

Mobile Treatment Units Program Annual Evaluation 2024

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Problem Statement

Despite existing outreach efforts, high numbers of persons who use opioids in Chicago continue to experience overdoses and overdose-related fatalities. At present, areas of Chicago, particularly on the West and South sides, have limited access to medication for opioid use disorder (MOUD) treatment.

This project provides additional support for the Community Outreach Intervention Project's (COIP) Mobile Treatment Unit (MTU), which seeks to expand low-threshold buprenorphine induction via mobile outreach; this project targets barriers to MOUD in Chicago communities with high rates of opioid use on the West and South side.

Evaluation Objectives

The evaluation is designed to provide quantitative data on the number of clients that were provided services, follow up visits, and social determinants of health (SDOH) screens completed, as well as the reason for client visits and training/mentorship opportunities. The qualitative components delve into implementation challenges and opportunities.

Main Findings

Who Has the Program Served?

Four hundred ninety-one clients were seen during FY 2024. Although this is slightly lower than the six hundred and ten clients seen in FY 2023, the mobile van has averaged roughly 565 clients seen per year since the start of the MTU.

As depicted in Table 1, the van-based services continue to have a high return rate, with 1,382 encounters overall for FY 2024. In FY 2024, the average patient seeking care at the mobile health vans at COIP was 47 years old, Black or African American male with insurance.

What Is the Rate of Follow Up Visits?

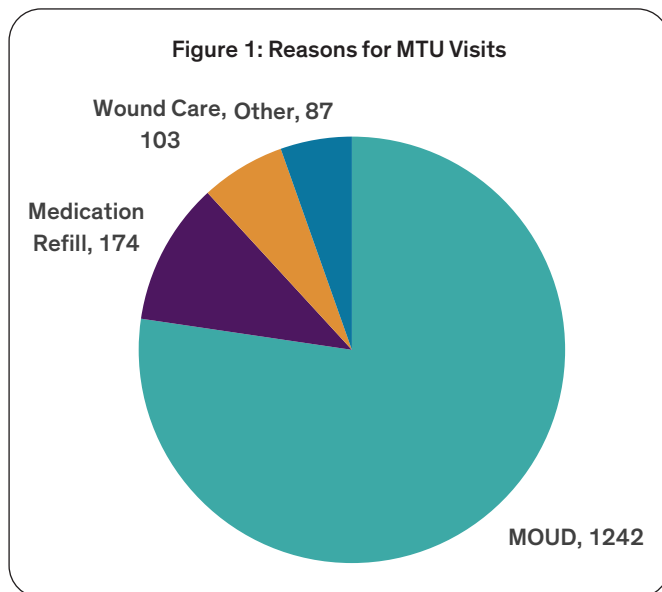
Results over the past three years highlight that return visits to the mobile health unit continue to rise from 357 in FY 2022 to 1,060 trips in FY 2024. Additionally, the highest number of follow-up visits for MOUD has increased over the years, which aligns with the consistency in follow-up visits since the program started; the highest number of follow-up visits was 11 in year 1, 24 in year 2, and 28 in year 3.

Table 1: Types of Visits Occurring on the Mobile Medical Unit(s) Across State Fiscal Years

	FY22	FY23	FY24
	n (%)	n (%)	n (%)
	(n=1005)	(n=1578)	(n=1426)
Type of Visit			
Initial West Side Mobile Unit	587 (58.5)	496 (31.4)	322 (22.6)
Initial Elmwood (60421) Mobile Unit	-	-	6 (0.4)
Initial Flossmoor (60422) Mobile Unit	-	-	1 (0.1)
Return Visits (all)	416 (41.5)	1082 (68.6)	1097 (76.9)
Total Mobile Visits	944 (93.9)	1439 (91.2)	1382 (96.9)
Return Visit Location			
West Side Mobile Unit	357 (85.8)	943 (87.2)	1060 (74.3)
Return Elmwood (60421) Mobile Unit	-	-	5 (0.4)
COIP Clinic	47 (11.3)	111 (10.3)	30 (2.1)
MSHC	11 (2.6)	21 (1.9)	2 (0.1)
Other UIC Clinic	-	7 (0.6)	0

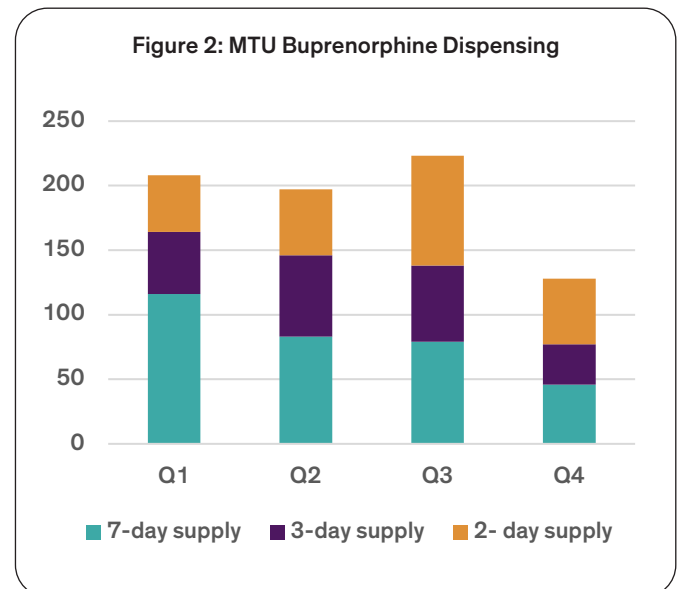
What Are the Reasons for Client Visits?

As depicted in Figure 1, MOUD remains the leading reason patients seek care at the MTU, with 1,239 encounters listing MOUD as one of the reasons for visits on the mobile health van. As depicted in Figure 2, during FY 2024, 429 unique (unduplicated) patients were dispensed buprenorphine in 7-day, 3-day, or 2-day packets.



Are SDOH Screens Being Completed?

The MTU staff have successfully screened 38 clients via the social determinants of health (SDOH) screener designed for the mobile health van populations, this accounts for 7.7% of unduplicated patients seen at the MTU. The screener is still being piloted and refined, which accounts for the low percentage. Ultimately, all patients are still being informally asked about SDOHs and provided referrals, as necessary.



What Are the Different Types of Training/ Mentorship Opportunities Provided?

The MTU/MOUD programming at COIP was integrated into an existing training/rotation for Internal Medicine and other medical program residents volunteering to complete an addiction medicine-specific rotation to learn more about medication-assisted recovery and MOUD induction. To date, 21 residents have been trained through 38 encounters, with 9 (43%) residents opting to do multiple training rotations on the mobile health van.

The MTU has been working closely with providers in the state and offering mentorship to other MOUD physicians and medication-assisted recovery organizations interested in starting their mobile programs. As a result, additional funding was received to expand mobile health units into different areas of the Greater Chicago Area, including suburban areas in need.

What Are Staff Members' Perceptions of the Program?

Based on qualitative staff interviews conducted by NORC, the patient population prefers the flexibility, low barrier, and non-judgmental environment of the mobile services over traditional, static clinic services. Interviewees exclaimed the need for comprehensive, holistic services from the MTU as many patients are not seeking care from static clinics or hospitals due to access barriers and negative encounters, such as facing stigma from clinic staff. Patients come to the MTU for primary and mental health care and basic needs and social services support in addition to MOUD services.

Continuing Challenges

Providers and staff working with the MTU continue to find a consistent limitation and barrier to follow-up for patient care: the populations they seek need phone access, or their contact information changes often. This reality continues to make it challenging for reminders concerning upcoming appointments, following up after induction, or offering case management/linkage to care to patients with comorbid health needs that impact their outcome trajectory for their MOUD.

Policy and regulation constraints around the provision of MOUD impact the reach of the MTU program (e.g., limited time of day to dispense MOUD, complex licensure requirements), and funding limitations and inadequate reimbursement structures restrict the type of medical and SUD care the MTU can provide.

The program would benefit from increased collaborations with local stakeholder organizations. Referrals and warm hand-offs for additional or more extensive care were noted as challenges by interviewees. Establishing agreements with local hospitals, clinics, and community-based organizations may improve referral outcomes and the availability of resources.

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