

Bureau of Justice Assistance (BJA)

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

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

Introduction

This is the second installment of “Mobile Treatment for Opioid Use Disorder: Examples From the Field.” The three-part series describes six mobile treatment programs that RTI International spoke with in August 2020. [Part I](#) profiled two mobile treatment programs serving urban areas and providing either only induction or only maintenance treatment for people living with opioid use disorder (OUD).^a This publication profiles two programs working in rural, underserved areas that provide both induction and maintenance treatment. The first program is the Eastern Shore Mobile Care Collaborative (ESMCC) at Caroline County Health Department in Maryland. The second is the Mobile Health Services program implemented by the Colorado Department of Human Services, Office of Behavioral Health (OBH).

Mobile treatment programs serving rural areas may require different implementation approaches than programs serving urban areas. In addition, programs that provide only induction, only maintenance treatment, or both types of services each have

^a Read Part I to learn more about (1) the Mobile Addiction Treatment Team, or M.A.T.T.’s Van, which is implemented by Bridges Healthcare in Connecticut; and (2) a methadone delivery program implemented by the New York City Department of Health and Mental Hygiene in partnership with the New York State Office of Addiction Services and Supports.

Induction: Process of initial dosing with medication for OUD treatment until the patient reaches a state of stability; also called initiation.

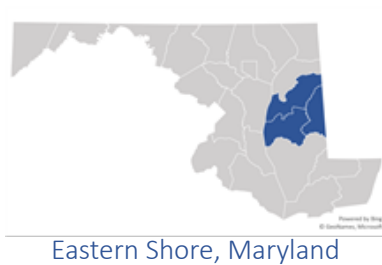
Maintenance treatment: Providing medications to achieve and sustain clinical remission of signs and symptoms of OUD and support the individual process of recovery without a specific endpoint (as is the typical standard of care in medical and psychiatric treatment of other chronic illnesses).

Definitions from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) *TIP 63: Medications for Opioid Use Disorder - Executive Summary* | SAMHSA Publications and Digital Products.

distinctive service delivery models that align with different stages of a person’s recovery and use of medication-assisted treatment (MAT). The ESMCC and OBH help people in rural areas start MAT (i.e., induction) and stay on MAT (i.e., maintenance treatment). Both programs also use telehealth and have established community partnerships so that they can offer additional confidential meeting spaces outside of the designated mobile treatment units (MTUs).

Eastern Shore Mobile Care Collaborative

The ESMCC is a collaboration between the Caroline County Health Department and the University of Maryland School of Medicine.¹ The collaboration is supported with a grant from the Health Resources and Services Administration. In addition, the Maryland Department of Health, Behavioral Health Administration provided funding to purchase and outfit the 36-foot-long RV MTU.² Most patient appointments are billed to Medicaid, and the collaborative has secured other grant funding to provide patients naloxone kits.



treatment, the frequency of appointments with the ESMCC can slowly decrease.



Service Delivery Approach

The MTU is designed to look like a health clinic. In addition to external branding, the interior has a waiting area, counseling room for telehealth sessions, and restroom. The mobile team consists of a certified addiction counselor and a peer support specialist who, using Health Insurance Portability and Accountability Act-compliant telehealth technology, connect patients in the MTU to addiction medicine experts at the university's Department of Psychiatry. To ensure that patients meeting with the MTU addiction counselor are also afforded privacy, the ESMCC has established relationships with local congregations. The MTU will park in front of churches that have donated additional meeting space for these counseling sessions.

Currently, the ESMCC has about 200 active patients who are prescribed buprenorphine and meets with about 30 patients each week. Patients provide a urinalysis during each clinician appointment. New patients participate in unobserved, or "home," induction and must attend weekly appointments. As patients transition from induction to maintenance

Working in Rural Areas

Telehealth is a key component of the ESMCC service delivery model. Therefore, it is essential that the MTU always has a stable internet connection. However, this is not always guaranteed in rural locations. To overcome this potential barrier, the ESMCC uses two service providers. One service provider supports their telehealth technology while the other is used by staff to access internet on their MTU laptops.

The team has taken additional steps to ensure that patients who do not have reliable transportation are still able to access services. In these instances, the ESMCC will arrange for a driver to transport patients to and from their homes. This transport service is provided for patients who have an MTU appointment or who need to retrieve their buprenorphine prescription at a local pharmacy.

Collaborating With Community Partners

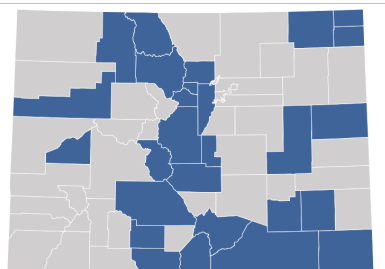
The ESMCC refers patients to the Caroline County Health Department when they need help with enrolling in Medicaid or accessing housing, employment, and other support services. They have also established

collaborations with other community partners to ensure that patients receive comprehensive care. In addition to parking at churches that have donated meeting space, the MTU regularly parks in front of a community health center that provides medical, dental, and behavioral health services. This enables the ESMCC to reach more people who are also patients at the health center.

Another important relationship is with local emergency medical services (EMS). EMS shares reports of overdose-related responses and the corresponding contact information of people who might benefit from MAT. The ESMCC uses this information to send a letter to the individual or in some instances go to the individual's home to meet in person, discuss available services, and provide a naloxone kit.

Colorado Department of Human Services, Office of Behavioral Health

OBH's Mobile Health Services program is a statewide initiative to expand MAT to rural, underserved areas. As illustrated in the corresponding map, about 40 percent of



Serving 27 Counties in Colorado

Colorado's 64 counties are currently benefiting from these services.³ The initiative is funded by SAMHSA's State Opioid Response grant program. OBH purchased and outfitted six 34-foot-long RV MTUs. Each contains a waiting area, counseling room, nurses' station or exam room, and restroom. The mobile team is staffed by a nurse, a counselor, and a peer specialist, and they use telehealth technology to connect patients with an addiction medicine expert. Whereas the ESMCC MTU features prominent external branding, the OBH MTUs

are more discreet. This is done to offer anonymity to patients who might be concerned about stigma.



Crossing Mountainous Terrain

To cross extremely mountainous terrain, staff also use a pop-up clinic model. In these instances, they travel in an SUV instead of an RV and take telehealth equipment with them in a travel suitcase. Community partners donate office space for patient appointments, and staff use telehealth technology to connect patients directly to a clinician. In addition to being essential for the pop-up clinic model, community partnerships also ensure that the RVs can park at locations convenient for patients. These include health departments, hospitals, health centers, community mental health centers, and pharmacies.

Multiple MAT Service Providers

Funding for the Mobile Health Services program supports program operations and general maintenance costs. Three MTU providers serve patients directly and bill Medicaid or other insurance providers for MAT services. Front Range Clinic operates four of the RVs and serves the largest geographic area in Colorado including Greeley, Colorado Springs, Pueblo, Grand Junction, and Steamboat Springs.⁴ The two remaining RVs are

operated by Jefferson Center and San Luis Valley Behavioral Health Group, who serve rural Jefferson County and the San Luis Valley, respectively.

OBH has also partnered with two managed services organizations (MSOs) that manage the Mobile Health Services program and work closely with each of the three providers. These MSOs are Signal Behavioral Health Network and West Slope Casa.⁵

Collectively, OBH's program has provided MAT services to more than 500 individuals across the state. This includes home induction and maintenance treatment services for buprenorphine. The MTU nurse is also able to administer extended-release naltrexone injections on-site. Additional medications prescribed include naltrexone, disulfiram, acamprosate, and naloxone. Several MTUs also offer syringe disposal services.

Overcoming Telehealth and Transportation Challenges

Like the ESMCC, OBH has had to work creatively to ensure a stable internet connection for MTU telehealth sessions. RVs are equipped with both mobile hotspot devices and satellite dishes. To assist patients in overcoming transportation barriers, the MTUs coordinate with Colorado's Medicaid Program, which offers transportation assistance to medical appointments and pharmacies.

Outreach and Collaboration

The Mobile Health Services program's purpose is to expand MAT to areas in Colorado with either limited or no existing services for people living with OUD. As a result, outreach efforts have been essential to raising awareness of the program, addressing stigma, and getting buy-in. As mentioned previously, this has also facilitated the formation of community partnerships, which have enabled providers to offer a pop-up clinic model in addition to the RV MTUs.

Additional local community stakeholders with which the program has prioritized outreach efforts include law enforcement, social services, homeless shelters, food banks, churches, and libraries. Statewide collaborators with OBH include the Colorado Consortium for Prescription Drug Abuse Prevention and The Evaluation Center at the University of Colorado Denver.

Upcoming

A final follow-up article, "Mobile Treatment for Opioid Use Disorder: Examples From the Field—Part III," is forthcoming. The article will profile two remaining mobile treatment programs that RTI spoke with in August 2020. The first is Project RIDE (Rapid Initiation of Drug treatment Engagement) in Philadelphia, Pennsylvania, and the second is the New York State

Service Delivery Adaptations During the COVID-19 Pandemic

Although the OBH RVs are outfitted to accommodate three or four patients contemporaneously, safety protocols during the pandemic have required the MTU teams to adapt their service delivery approach.

Patients are asked screening questions prior to boarding the MTU, and only one patient is allowed onboard at a time. Private counseling rooms are not used because they are too small for people to safely social distance. In addition, everyone must wear a mask, and staff have enhanced their cleaning and disinfecting protocols.

Patients experiencing COVID-19 symptoms or who otherwise cannot board the MTU may receive counseling assistance outside of the unit while safely in their vehicle.

Office of Addiction Services and Supports. The publication will also discuss MTUs that dispense methadone and will conclude with some general takeaways and suggestions for law enforcement and public safety professionals who are interested in collaborating with a mobile treatment program in their community.

Acknowledgements

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Endnotes

1. University of Maryland, School of Medicine (n.d.). *Eastern Shore Mobile Care Collaborative (ESMCC) fact sheet*. Available at <https://www.medschool.umaryland.edu/media/SOM/Microsites/ESMCC/docs/esmcc-fact-sheet.pdf>.
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