



# **Bringing Treatment to the Community:** Insights from mobile opioid treatment clinics in Massachusetts

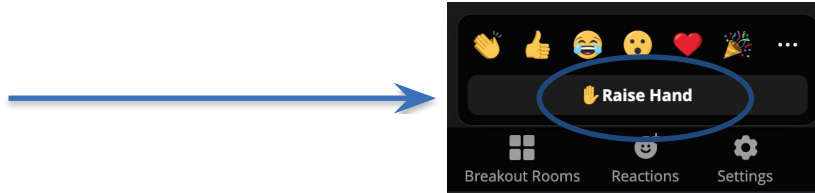
**Andrés Hoyos-Céspedes, MPH, CPH**

**Ranjani Paradise, PhD, BSE**

May 20, 2026

# Housekeeping

- Lines will be muted. Use the raise hand feature if you would like to come off mute.








- Use the chat to submit questions for speakers, panelists, and our TTA team



- We are recording today's session

# Session Reminders

-  Update your Zoom name
-  Complete our feedback form to receive CEUs
-  Email your questions or comments at: [otptta-ma@jsi.com](mailto:otptta-ma@jsi.com)
-  Join our contact list to stay up-to-date
-  Visit our website [massotptraining.org](https://massotptraining.org)

# Upcoming TA Center Events



## **OTP Staff Discussion Hour**

Thursday, June 4, 1-2 pm



## **Webinar | Implementation of MOUD Within a Correctional Framework**

Wednesday, June 17, 1-2 pm



## **Webinar | OTP 101**

Thursday, June 25, 1-2 pm

**We Offer CEUs!**

**NAADAC Continuing Education Units  
(CEUs)**

Simply complete the Feedback Form at the end of today's session to receive CEU credits for attendance 

# Andrés Hoyos-Céspedes, MPH, CPH



Andrés Hoyos-Céspedes (he/him) is an Epidemiologist II and Research and Evaluation Project Manager at the Institute for Community Health (ICH). He leads and supports projects in participatory evaluation, assessment and planning, and applied research to improve healthcare delivery systems and community well-being. His work spans evaluating programs and interventions in behavioral health, substance use, recovery support, access to care for LEP patients, violence prevention, child and youth development, and social determinants of health. Andrés brings expertise in program evaluation, quantitative methods, and culturally responsive evaluation.

# Ranjani Paradise, PhD, BSE



Ranjani Paradise (she/her) is the Director of Evaluation at the Institute for Community Health. She leads the development of ICH's evaluation services and is project director for mixed methods research and evaluation projects across a range of topic areas, with a focus on behavioral health and substance use. Her portfolio also includes projects related to health equity, language access, workforce development, health systems advocacy and transformation, and social determinants of health. Ranjani's current work primarily focuses on substance use disorder treatment, harm reduction, and recovery support programs, and she has extensive experience working with community health centers and other community-based healthcare providers.

MAY 20th, 2026

# **Perspectives on implementation and impacts of Massachusetts Mobile Opioid Treatment Program (OTP) Medication Units: Insights from the field**

Sharon Touw, MPH

Andres Hoyos-Cespedes, MPH, CPH

Erika Decklar, MPH

Ranjani Paradise, PhD



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# AGENDA

1. ICH introduction

2. Evaluation methods

3. Findings

- *Startup considerations*
- *Impact on patients*
- *Impact on staff and OTPs*

4. Panel discussion

5. Q&A

# The Institute for Community Health (ICH)



# THE ICH TEAM



Presenter: **Andrés Hoyos-Céspedes** (he/him)  
Epidemiologist II and Project Manager at ICH. Works on evaluation and applied research to improve healthcare delivery and community well-being, with a focus on behavioral health, substance use, and access to care.



Facilitator: **Ranjani Paradise** (she/her)  
Director of Evaluation at ICH. Leads evaluation initiatives across behavioral health and health equity, with a focus on substance use treatment, harm reduction, and community-based care.

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**Sharon Touw** (she/her)  
Epidemiologist III at ICH. Leads mixed methods projects focused on immigrant health, early education and care, and behavioral health. Her background spans healthcare delivery, research, and community-based organizations.

**Erika Decklar** (she/ella)  
Research Associate at ICH. Supports research, evaluation, and technical assistance projects focused on substance use disorder and advancing health and racial equity.

# TODAY'S GOALS

**By the end of this webinar, participants will be able to:**

1. Describe the impact of mobile opioid treatment programs on both patients and OTP providers.
2. Identify unique considerations for developing and implementing a mobile opioid treatment program.
3. Summarize common challenges experienced in a mobile opioid treatment program and ways these issues can be avoided or addressed.

# MOBILE OTPs

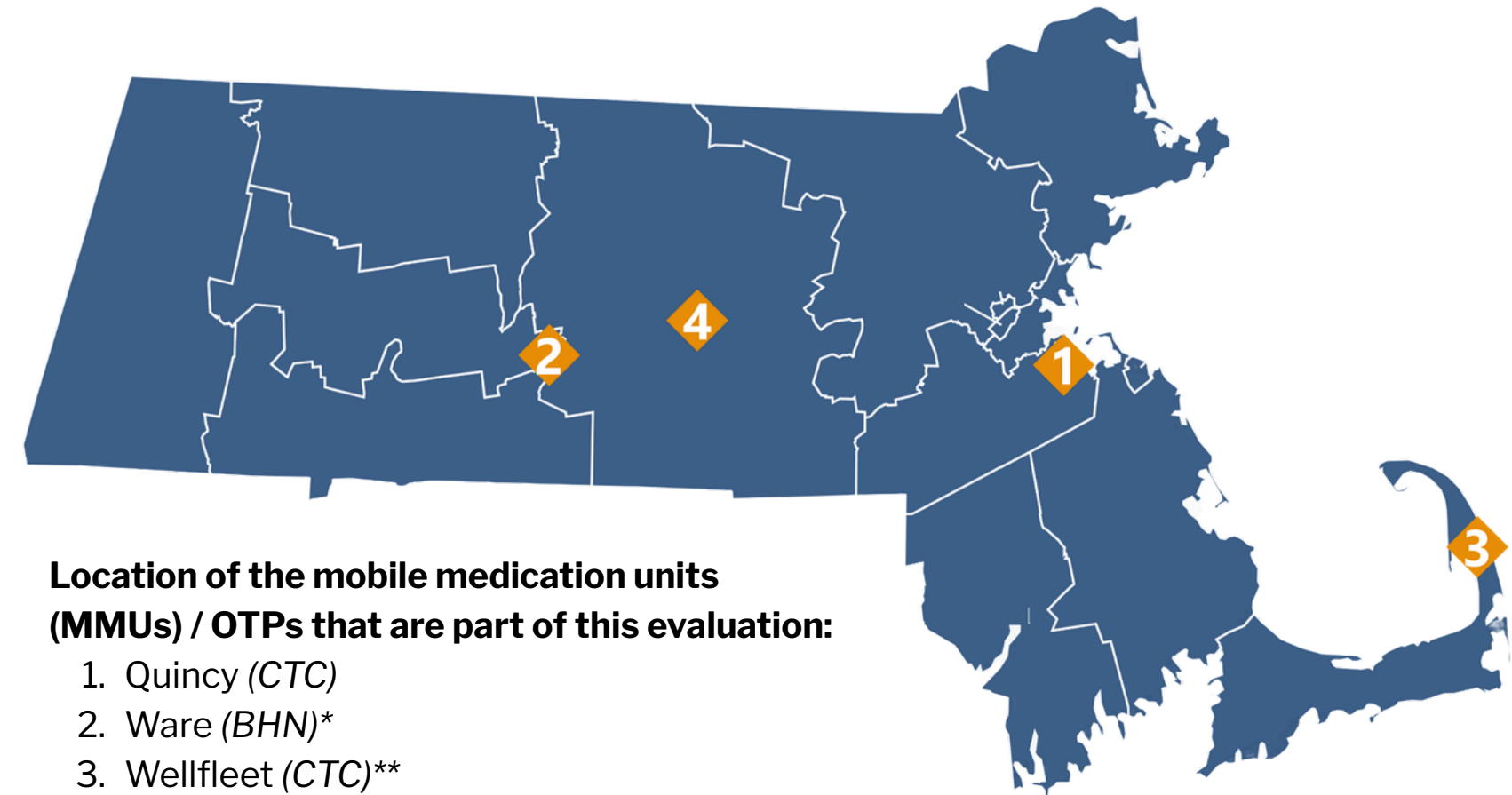




The Yarmouth CTC van in Wellfleet.  
The Provincetown Independent



The Road to Recovery van in Worcester. Allan Jung/Telegram & Gazette



**Location of the mobile medication units (MMUs) / OTPs that are part of this evaluation:**

1. Quincy (CTC)
2. Ware (BHN)\*
3. Wellfleet (CTC)\*\*
4. Worcester (Spectrum)

\*Now making an additional stop in Palmer, MA

\*\*Now making an additional stop in Provincetown, MA

# EVALUATION METHODS



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# Evaluation objectives

Use qualitative and quantitative data to:

- *Expand the evidence base on mobile methadone services and highlight innovative approaches across Massachusetts OTPs*
- *Inform program-level quality improvement*
- *Support strategic decision-making to expand access to methadone*

# ICH's qualitative data approach

We learned about patients' backgrounds, experiences with methadone treatment and mobile OTPs, and their suggestions for enhancing services.

We learned about providers' experiences delivering care through mobile OTPs, including implementation, program reach, provider and patient experiences, outcomes, and recommendations for improvement.

## Data Collection

- We spoke with **34** patients and **14** staff members across OTP sites in this evaluation

	Quincy	Ware	Wellfleet	Worcester
Patients	12	8	8	6
Staff	5	3	2	4

## Analysis

- Interview transcripts were uploaded to Dedoose and coded in two stages (initial and secondary coding). Emergent themes were identified during secondary coding.

# FINDINGS



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# STARTUP CONSIDERATIONS



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# CONSIDERATIONS AROUND RUNNING A MOBILE OTP

Mobile OTPs require some **adaption and creativity** in order to replicate the operations of the clinic in a smaller space, with fewer resources and more time constraints.

Some ways that programs mentioned adapting are:

- Scheduling patients with **larger number of take-homes** on different days
- Structuring the intake process to have **fewer barriers** and **to be faster**
- Allowing patients in some cases to **medicate before clearing their holds**, etc. **because the providers are all in the same small space**
- Doing **swabs instead of UA** in most cases due to limited bathrooms

# CONSIDERATIONS AROUND PRIVACY AND LOCATION

Staff mentioned that when stops are in more secluded areas (on quiet streets, tucked into the back of parking lots, behind buildings, etc.) **it can help put patients more at ease.**

Additionally, the set-up of the van itself was an important aspect for protecting patient privacy. One site used pagers to call patients onto the van one at a time.

“And it really is a space where there isn’t a lot going on. There’s **not a lot of distractions** in terms of environment or city or outside people. ...**It’s pretty confidential which makes people feel comfortable too.**” -Staff

# CONSIDERATIONS AROUND STAFFING

Staff emphasized that **building a strong team is very important** for mobile OTPs. They recommended that any new program **focus on this before operations begin**, since a reliable team helps **establish structure and gives patients a clearer sense of what to expect**.

Core roles typically include a include nurses, drivers, and other direct care providers, with some programs also highlighting the importance of case managers and recovery coaches

They also noted that **staff should be resilient, knowledgeable, and ready to manage the unique challenges of mobile operations**, from working on the road to transporting controlled substances.

“I think having your team is really important. I think structure-wise, you are giving patients a full understanding of what to anticipate, it’s so helpful to have your full team when you start. [...] I think it would be, like, super beneficial if you could get, like, at least case management, or a clinician, and the nurse -- and obviously you need the driver -- on there at the same time and starting together, would really help”

# CONSIDERATIONS AROUND SETTING UP MOBILE OTPS

Interviewees recommended that new mobile OTPs **devote significant time to planning before starting operations.**

If possible, **they should include future team members, or someone with technical expertise in this phase,** since their input can help spot improvements in the setup and workflow. Some also suggested **shadowing the operations of an established mobile OTP.**

# CONSIDERATIONS AROUND THE COMMUNITY

Staff commented on the negotiations they engaged in to begin operations, **specifically going before the community for approval.**

They noted that **community perceptions** and **organizational partnerships influenced their decisions** around implementation:

- Deciding a mobile OTP was the **best course of action**
- Finding an **approved place to park** the van
- Adding **additional stops**

# IMPACT ON PATIENTS



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**“This mobile unit has basically changed my life, but it’s also changed a lot of people’s lives that I know here in town. There’s actually a lot less addicts in this town now because of this mobile unit.”**

-Patient

# REDUCED TRAVEL TIME BURDEN

One of the most consistent themes across interviews was the **significant reduction in commute time associated with the mobile OTP.**

Some commutes to the brick and mortar locations involved **multiple hours of driving** or coordinating transportation with others.

In contrast **the mobile OTP was located only minutes from several participants' homes**, with some interviewees reporting commute times of **five to ten minutes.**

Interviewer: So how long does it take you to get [to the mobile OTP location] now?

Interviewee: **Five minutes.**

Interviewer: Oh, that's so close.

Interviewee: And in a car it'll take five minutes, but **I'll walk home sometimes.** I may even walk home today.

**I live right around the corner from the laundromat on XX Street [mobile OTP location]. It's wicked easy.** I bring the kids to school and then we come to the clinic in the morning. Routine. But I do want to start getting take-homes. It is annoying.

# SHORTENED WAIT TIMES

Patients described lines to dose at mobile OTPs as **faster-moving** and **more efficient** than lines at brick-and-mortar clinics. They attributed this difference to:

- Smaller patient panels
- Line management systems (e.g., buzzers, arrival tracking)

Patients felt as though consistently shorter lines/wait-times resulted in **less anxiety**, and **more predictability** when planning their days.

And then when we got to [brick & mortar clinic] the line [at the brick & mortar clinic] is frequently really long and sometimes, we'd have to wait in the line [at the brick & mortar clinic] for like 20-minute line, 25 minute. **The van is like always quick. Even if someone's there the line isn't longer than, you know, a couple minutes wait.**

# PARKING LOCATION

Patients from three different sites expressed **appreciation for the privacy** and discretion the van affords them when getting dosed.

- **The van and its location were described as ambiguous and nondescript**, not drawing public attention. Patients mentioned that the van is usually tucked away from public view, often in a parking lot behind a building.
- Patients at some sites mentioned that because there are various businesses nearby, **people don't necessarily know why you're in the area.**

Oh, I love this location. Nobody sees you, it's more confidential, people aren't seeing us line up and saying, 'Oh, they're on the methadone clinic'. I feel like it just has such a bad name. There's a million Suboxone clinics, and nobody ever says anything about that, but I feel like methadone has such a bad... stigma, and I don't think it's fair, I don't, I don't think it's fair at all. So I do, I love this location.

# STAFF PERCEPTIONS ON PATIENT'S IMPACTS

Staff commented that patients are **thankful and appreciative** of having the option to dose at the van.

They described the impacts that the shorter commute has had on their patient panels, including:

- The ability to be **discreet** about their treatment
- Being able to **save hours commuting** to and from treatment
- Being able to stay more **consistent with dosing**
- Maintaining a more convenient **work schedule** (i.e., typical 9-to-5)

# PHYSICAL SEPARATION FROM PAST TRIGGERING ENVIRONMENTS

A handful of patients shared that one of the main advantages of coming to the van for them is **to avoid environments and people** in the surrounding area of the brick-and-mortar clinic that they no longer want to be around.

I started methadone treatment [at the mobile OTP] a year and seven months ago, going on two years. **I was a heroin addict and it helped me out to get out of a very tight spot.** I didn't want to do that anymore. [...] Before then, **I did go to other treatments** in [city/town] and stuff; **those were some of the worst places I have ever been. I lost several jobs because of not being able to be dosed correctly and waiting in long lines.** It put me right back into addiction. I was lucky; I lost all my friends to addiction, so I have no friends anymore. [...] **This mobile clinic is how I actually got clean. I just want to say that.**

# SUPPORTIVE STAFF

Patients from all sites expressed **sincere appreciation for mobile OTP staff**. They specifically highlighted how staff:

- Create a warm, welcoming environment
- Are **non-judgemental**
- **See patients as people first**, regardless of their background
- **Genuinely care** about them and their wellbeing
- Are consistently there, creating a sense of **familiarity** for patients
- Make them feel like they can **come to them with anything**

# SAVING LIVES

Staff detailed the ways in which they've seen the mobile OTP **improve and save patient lives** by keeping them on methadone. They have seen patient lives **transform even over a short amount of time, which they found to be rewarding.**

...when a patient misses medicating for a day we refer to it as an AWOL. So this particular patient, he had a very hard time getting to a brick and mortar. He was constantly AWOLing. And as soon as our mobile unit opened, **he medicated for like 30 days straight without missing a day.**

...so just by having that mobile unit there, we've now allowed this man to medicate for 30 days straight. He's **receiving his dose consistently**, it's actually working for him.

**I think it's definitely saved lives.** It's, like I've said before, kept people in treatment, and we know just, like, them being on medication-assisted treatment lowers their risk significantly. So, like, definitely saving lives.

...before that dosing van, they had nothing. There was nowhere for them to go, like. So I think if that was, like, to, like, go away now that they have it, like, these patients would be devastated in a way, you know what I mean? There's a lot of -- **this has transitioned their lives out. It's saved them, in a way.**

# IMPACT ON STAFF AND OTPS



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# STAFF & ORGANIZATIONAL DEVELOPMENT

Staff described the ways in which the mobile OTP has impacted their and their organization's **development**:

- Promoting **curiosity** among staff
- Providing staff with **more resources to assist their patients**
- Gaining **more experience** with assisting a **wider array of patients** in **different locations**
- **Recruiting** new patients
- **Differentiating themselves** from other OTPs in their area that do not have a mobile program

# MOBILE OTP SETTING & ENVIRONMENT

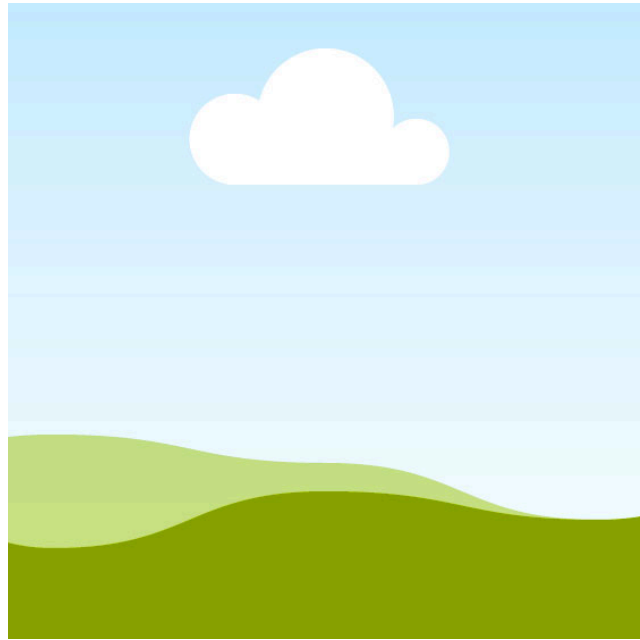
Staff commented that the mobile OTP offers an **opportunity to build rapport** with their patient panel, due to **staff consistency** and the **calmer-paced environment**. These characteristics were noted to be appreciated by **both staff and patients**.

# PANEL DISCUSSION



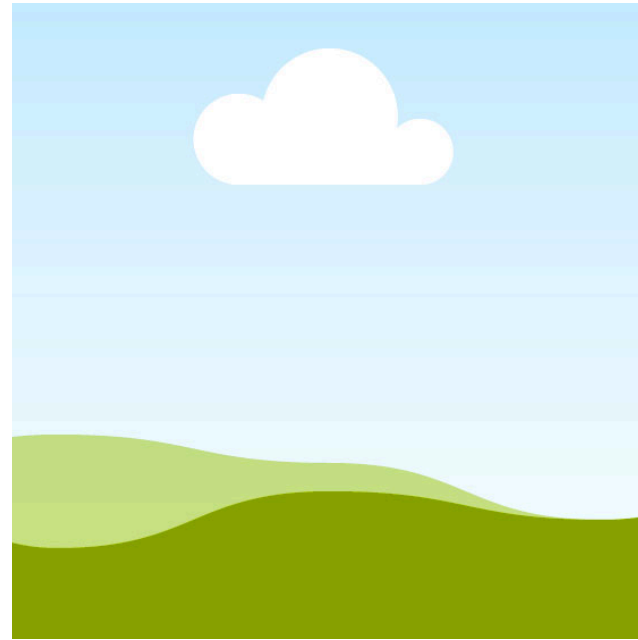
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# PANEL



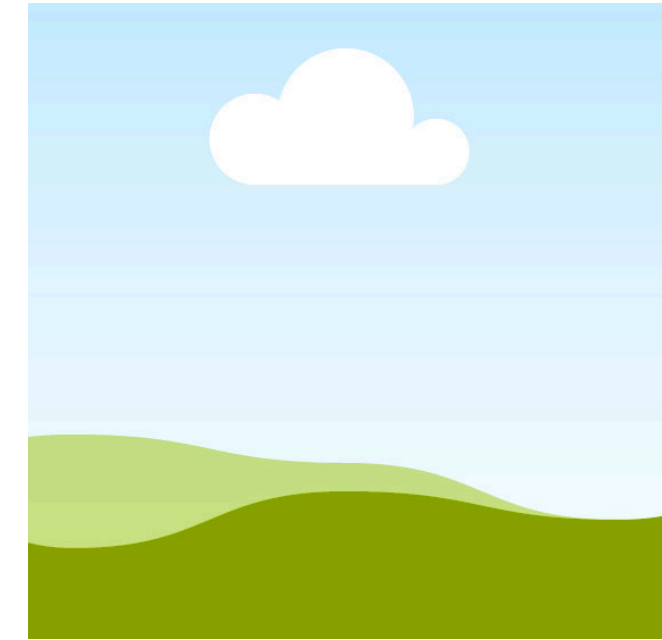
**Rick Terzick**

**Wellfleet mobile OTP**  
*Clinic Director*  
Yarmouth CTC



**Edward Gonzalez**

**Ware mobile OTP**  
*[Role]*  
Behavioral Health Network - Springfield



**Alyssa Horlborgen**

**Worcester mobile OTP**  
*Program Director*  
Spectrum Health Systems - Worcester

# Q&A



# Thank you!

## Share your thoughts

Your feedback on this session will help us improve our content based on your needs.

