

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Mobile Treatment for Opioid Use Disorder: Examples From the Field—Part I

Introduction

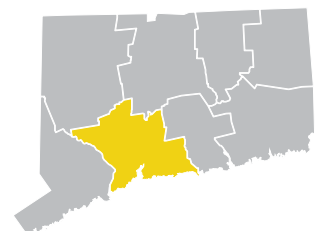
Various state and local jurisdictions in the United States are implementing mobile models for treating opioid use disorder (OUD). In August 2020, RTI International spoke with six agencies to learn more about their mobile treatment programs. This article is the first in a three-part series on mobile response programs and provides an in-depth look at two of these programs. We will discuss the remaining programs in two subsequent articles. The goal of this series is to inform jurisdictions considering whether a mobile treatment program would work in their communities and to determine what type of model would fit best.

The first mobile model is an induction-only program that prescribes Suboxone (buprenorphine/naloxone). (Induction is the process of initial dosing with medication for OUD treatment; for more information, click [here](#).) This model is implemented by Bridges Healthcare, a state-designated Local Mental Health Authority in Connecticut. The second mobile model is a methadone delivery program that was created because of COVID-19. It was implemented by the New York City Department of Health and Mental Hygiene (NYC Health) in partnership with the New York State Office of Addiction Services and Supports (OASAS).



Bridges Healthcare's Mobile Addiction Treatment Team

The Mobile Addiction Treatment Team, or M.A.T.T.'s Van, was created by Bridges Healthcare to expand access to Suboxone in Connecticut. Before launching the mobile treatment unit over a two-year period, the organization implemented various changes at its brick-and-mortar clinic that were intended to remove barriers to treatment for OUD.



*New Haven County,
Connecticut*

First, it had all six of its prescribers waived to prescribe Suboxone. (Click [here](#) for information on how to become a waived practitioner.) Next, it provided clients with same-day intake appointments with a social worker. Then, it offered same-day induction by conducting the intake appointment with a social worker and the appointment with a prescriber on the same day. After that, Bridges Healthcare increased outreach efforts with potential referral sources, including pain management clinics, detoxification programs, and emergency departments. Despite these innovations, the number of people accessing treatment was much lower than expected given existing community needs.

Finally, the organization's medical director attended a conference presentation by a service provider in Baltimore, Maryland. When the medical director learned about this provider's success in delivering mobile treatment for OUD, the medical director contacted the Connecticut State Department of Mental Health and Addiction Services (DMHAS) with the idea to implement something similar. With its State Opioid Response grant from the Substance Abuse and Mental Health Services Administration, DMHAS awarded Bridges Healthcare funds to start an induction-only mobile treatment van.

M.A.T.T.'s Van treated more than 70 people within one year of the project launch in April 2019—a number far greater than had been achieved at the brick-and-mortar site. Three additional mobile treatment initiatives have been implemented in Connecticut since then.

Because of COVID-19-related social distancing measures, in-person van services were suspended from March to August 2020, but telehealth inductions still occurred. Only a few people used the program's telehealth induction services in the interim. In-person van operations in addition to telehealth services resumed in September. Recently, M.A.T.T.'s Van

received a grant from Connecticut REALTORS to expand outreach and service provision to people recently released from incarceration. As part of this effort, in addition to the current locations, M.A.T.T.'s Van hopes to begin parking the van outside a local jail.

Overall, multiple factors contributed to M.A.T.T.'s Van's success in connecting people to OUD treatment:

Strategically located. M.A.T.T.'s Van is licensed by the Connecticut State Department of Public Health to park at a community park across from the city hall and in front of a shelter program and a soup kitchen.

No appointment needed. If someone sees the van and decides at that moment to request treatment, he or she will not be turned away.

Induction only. The program focuses strictly on the induction phase of OUD treatment. In addition to Suboxone, complementary medications are prescribed to help alleviate withdrawal symptoms such as nausea, vomiting, diarrhea, restlessness, and sleep disruption. In addition, a free Narcan (naloxone hydrochloride nasal spray) overdose reversal kit is provided to clients, along with a prescription refill. Fentanyl test strips can be provided as well.

Withdrawal not necessary. The program takes a home induction approach, and people do not need to be experiencing withdrawal when they arrive at the van. They are prescribed enough medication for up to one week, or less if the OUD treatment provider they are referred to can see them sooner. If someone cannot be seen by a provider within a week, he or she can return to M.A.T.T.'s Van to receive additional support and medication until the appointment.

Person-centered. The unit is staffed by a team of two: a psychiatrist or an advanced practice registered nurse (APRN) and a peer recovery support specialist (PRSS). Everyone on the team is trained in motivational interviewing, and the PRSS can uniquely engage

patients through mutual understanding and lived experience.

Only essential information. M.A.T.T.'s Van does not conduct urine screens, does not question clients' justice system involvement, and does not ask about citizenship. The psychiatrist or APRN completes an assessment and consults the Connecticut Prescription Monitoring and Reporting System to decide whether to proceed with prescribing Suboxone.

Free. The DMHAS grant covers all services. Patients can pick up their prescriptions at Bridges Healthcare's pharmacy or request that the pharmacy deliver the medication to them.

Ongoing communication and support. The team stays in touch with patients even after they receive their prescriptions and referrals for OUD treatment. The PRSS will call to check in throughout the home induction process to remind patients about upcoming appointments, offer support, or join them at mutual support meetings. The team continues to provide support for three months.

New York City's Methadone Delivery Program

On March 16, 2020, the Drug Enforcement Administration (DEA) issued guidance allowing alternative delivery methods for opioid treatment programs (OTPs) during the COVID-19



public health emergency. Soon after, NYC Health began exploring how to implement a methadone delivery program for people with COVID-19 symptoms or at high risk for COVID-19. The objective was to prevent people from having to choose between staying indoors and putting themselves or others at

risk for COVID-19 by traveling to an OTP for their medications.

In partnership with OASAS, NYC Health started delivering methadone in April 2020. The program operates in four of New York City's five boroughs (the Bronx, Brooklyn, Manhattan, and Queens). The city contains more than 60 OTPs, any of which can refer a patient to one of ten "guest" OTPs designated by OASAS. The guest OTP dispenses methadone on behalf of the referring, or "home," OTP. By having guest OTPs, NYC Health staff members need to travel to only ten locations to pick up medication for delivery instead of traveling to the more than 60 OTPs in the city. The program's general workflow is described below.

Program eligibility. People eligible for the program must be existing methadone patients. In addition, they must have COVID-19 or COVID-19 symptoms, be age 50 or older, or have an underlying health condition or comorbidity.

Referral process. When a patient is referred by a home OTP, OASAS enters his or her information into an online database. Coordinators use these data to create pickup and delivery schedules.

Medication delivery. Twenty staff members in teams of two—one driver and one courier—pick up methadone from the ten guest OTPs and deliver it to patients. Deliveries are made to isolation hotels, residences, and nursing homes.

Ongoing care. The home OTP continues to coordinate all other ongoing care for patients, with many currently using telehealth services to provide required counseling and behavioral therapies.

Almost 30,000 methadone patients live in New York City. When designing the program, NYC Health considered how many of these patients might need to quarantine or isolate because of COVID-19 and what

proportion are required to report to their OTPs more than once per week. Concerned that they would be overwhelmed by requests, program staff members initially excluded patients from participating if they were not eligible to receive take-home doses for one-week periods or longer. However, because the number of referrals to guest OTPs was smaller than expected, NYC Health eventually determined that it did have the capacity to conduct deliveries as frequently as once per day. In June 2019, the program was expanded to include these patients. As of September 2020, more than 370 people had participated in the program and more than 1,600 deliveries had been made.

Although the methadone delivery program was created because of COVID-19, staff members would like to see it continue indefinitely. This is because many patients participating in the program are older, have underlying health conditions, and rely on paratransit services for travel. Indeed, despite the methadone delivery and telehealth services currently in place, some of these vulnerable individuals are still required to present to their OTPs regularly for urine drug testing.

For the program to continue past COVID-19, at least the following would be needed:

- ◀ Federal regulations would need to change to permit methadone delivery in the absence of a declared public health emergency.
- ◀ NYC Health and OASAS would need to establish a partnership for the long-term implementation of a methadone delivery program.

- ◀ A sustainable funding source would be needed. Currently, COVID-19 emergency funding is being used to support the program's staffing, gasoline and upkeep of vehicles, and the lockboxes required to deliver methadone.

Upcoming

The next follow-up article, "Mobile Treatment for Opioid Use Disorder: Examples from the Field—Part II," is forthcoming. This article will profile two additional mobile treatment programs. The first is the Eastern Shore Mobile Care Collaborative at the Caroline County Health Department in Maryland. The second is the mobile health services program being implemented by the Colorado Department of Human Services Office of Behavioral Health.

Acknowledgments

We would like to thank Dr. Tara Kerner (Bridges Healthcare) and Drs. Denise Paone and Alexandra Harocopos (NYC Health) for taking time to speak with us about their mobile treatment programs.

Endnotes

1 OASAS is a Comprehensive Opioid Abuse Site-Based Program. In collaboration with other partner organizations, its project, the New York Opioid Court Treatment Enhancement Project, is working to enhance and evaluate substance abuse treatment and recovery support services provided to people participating in ten opioid courts in the state.

Visit the COSSAP Resource Center at www.cossapresources.org.

About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.