

MACS Webinar

Providing SUD Care for the Unstably House Patient: Teaching Belonging & Connection

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MACS Consultant

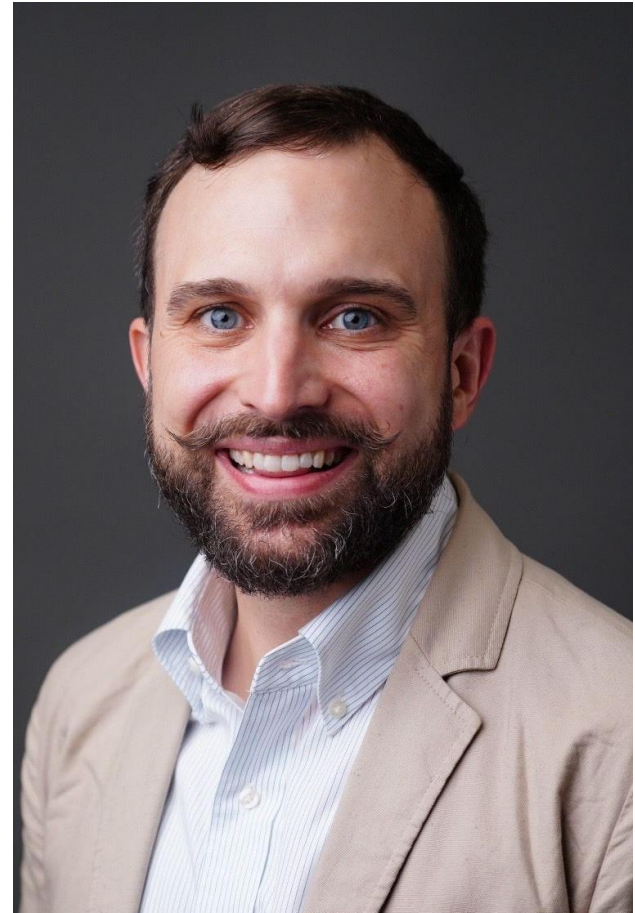
5/14/2026

Learning Objectives

1. Recognize the drivers of substance use among people experiencing homelessness or housed in congregate settings.
2. Formulate an addiction care plan for a patient experiencing homelessness or unstable housing.
3. Teach strategies to engage people with lived experience of homelessness in addiction care that enhances belonging & connection.

Nicholaus “Nick” Christian, MD, MBA

- Board-certified in Internal Medicine and Addiction Medicine
 - Clinician at VA Homeless-Patient Aligned Care Team (H-PACT) Clinic
 - Volunteer Clinician New London CARES Mobile Buprenorphine Program
- Assistant Professor, University of Maryland School of Medicine
- Provides inpatient addiction consultation at University of Maryland Medical Center, former hospitalist at Johns Hopkins Bayview Medical Center
- Presenter Has No Disclosures

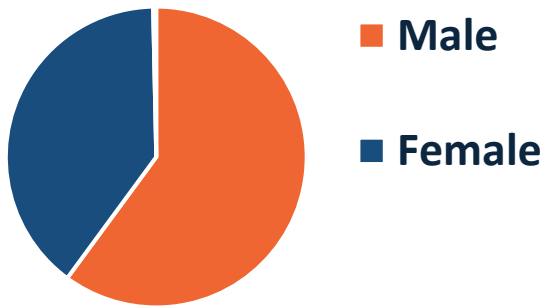


Pause... Chat or unmute!

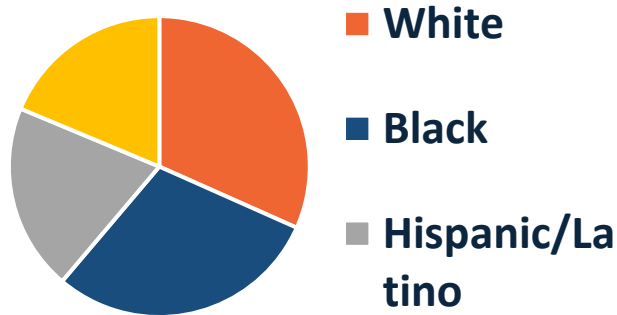
- Introduce yourself
- How did Penny's comments make you feel?
- Drivers of substance use for Penny?

771,480 People Unhoused in 2024

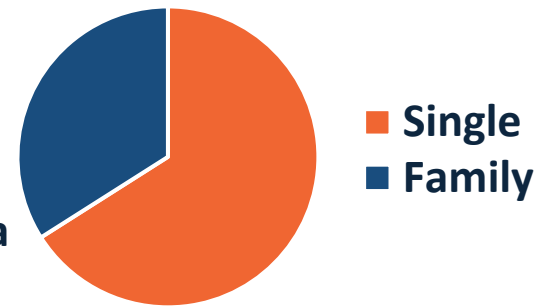
Gender



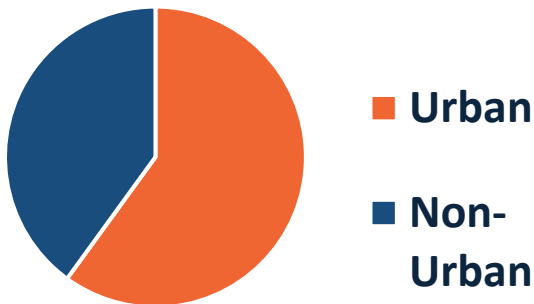
Race/Ethnicity



Family Status



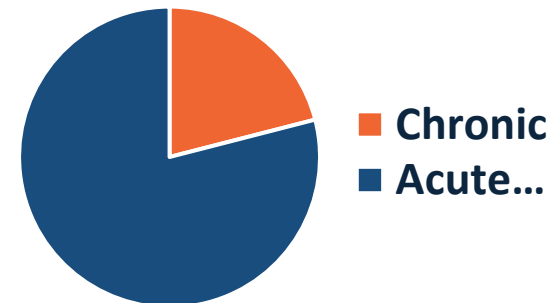
Location



Shelter Status

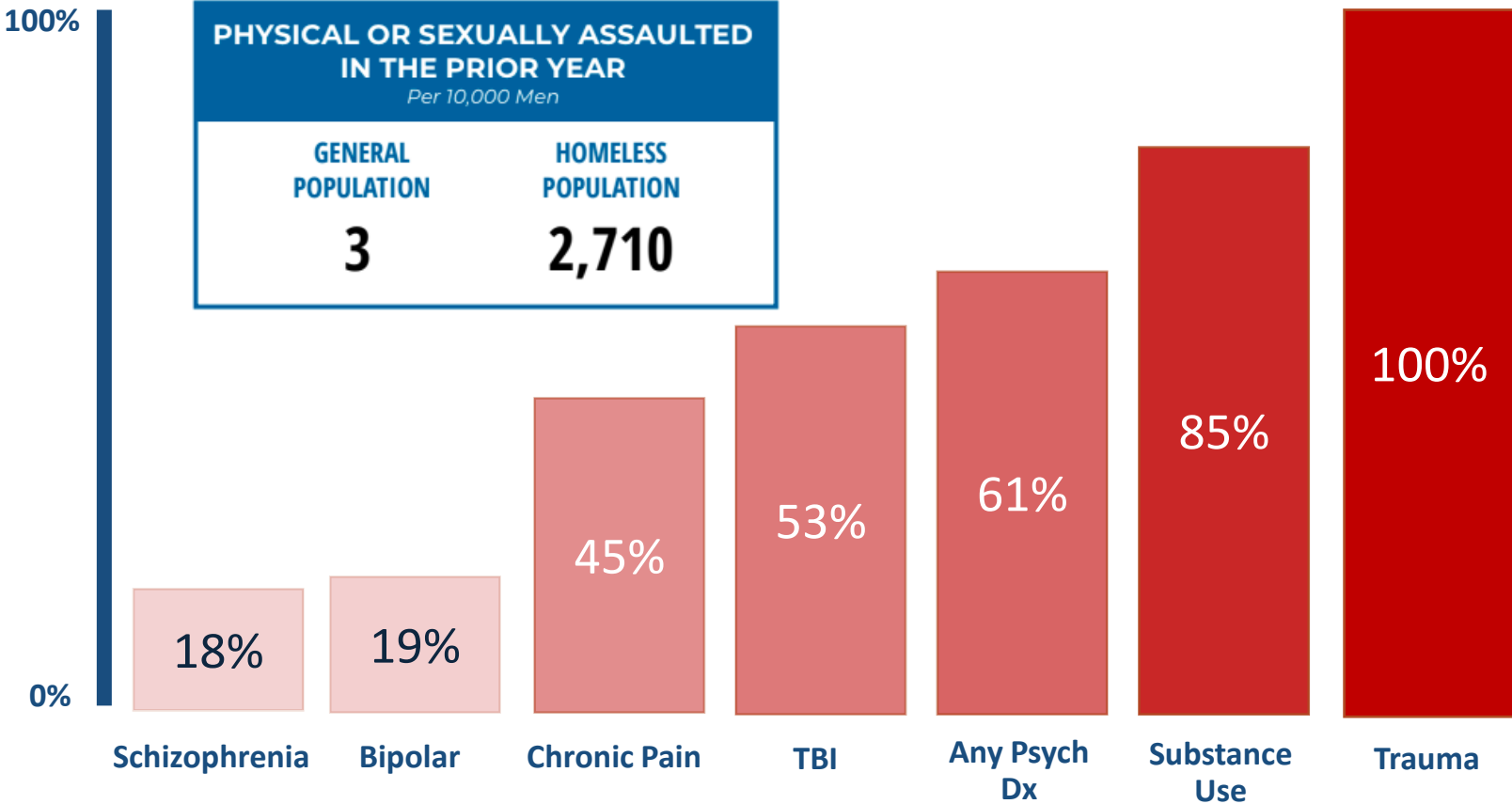


Duration



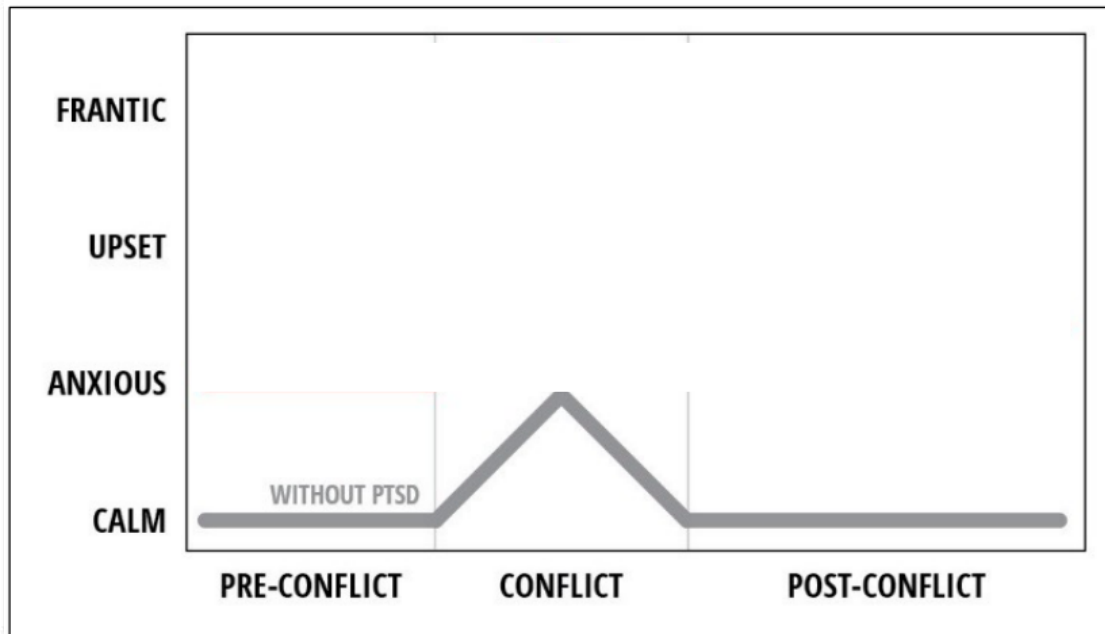
(HUD 2025)

Chronically Homeless Population (>1yr)



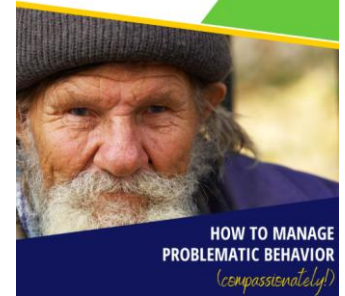
(Dowd 2023)
 (HUD 2022)
 (Buhrich 2000)
 (Bauer 2016)

Trauma's Effect in the Clinic



HOMESSTRAINING

**HOMELESS
TRAINING**



(Dowd 2023,
[www.homeless
training.com](http://www.homeless
training.com))

- 1 ANXIOUSNESS** *"Hypervigilance"*
Heightened state of tension even before an issue arises
- 2 OVERREACTION** *"Misperceiving threat stimuli"*
Becomes upset easily over minor issues

- 3 AGGRESSION** *"Emotional Dysregulation"*
Increased anger and reactive aggression
- 4 DIFFICULTY CALMING DOWN** *"Hyperarousal"*
Trouble calming down after becoming upset

The Impact of Homelessness on Health

3x overall
mortality

↑ infectious
diseases

↓ life expectancy
by **17.5 years**

12x overdose rate

(HUD 2022; Cawley 2021; Fine 2022)

People experiencing homelessness are less likely to be in or receive treatment for substance use disorders.

([Bauer et al., 2016](#); [Deck and Carlson, 2004](#); [Dunn et al., 2019](#); [Eyrich-Garg et al., 2008](#); [Kelly et al., 2018](#); [Krawczyk et al., 2020](#); [Lundgren et al., 2003](#); [Reynoso-Vallejo et al., 2008](#); [Rivers et al., 2006](#); [Royse et al., 2000](#); [Shah et al., 2000](#); [Gaeta-Gazzola, 2023](#))

Why?

Drivers of Use for PEH

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SUBSTANCE USE



HOMELESSNESS



↑ social instability

Trauma
Education
Financial Instability
Mental Illness

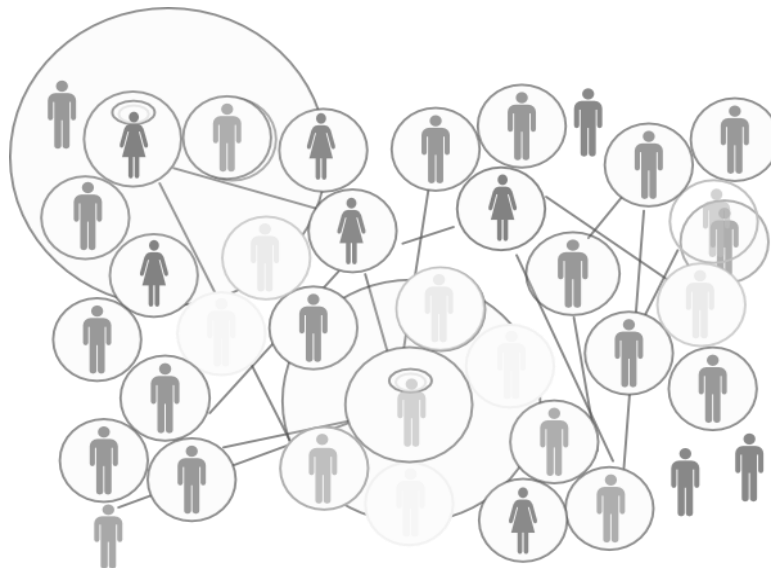
SUBSTANCE USE

HOMELESSNESS

Social Network



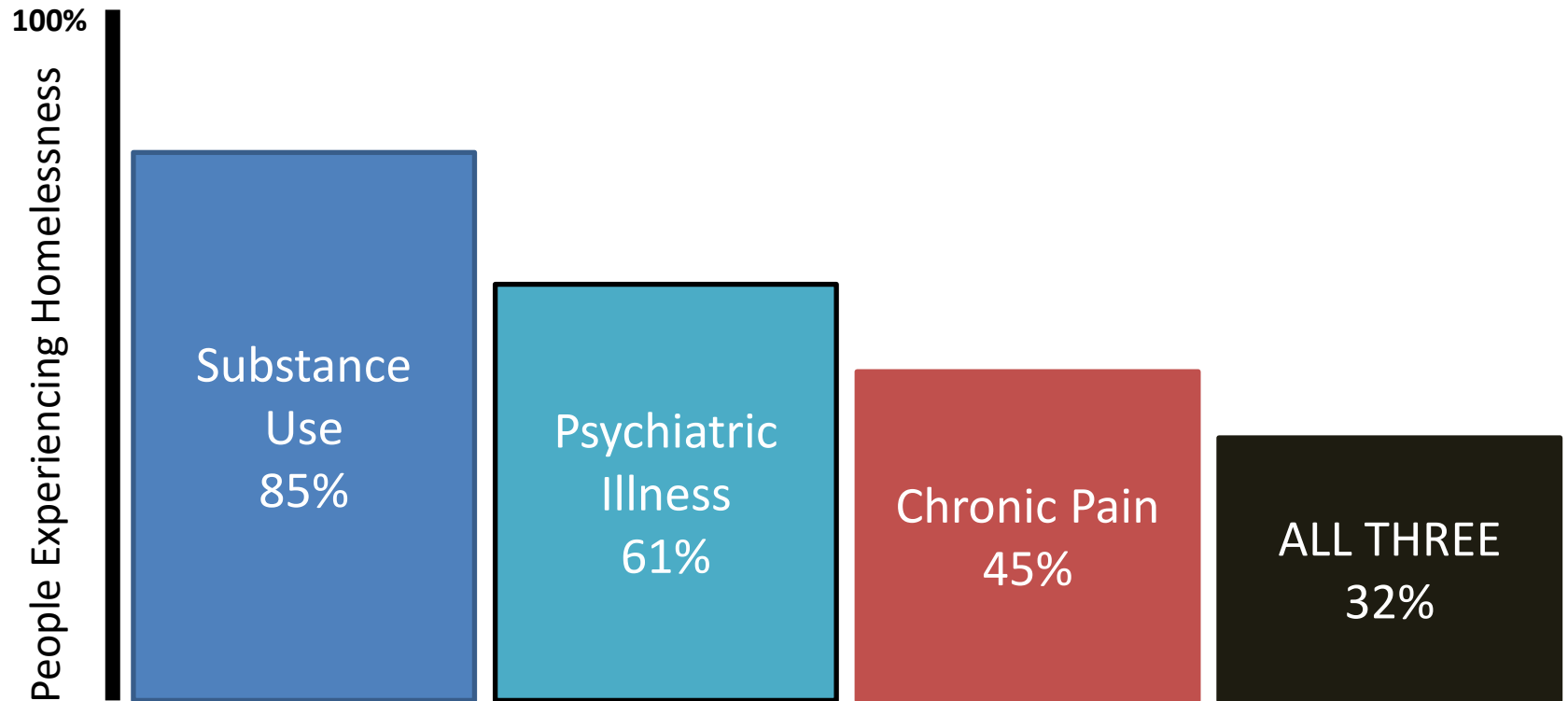
“...were each associated with different aspects of individual social networks.”



Effect persists after housing.

“...social environment plays a role in substance use as it is a **way of finding acceptance** within the homeless community, which, in turn, could reduce isolation.”

Multiple Chronic Conditions



Intersectionality of SUD With Other Stigmatizing Identities

PEH face multiple levels of stigma



System Leaves People Stranded



SUMMARY: Drivers of ↑ Substance Use & ↓ Addiction Treatment for PEH

1. ↑ social instability (stress/trauma) & social network effect
2. ↑ chronic conditions, including chronic pain & psychiatric disorders
3. Intersectional stigmatizing identities → appropriate mistrust
4. System not designed w/ PEH in mind

Substance Use

Homelessness



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Formulating an Addiction Care Plan for the Unstably Housed Patient

Pause... Chat or unmute!

- What experiences have you had with creating an addiction care plan for PEH?

CANADIAN MEDICAL ASSOC JOURNAL

Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

STEP 1



**Housing &
Income
Assistance**

(Pottie, 2020)

STEP 2



**Case Management
(Connect to
Psych/Primary Care)**

STEP 3

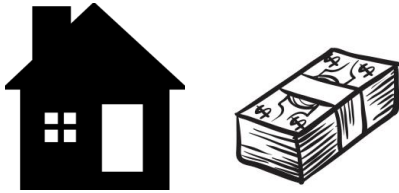
HARM REDUCTION



SAVES LIVES

(Piggy Boxer, 2022)

STEP 1



Housing & Income
Assistance

STEP 2



Case Management
(Connect to
Psych/Primary Care)

STEP 3

HARM REDUCTION



SAVES LIVES

STEP 4

**Start evidence-based
treatment for substance
use disorders.**

Approach to Addiction Treatment

Our Attitudes

- Be patient → trust builds slowly
- Respect & curiosity vs condemning
- Expect frustration

Anticipate Early Struggles

- Competing needs
- Response to stress
- Sobriety not always the goal

Approach to Recurrences

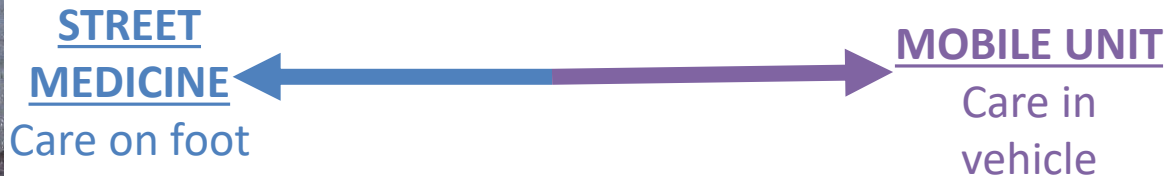
- Patients need to be reassured that they are welcome back
- Return to medication ASAP
- Analyze the recurrence process → what can we learn?
- Opportunity to intensify treatment
- Don't add to the guilt

Addiction Treatment Care Models & Pearls for PEH

Mobile Care Outreach

1. Specific purpose driven (i.e. Medicaid enrollment)
2. Peer/community health worker led (frequent 1:1 support)
3. Coordinated entry system work (“front steps” programs)
4. Health care outreach (*promoting access* to services)
5. Formalized medical outreach (*providing* medical services)

Medical Outreach Continuum



National Healthcare for the Homeless: Street Medicine and Outreach: Bringing Care to People...

Low-Barrier Buprenorphine

Easier access → Engages minoritized groups.

- 52% of clients nationwide identify as non-White and 40% identify as Hispanic in mobile care

Connects with high-risk populations.

- HIV screening higher at MMUs (54% in MMU vs. 7% in traditional clinic)
- Higher positive HIV tests at MMUs (5% in MMU vs. 2% in traditional clinic)

Higher retention rate than non-HCH clinics

- Homeless clinic group visits → 70% retention @ 6 mos

Other Programs

- Yale Street Psychiatry (Gibson, 2023)
- San Francisco (Carter, 2019)
- Boston HCHP: CCIR, CareZone
- Homeless veterans (Iheanacho, 2020)
- Peer driven model, New London, CT (Alliance for Living)

(Regis et al, 2020; Yu 2017; Doorley 2017)

New London County CARES (Coordinated Access Resources Engagement & Support)

Patient Examples

Leaving inpatient program

Leaving carceral system

Discharged from MAT provider

“More convenient than going to my
dealer.”



Peer Support Specialists



Trish Rios



Donnie Rose

STANDARD

LOW DOSE NON-OVERLAP

LOW DOSE OVERLAP

Wash-out period

8-72 hours

6 hours

n/a (continue agonist til day 7)

Dosing

Standard: 4-8mg, give additional 4-8mg if tolerating

Macro: 16-32mg

Day 1:

-0.5mg q2hrs x 4 doses (first 6 hours)

-1mg q2hrs x 2 doses (next 4 hours)

-2mg q2hrs x 2 doses (next 4 hours)

-8mg (2 hours after last 2mg dose)

Day 2:

-8mg BID

Day 1: 0.5mg daily

Day 2: 0.5mg BID

Day 3: 1mg BID

Day 4: 2mg BID

Day 5: 4mg BID

Day 6: 4mg TID (STOP agonist)

Day 7: 8mg BID

Clinical notes

Simplest, careful with standard regarding precipitated withdrawal.



Anecdotal data says works well with fentanyl, reduces time not using. Simpler than overlap.



Best for patients on prescribed agonist. Good for methadone transition to buprenorphine.



Handout/more info

Other models/services

- **Low barrier methadone**
 - (Gaeta 2020)
- **Long-acting injectables**
 - Buprenorphine (Matheson 2022)
 - Naltrexone (Kelly 2018)
- **Syringe Services Programs**
 - High utilization by PEH, reduces needle sharing, possible site for low barrier MOUD (White 2020) (Hood 2020)
- **Overdose Prevention Sites/Drop-In Centers**
 - SPOT and Roundhouse Hotel in Boston
 - OnPoint NYC
 - HaRRT: Alcohol harm reduction in Seattle



Teaching Belonging & Connection

Step 1: Understand the hardship.

Majority of PEH mainly use drugs
to prevent withdrawal symptoms to perform daily tasks.

“Being homeless is **a full-time job.**”

“... it kinda makes it easier to deal with...A lot of us, we
resorted to the drugs because... gotta deal with figuring out
**where I’m a sleep and if it’s gonna be safe and if not, can I
make it safe?**”

“Sick and tired of being sick and tired”: Exploring initiation of medications for opioid use disorder among people experiencing homelessness

Natalie Swartz^{a,*}, Tatheer Adnan^a, Flavia Peréa^a, Travis P. Baggett^{b,c,d}, Avik Chatterjee^{d,e}

Timing: Overdoses	“Right after I overdose, there's no interest in treatment because I feel terrible. I just want to get high, so I don't feel terrible. Then, once I get high, then I'll think about treatment.”
Timing: Chronic opioid use consequences	“I just was sick and tired of being sick and tired. I just gave it a shot.”
Medication benefits	“I know that it's saved a lot of my friends' lives.”
Medication concerns	“To me it's just substituting one drug for another.”
Perceived readiness	“Nobody can stop you from using. You have to want it yourself.”

Step 1: Understand the hardship.

**Step 2: Acknowledge the
hardship.**

Do

Create space & time for feelings

Validate their experience:

"This must be so hard for you."

"I can't begin to imagine what you're going through."

Sharing your reactions:

"I'm so heartbroken to hear that."

"I feel so helpless; I wish there was something I could do."

"I don't know what to say."

Do Not

Trivialize/diminish their experience

Go directly to giving advice

Common unhelpful idioms:

"Think positively."

"No use crying over spilled milk."

Step 1: Understand the hardship.

Step 2: Acknowledge the
hardship.

Step 3: Offer continued support.

“Why do you keep helping me,
when I keep messing up?”



MACS Webinar
5/14/26

Thank you for attending!

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- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance with addiction and behavioral health resources and referrals
- Technical assistance to practices implementing or expanding office-based addiction treatment services
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“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.” -UN



Community-Based Participatory Research




“More people should know about peer support!”



Hosted “Wellness Fair” in November.



Painting by neighbor, Penny Hunt

 Quarterly Surveys	
Demographics (n = 104) <ul style="list-style-type: none"> • 68% male • 69% white • Avg age 58 	
Substance Use Rates	<ul style="list-style-type: none"> ▶ ASSIST (WHO) <ul style="list-style-type: none"> • 91% “at-risk” use • 26% “high-risk” use • 55% poly. use ▶ Use before/after <ul style="list-style-type: none"> • Less: 110 responses • More: 21 responses
Recovery Capital	<ul style="list-style-type: none"> ▶ BARC-10 <ul style="list-style-type: none"> • 74% score > 47
Recovery Resources	<ul style="list-style-type: none"> ▶ Resources utilized <ul style="list-style-type: none"> • 26% never heard of peer recovery program

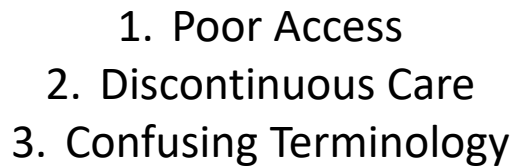
Other Resources From Opioid-Overdose Reduction Continuum of Care Approach (ORCCA)

[SAMHSA Homelessness Programs and Resources](#): A webpage with access to many articles, videos, trainings, webinars, and other resources with the intent to facilitate prevention and eradication of homelessness, particularly among patients with mental health and substance use conditions.

[Substance Use Disorders Recovery with a Focus on Employment and Education](#): This guide helps healthcare providers, systems, and communities support recovery from substance use disorders via employment mechanisms.

[Ryan White HIV/AIDS Medical Case Management](#): Resources on a core medical patient-centered service that links and engages patients living with HIV/AIDS to healthcare and psychosocial services.

“Achieving *Calm*: A Study on the Health Care Experiences of People With Lived Experience of Homelessness in Central Texas”

- 
1. Poor Access
 2. Discontinuous Care
 3. Confusing Terminology

Calm: the outcome of a health care experience that adds ease to one's life rather than logistical and administrative chaos

Must integrate relationship-based care navigation into all levels of care to help PWLEH achieve calm.

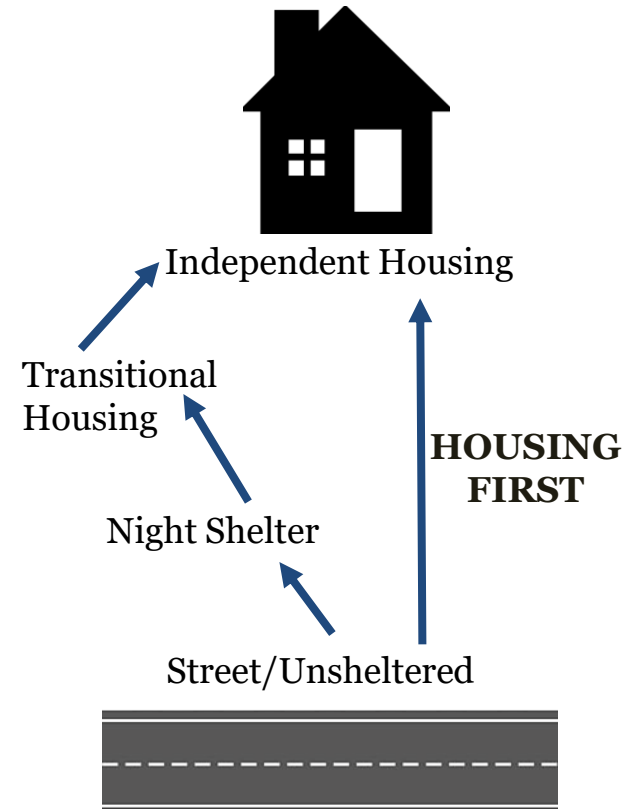
Housing First

Principles:

- Immediate access to permanent housing
- No readiness requirements
- Choice
- Recovery orientation
- Individualized supports
- Social and community integration

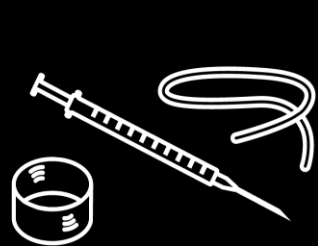
Evidence:

- Reduces unnecessary ER visits
- Might stabilize addiction
- Decreased use of short-term detox facilities



Slide courtesy K Sue

Harm Reduction Services



Syringe Access



Syringe Disposal



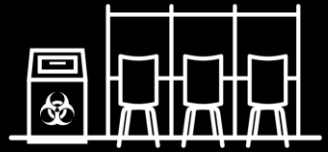
Safer Drug Use



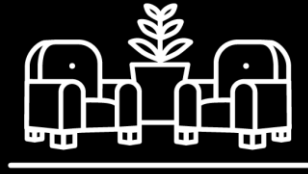
Naloxone



Medication Treatment



Supervised Consumption Services



Drop-In Centers



Housing First



Pharmacy Access



Referrals

High-Risk Sex & Congregate Settings



	Prevalence range in homeless people	General population prevalence
Tuberculosis ⁵⁶	0–8%	0.005–0.032%
Hepatitis C ⁵⁶	4–36%	0.5–2.0%
HIV ⁵⁶	0–21%	0.1–0.6%
Hepatitis B ⁶⁸	17–30%	<1%
Scabies ⁶⁸	4–56%	<1%
Body louse ⁶⁸	7–22%	<1%
<i>Bartonella quintana</i> ⁶⁸	2–30%	<1%

Considerations:

- Screening for STIs
- Screening HIV/Hep C
- Consider tuberculosis screening
- Treating empirically w/ ivermectin/permethrin