Evaluation of a mobile addiction services model with joint provision of clinical and harm reduction services

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Disclosure

- No conflicts of interest
- Amazing team!
  - Dominic Hodgkin, Cynthia A. Tschampl, Margot Trotter Davis, Constance Horgan, Traci Green (*The Heller School for Social Policy and Management, Brandeis University*)
  - Elsie Taveras, Craig Regis, Jadyn Baptista (*Mass General/Kraft Center for Community Health*)
  - Funder – Bureau of Substance Addiction Services, Massachusetts DPH

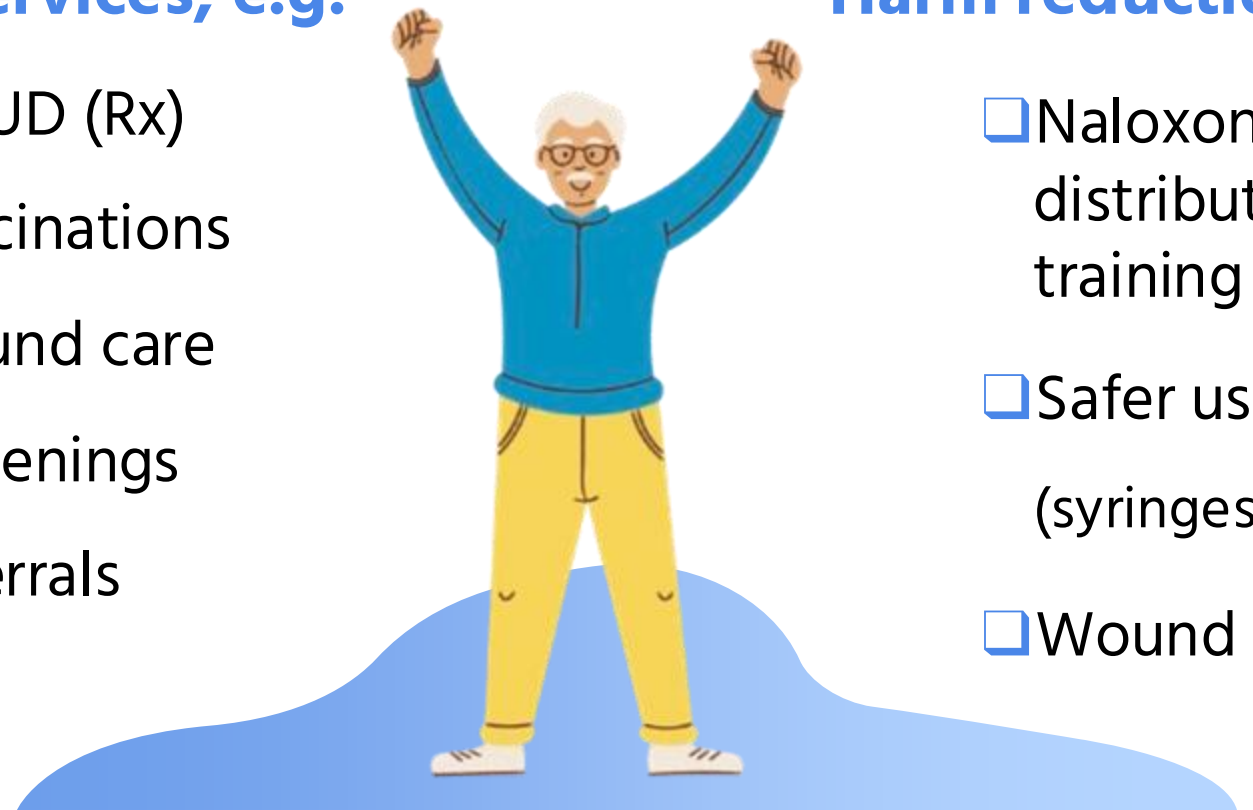
Background

- Lack of access to office-based clinics and medications for opioid use disorder (MOUD) due to stigma
- Low-threshold treatment via mobile addiction services (MAS)
  - Where people live or congregate
  - Provide buprenorphine and harm reduction services
  - Accessible to populations that are unhoused

What the MAS programs provide

Clinical services, e.g.

- ❑ MOUD (Rx)
- ❑ Vaccinations
- ❑ Wound care
- ❑ Screenings
- ❑ Referrals

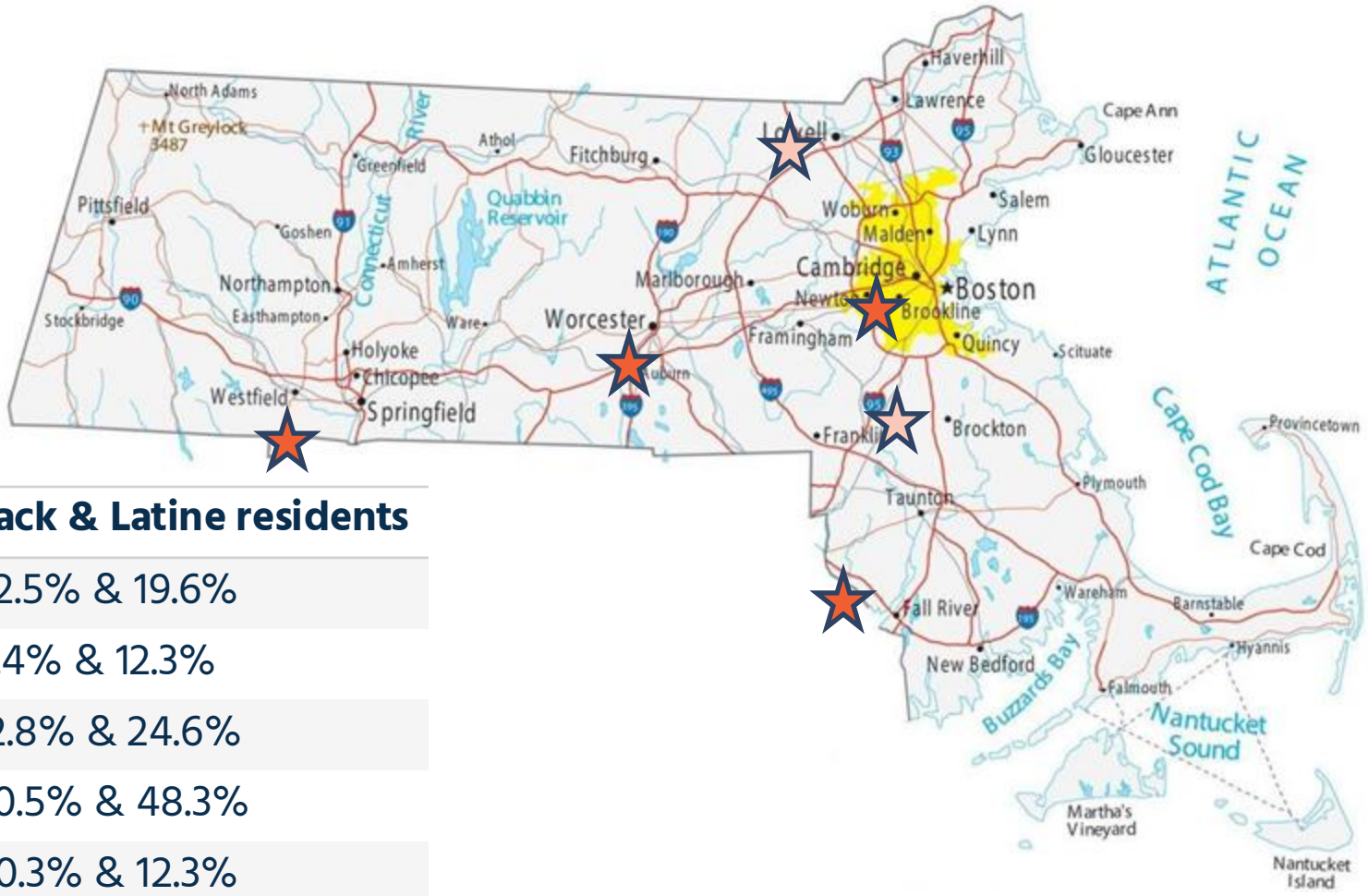


Harm reduction services

- ❑ Naloxone distribution and training
- ❑ Safer use supplies

  (syringes, pipes, etc.)
- ❑ Wound care kits

Medical Addiction Services (MAS) program locations



City	% Black & Latine residents
Boston	22.5% & 19.6%
Fall River	6.4% & 12.3%
Worcester	12.8% & 24.6%
Springfield	20.5% & 48.3%
Brockton	40.3% & 12.3%
Lowell	9.5% & 17.8%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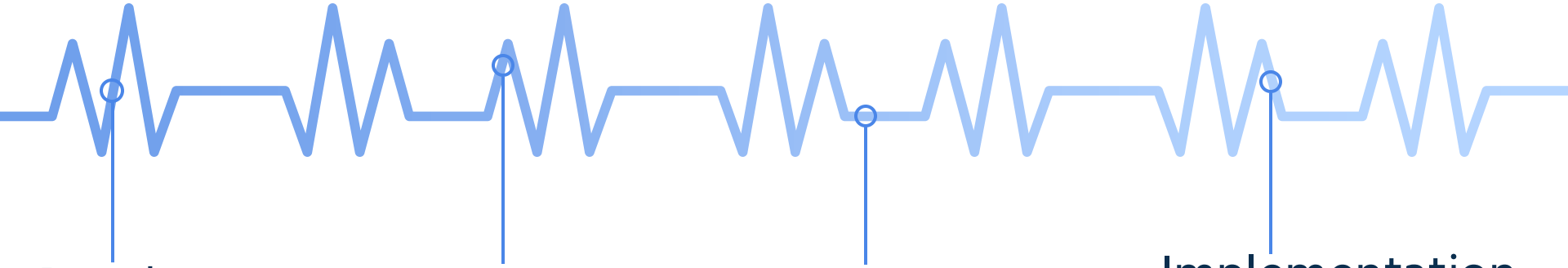
Aims of the evaluation (RE-AIM)



Reach

Measure the *access* for previously underserved groups

Effectiveness

Measure the *effectiveness* of the intervention (e.g., time in treatment)

Adoption

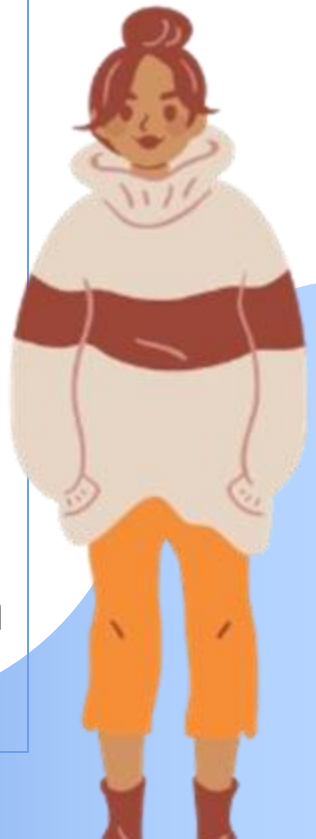
Track the *adoption* of the intervention and fidelity to protocol

Implementation & Maintenance

Assess the *how* and the *sustainability* of the intervention

Data sources

1. Site-level performance on 7 indicators related to the OUD cascade of care *(Reported every 6 mo)*
2. Site-level "benchmark" measures related to overall work effort, *(Reported monthly)*
3. Client demographic data at *intake*
4. Site visits and staff interviews
5. Monthly TA sessions with the sites
    a. Insight into implementation, complications such as vehicle repair, etc.



Findings: Reach

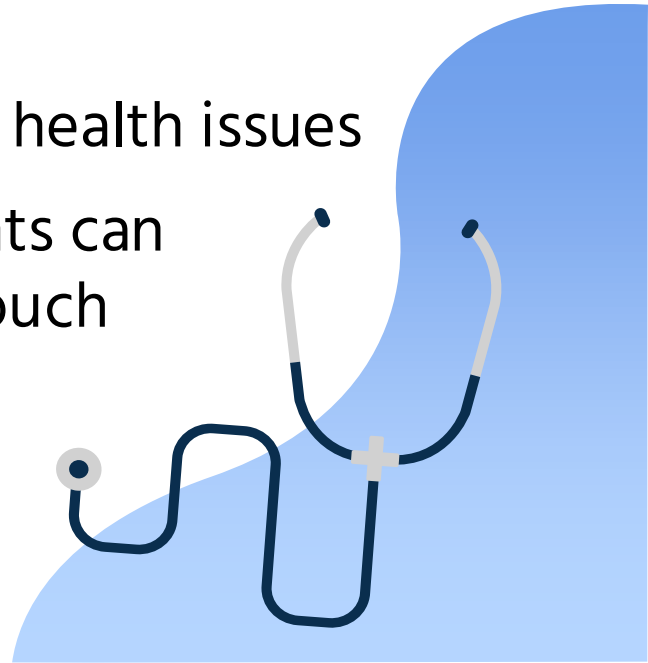
- Providers described the typical client as: legal adults, unhoused, having an SUD, and disconnected from traditional pathways to care
- Clinic staff noted some people come to MAS for person-to-person connection, not MOUD; staff use this to develop trust

Findings: Adoption

- Partner with community-based facilities, criminal justice entities, recovery centers, and hospitals to refer patients to MAS for MOUD treatment
- Communicate with city officials, town officials, and district police officers
- Emphasize referral network

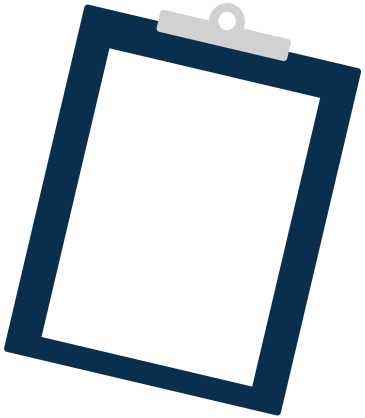
Findings: Implementation

- Delayed van arrivals due to COVID-19
- Safety protocols for MAS personnel
- Adaptability to pressing local public health issues
- Park vans near pharmacies so patients can quickly fill prescriptions, staff can vouch



Findings: Maintenance

- Challenges to long-term sustainability
  - Staff burnout; witness to trauma
  - Variability of caseload
  - Uneven billing
  - Relations with police



Conclusion

- Substantial evidence of model implementation fidelity across programs
- MAS programs proved nimble when facing new crises
- Clinical and harm reduction services provided to hard-to-reach populations (e.g., without housing)
- Financial sustainability of the model requires further study

Sneak Peek!

- Approximately 600 harm reduction + 500 clinical encounters per month across MAS programs
- Effectiveness: MOUD 16% retention at 180 days
- Preliminary evidence: ~50% are new to BSAS-funded services
- Next step: Are we reaching the underserved?

Thank you!

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Study Publications so Far

- Tschampl CA, Regis C, Johnson N, Davis MT, Hodgkin D,… Taveras E. (2023). Protocol for the Implementation of a Statewide Mobile Addiction Program. Journal of Comparative Effectiveness Research 12(5).
- Davis MT, Tschampl C, Hodgkin D, Regis C, Taveras E, Plant B, Reilly B, Horgan C (2024). Mobile Clinics for Opioid Use Disorders: What They Do and How They Do It. A Qualitative Analysis. Journal of Substance Use and Addiction Treatment 164: 209428.
- (Related paper) Regis, C., Gaeta, J. M., Mackin, S., Baggett, T. P., Quinlan, J., & Taveras, E. M. (2020). Community Care in Reach: Mobilizing Harm Reduction and Addiction Treatment Services for Vulnerable Populations. *Frontiers in Public Health*, *8*.
- (Related paper) Pepin, M. D., Joseph, J. K., Chapman, B. P., McAuliffe, C., O'Donnell, L. K., Marano, R. L., ... & Babu, K. M. (2023). A mobile addiction service for community-based overdose prevention. Frontiers in public health, 11, 1154813.