buprenorphine prior to LAI buprenorphine (Brixadi) 8 mg and still opted for injection → **minimal withdrawal**



(Kim, Greg. 2024. Seattle Times)

INJECTABLE ONLY OVERLAPPING BUPRENORPHINE INITIATION

Day 1

WEEKLY 8MG
INJECTION

- No sublingual buprenorphine necessary before injection.
- Client instructed to use **support medications + opioids** to stay well.

Day 2

WEEKLY 16MG
INJECTION

- Administered roughly 24 hours after previous injection.
- Client instructed to use **support medications + opioids** to stay well.

Day 3

MONTHLY INJECTION

- Administered roughly 24 hours after previous injection.
- Start taking **SL Buprenorphine** 24 hours post-monthly injection if needed.

A Closer Look

| Day | Medication Type | Dosage | Equivalent SL Film Dose |
|-------|---------------------------------|------------------|-------------------------|
| Day 1 | Weekly Buprenorphine Injection | 8 mg injection | ~4–6 mg/day |
| Day 2 | Weekly Buprenorphine Injection | 16 mg injection | ~8–10 mg/day |
| Day 3 | Monthly Buprenorphine Injection | 300 mg injection | ~16–24 mg/day |

Guidance on Dosing

Guidance on missed doses during the multi-injection Brixadi methods:

(subject to change with further clinical experience)

| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 |
|---------------------------|----------------------------|------------------------|-------------------------|------------------------|----------------------|----------------------|----------------------|-------------------------|
| Brixadi 8 mg given | Give Brixadi 16 mg | Give Brixadi 16 mg | Restart at Brixadi 8 mg | | | | | |
| Brixadi 8 mg given | Brixadi 16 mg given | Give monthly injection | Give monthly injection | Give monthly injection | Repeat Brixadi 16 mg | Repeat Brixadi 16 mg | Repeat Brixadi 16 mg | Restart at Brixadi 8 mg |

Additional Counselling

- Supplemental sublingual buprenorphine post monthly LAIB extremely helpful in first months
- Explanation of medication depo or "lump" to patient
- Insurance coverage can be a barrier
- Additional Sublocade 300mg can be given on day 8 post first injection
- Additional support crucial to aid patients in getting to a therapeutic dose



Responses to patients' FAQ

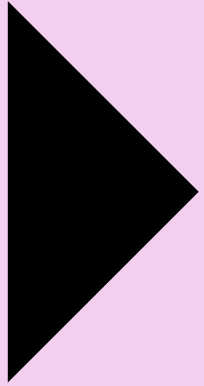
- "Will I still be able to get high?"
- "It feels like trading one addiction for another."
- "How bad will the withdrawal be?"
- "How long do I have to take this?"
- "How will I know it is working?"
- "I'm using more than before."
- "If I take suboxone after the shot will I get sick?"



Medication Workflow Overview

- Patients with **active Medicaid** and receiving care at the DESC Clinic can receive **stock LAI buprenorphine**
- Patients with **private insurance, dual enrollment, and/or** receiving **outreach-based care** receive **pharmacy-delivered medication** through **Kelley-Ross Pharmacy**

What people say about starting the injection



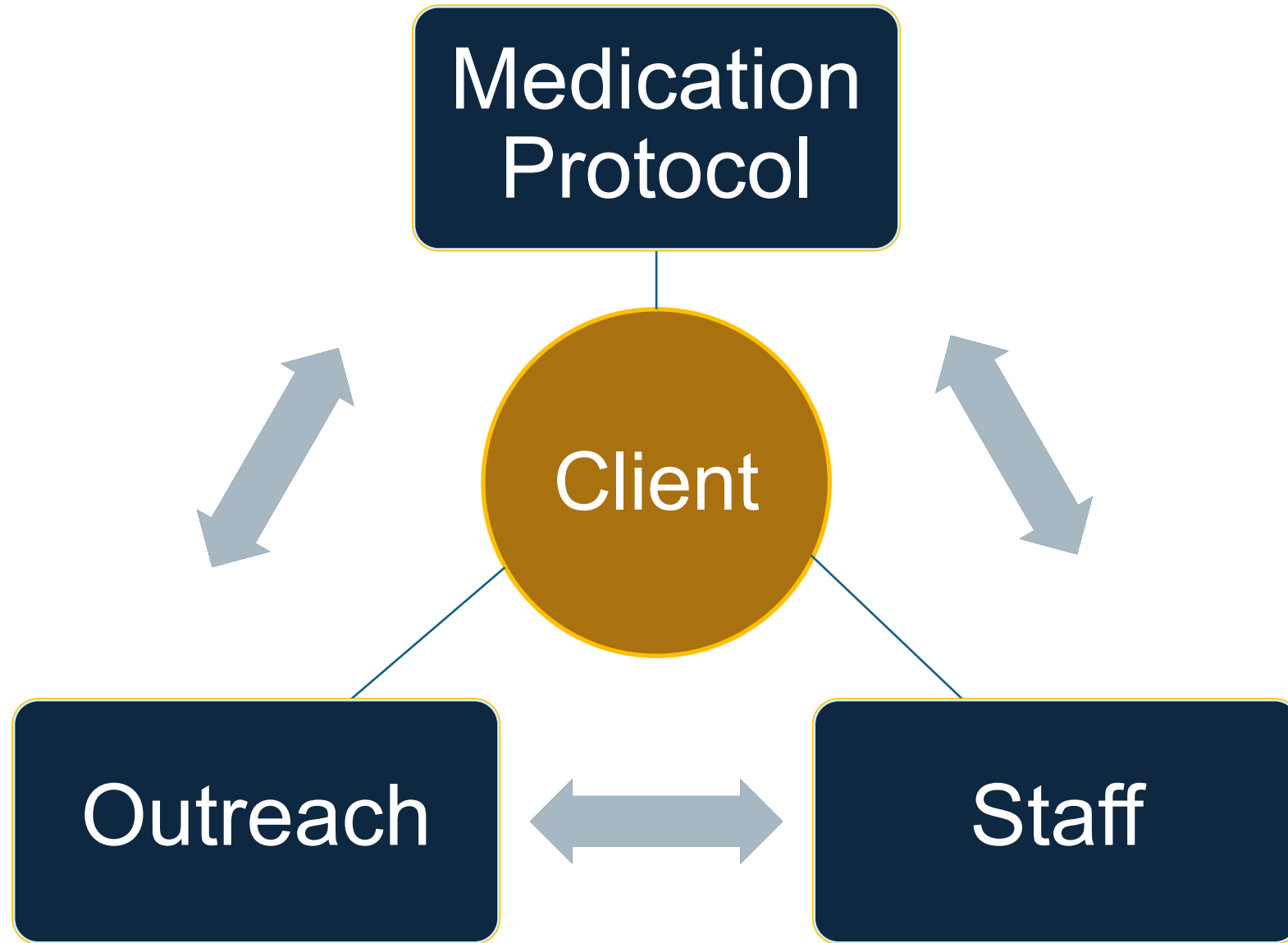
- Having space from fentanyl for first time
- Able to attend to other goals
- Not waking up feeling as dopesick
- Not having as many cravings
- Want to continue receiving further injections
- Feel more protected from ADP

Why This Method Works

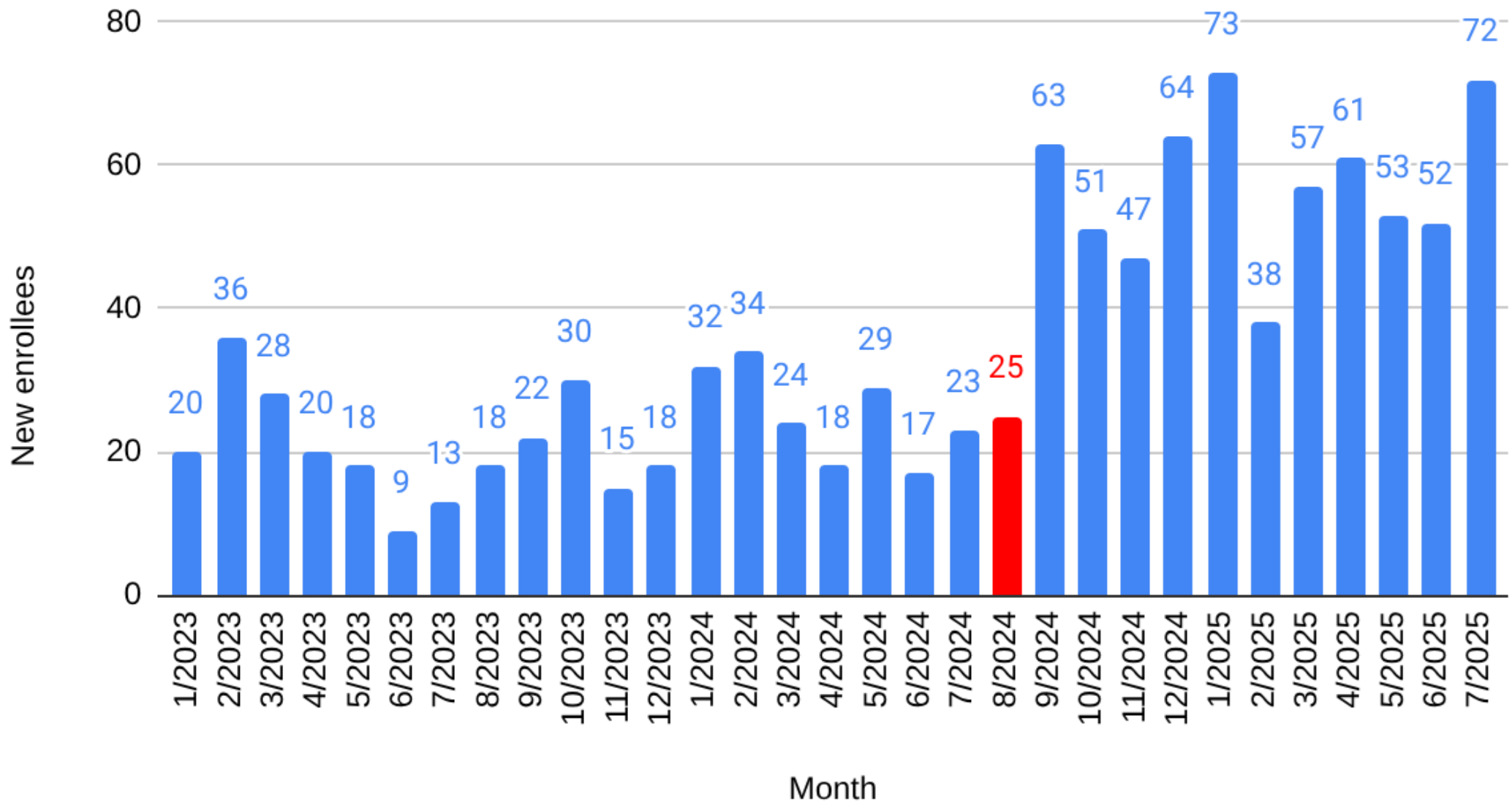
Addresses barriers by offering field-based, low-threshold, patient-centered care

- More tolerable withdrawal experience
- Not requiring cessation of fentanyl use
- Meeting people where they are
- Positive health outcomes
- People come back!

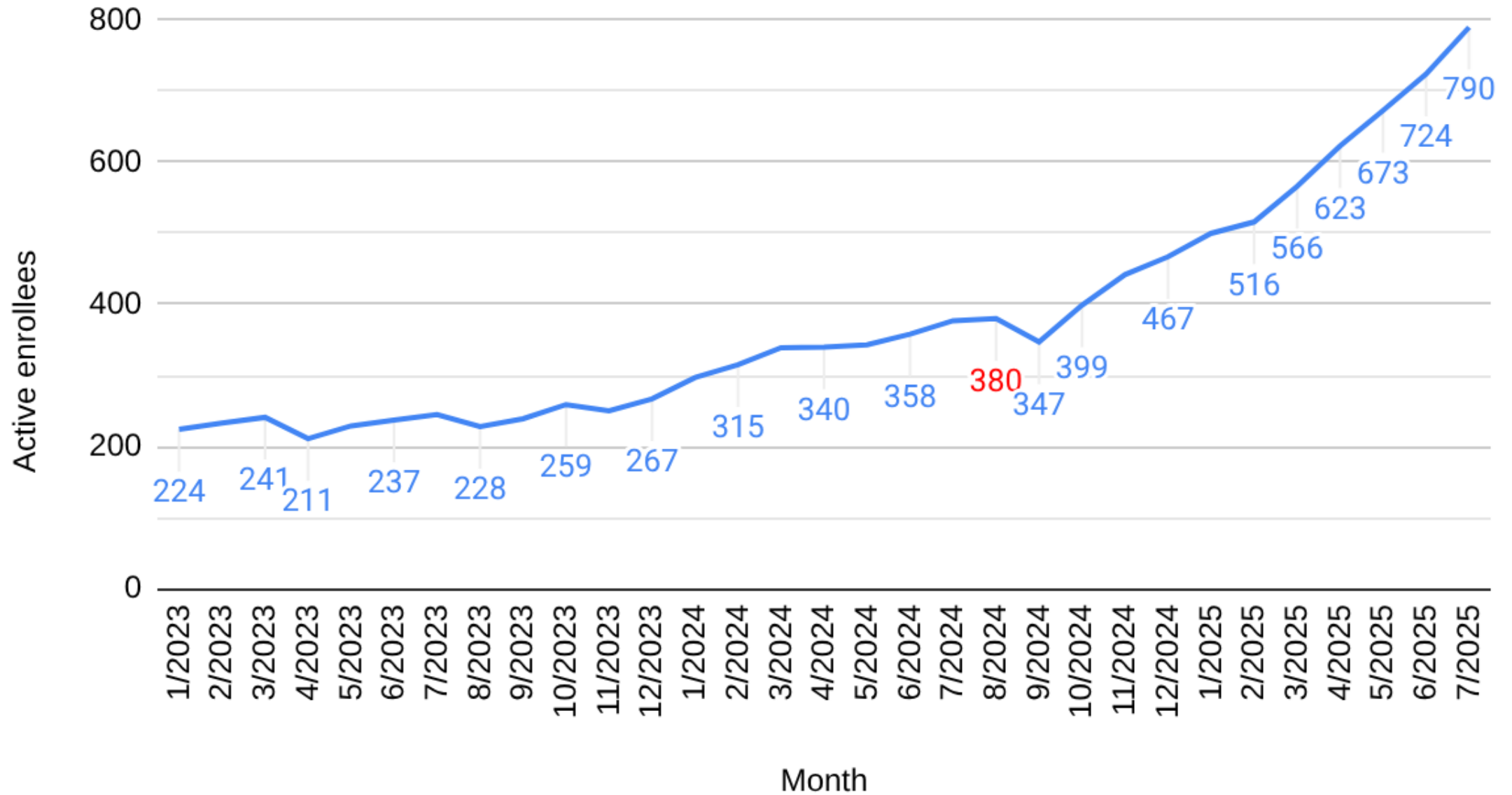
71% of people who have started LAIB received a 2nd monthly injection



New enrollees to DESC's OUD treatment program



Active enrollees at DESC's OUD treatment program



[Home](#) | [JAMA Network Open](#) | [Vol. 8, No. 8](#)**Original Investigation** | Substance Use and Addiction 

Injectable-Only Overlapping Buprenorphine Starting Protocol in a Low-Threshold Setting

Richard C. Waters, MD, MSc^{1,2}; Jeremy Hoog, MA, RN, BSN¹; Carson Bell, MPH¹ ;
Penelope Toland, RN, BSN¹; Joseph Valley, MPH, RN¹; Lupe Hurtado, CPC, AAC¹; Mary Ann Kallsen, RN¹;
Tashay Johnson, AAC¹; April Gerard, RN, BSN, PMH-BC¹; Callan Elswick Fockele, MD, MS^{1,3}; Jared
W. Klein, MD, MPH⁴

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Results Ninety-five individuals met the inclusion criteria. These patients had a median (IQR) age of 39 (23-69) years and included 52 men (55%), 75 (79%) of whom were experiencing homelessness or living in permanent supportive housing. Of the 95 patients included, 85 (90%) initiated the protocol, 71 (75%) eventually completed the protocol, and 61 (64%) received a second monthly long-acting buprenorphine injection.



DESC Opioid Recovery & Care Access (ORCA)

SFD H99 + DESC



Need for: (1) a safe landing zone for OD survivors
and (2) low barrier access to MOUD

ORCA Center: A Safe Landing Zone for OD Survivors



DESC Opioid Recovery & Care Access (ORCA) Center

A safe landing zone after overdose

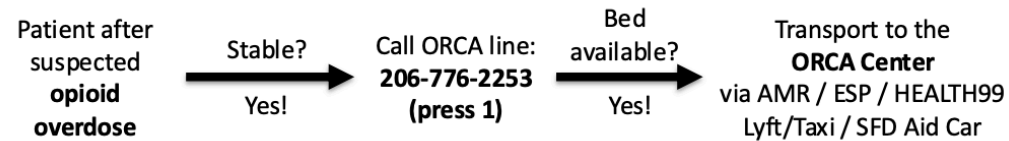
- 📍 Location: 515 3rd Ave, 2nd Floor (Downtown Behavioral Health Clinic)
- ☎️ Referral Line: 206-776-2253 (press 1)
- 🕒 Hours: 24/7 for SFD Ops | Walk-ins 9am–11pm
- 🕒 Stay: Up to 24 hours

- 🏥 Medical monitoring & MOUD (oral and injectable buprenorphine, methadone)
- 🤝 Peer support
- 🛏️ 24/7 stabilization beds (up to 8)
- 🚿 Showers, snacks, laundry
- ➡️ Linkage to care and shelter

- ✅ Include:
 - Recent overdose or opioid use disorder seeking services
 - Alert, oriented, able to consent
 - Can perform basic activities of daily living (ADLs)
 - Vitals: HR 45–120 | SBP <180 | O₂ ≥92% | Glucose >60

❌ Exclude: Medical emergency, unstable, unable to consent, 3rd-trimester pregnancy

Transport: 🚑 AMR | 🚒 ESP | 🚑 HEALTH99 | 🚗 Lyft/Taxi | 🚑 SFD Aid Car





- ORCA Center opened 9/2 and went 24/7 on 9/15
 - 500 unique individuals served
 - 70 post-OD visits
- In Sept - 45 LAI initiations across ORCA program (Center + POD)



Thank you!

Questions?

Contact Information:

Carson Bell, OTN Program Coordinator: cbell2@desc.org

Jeremy Hoog, Senior Nurse Manager: jhoog@desc.org

Surveys

Look for our surveys in your inbox!

We greatly appreciate your feedback!

Every survey we receive helps us improve and continue offering our programs.



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