



WHEN DISASTER STRIKES: The Role of Emergency Planning for Effective Opioid Treatment and HIV Care

Learn how a Puerto Rican health organization confronted natural and economic disasters to maintain high quality care for their clients with opioid addiction and HIV. Their dedication and common-sense strategies provided life-saving services following Hurricane Maria, and helped their clients remain virally suppressed during the worst crisis to affect the island in generations.

SUMMARY

This project spotlight profiles an intervention designed to integrate buprenorphine treatment for opioid use disorder at Centro Ararat, Inc., a community based nonprofit health organization in Puerto Rico. Their program consolidates opioid and HIV treatment in a primary care setting for clients seeking both services. This replication project is part of the Dissemination of Evidence-Informed Interventions project funded by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

Centro Ararat provides clinical healthcare in Ponce and Juana Diaz in southern, as well as in San Juan and Arecibo in northern Puerto Rico. While they offer general primary care for any client who needs it, they have a particular expertise in HIV services. They treat over 850 people with HIV, many of whom also have opioid use disorders. For example, the Juana Díaz clinic treats about 80 clients living with HIV and about 40% of this group also receives treatment for opioid use disorder.

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. Calendar year 2018 also marked the first year that HRSA/HAB collected data on prescriber use of medication-assisted treatment (MAT), including buprenorphine. Moreover, in recent years, ranging from hurricanes in the Southern United States and its Territories to wild fires out West, it's become clear the role that emergency planning plays in ensuring continuity of care for people living with HIV, including those dually diagnosed with addiction disorders.

CONTRIBUTORS



Experts from Centro Ararat interviewed for this spotlight include:

- ▶ Carlos A. Carrero, Chief Finance & Development Officer
- ▶ Romano Baroni, Data Manager
- ▶ Dr. Maribel Acevedo, Principal Investigator

In 2016, Centro Ararat launched a buprenorphine program for their dually diagnosed clients. Buprenorphine is a type of medication-assisted treatment (MAT) that, when taken under appropriate medical guidance, can help treat opioid addiction. Buprenorphine stabilizes brain chemistry because it displaces other opioids from their receptors and then occupies the same receptors, thus preventing withdrawal symptoms.

Centro Ararat provides buprenorphine alongside HIV medications as a “one-stop shop” service. The goal is to reduce the burden for clients and increase adherence to treatment protocols for both opioid dependency and HIV.

The intervention team began with four staff members:

1. A prescribing provider who received a waiver to prescribe buprenorphine
2. A clinical coordinator role shared by two staff members:
 - a. An Addiction Counselor who also provides oversight and direction, and
 - b. A Nurse conducting HIV testing and other labs
3. A Data Manager

Centro Ararat later launched an outreach team known as the Team Bupre Calle to bolster community outreach. Puerto Rico’s protracted financial crisis forced the closure of many non-profit organizations, leaving Centro Ararat with fewer community allies to help with client recruitment and retention. Team Bupre Calle, which includes the team’s nurse, medical case manager, and a community member who serves as a peer, helps fill this gap by building relationships with current and potential clients through on-the-ground outreach. The community member, in particular, provides insight into clients’ day-to-day lives and the neighborhoods where they live. This knowledge proved invaluable when Centro Ararat faced the greatest challenge of their intervention.

On September 20, 2017, Hurricane Maria devastated Puerto Rico. For months, large swaths of the island lacked basic services, such as electricity, food, and water. Residents had few functioning roads and working telephones, banking services, and medical care were virtually non-existent. Centro Ararat staff adapted their work to meet the magnitude of the crisis, transitioning from an outreach to a disaster response unit. They conducted home visits to ensure all their clients had food, water, and medicine—sometimes traveling by foot when roads were impassable. The team even assisted family members with essential supplies, as clients were often too concerned with sick or elderly loved ones to consider their own needs. Hurricane Maria profoundly changed the course of their intervention and now influences how they plan for future disasters.

KEY TIPS & TAKEAWAYS

- ▶ ***Adapt to circumstance.*** Throughout the intervention, Centro Ararat needed to change their approach to adapt to financial and natural disasters. Being nimble helped them strengthen bonds with their clients and maintain a high level of service despite difficult conditions.
- ▶ ***Add living conditions to client records.*** During a disaster, knowing which clients live in vulnerable areas or substandard housing helps inform a triage plan. The goal is to keep all clients safe, while helping those in the greatest danger first.
- ▶ ***Keep a paper record.*** Disasters can cause extended outages of power and telecommunications. If electronic medical records become inaccessible, health providers and outreach teams can still function if they have a paper-based backup file.
- ▶ ***Frontload schedules in advance of a weather-related event.*** Centro Ararat rescheduled appointments and lab work so clients could be seen before the hurricane made landfall. They also provided two weeks’ worth of medicine, so clients would not experience dosing gaps before clinic operations could resume.
- ▶ ***Attend to staff needs during times of crisis.*** Healthcare workers are often quick to think of others, but they are also affected when a large-scale disaster strikes. Centro Ararat provided stipends and other material and social support to help staff following the hurricane.



CHALLENGE

Though Centro Ararat had planned for emergencies, Hurricane Maria was the worst weather-related event to affect the island in 60 years. It strained resources for a community already struggling with neglected infrastructure and underfunded social services. “Hurricane Maria was just a natural disaster on top of a fiscal disaster that we’ve been living in Puerto Rico for the past 10 years,” explains Carlos Carrero, a manager at Centro Ararat. “This population was vulnerable for a number of different reasons long before the hurricane struck.”

Clients served by the buprenorphine intervention have very low income and occupy some of the least-standard housing on the island. When the hurricane hit, many lost what minimal housing they had and could not travel to better conditions. Clients often lack access to cars and live in areas without public transit. Roads in Puerto Rico, many already in disrepair before the hurricane, became impassable. Fresh food and water were difficult to transport, leaving clients to subsist on low-quality, high-sodium canned foods. After months of poor nutrition many clients experienced increased blood pressure and cholesterol.

Mental stress was predictably widespread on the island. Carrero describes the toll of the crisis: “The

lack of utilities, basic things like water and power, no telephone communication, nothing to do, long lines to get food, to get water, to get cash out of the ATM. Everything was a test of will. And so very stressful for everybody. I would imagine even more so for people with dependency issues.”

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Even before the hurricane, people coping with substance use disorders, poverty, or HIV had few supports. Puerto Rico’s financial crisis disseminated the nonprofit sector, causing many organizations to close. As a result, vulnerable populations were harder to reach and had fewer resources, especially once limited local and federal budgets were redirected to hurricane response. Hurricane Maria exasperated conditions, but Centro Ararat confronted the frailty of the nonprofit sector and the island’s poor economic conditions from the beginning of their intervention.



STRATEGY/ACTIVITIES

Adapt to Circumstances

Centro Ararat began this intervention with a goal of recruiting more clients, but soon faced the reality of the island's financial crisis. Community partners were no longer there to identify eligible candidates and make referrals. Responding to this gap in services, Centro Ararat's board and senior managers changed their focus and approved adding outreach and education to the intervention team's mandate. The health clinic would now handle community relations and recruitment in-house.

Just as their initiative launched, Hurricane Maria struck the island and the team transitioned once again—this time to a disaster response unit. Rather than finding new clients, they located existing ones, so no one would be lost to care. The team visited people in their homes to check on their welfare. They performed a medical needs assessment to determine the availability of medicine, the presence of injuries, and the need for mental health services. They also asked about access to food and potable water, housing and utility status, and their clients' economic sustainability. Centro Ararat staff now reflect that the creation of a well-connected team that included a Community Peer was fortuitous. Their knowledge of the community and ability to shift focus was paramount in helping the program focus its efforts following the hurricane.

Frontload Schedules in Advance of a Weather-related Event

While Hurricane Maria was an extreme event, Puerto Rico often experiences hurricanes and tropical storms. Centro Ararat plans for contingencies when weather interrupts their services. Their diligence is especially important for clients in opioid and HIV treatment, who must adhere to a consistent medication schedule. Even brief lapses pose the risk of relapse or loss of viral suppression.

When severe weather approaches, the clinic reschedules medical and laboratory visits to see clients before the storm. Clients also receive a two-week supply of medicine, so they do not run out during a time when the clinic or pharmacy is closed. Advanced prescribing keeps clients stable in their care should they be unable to return to the clinic in time. In the case of Hurricane Maria, advanced prescribing provided the outreach team enough time to reach people in their homes before they ran out of medicine. Once Centro Ararat reopened, staff continued to perform urine toxicology screenings at the clinic, which test for a number of different substances, including buprenorphine. Romano Baroni, the program's data manager, explains that "this process helps to identify if the patient is adhering to his buprenorphine treatment."

Address Basic Needs First

When the outreach team found clients, most were not concerned about their health. Immediate survival overshadowed everything. Centro Ararat staff respected how precarious the storm recovery was for their clients and did not push conversations about HIV, substance use, or health. Rather, they offered help. Every few days they visited clients, carrying food, water, and first aid supplies in their cars. They asked clients how they were coping mentally, and helped clients attend to vulnerable loved ones. Focusing on the big picture of hurricane recovery, rather than the specific scope of their buprenorphine project, demonstrated to clients that Centro Ararat respected their humanity. They did not reduce their experience to a specific diagnosis or circumstance.



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Keep Paper Records as Backup During a Crisis

Like their clients, Centro Ararat’s facilities lost power, water, and all communications for weeks after the storm. With no phone or Internet service, staff could not access their patients’ electronic records. Centro Ararat

migrated to electronic records several years ago, but they have maintained paper files in case of a power outage. Paper records are stored according to Health Insurance Portability and Accountability Act (HIPAA) regulations in an interior room, which is protected from weather-related damage.

Paper records are less in-depth than their electronic counterparts, but they had what outreach workers need during a crisis: names, addresses, and basic health information. Centro Ararat staff report that they are better able to respond to disasters because they maintain supplemental data to their computer-based records.

Add Living Conditions to Client Records

Centro Ararat’s paper and electronic files now include housing information to help staff plan for future disasters. Baroni explains that they now record if clients live in a known flood area or if their homes are made of wood or cement. He admits that this information may seem unusual for a medical file, but “it will actually help us prioritize when we go out and visit,” and identify “who needs our services immediately.”

Housing information enables outreach staff to create a triage plan proactively, so they are ready to respond without delay. The goal is to keep all clients safe, while helping those in the greatest danger first. With added time, they can prioritize their outreach and make strategic use of their resources. Baroni believes that including housing conditions in patient files was “one of the lessons learned from this hurricane” and a small but important safeguard in future disaster planning.

Attend to Staff Needs During Times of Crisis

While Centro Ararat staff stayed focused on clients’ needs, they often overlooked their own. Several staff members suffered significant damage to their homes, and everyone confronted the same scarcity of basic services. The urgency of the situation kept the staff focused. “Everybody was on crisis response mode,” says Carrero. “I think that we saw ourselves as providers and really did not tend to see ourselves as people who needed support. We felt that it was



our job to support other people, so I don't think that we were as conscious of our own needs."

Managers at Centro Ararat, however, were quick to help staff regain their personal and professional lives. With ATMs out of service they gave each employee \$200 in cash to buy basic groceries or other necessities. In-house staff identified those with urgent needs, such as torn roofs or flooded homes, and provided emergency assistance. Centro Ararat also negotiated with a gas station to provide fuel for company cars to help outreach workers and healthcare providers. They provided key managers with satellite telephones, so they could communicate until regular lines were restored. Counselors were also available for those who needed professional support to cope with grief and exhaustion. Caring for staff helped sustain their efforts and enabled them to support clients.

EARLY IMPACT



Centro Ararat's buprenorphine project is on-going but has already demonstrated remarkable outcomes for their clients during a time of crisis. None of their clients experienced virologic failure in the three months following Hurricane Maria. Clients in the buprenorphine program, in particular, remained virally suppressed for up to eight months after the disaster, and about **70% continued to abstain from opioid abuse reporting no recurrence or relapse.** Centro Ararat's outcomes are tremendous achievements given the magnitude of the disaster. They demonstrate the value of multi-dimensional support systems and strong interpersonal relationships between outreach workers and their clients.

The connection between clients and Centro Ararat staff will be a legacy of the buprenorphine project and hurricane recovery efforts. Carrero shares that **the experience "strengthened the bond between the patient and the staffers."** He believes the project gained tremendous trust among their clients because of their holistic response to clients' needs, such as helping clients care for loved ones or offering food when resources were scarce.

"Caring for their health is not necessarily the first thing that they feel they need to address in the moment of crisis," he explains. "To be able to validate that, and deal with it, and then get to 'Okay, what about your health?' I think that helps. I think [it] added significantly to the bond between our staff and our patients."

FIND OUT MORE



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

<https://nextlevel.targethiv.org>

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