NEW SEASON

Hitting the Road with Mobile Care: Implementation and Best Practices

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Opioid Response Network

Who we are

Vision Statement

The **trusted national leader** in opioid addiction and recovery services providing each patient an unmatched personalized patient care experience based on the most advanced treatment methods.

Mission Statement

To **triumph over opioid use disorders** by integrating treatment, counseling and compassionate patient care that saves lives.



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As an extension of our healthcare facility, this mobile medication unit improves access in rural areas by overcoming transportation challenges. With two dosing windows, it offers quick, convenient daily medication dispensing— raising the standard for mobile care. Crisis counseling, induction and telehealth sessions to ensure seamless, comprehensive support.

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Mobile Unit Planning: Identifying the Need

- Thinking of starting a mobile unit?
- What are the needs of the area?
- What key stakeholders do I need?
- What gaps could a unit fill?
- What area is the target?
- What does the cost analysis point to?

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Our Approach

Best Practices

Providing individualized care to every patient to address their unique clinical challenges.

Engagement without Barriers

Offering flexible telecounseling via personal devices or on-unit technology to ensure real-time access for all.

Service Delivery to Marginalized Groups

Utilizing mobile units to bridge the gap in proximity and care for patients in underserved areas.

Stakeholder Identification

Cultivating community partnerships with governing entities and local organizations to ensure the mobile unit's long-term viability.

Overcoming Challenges

Implementing harm reduction strategies and operational support to help both the program and its patients navigate complex obstacles.

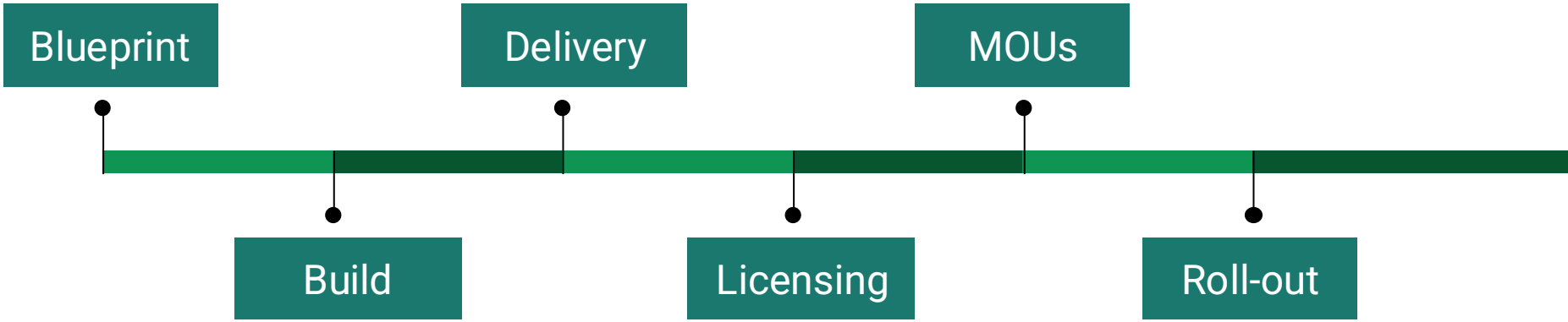
Treatment Successes

Meeting patients where they are geographically to drive growth in enrollment and improve long-term retention consisting of lower absentee rates and consistency in dosing.

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Mobile Unit Timeline

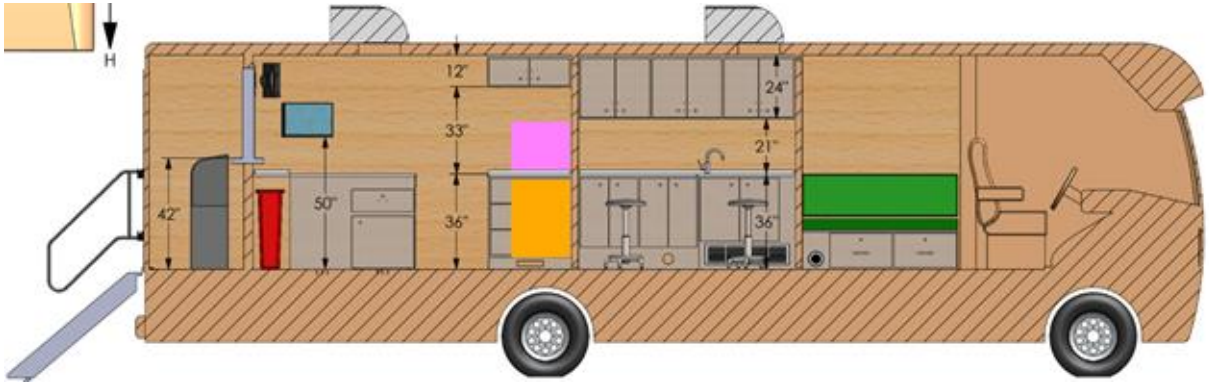


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Blueprint

- Identify a Vendor
- Purchase Unit
- Work collaboratively to establish a plan
- Sign agreements
- Estimated Build Time Frame 90-180 days



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Build in Progress







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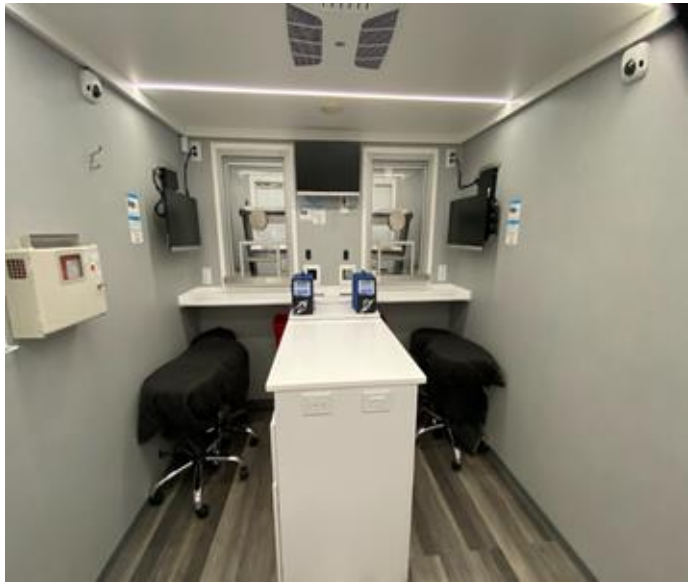




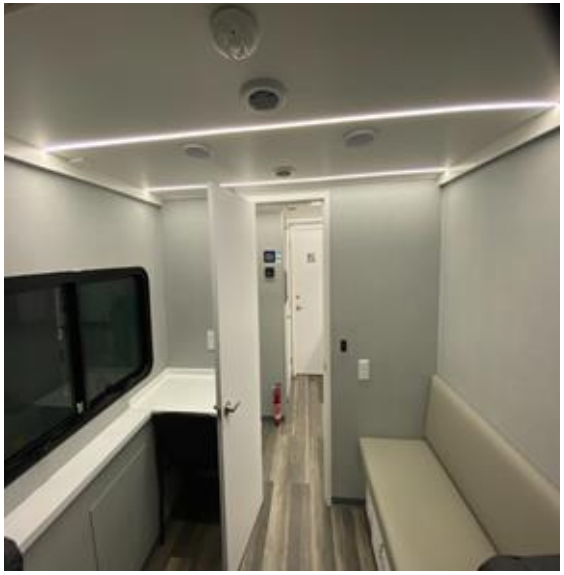
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Finished Product







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Finished Product





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Finished Product





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Delivery

- Establishing a storage unit prior to delivery with contract signed that meets DEA requirements
- Storage requirements to meet regulatory needs
  - Recommended voltage for plug-in
  - Gated/Secured
  - 24/7 access to unit
  - 24/7 Surveillance
  - Size to accommodate unit (i.e. 33 ft)
  - Covered/uncovered

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Licensing

- Insurance
- Registration requirements by state
- State-by-State Nuances/Preferences
  - Preferences for site additions
  - SOP preferences
  - Timelines for approval
  - Notification preferences of any delays or deviations from stops
  - Stop location approvals
  - Financial requirements for stop additions

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Memorandum of Understanding (MOUs)

- Develop and maintain community partnerships
- Identify Key Stakeholders
- Mobile Unit Stop Partners
  - Contact any and all stakeholders
  - Snowball effect of networking
  - Community surveys/weigh-in on stops
- Referral Source Partners
- Community Engagement/Events

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MOUs (continued)
Mobile Unit Stop Selection

- Need in area for services
- Space to park
- Landlord approval/organizational approval
- Set schedule for consistency
- Buy-in from partners for our patients (coordinating ROIs, resources like lock boxes)
- Identify closest courtesy dosing for continued care

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MOUs (continued)

Portland, OR (2024)

- Victory Outreach
- Urban Alchemy - Clinton
- Urban Alchemy - Oasis
- Pending: North Portland Area

Greensboro, NC (2025)

- Bethel AME
- Alamance County Health Department
- Alamance County Detention Center
- Greensboro Urban Ministry

Rockland, ME (2026)

- Two Bridges Jail
- Belfast Soup Kitchen
- Pleasant UMC
- Waterville Soup Kitchen

Jacksonville, FL (2026)

- 904 Health-Yulee
- Gracie's Kitchen

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Staffing Patterns

- Everyday staffing:
  - Program Director
  - Mobile Unit Operator
  - Nurse
  - Ancillary Staff (Counselor/Peer)
  - Tele-provider
  - Tele-counselor
  - Support staff (insurance, etc)
  - Back up positions



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Medication Management

- Inventory ordered, logged, managed same as OTP brick and mortar
- Brought on and removed from unit daily
- Plan for breakdowns
- All medications including Narcan removed daily
- TB serum and syringes
    - Safety, temperature, storage considerations



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Medication Management

Medication Quarantine

- Follows brick and mortar procedures
- Various reasons to quarantine
- Quarantine containers in unit safes
- Reflect in inventory

Medication Destruction

- Send to vendor for Destruction (Pharmalink)
- Reflect in inventory
- Recordkeeping

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Medication Management

Sharps

- Sharps container brought on and off unit daily
- When ¾ full, sharps is sent out for disposal
- Procedures mirror brick-and-mortar
- Recordkeeping in Sharps binder specific to unit



Biohazard Waste

- Biohazard waste container on unit
- Utilizes identified biohazard vendor(s) for disposal
- First aid and spill kits on board
- Disposed of when ¾ full or 30 days after placing items in biohazard container



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Mobile Unit Maintenance

- Pre-shift inspection checklist
- Post-shift inspection checklist
- Monthly maintenance checklist
- Establish a cadence of repairs/service (i.e. every 150 generator hours, it must be serviced)
- Every certain amount of years, tire replacement
- Tools to measure the health of unit (Preventative: Invest now, not later)
- Leadership extensive monthly checklist

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Safety on the Road

- Mobile unit specific emergency action plan (EAP)
- Regularly scheduled drills
- Supplies for safety
  (i.e. ice melt, window breakers)
- Monthly safety checks
- Regulatory inspections
  (DOT, Fire Marshall, etc)
- Security System Checks



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Security on the Unit

- Security cameras throughout
- Safety measures for patients (steps, railings, etc.)
- Planning accommodations for patients with mobility issues
- Inclement weather safety
- Panic buttons
- Emergency numbers and contacts
- Outage planning (internet, hand pumps, etc.)
- Considerations for carbon monoxide and other unique situations



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Challenges

- Initial barriers of stigma when sourcing for potential stop locations
- Governing body advocacy and support to encourage partners
- Licensing process timelines and statue nuances
- Status time constraints with licensing applications
- Scheduling maintenance so to not disturb patient care
- Fees associated with adding more stop locations

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Jail Integration



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Jail Integration

- Integrating into correctional systems
- Beneficial for county/state and inmates
- Less withdrawal while incarcerated
- Parking in secured area safety
- Coordinating with site for continued care
- Use of tablets for tele pre-admission when convenient for facility and inmate
- Patient has a more realistic transition plan

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Jail Integration (continued)

Feedback from our jail partners

- Frees up officer staffing and overtime
- Convenient to accommodate facility schedule (count times, lock down, etc.)
- Minimizes diversion
- Meets ADA requirements/rights
- More successful reintegration following incarceration
- Promotes trust within the community
- Fills gaps in medication the facility might not provide

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Outcomes

- 250+ patients new to treatment in 2026
- 330+ mobile unit intakes
- 98% of patients insured
- 150+ patient transfers from brick and mortar location to more accessible MU stop
- 27% decline in fentanyl positive tests



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Thank you!



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