Using Mobile Services to Increase Access to Medications for Addiction Treatment

Carolina Close, MA; Donna B. Goldstrom, LPC, LAC; Tara Kerner, DO; Camara A. Wooten, BA

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Disclosure Information

- Presenter 1: Carolina Close, MA
  - No Disclosures
- Presenter 2: Donna B. Goldstrom, LPC, LAC
  - No Disclosures
- Presenter 3: Tara Kerner, DO
  - No Disclosures
- Presenter 4: Camara A. Wooten, BA
  - No Disclosures

Learning Objectives

- Describe mobile service approaches that can increase access to medications for addiction treatment (MAT)
- Compare mobile service approaches based on several implementation characteristics
- Identify barriers and facilitators that may influence program implementation and replication

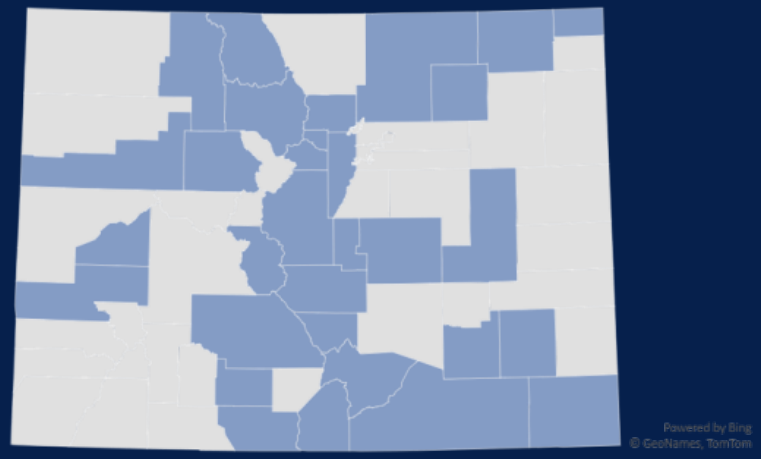
Background

- MAT is an effective treatment option for opioid use disorder (OUD)[1,2]
- Although 1.6 million people aged 12+ had a past-year OUD in 2019, less than 20% received MAT[3]
- Mobile services can help increase access to MAT
- Communities are implementing multiple different service approaches
- RTI conducted key informant interviews with several mobile MAT programs

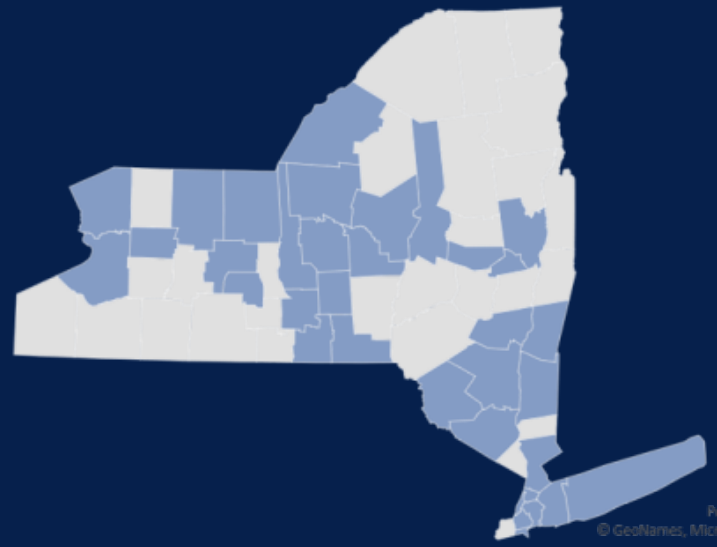
References: 1–3

Key Informant Interviews

Colorado
3 health care providers operating mobile units in 31 counties.[4]
Agency: Colorado Department of Human Services, Office of Behavioral Health.



New York
20 Centers of Treatment Innovation bringing mobile treatment to 35 counties.[5,6,7]
Agency: New York State Office of Addiction Services and Supports.



New York City
Methadone delivery program for 4 of the 5 boroughs.
Agency: New York City Department of Health and Mental Hygiene

References: 4–7

Key Informant Interviews, *continued*

New Haven County, Connecticut
Mobile Addiction Treatment Team, or M.A.T.T.'s Van, serving cities of New Haven, West Haven, and Milford.
Agency: Bridges Healthcare.

Philadelphia, Pennsylvania
Project RIDE (Rapid Initiation of Drug Treatment Engagement) serves South Philadelphia and Kensington neighborhoods.
Agency: Department of Psychiatry, Perelman School of Medicine at the University of Pennsylvania.

Maryland
Eastern Shore Mobile Care Collaborative (ESMCC) in Caroline County.[8,9]
Agency: Caroline County Health Department.

Project Connections at Re-Entry (PCARE) providing mobile treatment in Baltimore.
Agency: Behavioral Health Leadership Institute.

References: 8–9

Service Approaches

- Medications for OUD
- Prescribe, dispense, or deliver
- Initiation, ongoing maintenance, or a combination
- Staffing

Service Approaches, *continued*

- RV, van, or pop-up clinic model
- Telehealth
- Support services
- Community partnerships

Additional Reading

- Mobile Treatment for Opioid Use Disorder: Examples From the Field[10]
- Three-part series available at https://cossapresources.org/

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

RTI INTERNATIONAL

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

References: 10

References

1. SAMHSA. Treatment Improvement Protocol 63: Medications for Opioid Use Disorder. https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006. Accessed March 5, 2021.
2. The American Society of Addiction Medicine. National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf. Accessed March 5, 2021.
3. SAMHSA. Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf. Accessed March 5, 2021.
4. CDHS. Mobile Health Services. https://cdhs.colorado.gov/mobile-health-services#:~:text=The%20Colorado%20Department%20of%20Human,and%20underserved%20areas%20of%20Colorado. Accessed March 5, 2021.
5. Manseau M. New York State Office of Addiction Services and Supports. Sticks, Carrots, and Everything Else: How NYS OASAS is Using Policy to Address the Opioid and Drug Overdose Crisis. https://nysam-asam.org/wp-content/uploads/Manseau-NYSAM-2-7-20.pdf. Accessed March 5, 2021.

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6. New York State Office of Addiction Services and Supports. Support Services. https://oasas.ny.gov/support-services?f%5B0%5D=location_filter_term%3A306. Accessed March 5, 2021.
7. New York State Office of Addiction Services and Supports. Statewide Comprehensive Plan 2020 - 2024. Accessed March 5, 2021. https://oasas.ny.gov/system/files/documents/2020/02/oasas_statewide_plan_20_24.pdf
8. Eastern Shore Mobile Care Collaborative. https://www.medschool.umaryland.edu/media/SOM/Microsites/ESMCC/docs/esmcc-fact-sheet.pdf. Accessed March 5, 2021.
9. Lad MJ. Successful Use of Telehealth in Rural Communities: An Emerging Model of Care for HIV Providers https://targethiv.org/sites/default/files/RWNC2020/15802_Weintraub.pdf. Accessed March 5, 2021.
10. BJA. Mobile Treatment for Opioid Use Disorder: Examples From the Field—Part I. https://cossapresources.org/Content/Documents/Articles/RTI_Mobile_Treatment_for_OUD.pdf. Accessed March 5, 2021.

MAT on Wheels In Rural Colorado

Donna Goldstrom, LPC, LAC

Mobile Health Units (MHUs)

- Substance Abuse and Mental Health Services Administration grant through the Colorado Office of Behavioral Health
- Total of 6 MHUs throughout the state from 3 different agencies
- Front Range Clinic manages 4 MHUs out of our brick-and-mortar clinics in Pueblo, Colorado Springs, Greeley, and Grand Junction

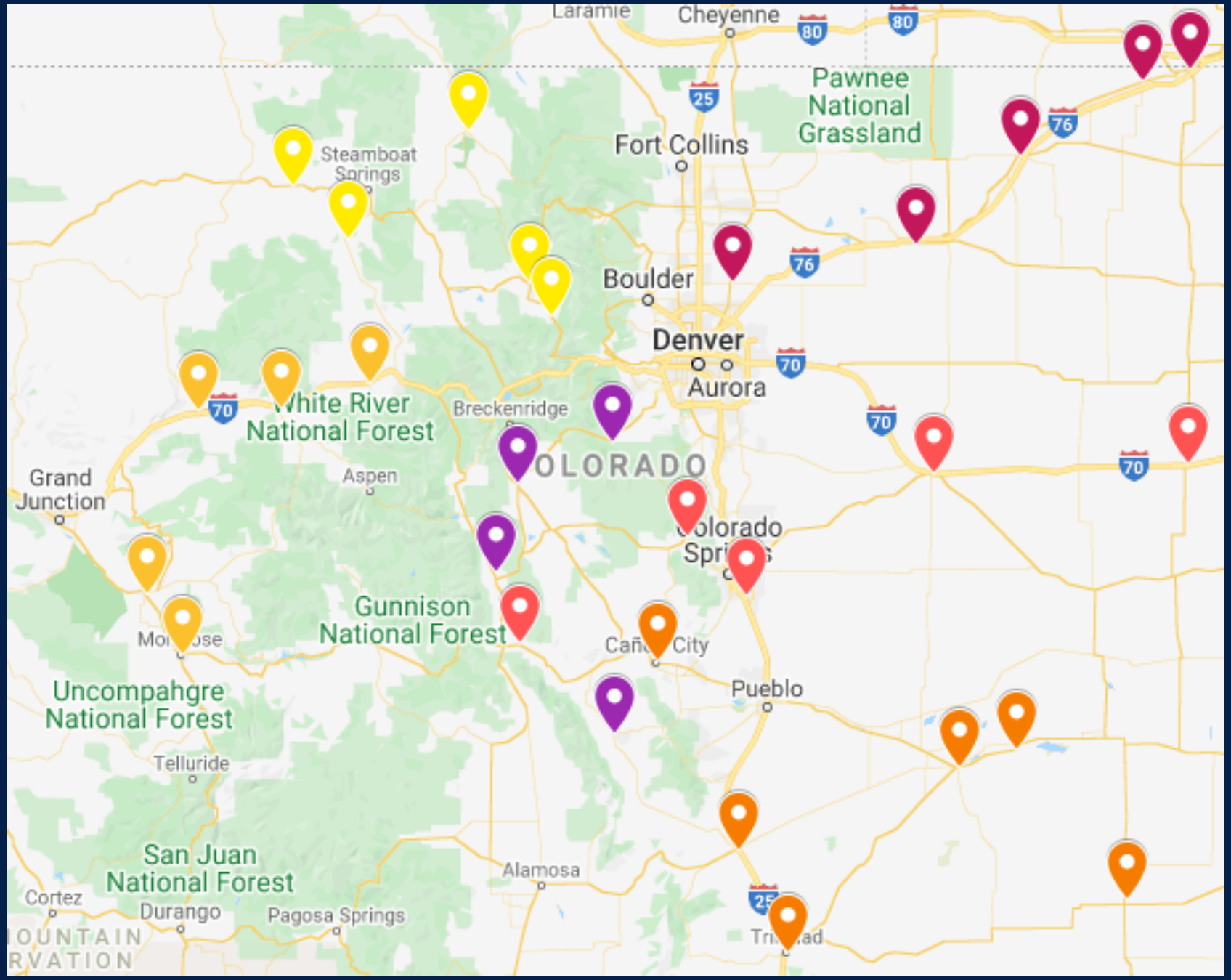
Outreach Efforts

- Two-fold
  - Building relationships within the community
  - Finding parking for a 34-foot mobile unit
- Contacted various providers and agency types at the local level:
  - Medical
  - Behavioral health
  - Law enforcement
  - Support services
  - Government agencies
  - Pharmacies

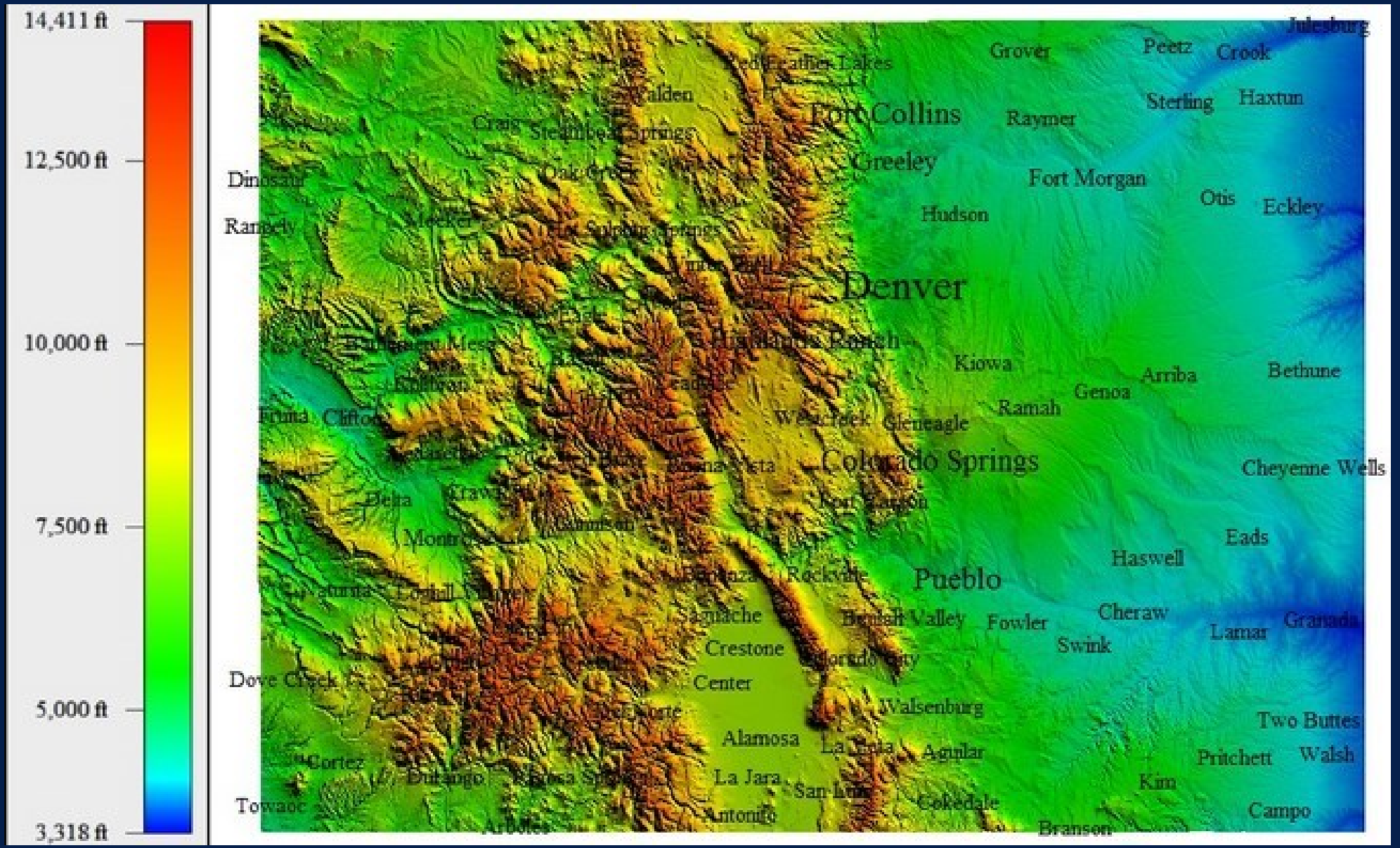
Addition of SUV

- Proposed the utilization of SUVs on routes with difficult terrain
- Use the pop-up clinic model to provide services
  - Additional peer time possible
  - LPN can be used as a float when there is a need for shot administration
  - Medical Provider & CAC II can be accessed via telehealth
- SUV is easier to navigate in mountainous region
  - Less maintenance on the vehicle
  - Easier to manage mechanical mishaps while on the road
- Safe access & increased services

MHU Route Map



Colorado Terrain



MHU & Terrain

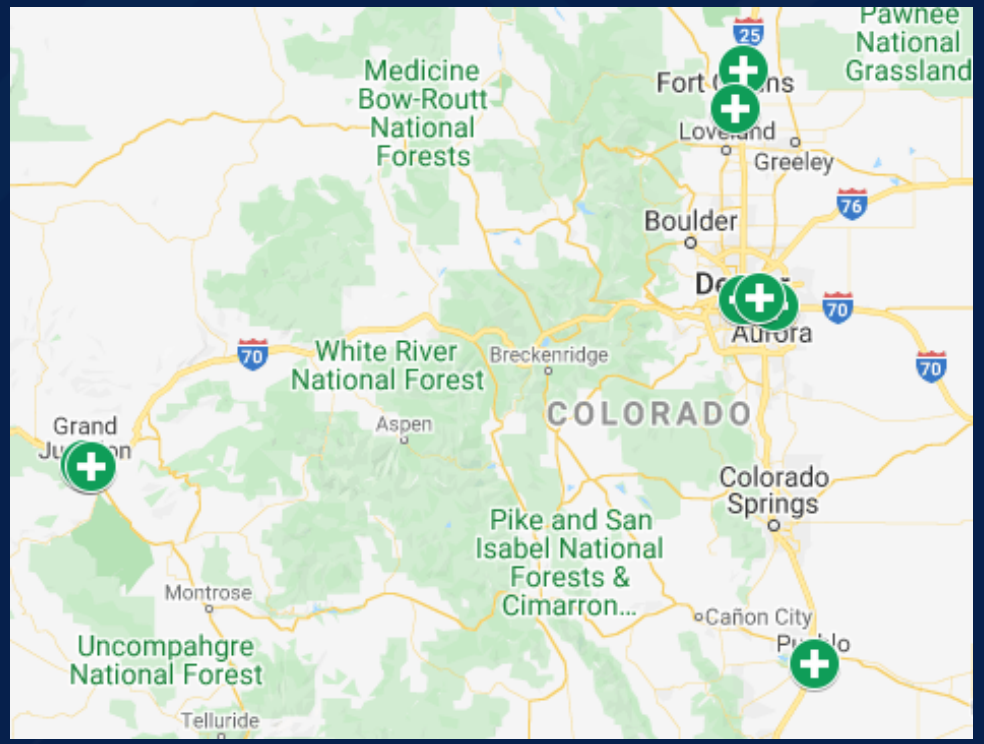
14,411 ft
12,500 ft
10,000 ft
7,500 ft
5,000 ft
3,318 ft
Laramie
Cheyenne
Pawnee National Grassland
Fort Collins
Greeley
Boulder
Denver
Aurora
White River National Forest
Grand Junction
Gunnison National Forest
Uncompahgre National Forest
San Juan National Forest
Colorado Springs
Pueblo
Fort Morgan
Otis
Eckley
Haxtun
Peetz
Kiowa
Ramah
Arriba
Cheyenne Wells
Eads
Haswell
Fowler
Swink
Lamar
Granada
Crestone
Center
Alamosa
La Jara
Antonito
Walsenburg
Pritchett
Walsh
Kim
Campo
Branson
Cortez
Dove Creek

Capacity

- MHU is staffed with 3 individuals:
  - Nurse (LPN)
  - Counselor (CAC II)
  - Peer Support Specialist
- The MHU Layout:
  - A front desk
  - A room for counseling
  - A bathroom with pass-through
  - A medical room

Pop-Up Clinic Model

Through established and developed relationships, we utilize the space of other agencies



A peer or administrative staff member goes to the location and connects to a provider via telehealth

Services Provided

- Telehealth: Medical and counseling
- Peer support
- Medications: Vivitrol, Rx for Buprenorphine
- Data for grant

Region 1 MHU

- Julesburg
- Sedgwick
- Fort Morgan
- Sterling

Region 3

HUB: Colorado Springs

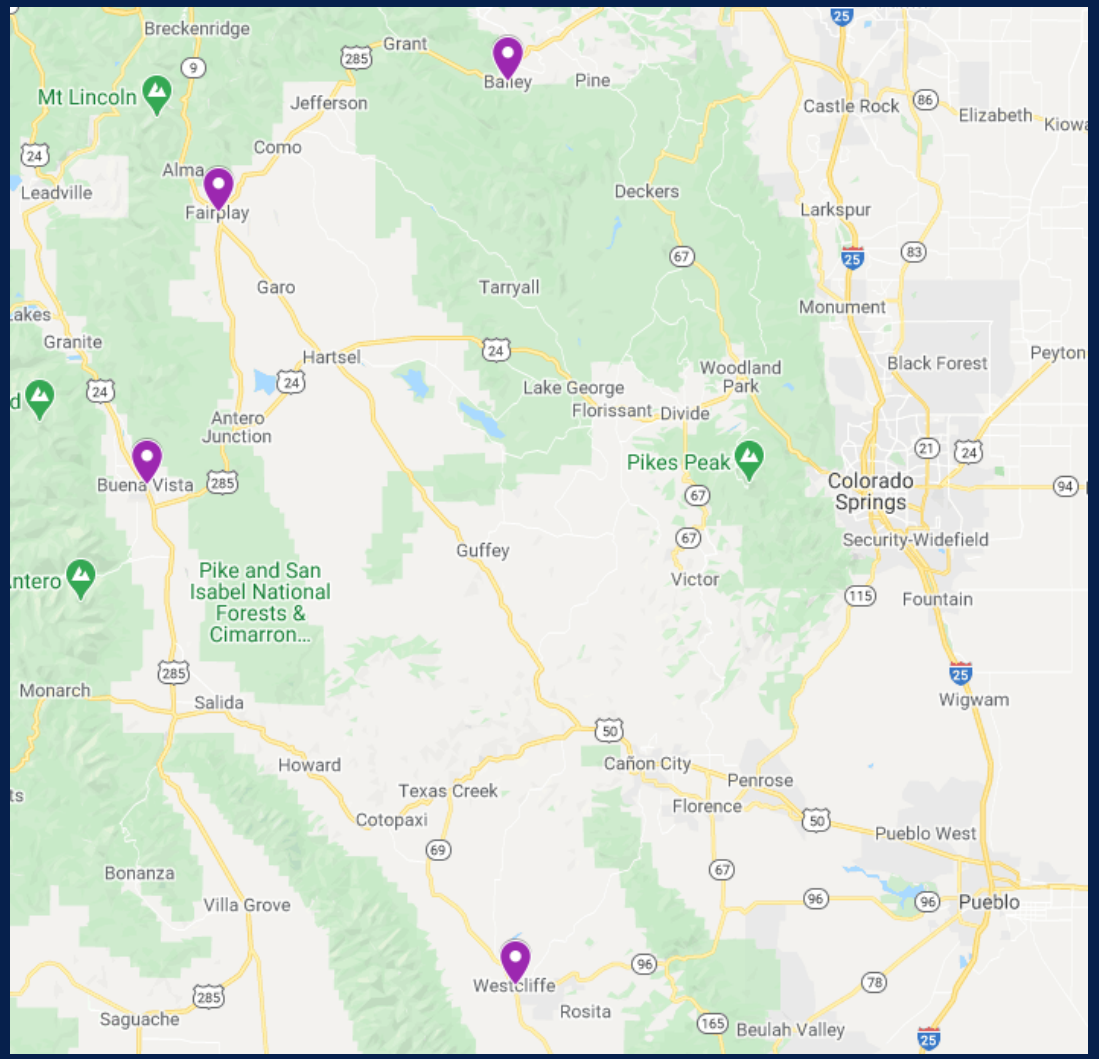
MHU (Red)

- Burlington
- Limon
- Woodland Park
- Salida
- Fountain

Region 3 - SUV

HUB: Colorado Springs

- Buena Vista
- Fairplay
- Bailey
- Salida



Region 4A

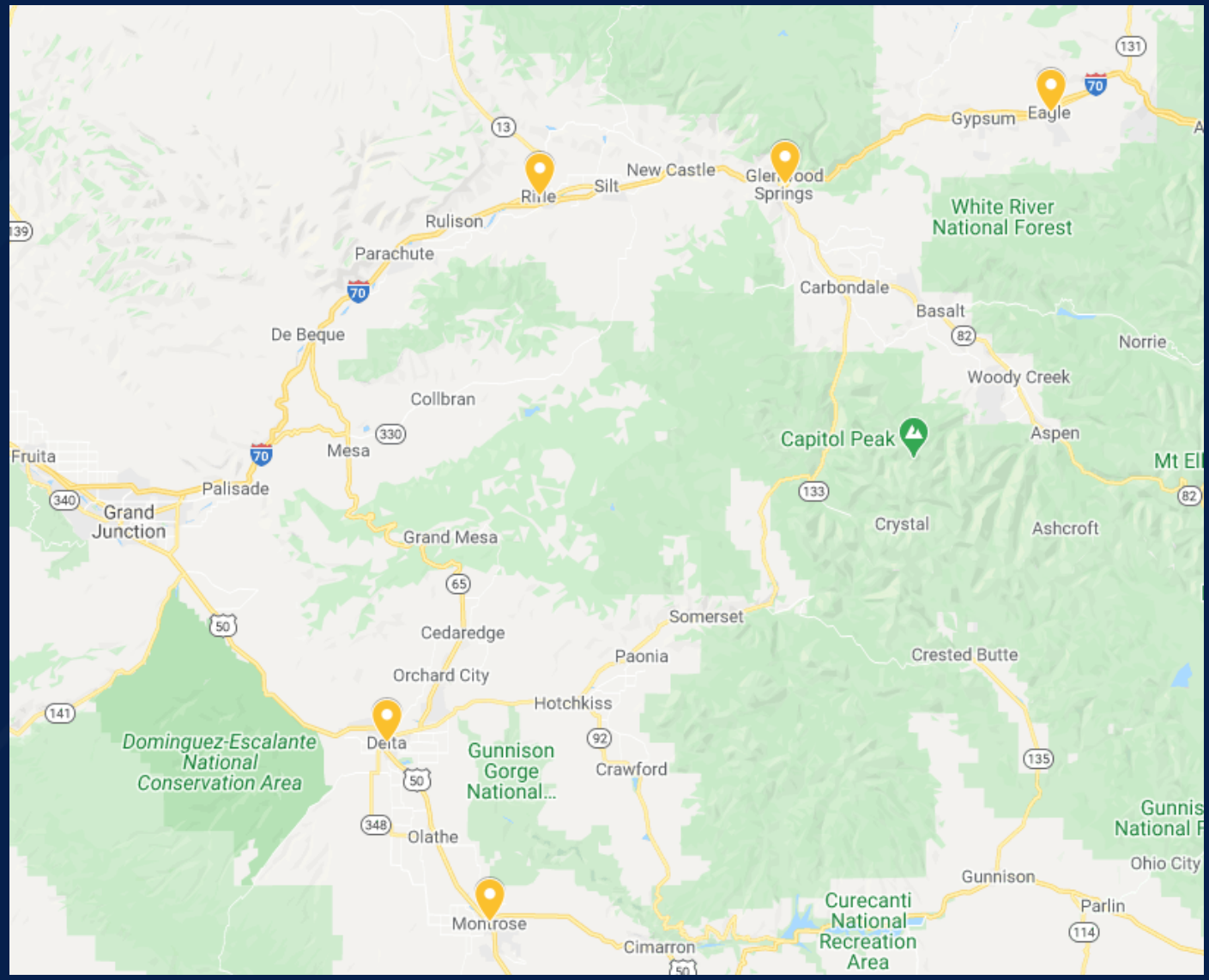
HUB: Pueblo

- Cañon City
- Walsenburg
- Trinidad
- La Junta
- Las Animas
- Springfield

Region 5 - MHU

HUB: Grand Junction

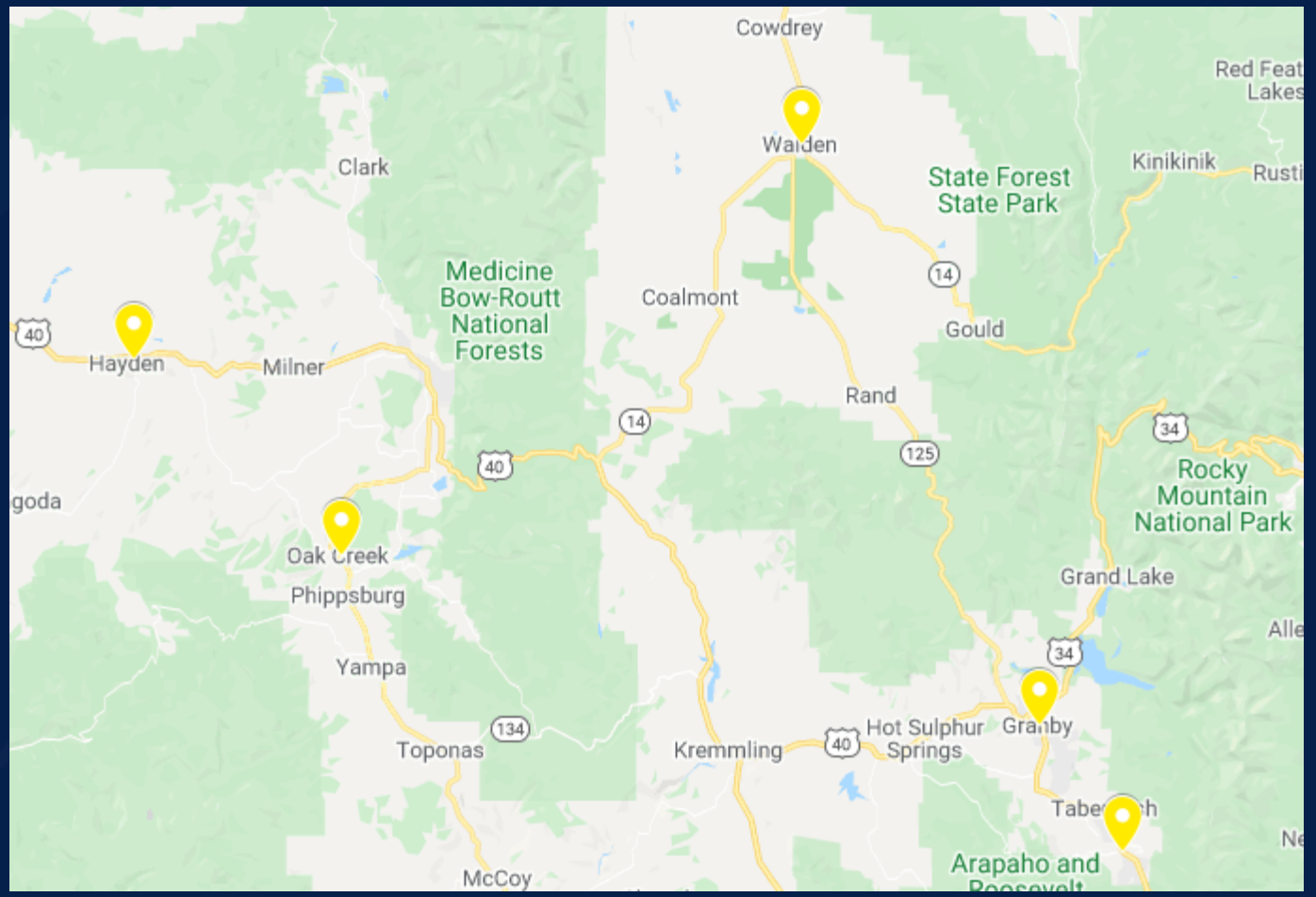
- Delta
- Montrose
- Rifle
- Glenwood Springs
- Eagle County



Region 6 - SUV

Hub: Steamboat Springs

- Hayden
- Oak Creek
- Walden
- Granby
- Fraser



COVID-19 Challenges

Challenges on mobile routes abound, including:

- Public venues hosting pop-up clinics
- Pop-ups may close on short notice
- One patient on MHU at a time
- Symptom screening
- Wearing masks

MHU Data

As of February 26th, 2021, the mobile units have seen:

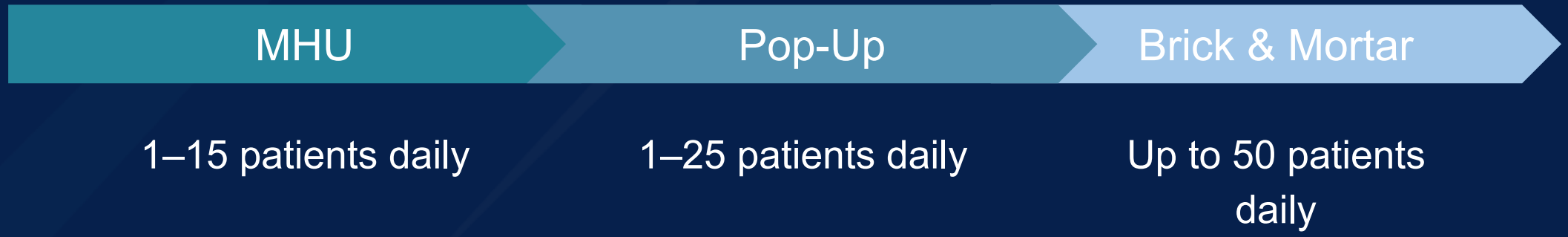
143 unique clients for MAT inductions

385 unique clients for MAT maintenance

238 unique clients for wraparound services/referrals to other supports/services

Sustainability

- Utilization of telehealth allows for counseling across the clinic, not just on the MHU
- MHU can be run efficiently by two staff



Successes & Challenges

- Finding a pop-up/parking
- Stigma in rural communities
- Rural patient transportation
- Telehealth acceptance in BH with COVID-19
- Mechanical issues with MHU
- Connectivity in rural areas
- Lack of pharmacy
- Collaboration with state and local entities
- Patient story

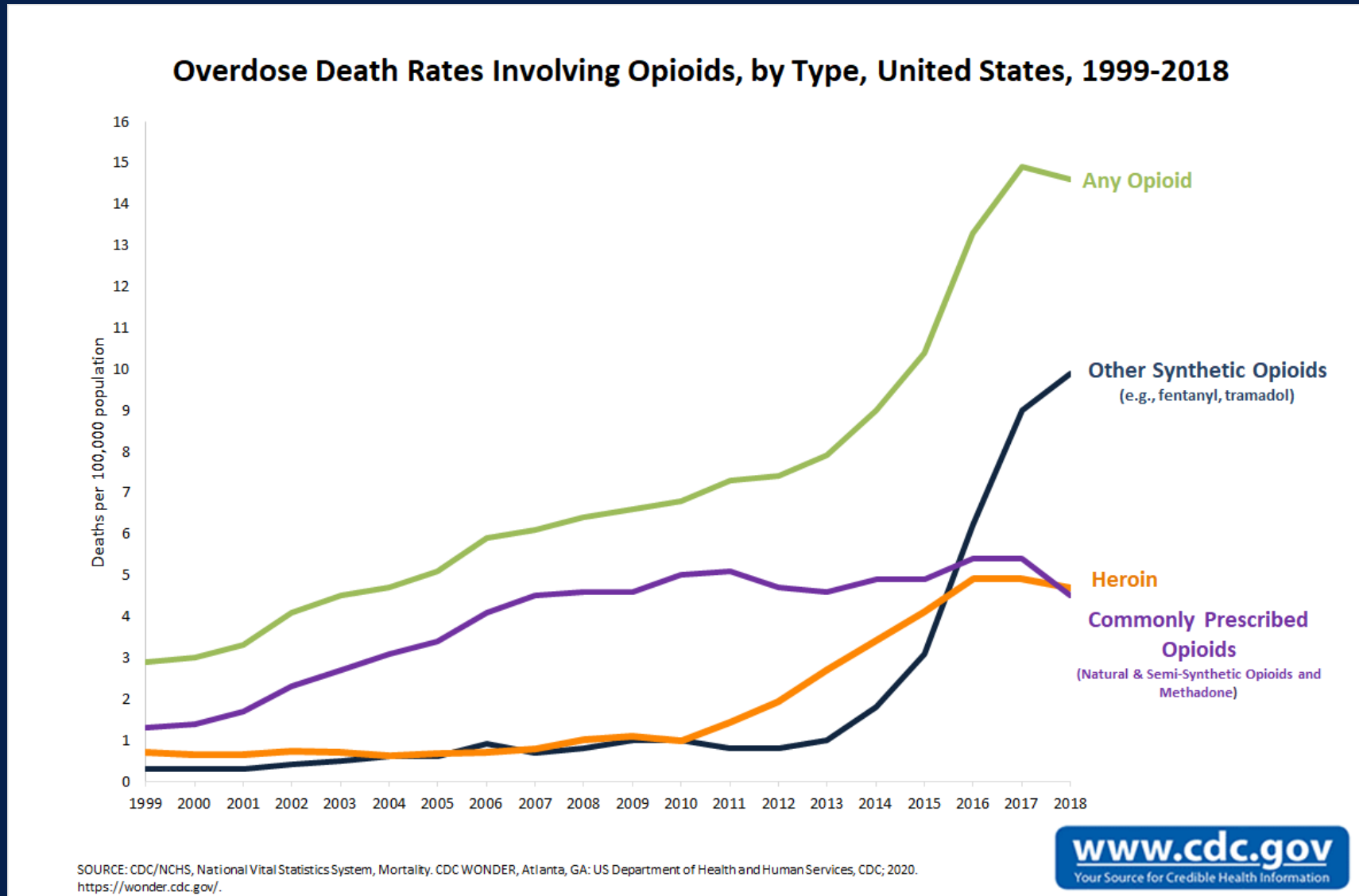
BRINGING MOBILE TREATMENT TO COLORADO
FRONT RANGE CLI
1-866-MAT-STAT
WWW.FRONTRANGEM

MEDICAL COACHES
FRONT RANGE CLINIC
WWW.FRONTRANGEMD.COM
BRINGING
MOBILE
TREATMENT
TO COLORADO
1-866-MAT-STAT
SPEED
LIMIT
30

Mobile Addiction Treatment Team (M.A.T.T.'s Van)

Tara Kerner, DO

Trend in the United States



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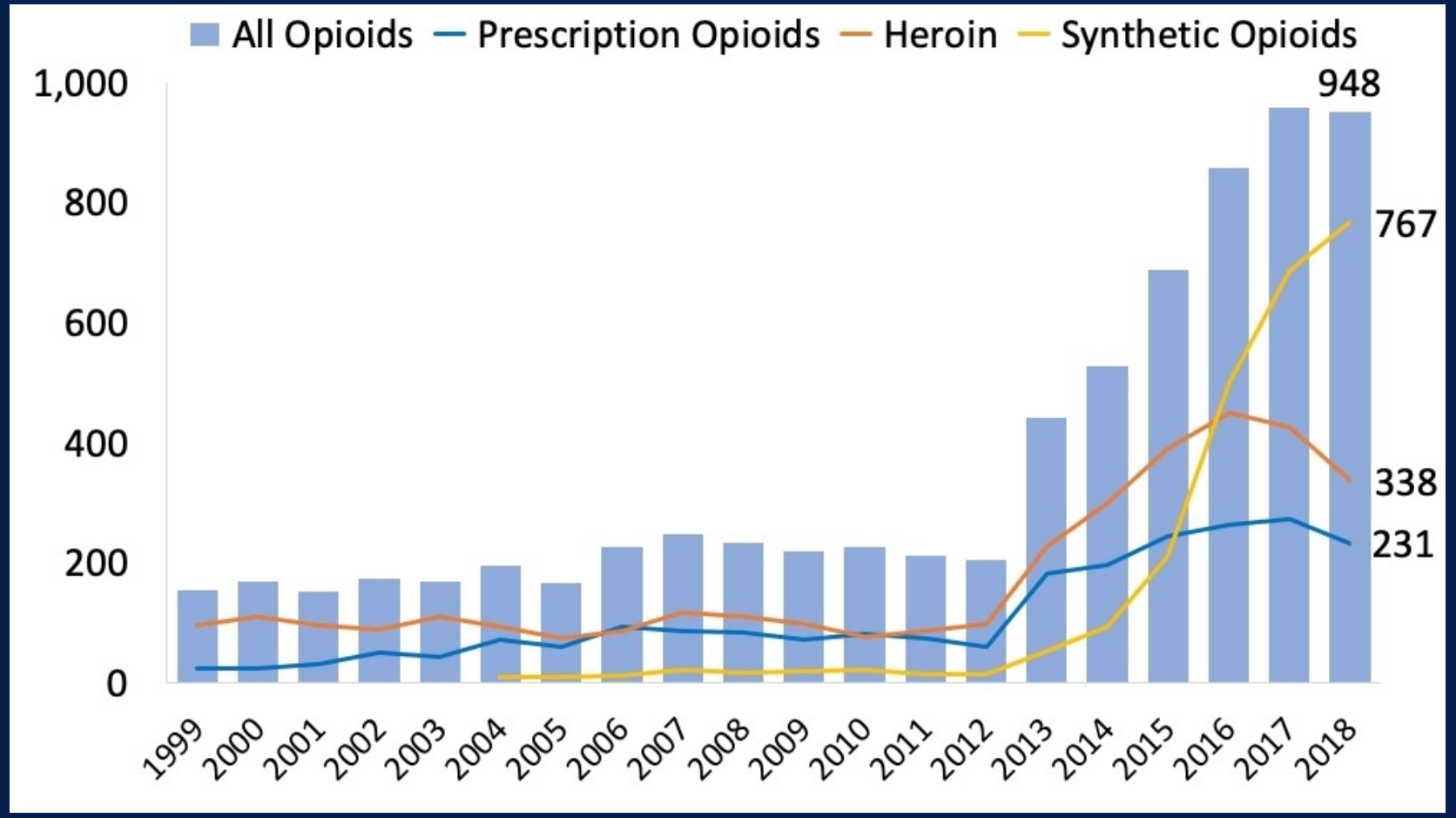
Reference: 3

Closer to Home… Trend in Connecticut



2018: 948

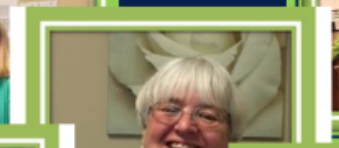
2019: 1,127

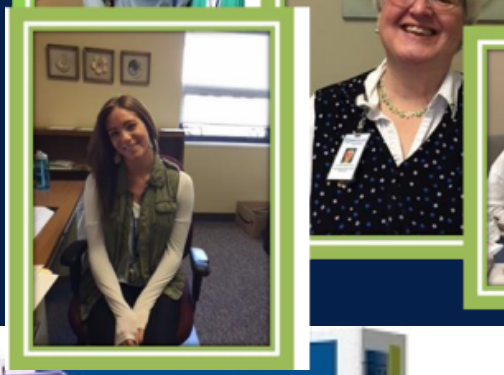
2020: 1,270

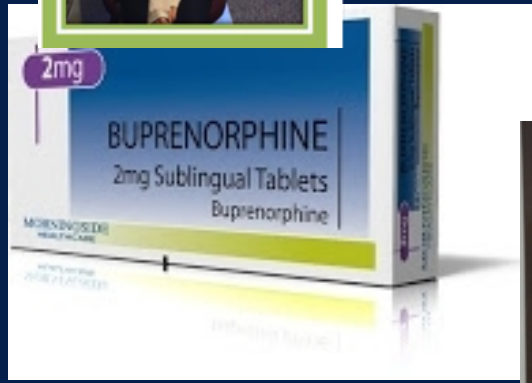
Reference: 1,2

Even Closer to Home… Outside of Bridges Healthcare, Milford, CT

What did we do about it?







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Was all this enough?

Barriers Still Existed

- Patients have to call for an appointment and wait for intake
- Patients are…
  - afraid they will be judged
  - afraid of legal consequences
  - afraid that a positive urine screen will lead to discharge from the program
  - anxious about starting on a controlled substance
  - afraid to go into withdrawal and be sick in the waiting room, doctor's office, or group
  - embarrassed to ask for help or have internalized stigma
  - not sure where to even start to ask for help
- Patients may lack…
  - insurance for treatment
  - transportation

What did we do about it? (take two)

Mission:

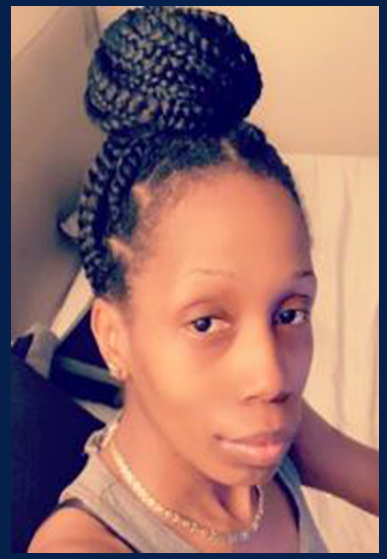
To reduce opioid-related deaths by improving access to treatment

Objectives:

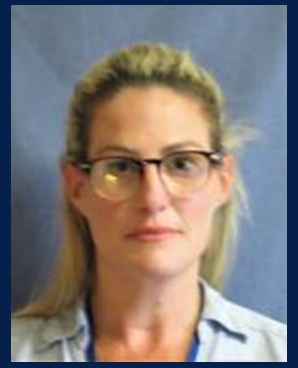
1. Immediate engagement and medication induction
2. Reduce stigma associated with traditional opioid treatment
3. Eliminate barriers to accessing treatment
4. Establish trusting relationships through peer support
5. Maintain lowest possible threshold for medication induction

M.A.T.T. Van Staffing

Recovery Support Specialist

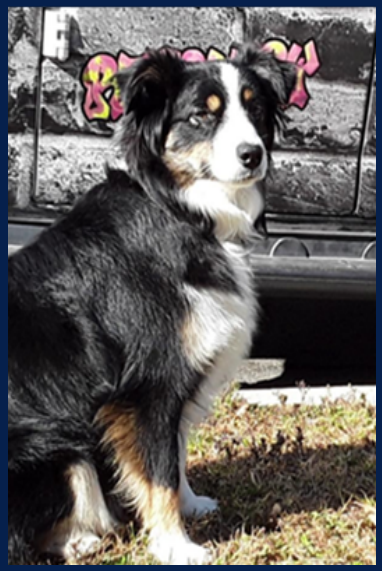


Medical Assistant



American Psychiatric Nurses Association

Prescribers



Therapy Dog

M.A.T.T. van locations

- Milford, CT – shelter
- West Haven, CT – city green
- New Haven, CT – city green

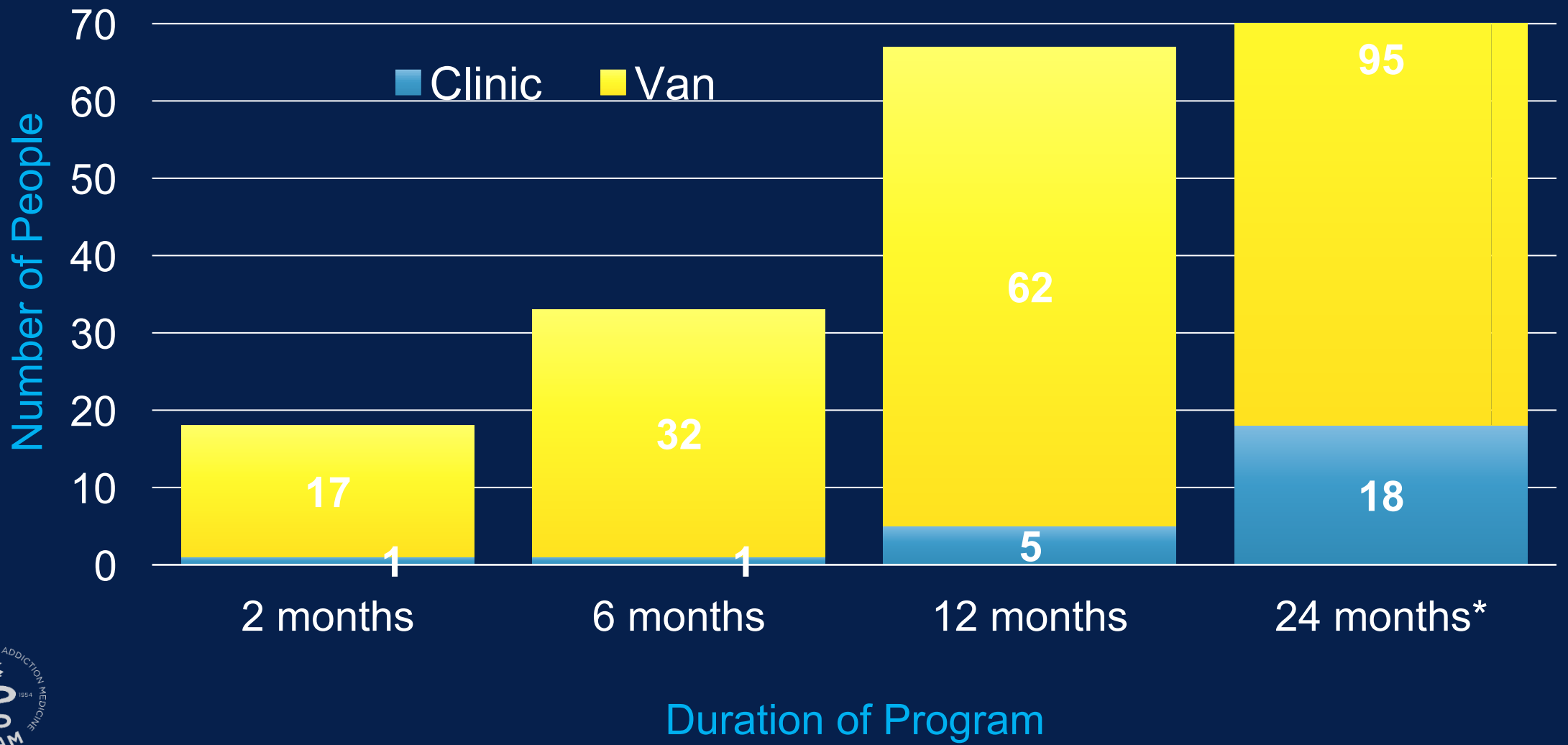
M.A.T.T. Van Process

- Van is brightly colored
- Recovery coaches take the lead
- No appointment or insurance needed
- Addiction-focused interview
- No urine toxicology; CTPMP is checked
- Unobserved inductions
- Buprenorphine prescribed electronically from van and can be delivered to van or home or picked up
- Enough meds are given to last until intake; if that's more than 1 week, they come back to the van
- Rapid referrals to agency in client's area
- Recovery coaches maintain contact for 3 months
- Texting is encouraged
- NOT for ongoing treatment

Results: April 2019 – December 2020

- 90 people started on medication
- 62% kept their scheduled intake appointment
- 66% were still in treatment at 1 month
- 46% were still in treatment at 3 months

Results: Route of Accessing Treatment



Results: Special Stories at Bridges

- 8 people have more than 1 year of recovery
- 5 more are in their 6th month of recovery
- A van client started a local Narcotics Anonymous group

Summary

Next steps:

- Work with Department of Corrections
- Start a syringe service program
- Expand hours and locations
- Advocate for reimbursement of peer hours

Take-home messages:

- Mobile inductions are safe, effective, and necessary
- One size does not fit all
- It’s already happening!

References

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2. Office of the Chief Medical Examiner [Connecticut]. Connecticut Accidental Drug Intoxication Deaths. https://portal.ct.gov/-/media/OCME/Statistics/Calendar-Years-2012-to-June-2020.pdf. Accessed February 19, 2021
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Panel Discussion

- Implementation barriers and facilitators
- Recommendations for others interested in program replication
- Final takeaways

Contact Information

- Carolina Close, MA: Carolina.Close@dhha.org
- Donna Goldstrom, LPC, LAC: dgoldstrom@frontrangeclinic.com
- Tara Kerner, DO:tkerner@bridgesmilford.org
- Camara Wooten, BA: cwooten@rti.org