CODAC Behavioral Healthcare's Mobile Medical Unit. One of the first in the country to be approved by the newest DEA regulations.



May 31, 2023





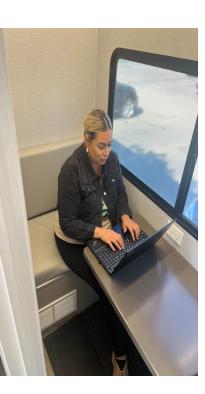
The first of our units – 27 foot long

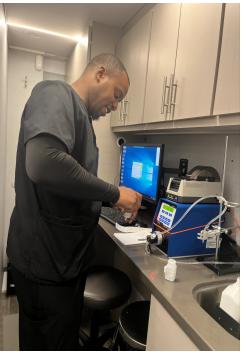














# The newest DEA regulations took affect on July 28, 2021. CODAC is the first in the country to have a mobile medical unit that complies with the regulations.

The Drug Enforcement Administration (DEA) is publishing this final rule to revise existing regulations for narcotic treatment programs (NTPs) to allow the operation of a mobile component associated with a DEA-registered NTP to be considered a coincident activity permitted under the NTP's registration. Based on these revisions, NTP registrants that operate or wish to operate mobile components (in the State in which the registrant is registered) to dispense narcotic drugs in schedules II-V at remote location(s) for the purpose of maintenance or detoxification treatment do not need a separate registration for such mobile component. This final rule waives the requirement of a separate registration at each principal place of business or professional practice where controlled substances are dispensed for those NTPs with mobile components that fully comply with the requirements of this rule. These revisions to the regulations are intended to make maintenance or detoxification treatments more widely available, while ensuring that safeguards are in place to reduce the likelihood of diversion.



#### Our goal:

To provide all FDA approved medications for the treatment of opioid use disorder. This would include one of the most highly effective longitudinally evidence-based medicines for opioid use disorder, methadone.

To reach populations that are challenged with both geographic or external and internal barriers to care.

To provide behavioral health, medical and social services and support in addition to dispensing and administration of medicines.



## Staffing model and services provided

- Staffing configuration consists of a driver, a nurse, a provider either on call or in person, an advanced case manager and a peer recovery support specialist.
- Services provided:
- storage and administration of methadone,
- buprenorphine induction
- Administration of injectable naltrexone
- Behavioral Health assessments
- Physical/medical assessments
- Comprehensive harm reduction services not inclusive of safe consumption spaces
- Behavioral and medical referrals <u>and</u> facilitation of those services
- Education and outreach regarding all social determinants precluding health and wellness



### **Target** population

As stated earlier our target populations are those for whom access is a barrier to care.

#### These include:

- Those for whom transportation is not available
- Those for whom racism in our institutional systems has proven to be ineffective to say the least.
- Those for whom care was provided without any cultural context that would allow for optimal care  $\sim$  cultural competence
- Individuals who are without homes



## Geographic areas

In Rhode Island, a weekly reporting system identifies "hot spots" from the previous week and weekend indicating arrests, overdoses and fatal overdoses. These are areas into which we provide outreach. We currently provide administration of methadone based on access issues defined and prevalence of opioid use disorder.



## **MMU Schedule**

- The medical mobile unit begins its day at its registered DEA principal NTP location. Inventory is transferred from the brick-and-mortar site to the mobile medical unit.
- The unit with 2 staff members travels from Providence to Woonsocket. The unit is collocated in the parking lot of the Community Care Alliance, a behavioral health and social service community organization from 5:30 until 10 am individuals can receive their medication and also request any or all of the services previously listed.
- Following the dispensing and administration of methadone the unit returns to Providence, any inventory unused is returned to inventory management in the principal NTP.
- The unit is then deployed to various sites in the state for all other activities including outreach for the remainder of the day.

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## Challenges

- Funding
- Community concerns  $\sim$  Stigma in all its iterations
- Insufficient evidence supporting mobile treatment
- Delays in implementation due to differing regional interpretations by the DEA of the regulation, for example, the extent of the security of the mobile medical unit when parking overnight with no inventory. Another example is the criteria set for the dispensary safe. It is called TL-15. TL-15 means that it would take 15 minutes to break into the safe using tools. These safes are manufactured and marketed to banks, etc., usually weighing greater than a thousand pounds. The structure of the vehicle would not support a thousand pounds, it took 6 months to have a safe fabricated that weighed 300 pounds and met the TL-15 criteria. Time and money.

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## Changes for successful implementation

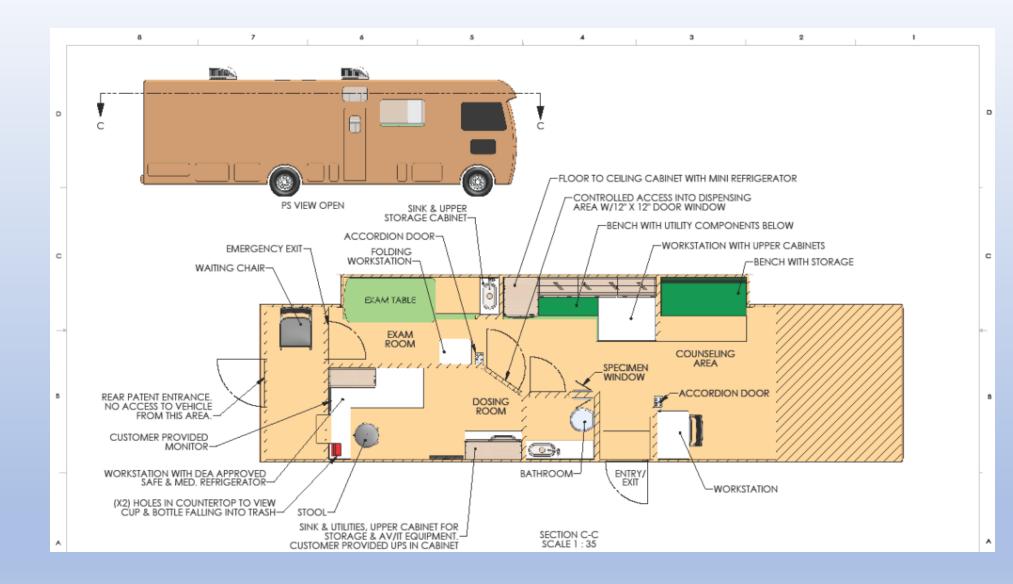
The changes that we made for successful implementation are:

- Expansion of exam room
- Safe size
- Patient through put
- Exterior seating and conversation areas
- Increased street outreach into encampments
- Increase and continued collaboration with hosting CMO

Future changes

• 27 to 35 feet  $\tilde{\phantom{a}}$  expansion of next mobile medical unit







#### Current evolution

- Expanded floor plan to 35 feet
- 2 entries
- Timeframe: continues to be 150 days or less from order to delivery
- Our vendor/partner provides a cost range of \$390,000 \$425,000
- New layout maximized patient throughput by utilizing 2 dosing windows in the dispensary
- Important note: our current vendor recognizes the Importance of timeliness with the shared vision of saving lives



Products & Services Item & Description Quantity Unit Price Total 33'

- Class A RV Chassis [Pre-owned, 33']
- Ford V-10 gasoline engine
- Auto-leveling system
- Dual ducted HVAC
- Backup camera
- Onboard generator & shore power connections

#### Item & Description Mobile OTP Outreach Clinic Conversion -

- Mobile OTP Outreach Clinic
- Single exam –
- Waiting/intake area -
- Single private consultation area –
- Protected dispensing area with direct access in rear -
- Secure medication receiving area –
- DEA-approved TL30 rated safe -
- Bathroom with sink and specimen passthrough -
- Lab area with sink –
- Solid-surface countertops, medical-grade cabinetry, locking -
- Medical-grade furniture and equipment –



#### 12V LED lighting -

- Exterior vinyl wrap, design and installation
- 8 camera surveillance system.
- Cellular security system with GPS that is tied to local law Enforcement with Panic Buttons.

Delivery: transport to client location, with equipment orientation Training:

- Three (3) day comprehensive Academy training, Greensboro, NC -
- one (1) Academy seat included [1 person]
- additional Academy seats available

Service & Maintenance Support

- Twenty-four (24) months Preventative Maintenance Management (scheduling, coordination)
- on-call technical assistance with a nationwide network of vendors
- - additional services available beyond initial term



10 Year Warranty

- Ten (10) Year Extended Warranty Chassis & Drivetrain - Fabricated components - Wear components -
- Generator, graphics limited to 1 year
- Maintenance required to maintain coverage, see warranty schedule for coverage detail
- Insurance and Doc Fees



#### Monthly maintenance cost

Propane monthly cost	\$70.06
Fuel monthly cost	\$1,096
Mobile wash monthly cost	\$73.73
Miscellaneous repairs monthly cost	\$216.52
Cell/Verizon monthly cost	\$109.09
Annual maintenance monthly cost	\$625

Miles per gallon/ 6 to 10 (V10 engine)



#### Monthly staffing configuration cost

\$

\$

\$

\$

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Provider Nurse 2 Clinicians Driver Security





### Our second unit!







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### Questions?

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