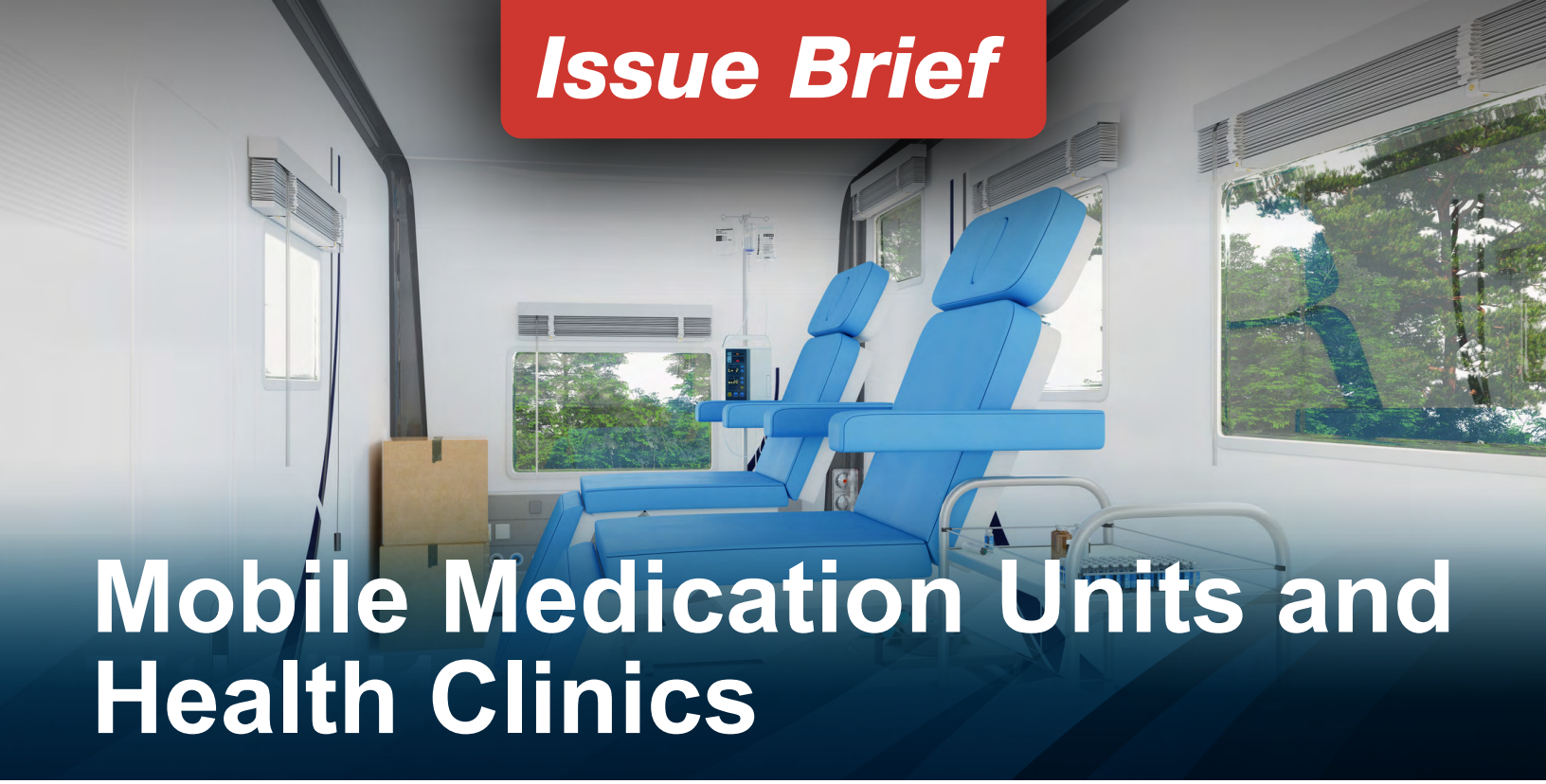
Issue Brief



Mobile Medication Units and Health Clinics

About the Issue – Expanding Access to Opioid Use Disorder Treatment

Opioid use disorders (OUDs) have been identified by the U.S. Department of Health & Human Services as a national public health crisis.[1] The impact of opioid misuse and use disorders on individuals, families, communities, the healthcare system, and society is far-reaching and often devastating. In 2021, an estimated 9.2 million Americans ages 12 or older used opioids without a prescription, and 5.6 million were determined to have an OUD.[2] People who misuse opioids or have an OUD are at a much higher risk of early death, primarily from accidental overdose, trauma, suicide, and infectious disease, and there is a higher rate of involvement in the criminal-legal system.[3] There has been an increase in opioid-involved overdose deaths in the past decade, with 21,089 reported in 2010 and 80,411 reported in 2021.[4] Mobile medication units (MMUs)

FDA-APPROVED MEDICATIONS FOR OPIOID USE DISORDER

Methadone • Buprenorphine • Naltrexone

of opioid treatment programs (OTPs) and mobile health clinics (MHCs) for opioid conditions can be a promising solution by expanding access to effective prevention, harm reduction, treatment, and recovery support services and offer important means to address the opioid crisis.

The Need – Medications for Opioid Use Disorder

Extensive research shows the efficacy of medications for opioid use disorder (MOUD), but MOUD remains underutilized across the United States.[5] The Controlled Substances Act of 1970 required that methadone for the treatment of an addiction to opioids had to be dispensed in specialty addiction treatment clinics, known as OTPs. OTPs must be registered with the Drug

SAMHSA
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Enforcement Administration (DEA), certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), and adhere to respective state regulations. OTPs have often been disconnected from mainstream healthcare systems and are inaccessible in many geographic areas.[6] Unfortunately, due to numerous constraints large portions of the country still lack access to lifesaving services and MOUD that improve the quality of life for those in need of treatment.

To access treatment at an OTP, some people must travel long distances for dosing daily. Further, research shows that MOUD can be especially difficult to access for underserved populations, including racial and ethnic minoritized individuals, persons experiencing homelessness, people who live in rural areas or in areas with limited public transportation, persons lacking health insurance, or those who are unemployed.[7] These challenges have an adverse effect on successful treatment outcomes through hindering service engagement and treatment adherence.

Vehicles for Change – Mobile Medication Units and Health Clinics

Two service models for expanding access to MOUD are the use of MMUs and MHCs for the treatment of OUD. MMUs are large, modified recreational vehicles (RVs) that travel to multiple locations to dispense MOUD, primarily methadone, and to provide other services typically provided in an OTP, including harm reduction, substance use disorder (SUD) treatment, recovery supports, and referrals to other needed services. These are satellites of OTPs that are registered with the DEA and certified by SAMHSA. MHCs for opioid conditions are similarly outfitted vehicles that can offer a range of primary care, harm reduction, and SUD treatment services, including the provision of naltrexone and prescriptions for or referral to other forms of MOUD.

MMUs and MHCs expand people's ability to access MOUD. These advantages include the ability to serve patients in multiple geographic locations within a single day and to provide access to MOUD for persons in correctional settings, residential treatment programs, or nursing homes. MMUs and MHCs can provide better access in communities where there are obstacles to receiving care and can support continuity of services, as patients are more likely to remain connected to services that are offered in multiple locations. Mobile programs can also be used during natural disasters and other emergencies to ensure patients continue to receive their medications. States and community providers can work together to implement MMUs or MHCs as a strategy to better reach and serve persons with OUD.

What Are Mobile Medication Units?

MMUs emerged in the 1980s to enhance access to methadone treatment in rural communities and in urban areas where there was opposition to opening brick-and-mortar OTPs.[8] After a hiatus on establishment of new units, in July 2021, the DEA finalized new rules that allowed OTPs to establish and operate MMUs without obtaining a separate DEA registration for each mobile component, and in November 2021, SAMHSA issued new guidelines on services that can be provided on MMUs and the use of SAMHSA funds for this purpose. The new rules expanded the opportunity for OTPs to reach people where they live and work and areas without access to MOUD treatment. Existing OTPs may add a mobile component to their services, and they can provide the full range of services available within OTPs. The MMUs are required to return to their respective DEA registered OTP daily and re-secure all medications within the physical building, as the OTP is responsible for medication ordering, storage, security, and recordkeeping.[9]

Mobile Medication Units are tied to existing OTPs and may travel to multiple locations to administer and dispense MOUD.

MMUs may travel to multiple locations to administer and dispense medications for OUD treatment and provide the full range of services available within OTPs, including intake/initial psychosocial and medical assessments, medication induction, case management, recovery support and harm reduction services and counseling services. MMUs can prescribe and/or administer all forms of FDA-approved MOUD, including methadone, buprenorphine, and naltrexone. MMUs have been used to ensure continuity of care in natural disasters and in emergencies in which an OTP's services otherwise would have been disrupted due to fire or flooding.

Mobile Health Clinics for people who use opioids offer a range of primary care, harm reduction, and substance use services.

What Are Mobile Health Clinics for People Who Use Opioids?

MHCs for people who use opioids are specialized vehicles that travel to communities to address OUD and provide a range of health care services. MHCs offer a range of services which may include primary care, harm reduction, and SUD services such as MOUD, counseling, toxicology testing, recovery support services, and referral to wraparound services. Harm reduction services may include syringe services and naloxone distribution. Primary care services may include sexually transmitted infection screenings and wound care.

Through MHCs, clinicians can prescribe buprenorphine or naltrexone or refer patients to OTPs for methadone treatment. Depending on the medication, they can be provided on the mobile clinic, or prescriptions may be offered. MHCs offer a low-barrier approach for medication access and increased service flexibility.

State Highlights

Across the country, states have implemented mobile initiatives to extend the reach of harm reduction, SUD treatment, MOUD, and recovery supports into communities. States have taken a variety of approaches to provide mobile services and are in different stages of their implementation and expansion activities. This brief will highlight efforts in two states: New Jersey and Colorado.

Mobile Medication Units in Practice: New Jersey State Highlight

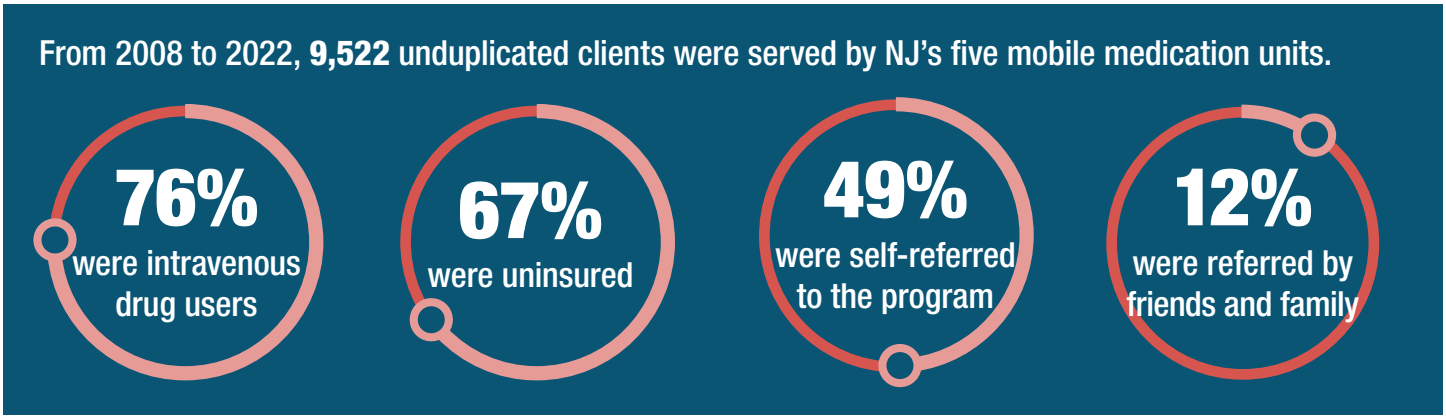
The New Jersey Department of Human Services, Division of Mental Health and Addiction Services (DHS-DMHAS) initially established MMUs in 2008 through their Medication Assisted Treatment Initiative (MATI). The MMUs were part of an innovative strategy to deliver treatment services directly to neighborhoods where there was great need for MOUD services. Using state funds, New Jersey purchased vehicles to start their MMU program. Services were, and continue to be, supported by state funding and third-party payors, including Medicaid.

New Jersey's MMUs are large custom-built RVs. One part of the vehicle is used to dispense medication and another part is used for medical and counseling services. The vehicle has lavatories and space for exams and blood tests, as well as space to safely store medication. The vehicles have security components to meet the medication security requirements of the DEA. The state's mobile units are staffed with personnel including a nurse and physician on board. SUD counselors can be accessed onsite, remotely, or by provided transportation in some cases. These units are satellites of their associate OTP, with DEA approval, SAMHSA certification and state licensure with a special designation for the vehicle as an OTP/ narcotic treatment program (NTP).

For patients to receive treatment and other support services through the MATI, providers ensure program and clinical eligibility. These eligibility requirements include being a New Jersey resident, having a history of injection drug use, testing positive for opioids or having a year history of OUD, and not being enrolled in an MOUD program or currently under the care of a medical practitioner who prescribes buprenorphine.

New Jersey has extensive experience implementing MMUs in several settings. In 2017, one of the existing MATI RVs was re-assigned to serve a correctional facility in Atlantic City. The program initiates MOUD with incarcerated individuals and continues MOUD after release from jail. From 2017 through 2022, programming has shown positive results with over 1,500 persons released on MOUD and over 80% beginning or maintaining treatment in the community.

New Jersey's mobile units have succeeded in engaging underserved populations and reducing barriers to care by reaching people who might otherwise not be able to engage in treatment. New Jersey's MMU patients are more likely to be unhoused/unsheltered, or uninsured/underinsured than those who receive services at an OTP.



As part of the agency's implementation efforts, New Jersey's DMHAS has worked to develop strong community acceptance for MMU placements by establishing community stakeholder consortia in each community where units operate. MMUs also established relationships with other substance use services and programs, including harm reduction providers. The units are licensed to offer outpatient treatment and are connected to other levels of SUD treatment for patients who may require a higher level of care. MMUs offer a person-centered approach to OUD treatment by directly providing or connecting individuals with services and resources that meet their personal needs.

Looking to the Future

After the 2021 DEA regulations were finalized, New Jersey developed a new initiative, through State Opioid Response (SOR) grant funds, to expand the use of mobile services. The state has recently contracted with two OTPs to deploy new MMUs to communities and provide low-barrier medication services. State officials hope that over time the units will become a familiar and trusted presence in high-risk communities. The MMUs, referred to by the state as mobile outreach vehicles, will provide case management and recovery support services and administer methadone as well as buprenorphine.

Mobile Health Clinics for People Who Use Opioids in Practice: Colorado State Highlight

In 2019, the Colorado Department of Human Services Behavioral Health Administration (DHS-BHA) implemented six mobile health clinics, referred to in the state as "mobile health units" (MHUs), to improve access to MOUD in rural and underserved areas. The MHUs primarily deliver MOUD treatment to towns and rural areas with limited access to OTPs or other MOUD programs. The MHUs are operated and managed by subcontracted providers. The state provided SOR grant funding for start-up costs, which included purchasing and customizing the vehicle. The MHUs bill Medicaid and private insurance for services where applicable.

Colorado's MHUs are custom built RVs that function as health clinics. They travel to 32 counties across the state, and each mobile health unit is staffed by a program supervisor, nurse, counselor, peer recovery coach, and an MOUD prescriber via telehealth. One team travels by sport utility vehicle (SUV) to enable them to travel through an area with narrow mountain roads. A typical daily journey for the mobile clinics includes delivery of services in two communities per day, beginning and ending the day at the units' home clinic.

The MHUs provide patients with access to both an MOUD prescriber and counselor. Providers on the MHUs complete an SUD screening for each patient. Services offered include counseling, toxicology testing, overdose education and naloxone distribution, referral to wraparound services, syringe disposal, and telehealth sessions with MOUD prescribers. Patients may be prescribed naltrexone, which can be administered by a nurse on the unit or filled in a pharmacy, or buprenorphine, which must be filled at a pharmacy. Patients for whom methadone is recommended are referred to an OTP.

The clinical teams use a patient-centered approach to support people at any step in their recovery journey. They connect patients to resources depending on their specific needs, including connecting them with outpatient counseling, local resources such as food banks, or recovery support services. Clinical staff can stay in touch with patients even when the MHU is not in the area through an electronic patient portal or telephone.

To raise awareness of the services offered by the MHUs, the state's SOR team and subcontracted providers conduct community outreach to engage and educate the community about mobile services being offered. In some communities, the MHUs had pre-existing relationships with SUD service provider organizations in or near the planned MHU service areas. These partnerships allowed some mobile unit providers to initially offer MOUD services at temporary clinics set up in a community partner's space while waiting to receive their vehicles.

The state's SOR team contracted with the Evaluation Center at the University of Colorado, Denver, to assess program reach, measure client satisfaction and access to services, and document the challenges and the activities to support program implementation. The university's evaluation found that the mobile nature of the MHUs was a major asset for improving access to treatment services. Patients valued the convenience of having the MHU travel to locations closer to where they live — eliminating the need to travel long distances. Patients reported positive engagement in treatment and indicated satisfaction with access to both the same prescribing doctor and counselor through the MHUs whenever it was possible.[10]

Looking to the Future

At this time, Colorado is working on long-term planning to sustain mobile services in the current areas covered by the MHUs. The state is also working toward deploying two new MMUs, with the ability to prescribe and dispense medications in a private and appropriate area. The vehicles for the units have been built out, and subcontracted service providers have been identified.

From October 2019 through September 2020, the CO clinics reported:

2,015 visits by 414 patients

Providing MOUD services to **48** rural towns

93% of patients agreed that the treatment received at the MHU supported their recovery

Lessons Learned & Opportunities for Maximizing Mobile Services

1. Mobile units require regular maintenance and can encounter mechanical issues while on the road. Planning for vehicle maintenance and repairs is necessary. States and providers are encouraged to include vehicle maintenance in their budgets and to develop a plan for preventative maintenance and repairs.

2. Medicaid can help support approved state services provided in mobile units for Medicaid eligible individuals.

3. Mobile unit implementation plans work best when initiated with community outreach. Early stakeholder engagement not only establishes key relationships for operations and referrals, but also helps to reduce stigma and increase local community support.

4. States can use mobile units as part of an emergency management strategy when MOUD guest dosing is not an option. For example, after Hurricane Sandy, downed wires and trees kept people from easily moving around New Jersey. The state used their units to deliver medications to people in need, including individuals in shelters. The units allowed people to access treatment during that difficult time.

5. States and communities can use MMUs to ensure continuity of care by bringing MOUD to patients in settings that are unable to provide this care, such as residential treatment programs, nursing homes, or correctional facilities.

6. Mobile units can provide outreach to high-need areas where people diagnosed with OUD may face added barriers to accessing services, such as homeless shelters, tent cities, and correctional facilities. Mobile units are a successful means to engage people in these settings with treatment services.

7. Mobile units provide an opportunity to bring not just medication, but also medical care, education services, harm reduction services, counseling, recovery support, and referral to additional services to people in need.

Resources

Mobile Units

Federal Guidance for OTP and MMU Certification *SAMHSA*	This webpage outlines requirements, guidelines, and application processes for OTPs and the establishment of MMUs.
Letter Regarding Use of Block Grant Funds to Purchase Vehicles *SAMHSA*	This letter provides clarification regarding the use of Block Grant funds to purchase mobile unit vehicles, including for for-profit entities.
Mobile Addiction Services Toolkit *Kraft Center for Community Health*	This practical guide outlines implementation considerations for mobile clinics, including licensure, budgeting, staffing, outreach and engagement, clinical encounters, van maintenance, and safety.
Mobile Methadone Medication Units: A Brief History, Scoping Review, and Research Opportunity *Journal of Substance Abuse Treatment*	This research article reviewed and examined the research related to MMUs to identify and assess the extent of mobile MOUD research and inform the development and implementation of new mobile services.
"How to" Webinar – Expanding the Use of Mobile Vans *American Association for the Treatment of Opioid Dependence (AATOD)*	This webinar described how OTPs can expand their blueprint throughout the country by expanding the use of mobile vans. The webinar featured federal speakers and providers who have been operating mobile units for many years.
"How to" Webinar – Expanding the Use of Mobile Vans 2 *AATOD*	AATOD produced a second webinar on expanding the use of mobile vans connected to OTPs. Speakers discussed details on federal guidance in support of developing mobile units, the cost of purchasing the units, reimbursement mechanisms to support the use of mobile units, and how the units can work with correctional facilities to expand access to MOUD.
Mobile Health Units Delivering MAT Treatment Year Two Evaluation Report *Colorado Department of Human Services Office of Behavioral Health*	This evaluation reports on the first two years of Colorado's mobile health unit initiative. It describes the program's reach, client satisfaction, and implementation factors.

DEA Mobile Component Rule Change

Registration Requirements for Narcotic Treatment Programs with Mobile Components *DEA*	This Federal Register excerpt outlines the final rule to revise existing regulations for OTPs to allow the operation of a mobile component associated with a DEA-registered OTP.
Letter Regarding DEA Mobile Component Rule Change *SAMHSA*	This letter from SAMHSA leadership to OTP Directors, State Opioid Treatment Authorities (SOTAs), and State Directors provides information on the final rule change and guidance on what services may be provided in MMUs.

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