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State Opioid Response Grant

Mobile Opioid Treatment Program 2022-2023 Annual Report



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HIGHLIGHTS

- ❖ Two recreational vehicles (RVs) were modified to operate as mobile methadone clinics to serve patients in the Denver area.
- ❖ Denver Health and University of Colorado Addiction Research and Treatment Services (ARTS) were selected as treatment partners. Seven new MOTP staff members have been hired and trained.
- ❖ Denver Health and ARTS have forged key community partnerships across Denver including with the Eastside Family Health Center, Westside Family Health Center, Denver Police Department, Denver Rescue Mission, and the Aurora Day Resource Center.
- ❖ There were obstacles to program implementation in the first year of the program that caused unexpected delays to offering treatment services. Challenges included needing to make modifications to RV units to meet Drug and Enforcement Agency (DEA) regulations and unexpected repairs that delayed operation of RV units.
- ❖ Denver Health launched the Mobile Opioid Medicated Assisted Treatment (MOMAT) unit to offer mobile methadone treatment for the first time in Colorado. Colorado now joins a small number of states that can provide methadone in a mobile setting.

INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the third round of State Opioid Response (SOR) funding to the Colorado Behavioral Health Administration (BHA) in 2022. Through this round of SOR funding, the BHA expanded services to include two new recreational vehicles (RVs) to provide mobile opioid treatment program (MOTP) services in Denver Metropolitan Area. This new program is now possible since the 14-year DEA moratorium on methadone-dispensing vans was lifted in 2021. The US Department of Justice reports, “This rule change will have a significant impact on the nation’s 2,700 DEA-registered and future methadone service providers. DEA will no longer require providers to obtain a separate registration to operate a mobile component and distribute controlled substances. Removing the dual-registration requirement will make it easier to supply treatment services to rural and underserved areas.”¹

The BHA contracted with Signal Behavioral Health to provide oversight and expertise over the build out of the RVs. In 2022, the BHA and Signal jointly selected Denver Health (DH) and the University of Colorado Addiction Research and Treatment Services (ARTS) as treatment partners. While each partner site will have different patient recruitment strategies and location sites, both programs will dispense methadone in a mobile setting.

The BHA contracted with The Evaluation Center (TEC) at the University of Colorado Denver to conduct a program evaluation of the new mobile methadone program. TEC evaluators conducted 45-minute interviews with DH and ARTS program leaders in October and November 2023. Exhibit 1 displays the names and titles of the five people interviewed.

Exhibit 1. Interviews with MOTP Program Leadership, n=5

Denver Health Interviewees	ARTS Interviewees
Matt Hoag, Principal Investigator (PI)	Angela Bonaguidi, LCSW, LAC, MAC (PI) Director Adult Outpatient Program Department of Psychiatry
Shannon Unger, LPC, LAC, OMAT Clinical Supervisor Outpatient Behavioral Health Services	Michael Sullivan, Health Care Program Director
Stephen Szapor, Finance & Operations Manager	

¹ US Department of Justice, [DEA Expands Access to Mobile Narcotic Treatment Programs](#), August 2021

REPORT SUMMARY

This report provides a summary of year one successes and challenges for both sites. In the first year of the program, the build-out of two specialized RV units was completed. MOTP leaders applied for all necessary vehicle registration, insurance, and needed safety inspections. MOTP leaders worked closely with the state of Colorado's State Opioid Treatment Authorities (SOTA) officials to schedule inspections and apply for Drug and Enforcement Agency (DEA) approval. Major obstacles to program implementation included completing DEA-mandated structural modifications to the units, making unexpected repairs to the units, and obtaining approval under new DEA guidelines. These challenges, in turn, impacted opportunities for patient enrollment for treatment services.

Despite these challenges, DH launched their Mobile Opioid Medicated Assisted Treatment (MOMAT) Program and began to offer methadone treatment in a mobile setting for the first time in Colorado. Other program successes included staffing nearly all positions at DH and ARTS, providing training for all newly hired staff, and building community partnerships in the Denver area. Colorado now joins a small number of states that can provide methadone in a mobile setting.

In this report, results are presented combined for both sites because both had similar experiences. Describing them together during the beginning phase of the program helps highlight what future MOTP programs might also experience. Subsequent reports containing treatment information will contain a section for each site.

PROGRAM SUCCESSES

PROGRAM LAUNCH

DH completed a mock walk-through on the MOMAT unit on October 17, 2023, to practice their procedures without patients. The MOMAT unit officially began offering mobile services on October 31, 2023, enrolling two patients. DH drives their unit to the Bernard F. Gibson Eastside Family Health Center (Eastside) in the Five Points neighborhood of North Denver. They collaborate with primary care providers at Eastside to identify current DH patients who can benefit from mobile substance use disorder services. DH has two addiction certified physicians who are available for patient visit appointments inside the brick-and-mortar clinic. If doctors determine patients are a good fit for the mobile program, they send them outside to the mobile unit. The unit will not be onsite every day; however, eligible patients will receive take-home medications. Shannon Unger described, "The biggest win is just saying that we had this vision, and we're finally starting to see it come to fruition."

For the DH MOMAT unit to launch, many stakeholders within DH came together to provide input and planning. Matt Hoag explained:

"What I appreciate in terms of things that are successes is that we work somewhere where we can make this stuff happen and work. It's probably been across 30 different departments and teams within DH and across two major departments to improve current care which is something that we don't always get to do within substance treatment. To be able to say we're going to improve your care, we're going to do that right now, and make it easier for you is pretty special."

STAFFING

Staffing for MOTPs is nearly complete with seven of eight positions filled (Exhibit 2). DH hired staff for four positions including a registered nurse (RN), a peer support specialist, a licensed counselor, and a care navigator/driver. As a large health organization, DH has several existing [Mobile Health Centers](#) (e.g., cancer screenings, primary care, vaccines). The DH team recruited two of the newly hired staff from within their existing programs. One was an RN from within their existing methadone dispensary program. A second was a care navigator/driver from within their mobile health centers, allowing them to benefit from the individual's existing expertise to drive, set up, and maintain the unit. Matt Hoag described the benefits of hiring from within their organization:

"One thing that we found out early on is we wanted to have a close collaboration with our mobile health centers, which is a department that we have here at Denver Health and so we leaned really heavily into them at the beginning of the grant and led us to develop the care navigator/driver position. ... So we recruited from that department to find the candidate and worked really closely around their protocols for training and how to keep their drivers happy, healthy, and taking care of the units. I think that was a huge lesson learned early on."

DH focused on hiring staff with prior harm reduction and medicated assisted treatment (MAT) experience. In addition, they prioritized hiring self-motivated individuals who exhibited excitement for being part of a new innovative program. DH had initially proposed hiring two nurses; however, they will wait to hire a second nurse if needed in the future.

Exhibit 2. New MOTP staff positions

Denver Health Staff	ARTS Staff
Registered Nurse	Physician’s Assistant (PA)
Peer Support Specialist	Peer Support Specialist
Licensed Therapist	Counselor
Care Navigator/Driver	Driver/security position (unfilled)

ARTS has hired for three of four positions, hiring a counselor, a peer support specialist, and a Physician’s Assistant (PA). The PA position took considerable time to hire as it was designated as a faculty position. The PA position was listed in April 2023 with ARTS receiving approval to hire in November 2023. The most difficult position to fill, however, has been a security guard who can also serve as a driver for the unit. Angela Bonaguidi describes,

“We’d like to have a security person on board because this particular unit—unlike DH—isn’t parked at specific health care clinics. It will be in very public areas that are known for high levels of homelessness and maybe a higher risk of danger. We want to ensure the safety of our staff and our patients on board so we’d like to have a security person who can dually serve as somebody who can drive the unit.”

As part of the University of Colorado Anschutz, ARTS has multiple requirements for a driver of this type of RV unit (32-foot Winnebago). They require the individual to have five driver trainings, a driver’s test, and an extensive background and driver’s license check. These requirements have posed a challenge in hiring for the driver position. While they have interviewed several applicants, none of the applicants were chosen to move forward in the hiring process.

TRAINING

Medications for Opioid Use Disorder (MOUD) involves a combination of medications that target the brain and psychosocial interventions (e.g., counseling, skills development) aimed at improving treatment outcomes. A variety of medications are used to treat individuals with Opioid Use Disorder (OUD). Of the available medications, methadone is the most regulated, and it can only be used in Opioid Treatment Programs. As such, there is considerable training required of clinicians and staff working in these programs. Additionally, program success is heavily reliant on a multi-disciplinary team who collaborate regularly to ensure patients are getting the best treatment and wraparound care.

At DH, all new MOTP staff participated in internal training within DH’s brick-and-mortar clinic to learn the particulars of methadone including all emergency protocols and how to read urine analyses. Each new staff member also participated in individualized training for their position. The peer support specialist at ARTS is in the process of completing required training to become fully certified. Finally, DH MOTP staff participated in an hour-long training regarding GPRA data collection. During this training, TEC explained the purpose and requirements of the GPRA data collection as well as provided instruction on how to navigate the SOR Colorado website and submit a complete GPRA Intake Survey. TEC also worked with the Denver Health staff to discuss when a GPRA Intake is necessary and worked collaboratively to develop a decision tree that documents these steps.

For ARTS, program leaders prioritized hiring individuals who had experience and comfort with treating high-risk, high-need patients. Angela described,

“It’s very important that staff members interviewing or selected for these positions understood the target population. This unit is going to be parked in front of the Denver Rescue Mission, for example. This is a very large population that has a lot of issues with social determinants of health. So it’s really important that staff members receive and participate in [diversity, equity, and inclusion] (DEI)-related trainings. So those are things we are focusing on with this group.”

Therefore, all new MOTP staff members will complete DEI training. The PA will be applying for a mid-level exemption waiver from SAMHSA, which is required of all PAs to be able to prescribe opioid use disorder methadone in any setting. The peer counselor is in the process of becoming a certified peer in the state which includes trainings on better understanding the MOTP population and processes, working closely with more senior peers, and completing motivational interviewing and case management trainings. Finally, once the driver for the ARTS unit is hired, they will be required to complete extensive driver trainings including safety and de-escalation trainings. TEC also facilitated a preliminary GPRA Training covering the purpose and requirements of the GPRA data collection and instruction on how to navigate the SOR Colorado website and submit a complete GPRA Intake Survey for the program director at ARTS. Since the ARTS team is not fully staffed, an all-staff GPRA training has not yet been completed.

COMMUNITY PARTNERSHIPS

Community partnerships are important to address substance use more effectively in the community.² Potential partners could include local law enforcement, community-based organizations, elected officials, and other substance use professionals. DH built on their existing partnership with the Denver Police Department (DPD) and their Outpatient Behavioral Health Services (OBHS). Prior to the start of the MOMAT program, DH program leaders had conversations with DPD representatives (District 2) to inform them of the new program and gather program buy-in. Shannon Unger explained, “We wanted to make sure that we didn’t show up and start giving methadone and talk to them. For us, the biggest thing

² Partnership for Drug-Free Kids. 2015. *How to Build Effective Community Partnerships to Prevent Teen Substance Abuse: Implementing PACT360 in Your Community*. Washington, DC: Office of Community Oriented Policing Services.

is trying to reduce the stigma around methadone and letting our partners know what it is that we're providing and what it is not."

In addition to the police, DH has been collaborating closely with their Eastside Family Health Center. Though the clinic is affiliated with DH, the Eastside clinic has their own operations with which MOTP staff need to become familiar and integrated. Finally, DH describes ARTS as a crucial partner in this work, collaborating closely with them on unit design modifications.

Meanwhile, ARTS has signed a Memorandum of Understanding (MOU) agreement with Denver Rescue Mission (DRM), a community-based organization serving individuals experiencing homelessness and addiction. Once the ARTS unit is operational, they plan to park outside the DRM and conduct outreach with DRM existing clients. ARTS has also had planning meetings with the Aurora Day Resource Center who are interested in services in the Montbello neighborhood, which has seen a rise in overdoses. ARTS is in planning discussions to potentially add a stop on their route in Montbello.

IMPLEMENTATION CHALLENGES

UNIT DESIGN AND REPAIRS

Both partner organizations experienced challenges with the design of the RV unit to meet DEA specifications. In addition, each RV experienced different structural issues that required repairs. For example, the DH MOMAT unit had hydraulic issues which led to emanating smoke and fire concerns. Therefore, the unit needed significant mechanical repairs which took longer than expected and delayed the availability of the RV for use. The ARTS unit experienced electrical glitches that caused the cameras to turn off. As of the time this report was written, the backup camera has been ordered; however, it is expected to be on backorder for an extended period. Angela Bonaguidi from ARTS summarizes the challenges with the RV units:

“Neither DH nor University were prepared for the design or the maintenance and upkeep that is required of this type of unit. ... Neither OTP was included in the design of the unit, which became problematic later. We had to make a lot of adjustments. We are the longest standing [OTP] clinic in the state of Colorado so we’ve been doing this for a very long time, so we know how to design a methadone clinic. However, designing a methadone clinic on a van is very different. What we received needed some modifications that nobody predicted. So we’ve been working very closely with DH, and our units look very similar as a result.”

Finally, ARTS has been notified that they need to find a location to install an overnight charging station for their unit. Building the needed charging station is projected to cost about \$25,000. Since this expense was not stated in the MOTP RFP, ARTS did not include this cost in their original grant budget. In addition, ARTS will need to reconsider their service route and plan to depart and store the unit in this new charging station location.

DRUG ENFORCEMENT ADMINISTRATION APPROVAL

Like other MOTP programs across the nation, DH and ARTS experienced major delays in obtaining DEA approval. Since offering methadone in a mobile setting is still fairly new, there is a lack of clarity around exact protocols for full DEA approval. For example, DH will not be storing any medication on the unit; however, they were informed by the DEA that the unit still needs to be stored in a fenced area, which caused further delay. Matt Hoag described:

“We’re fortunate that we are a very large health system, so we’ve been able to cushion some of the challenges that have come up. But we’re still struggling quite a bit with some of the final regulations from the DEA with the timelines that we don’t have any control over.”

ARTS benefitted from DH going through DEA approval first and were able to begin making repairs and modifications as they await the arrival of the backup cameras. The DEA approval process for ARTS is expected to go smoothly once the ARTS unit is repaired since the units are nearly identical.

LOW PROGRAM ENROLLMENT

Both partner organizations are still pending full DEA approval. DH received partial approval to drive the MOMAT unit to the Eastside Family Health Center; however, they are not able to dispense any medication on the unit until they receive full approval. Shannon Unger described, "Right now if we have patients who are already enrolled, we are pre-pouring the medication and the nurse is delivering it there. If we do a new intake, then I have been delivering the medications. We're unable to dispense it but, because we're all DH staff, we're able to provide that delivery as part of our chain of custody." DH expects to do another walk-through review with the DEA in late 2023 and obtain full approval at that time.

Once the ARTS mobile unit is repaired, they plan to recruit new patients from the community to their program. The ARTS unit will park near the DRM in North Denver. Patients will be assessed and be able to receive medications on site on the mobile unit. They plan to advertise on digital resource screens inside the DRM. ARTS unit will identify additional locations for their route at a later date. Their exact route will be determined largely by the location of their charging station. However, they are hesitant to start marketing treatment services because they do not want to promise services they cannot provide yet.

LIMITATIONS AND NEXT STEPS

Due to program implementation delays, no patients were enrolled in the first year of the current SOR grant, which ended September 30, 2023. Most of the evaluation activities to collect program outcomes could not be executed as planned in year 1. Evaluators planned to track methadone treatment services provided on the units as well as client-level outcomes and satisfaction with the program (Exhibit 3). Evaluators still plan to collect this data in the second year of the program once units are routinely in service. Finally, evaluators at TEC will collaborate closely with evaluators from Denver Health and the University of Colorado Anschutz Medical Campus to align program evaluation efforts and utilize similar instruments and data collection timelines.

Exhibit 3. MOTP Evaluation Metrics

Mobile Unit Tracking	Client-level Evaluation
Referral source to mobile unit	Client satisfaction with services/treatment
Methadone Treatment (e.g., # intake/ inductions, # of follow up visits)	Clients retained at 30, 60, and 90 days
Unique Patients (e.g., # of patients served, # of patients reengaged in treatment)	Clients reporting increased perception of quality of life
Outgoing referrals to local providers or wraparound services	Patient demographics (e.g., age, race/ethnicity, parental status, housing status, pregnancy, zip code)
Operational days of units	Challenges/Suggestions for improvement

CONCLUSION

Overall, MOTP partners described their participation in this effort to provide methadone in a mobile setting as “trailblazing.” Program leaders described their enthusiasm for being a part of new and innovative efforts in the delivery of substance use treatment in the state of Colorado. As Angela Bonaguidi states, “Just to be part of something new, that brings treatment to a notoriously difficult population to reach. And try to provide treatment to them rather than telling a patient we know you don’t feel well but come tomorrow to our clinic and be on time so we can do an intake. That’s the old way of doing things, and we need to make treatment more accessible. So it’s a huge celebration just to be included in this project.” As Matt Hoag at DH looks to year 2, he states, “For our group and for our goals on this project, it is as much about focusing on primary care as well as the substance treatment and really putting those together so we can give patients the best care possible.”

In year two, evaluators will continue to attend biweekly meetings with Signal Behavioral Health, DH, ARTS, and BHA to hear program updates and discuss data collection to evaluate program outcomes. In addition, evaluators will revise the evaluation plan to account for year 1 delays. In year 2, evaluators will focus on tracking client enrollment, data collection, and the creation of an interactive data dashboard for stakeholders to view program enrollment and client characteristics.



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