



**WINNEBAGO<sup>®</sup>**  
**SPECIALTY VEHICLES**

# Building a Mobile Opioid Outreach Program: Lessons from the First Movers

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## Why Winnebago is involved in mobile platforms:

- We've been building commercial vehicles that are the ideal platforms for these types of applications for over 40 years
- As health care provider shortage areas are on the rise in the US, so too is the demand for mobile solutions to meet patients who otherwise wouldn't have access to care
- In 2016, Winnebago formally introduced the Specialty Vehicles division. We work with a network of commercial shell builders that, alongside us, turn these into any mobile medical solution that is applicable for your program needs.

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# Using Mobile Solutions to Address the Opioid Crisis in Rural Colorado



**Daniel Darting**

Chief Executive Officer



**Kristy Jordan**

Sr. Director of Development &  
Communications

**SIGNAL**  
*Behavioral Health Network*



436 unique individuals served

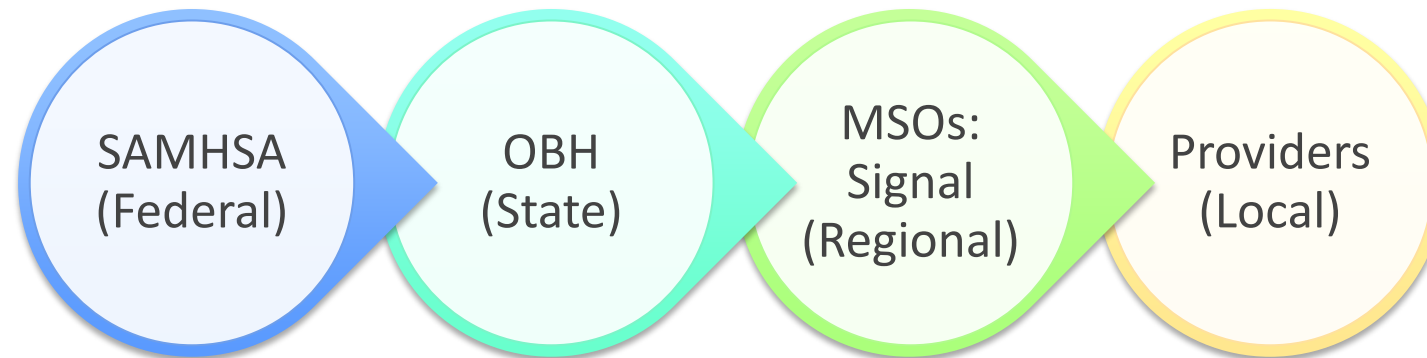
# The Opioid Epidemic in Colorado

- Overdose deaths in Colorado have nearly tripled since 1999, led by a fivefold increase in opioid related deaths, surpassing other causes such as traffic accidents and guns (Colorado Health Institute, Feb. 2018).
- Access to treatment, particularly medication assisted treatment (MAT), saves lives; yet barriers to access remain.
- More than 67,000 Coloradans needed treatment for drug or alcohol use but did not receive it. (2017 Colorado Health Access Survey)
- There are 22 opioid treatment providers (OTPs) in Colorado that are positioned in only 12 of the 64 counties in Colorado --- Resulting in large access gaps for Coloradoans
- Only 8% of providers who can prescribe buprenorphine are in rural counties (Colorado Health Institute, Oct. 2018).

# State Opioid Response (SOR) Grant

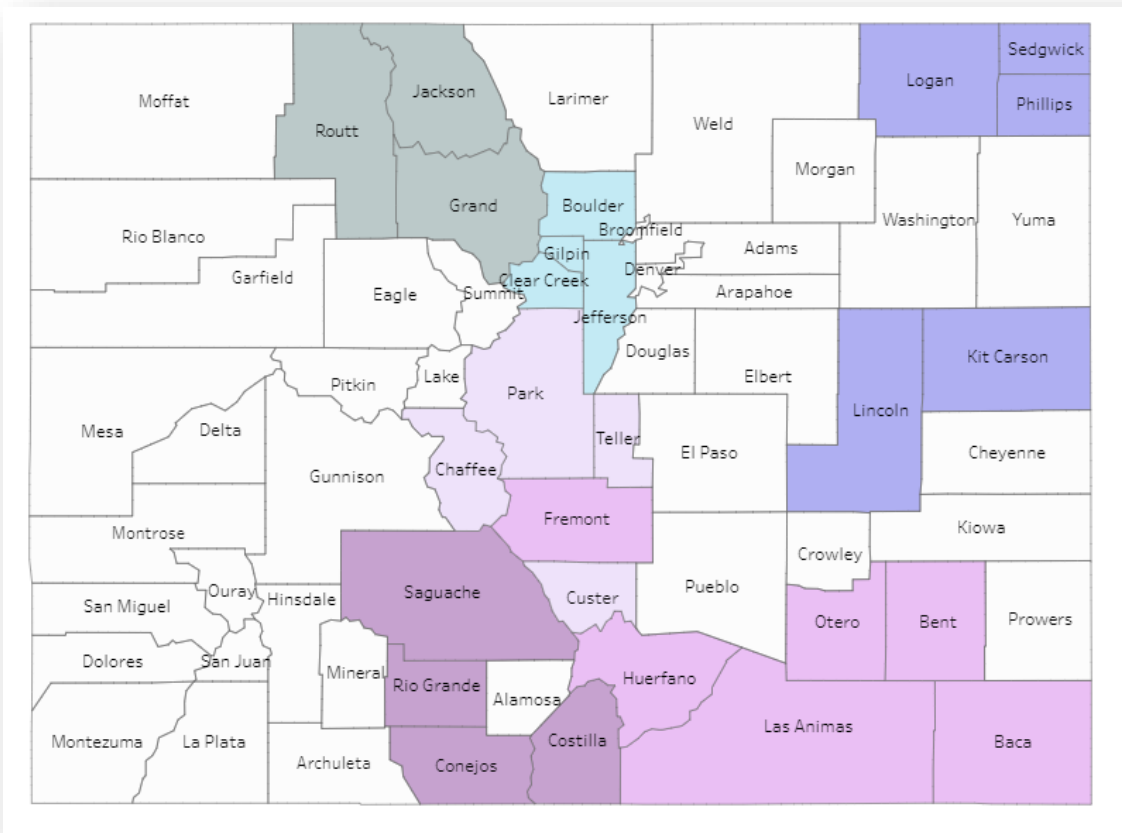
**Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Colorado with a two-year, \$38M grant to address the State's needs**

\$6.7M dedicated to the creation of the mobile health unit project



# The Colorado Mobile Health Unit Project

## 6 Units across the State to deliver MAT services in rural communities





## Services on Board

- Medication Assisted Treatment for Opioid Use Disorder (OUD)
  - Gold standard of care for OUDs
- Access to a doctor that can prescribe medication for an opioid use disorder
  - Telehealth; TV monitor in nurse's station
- Naloxone distribution
- Referral to community services
- Flu shots (some units)
- Syringe disposal (some units)

## Mobile Unit Staff

- Nurse (LPN or RN)
- Licensed addiction counselor
- Peer recovery coach

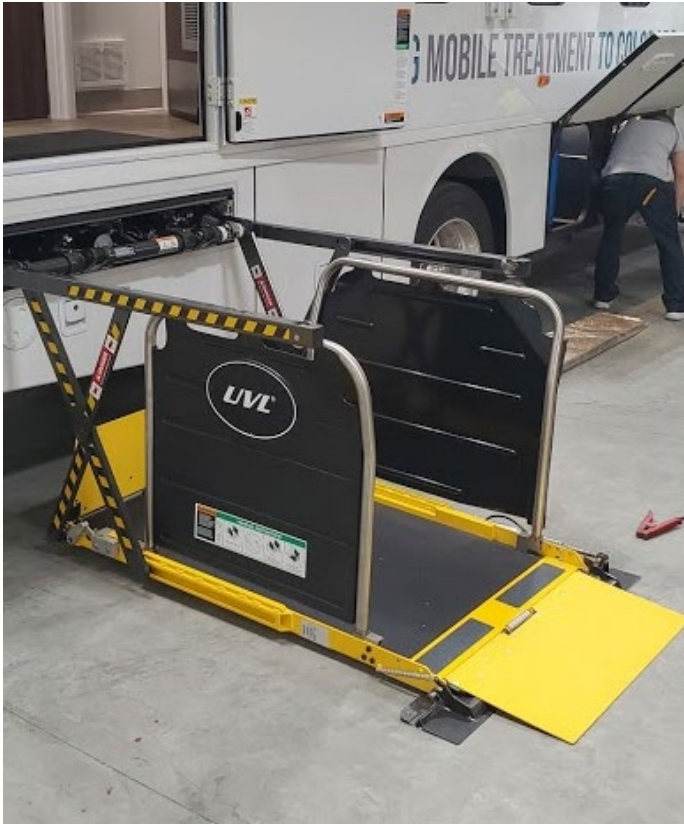












## Unit Features

- Patient Privacy
- Restroom
  - Handicap accessible
  - Monitored UA capability
- Wheelchair lift
- Separate gallery for staff
- Diesel engine
- Power management
- Bathroom approach
- Under 26,000 lbs.

## Floor Plan Changes for Future Units

- More storage
- Larger counselor room
- Two entrances/exits

# Lessons Learned

- Important to have State partnership and participation along the way
- Tremendous amount of community outreach prior to units entering a community
  - Some communities are open to the idea, others are less so
- Learning curve with operating the unit (staff)
- Setting realistic expectations for all

*Client Story*



Questions?

# Creating Measurable Results with a Mobile Opioid Vehicle in an Urban Setting



**Craig Regis**

Program Manager

Community Care in Reach®

THE KRAFT CENTER  
*for* Community Health

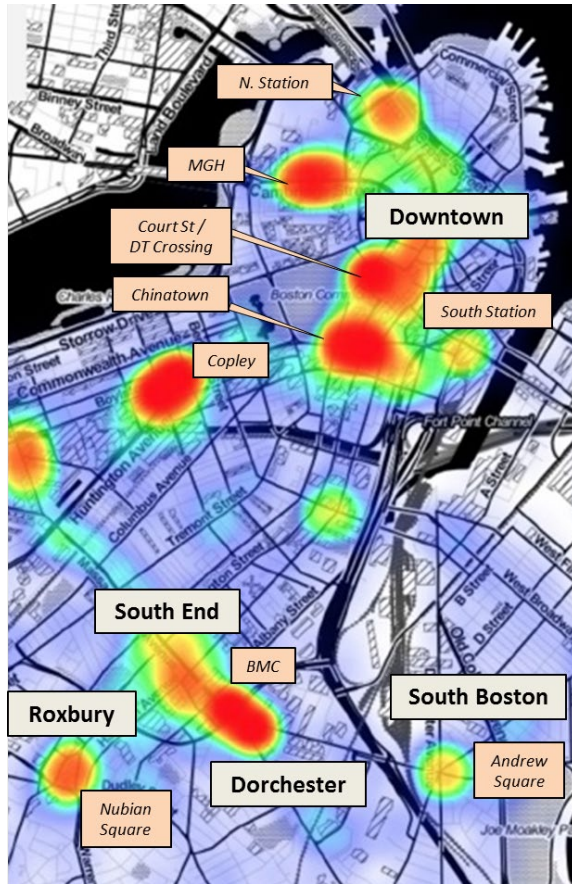


11,316 contacts made





*Identify and incubate solutions to the most difficult, real-world community health problems; execute solutions locally; then scale and spread the best solutions with local and national partners.*



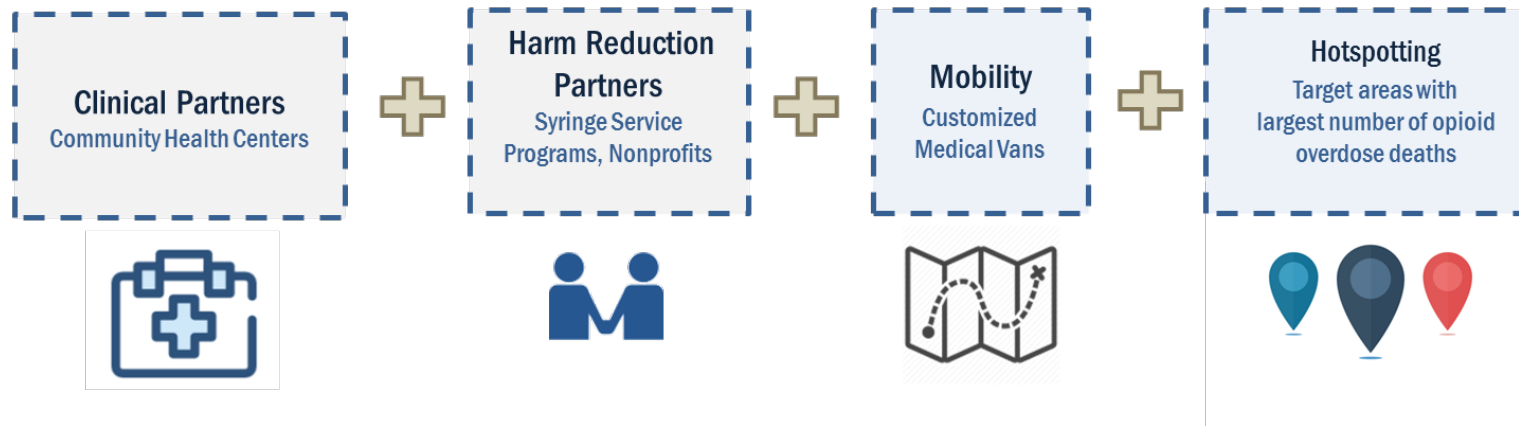
## 2016 Boston Area Narcotic Related Incidents

- Nearly every Boston neighborhood affected by the opioid epidemic.
- Fentanyl present in the majority of deaths.
- A significant number of OD victims were homeless.
- Increasing availability of office-based addiction treatment (OBAT) programs but:
  - Few buprenorphine-waivered clinicians & OBAT programs in community-based health centers;
  - Few OBAT programs offering the full range of harm reduction services.

**Substantial need for access to low-threshold treatment & harm reduction services for the most marginalized populations**

# The Community Care in Reach® Model

Community Care in Reach uses precise, data driven hotspotting to bring low-threshold, on-demand addiction care & harm reduction services directly to populations at highest risk of near-term death.



# Engaging Community Leaders and Stakeholders

- **Neighborhood Associations**
  - Downtown North Association
  - West End Civic Center
  - Dudley Street Neighborhood Association
  - Mt. Pleasant Neighborhood Association
  - Orchard Gardens housing development
- **Homeless Service Organizations**
  - Bay Cove Human Services
  - Jim Greene – Director, Emergency Shelter Commission, City of Boston
  - Pine Street Inn
  - Saint Francis House
- **Community Health Centers and Hospitals**
  - Boston Medical Center – Grayken Center for Addiction Medicine
  - Dimock Community Health Center
  - Massachusetts General Hospital - Substance Use Disorder Initiative
  - Massachusetts League of Community Health Centers
  - North End Waterfront Health Center
  - Whittier Street Community Health Center
- **Other Community Partners/Outreach**
  - Massachusetts Department of Public Health
  - City Hall – Office of Neighborhood Services
  - City & State Elected Representatives
  - District A-1 Police Department
  - District B-2 Police Department
  - Boston Inspectional Services, Community Liaison to Roxbury
  - TD Garden – Sr. VP Business Operations & Director of Security
  - Local business owners in Dudley Square
    - Owners of Dunkin’ Donuts, Haley House & Final Touch

# Elements of The Community Care in Reach® Model

<p><b>1</b> Acute &amp; Preventive Care</p>	<ul style="list-style-type: none"> <li>• Immunizations (prioritize Hepatitis A and B, Influenza, Tetanus)</li> <li>• TB screening</li> <li>• Age/gender appropriate cancer screening</li> <li>• Screening for Sexually Transmitted Illness</li> <li>• Wound care for skin abscesses, including incision/drainage</li> </ul>
<p><b>2</b> Chronic Disease Management</p>	<ul style="list-style-type: none"> <li>• HIV treatment</li> <li>• Substance Use Disorder treatment</li> <li>• Hypertension management</li> <li>• Diabetes management</li> </ul>
<p><b>3</b> Referrals</p>	<ul style="list-style-type: none"> <li>• Behavioral Health at BHCHP's main site</li> <li>• HCV treatment at BHCHP's main site</li> <li>• Specialty medical care at MGH and BMC</li> <li>• Other community-based referral locations based on patient preference</li> </ul>
<p><b>4</b> On Demand Addiction Treatment</p>	<ul style="list-style-type: none"> <li>• Inpatient detox (transportation arranged)</li> <li>• Medications for addiction treatment:             <ul style="list-style-type: none"> <li>• <u>Buprenorphine</u>: Prescribed directly on van, with ongoing monitoring for diversion and compliance, in conformance with state Prescription Monitoring Program</li> <li>• <u>Naltrexone</u> oral or intramuscular, prescribed and administered directly on the van</li> <li>• <u>Methadone</u>, referral to Opioid Treatment Programs</li> </ul> </li> </ul>
<p><b>5</b> Harm Reduction</p>	<ul style="list-style-type: none"> <li>• Naloxone kit distribution and overdose prevention education</li> <li>• HIV, HCV testing</li> <li>• Syringe exchange</li> <li>• Risk reduction counseling</li> <li>• Fentanyl testing</li> </ul>

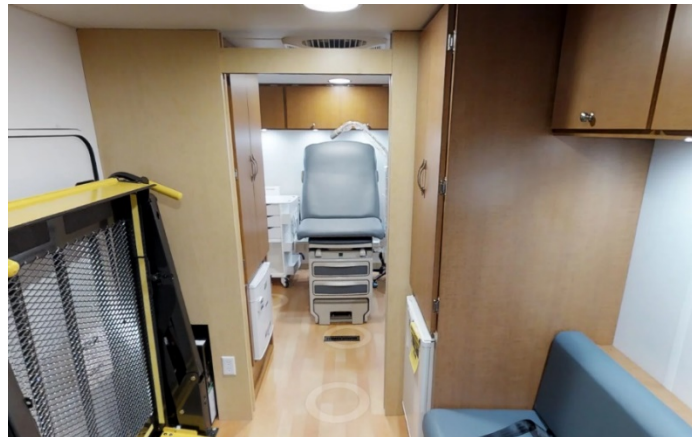
# Elements of The Community Care in Reach® Model



- **24 feet long – smaller than most medical units**
  - Nimble for Boston streets
  - No commercial license required
- **Volta System - Lithium battery powers the electricity in the back**
  - Plugs in at night
  - Recharges when motor on
  - Motor automatically starts if Volta system is depleted
  - No generator required



# The Community Care in Reach® Van



- Reception area when patients enter
- Clinical room in back with a medical chair
  - Laptop, wifi, and printer in lockable cupboard – can log into electronic health records and print prescriptions on site
  - Sink
  - No bathroom (by design)
- Two refrigerators
  - One for food, and a lockable one for vaccines
- Wheelchair lift makes van handicap accessible
- Bike rack for mobile outreach workers



## Community Care in Reach® Staff



- Buprenorphine-waivered MDs from Boston Health Care for the Homeless Program (led by Jessie Gaeta, MD);
- Harm reduction specialists and outreach workers from Boston Public Health Commission's AHOPE Program (led by Sarah Mackin, MPH);
- Virtual access to specialists (e.g. dermatologists and behavioral health)

# A Day on the Van



- Currently staff 7 sessions/week;
- Van parked in the same spot each week; outreach by foot to engage with potential patients
- Offer syringes and naloxone
- Interested patients are brought back to the van to meet clinicians
- Offer primary care or medication for addiction treatment (MAT)
- Outreach workers walk patients to nearby clinic to fill prescription immediately
- Facilitate access to OBAT program and weekly follow up on van until warm handoff is made

# Program Statistics: January 2018 – June 2020



## Number of Contacts

Van staff made **11,311** contacts with people who inject drugs. Our expert outreach team from AHOPE engages with individuals known to have opioid use disorder as well as those exhibiting signs of addiction.



## Patient Encounters

Van clinicians had **1,684** total patient encounters. Some patients have accessed clinical services multiple times.



## Buprenorphine Prescriptions

Van clinicians provided **1,119** buprenorphine prescriptions. **66%** of these prescriptions represent patients returning for refills.



## Harm Reduction

Van staff distributed **3,604** overdose reversing **naloxone kits**. Kits are distributed to those coping with opioid addiction as well as family and friends of those with addiction.

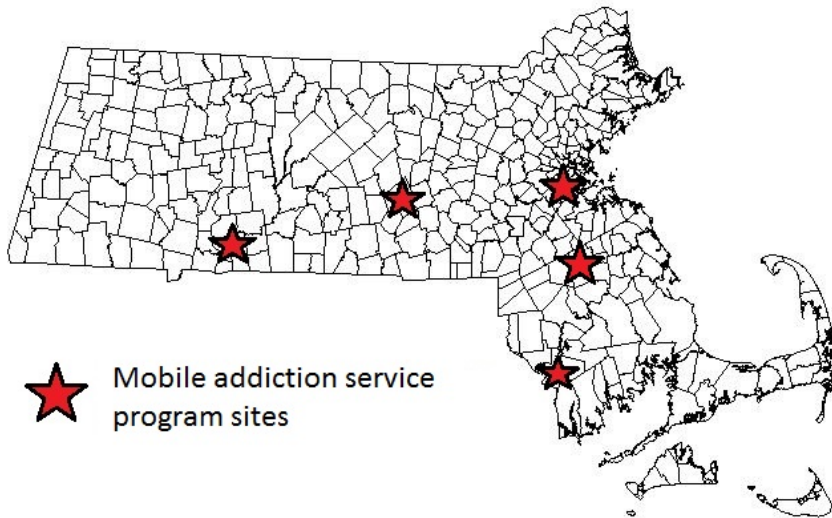
## Other Services

- Syringe distribution and retrieval
- Education
- Referrals





- Support from private foundations including the GE Foundation, the Hearst Foundation, Ford Motor Company, and RIZE Massachusetts
- Kraft Center endowment revenue
- State Mobile Addiction Services grant now funds 4 sites for at least 5 years



- MA Dept. of Public Health funds 4 sites for at least 5 years with sites in Boston, Worcester, Springfield, and Fall River
- Brockton site added later this year
- Kraft Center receives technical assistance grant from MA Dept. of Public Health
- Funding from the Hearst Foundation for youth and young adult programming in Boston



Questions?



# Exploring Funding Opportunities for Your Mobile Program



**Rebecca Johnson**

Owner & CEO



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360-319-1429





# \$2,351,665,502

awarded in two-year grants with supplemental awards

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U.S. Department of Health & Human Services



# Two Types of Grants

## Operating Grants

Covers operating costs of mission-driven projects.

Typical Expenses:

- Personnel
- Equipment & Supplies
- Marketing
- Travel
- Training
- Utilities
- Administration

## Capital Grants

Finite, time-limited, tangible, aka  
*“Bricks & Mortar”*

Purchases include:

- Equipment/furnishings
- Renovations, restorations, remodels
- Construction or new buildings
- Land purchases



## Typical Grant Sources

1. Government – federal, state, local
2. Private Foundations
3. Corporate Foundations
4. Community Foundations
5. Community Benefit Organizations (United Ways)



## Typical Grant Format - Make a Plan

1. Organization Information
2. “Statement of Need” or “Problem Statement”
3. Resolution (describe your project)
4. Impact - Goals, Objectives, Action Steps, Outputs
5. Evaluation – Outcomes
6. Budget and Sustainability
7. Donor Appreciation



## Make a Plan

1. Organization Information: contacts, EIN #
2. Grant File: IRS letter, financial audit, case statement, job descriptions, key management bios, bylaws
3. Case Statement: The reasons why an organization both needs and merits philanthropic support, usually by outlining the organization's programs, current needs, and plans.
4. Pro Forma – business case and budget
5. Search – list servs, public library



Questions?