Bureau of Justice Assistance (BJA)
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

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

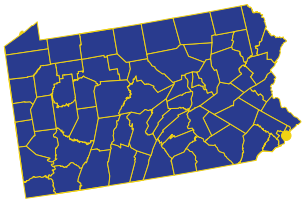
December 2022

Introduction

This article is the third installment of a three-part series that describes six mobile treatment programs that RTI International interviewed in August 2020.[a] This publication profiles Project Rapid Initiation of Drug Treatment Engagement (RIDE) in Philadelphia, Pennsylvania, and the New York State Office of Addiction Services and Supports (NYS OASAS). The article will close 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.

a. Read Part I to learn more about (1) the Mobile Addiction Treatment Team, (M.A.T.T.) 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 NYS OASAS. Read Part II for information on (3) the Eastern Shore Mobile Care Collaborative at the Caroline County Health Department in Maryland and (4) a mobile health services program implemented by the Colorado Department of Human Services, Office of Behavioral Health.

Project RIDE



Philadelphia, Pennsylvania

Project RIDE is run by the Department of Psychiatry of the Perelman School of Medicine at the University of Pennsylvania. With funding support from a 3-year grant from the Centers for Disease Control and Prevention, this clinical trial is operating in South Philadelphia and Kensington, two neighborhoods that are highly affected by overdoses. The Project RIDE team is evaluating whether the mobile treatment program quickly engages participants with medications for opioid use disorder (MOUD), such as buprenorphine or naloxone, and provides peer support and case management to link people with opioid use disorders (OUDs) to community programs. This linkage enhances participants' engagement and retention rates in community-based MOUD treatment. Additionally, the research team is examining the intervention's impact on substance use and overdose and assessing program costs.1

Overview of Project RIDE's Study

The Project RIDE study will evaluate the cost-effectiveness of mobile treatment units, observe current collaborations with community stakeholders, and effectuate city-level policy changes. Although the team is working with the City of Philadelphia, Project RIDE is not a one-stop intervention. Project RIDE consists of the delivery of buprenorphine and naloxone along with peer support and case management to enhance the transition to long-term community-based MOUD services.

The project is a nonrandomized controlled trial with two Philadelphia-based centers for crisis response (CCRs) as comparison groups. The CCRs provide less intensive, warm handoffs that include a referral to treatment and a 3-day prescription. The project aims to compare outcomes among 125 participants who receive assistance from the mobile unit with outcomes among 125 participants who receive assistance from the CCRs.

The Project RIDE Team

The Project RIDE mobile unit team consists of a nurse practitioner, a case manager, a peer recovery specialist, and a licensed truck driver.

Project RIDE Participants

The goal of Project RIDE is to engage participants in community-based MOUD treatment. Project RIDE participants may come into contact with the program in a variety of ways, including walk-ins, social media messaging, and outside referrals. Project RIDE provides participants with buprenorphine or naloxone for up to 3 months (up to 1 month before COVID-19), as well as assistance from a peer recovery specialist and a case manager. Participants are tested for HIV; those who test positive are referred to community-based HIV care services. If participants lack identification (ID) or insurance, the case manager and peer recovery specialist to link them to services that provide IDs and enroll participants in Medicaid and Medicare. However, an ID is not necessary for enrollment or to receive MOUD in Pennsylvania. Other forms of identification, such as a harm prevention card or a hospital record, should suffice.

Mobile Unit Parking

To determine the areas that are most in need, Project RIDE uses fatal and nonfatal overdose mapping technology in Philadelphia and has a list ranking the most appropriate and feasible parking areas for the mobile unit. The two areas with the highest fatal and nonfatal overdose rates are South Philadelphia and Kensington. The van alternates its service calls between them, parking in areas that are accessible to participants via public transportation and away from schools, playgrounds, and law enforcement.

Project RIDE Activities

The mobile unit provides a long list of services:

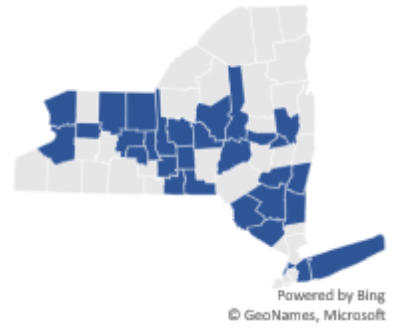
- **Induction and ongoing services.** These services are provided on the mobile unit or in participants' homes. Project RIDE collaborates with facilities that provide community-based MOUD.
- **Referrals to ongoing services within 3 months.** Before the COVID-19 pandemic, Project RIDE provided up to 30 days of service. At that time, the program had an average referral time of 21 days, and more than 80 percent of participants were referred to ongoing treatment within 1 month. Because of some COVID-19 restrictions on community-based services, Project RIDE has been extended to up to 90 days of intervention.
- **MOUD.** The mobile unit has been approved to prescribe and dispense buprenorphine and naloxone. The program's nurse practitioner is licensed to prescribe buprenorphine in Pennsylvania. The team prescribes, dispenses, and delivers medication to participants 1 week at a time.
- **Prescription deliveries for participants who cannot pick them up weekly.** Participants can pick up their weekly medications at the mobile unit or at a different location that better suits the participant. Medications can also be delivered to the participant's home.
- **Consistent contacts.** The peer recovery specialist calls participants daily during the first week of treatment and then at least two to three times per week in subsequent weeks. The team remains in contact with participants who reach out during off-hours until they can provide them services during working hours. The mobile unit team is accessible via social media, phone, or text and can meet participants wherever necessary.

In addition to supplying a mobile research and treatment unit, Project RIDE has innovated as needed:

- **An application (accessible by tablet, phone, or computer)** that helps the peer recovery specialist and case manager determine the most appropriate community-based treatment services for the participant.
- **The project developed a peripheral network of providers that supports a broad range of services,** ranging from least to most intensive treatment provisions. The team has established relationships with private facilities and clinics to refer individuals for psychiatric support, HIV and hepatitis C treatment, and housing services.
- **The project's case manager and peer recovery specialist attend participants' first treatment appointments after making referrals.** If the referrals fail or the participant is uncomfortable with the recommended services, the mobile unit team will identify and provide referrals for more appropriate services.
- **The project filled U.S. Drug Enforcement Administration (DEA)-approved prescriptions via telehealth after the onset of the COVID-19 pandemic.**
- **Project RIDE is informed by a community advisory board (CAB).** The CAB consists of proponents of harm reduction methods, drug user union representatives, and active community stakeholders. The CAB provides inputs on how to effectively communicate with the Philadelphia community and actively seeks community approval for parking and service expansion.

NYS OASAS

NYS OASAS administers funding to more than 81 mobile addiction treatment and transportation units (mobile treatment units or MTUs) across New York State's most rural and underserved regions.[2] The objective of this program is to increase access to medication-assisted treatment (MAT) within affected regions by allowing current providers to establish mobile clinic extensions. To expand the number of MTUs, NYS OASAS requested applications from eligible providers and brick-and-mortar opioid treatment programs in each of the 10 economic development zones across the state.[3] The resulting grants are one-time funding opportunities to cover the costs of the MTU, maintenance fees, insurance, and gas.



New York State

NYS OASAS requires the MTUs to:

- Offer all the **complements and services of a clinic**, with a physical examination room and separate rooms for discreet counseling.
- **Prescribe** naltrexone, buprenorphine, and methadone to properly treat OUDs outside of brick-and-mortar clinics or opioid treatment programs, with approvals from DEA and the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Be **staffed** with a nurse practitioner, a social worker, a peer recovery specialist, and credentialed alcohol and substance use counselors.
- Have nurse practitioners **provide MAT inductions** and additional services at social service sites and federally qualified health centers.
- Have peer recovery specialists **enter underserved regions and provide MTU services**.
- Have peer recovery specialists **operate transportation vehicles and transport** clients.

Telehealth

An increasingly important component of the NYS OASAS program is its telehealth services. Telehealth services are provided in both the clinic and the MTU, aiding practitioners and MTU staff members in their communication.

The COVID-19 pandemic significantly altered the provision of MTUs' telehealth services. Before the pandemic, practitioners were able to communicate with clients in their own homes, somewhere else in the community, or via smartphones and iPads. Since then, the MTUs conduct telephone outreach while mindful that many of their clients lack access to the internet and necessary telehealth equipment. Telehealth and telephonic communication among providers, MTU teams, and their clients has positively affected their interpersonal interactions with and connection to their clients. More home inductions are being performed than ever before because of this telehealth expansion. As providers and clients become more comfortable using telehealth services, clients can get their prescriptions without ever needing to come to the MTU.

Funding

NYS OASAS program funding and its ability to expand services were made possible by the reformulation of Medicaid reimbursement, with the majority of funding provided by State Opioid Response and Opioid State Targeted Response grants from SAMHSA. This funding was initially used to develop Centers for Opioid Treatment Innovation and ultimately required providers to expand their services via MTUs and to incorporate peer specialists in their outreach efforts. Additional funding from SAMHSA's MAT—Prescription Drug and Opioid Addiction (PDOA) Round II program also expanded the initiative to include the purchase of vehicles, use of vehicles for transporting clients, and outreach in rural and underserved communities. Medicaid and third-party billing support services are provided by the mobile units.

Key Considerations for Implementing Mobile Treatment for OUD

- MTUs can properly provide induction and ongoing treatment services to clients in a timely and feasible manner. These units ensure client comfort and safety to enhance clients' willingness to receive treatment.
- More funding can expand access to and availability of MAT and behavioral and mental health treatment in underserved regions. It is important to acknowledge the existence of co-occurring disorders when providing for clients with OUDs and to properly tackle those disorders by referring clients to ongoing treatment.
- Community buy-in is essential when providing services. Establish a strong rapport with the communities in which you are hosting MTUs and ensure that the parking locations are appropriate (e.g., accessible to public transportation with minimal school and law enforcement presence).
- Outfit the MTUs in ways that best fit the community's standards (e.g., either discreetly branding the unit to make potential clients more comfortable or transparently branding the unit in areas where OUDs are less stigmatized). Transparent branding may help reduce stigma and increase client comfort; find out what the clients and their communities prefer.
- Keep in touch with clients during off-hours to retain support for them.

Law enforcement and public health agencies can do the following:

- Work with mobile clinics to distribute naloxone to individuals with OUDs and their families to help prevent fatal overdoses
- Collaborate with emergency medical services to establish a list of at-risk individuals with OUDs and refer them to mobile clinics for induction and ongoing treatment services
- Provide security for the vans at a distance that maintains client confidentiality
- Assist with linking clients to community services that will aid their recovery process
- Establish crisis intervention teams staffed with mobile clinic team members, mental health and behavioral health professionals, and a police

Good Samaritan Laws

Good Samaritan laws require law enforcement to provide individuals with substance use disorders or experiencing overdose immunity from arrest, charge, or prosecution. Currently, 40 states and the District of Columbia have enacted Good Samaritan or 911 drug immunity laws.

officer to properly handle nonfatal overdoses. It is important that Good Samaritan laws[4] be practiced when handling such cases to prevent stigma.

Acknowledgments

We thank the staff at Project RIDE and NYS OASAS for taking the time to speak with RTI International about their work to expand MOUD services to underserved and under-resourced areas.

Endnotes

1. David S. Metzger, November 2018, *Rapid Initiation of Buprenorphine/Naloxone to Optimize MAT Utilization in Philadelphia*, Centers for Disease Control and Prevention, retrieved February 16, 2021 from https://clinicaltrials.gov/ProvidedDocs/37/NCT03908437/Prot_SAP_000.pdf.

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3. Sachs Policy Group, n.d., *RFA: Mobile Vehicles for Addiction Treatment Services,* Sachs Policy Group, retrieved February 16, 2021 from http://sachspolicy.com/wp-content/uploads/2020/02/Mobile-Vehicles-for-Addiction-Treatment-Services-RFA.pdf.

4. National Conference of State Legislatures, 2021, "Drug Overdose Immunity and Good Samaritan Laws," National Conference of State Legislatures, retrieved February 16, 2021 from https://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx.

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This project is supported by Grant No. 15PBJA-21-GK-01074-MUMU awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position of policies of the U.S. Department of Justice.