SPECIFIC AIMS

During the COVID-19 Pandemic, the United States Drug Enforcement Administration (DEA) temporarily relaxed restrictions to best serve people in treatment for substance use disorders (SUD) during social distancing mandates. Changes include allowing longer take-home doses of methadone and buprenorphine rather than coming to the clinic every day (for methadone) or weekly (for buprenorphine), and relaxed restrictions on telehealth prescribing and treatment. **With a rapid transition to online services and relaxed restrictions, research is needed to better understand the implementation of online care delivery and how temporary changes to medication-assisted treatment (MAT) prescribing are experienced by providers and patients.**

Rapid Assessment, Response and Evaluation (RARE) is a National Institutes of Health and National Centers for Disease Control and Prevention (NIH/CDC) sponsored/created methodological approach to providing institutions and communities information they need to respond to time sensitive crisis situations.[1-3] RARE assessment involves triangulation of multiple methods to conduct rigorous, locally responsive assessment and evaluation within a much shorter timeframe than conventional research.[2,4-6] RARE methodology has been tested in various health crisis situations, including HIV prevention,[4,7] pandemic mitigation,[1,2] and substance use prevention and recovery.[8-11] We propose to use RARE methods to collect information about online care delivery program barriers and facilitators, and to provide local communities with information about local equity, acceptability, and feasibility of potential telehealth and mHealth interventions.

The overarching goals of the proposed project are to: (1) document impacts of relaxed restrictions for telemedicine and mHealth; and (2) assess implementation of MAT "take-homes" for people in SUD treatment in rural, underserved, and minority communities in the wake of COVID-19. Specific aims are subdivided to reflect RARE's strength in comparing multiple perspectives. We will assess perceptions of barriers and facilitators and document experiences of implementation from both institutional and individual perspectives.

Specific aims:

AIM 1: Identify barriers and facilitators to successful implementation of telehealth and mHealth for SUD treatment in the context of COVID-19 restrictions, temporary guideline changes, and "reopening stages".

Sub-AIM 1A: Use RARE stakeholder needs assessment processes to determine perceived institutional barriers and facilitators for opioid treatment via telemedicine and mHealth platforms during COVID-19.

Sub-AIM 1B: Identify barriers and facilitators (including environmental scans and RARE risk-based assessment) for successful client program engagement in telehealth and mHealth due to COVID-19.

AIM 2: Assess implementation of medication assisted treatment guideline changes and equity in access to "take-homes" for people in rural and underserved populations

Sub-AIM 2A: Investigate institutional procedures and provider attitudes toward MAT prescribing changes in relation to a post-COVID-19 environment.

Sub-AIM 2b: Document patients' experiences of receiving MAT during COVID-19.

Proposed RARE methods include semi-structured qualitative interviews, focus groups, mapping, direct observation, and surveys. We will use recommended sampling frames developed as part of RARE procedures to gather the most defensible and comprehensive data possible within the proposed one-year timeframe. RARE methodology is designed to provide rapid program assessment and policy implementation from both an institutional and client perspective. The overall design provides both qualitative and quantitative "triangulation" (validity, reliability, feasibility, applicability) within a community engaged format. The overall mixed-methods approach provides comparative information on environmental conditions, institutional culture, and individual client perceptions to support successful program development, cultural tailoring, and implementation.