RESULTS

**Mixed-methods approach** (Concurrent Nested [Embedded Design]) with the primary method as qualitative and secondary methods as quantitative. Qualitative: descriptive analysis of patient characteristics, including demographics, treatment retention, anxiety and depression scores. Data were collected by Granville Vance Public Health for all patients who entered the program January 2018–July 2020. Depression was assessed using Patient Health Questionnaire-9 (PHQ-9; Kroenke, 2001) and anxiety was measured using the General Anxiety Disorder (GAD-7) (Spitzer, 2006). PHQ-9 and GAD-7 scores were collected at baseline and month 6. Qualitative: in-depth one-on-one phone interviews with patients (n = 7) and clinicians/staff (n = 4) to describe OBOT program evolution, challenges, and outcomes. Interviews were conducted June 2020–February 2021. Participants provided verbal consent. Interviews explored barriers to success of the program.

**Qualitative Results**
• Among active participants, improvements in median reported depression and anxiety scores were observed as patients progressed through the program (Table 4).

**Quantitative Results**
• The proportion of individuals in the program with moderate-to-severe depression (PHQ-9 scores ≥10) at program initiation was 66%, and at the most-recent assessment, reduced to 34%.

**Quantitative Results Cont.**
• Anxiety and depression scores were observed as patients progressed through the program (Table 4).

3. Urate Drug Screen Results (n = 79)

<table>
<thead>
<tr>
<th>Drug Screen Results</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive urine drug screen</td>
<td>39 (49.4)</td>
</tr>
<tr>
<td>Positive urine opiate, N (%)</td>
<td>34 (44.1)</td>
</tr>
<tr>
<td>Positive urine benzodiazepine, N (%)</td>
<td>11 (14.1)</td>
</tr>
<tr>
<td>Positive urine barbiturate, N (%)</td>
<td>5 (6.3)</td>
</tr>
<tr>
<td>Positive urine cocaine, N (%)</td>
<td>7 (9.1)</td>
</tr>
<tr>
<td>Positive urine marijuana, N (%)</td>
<td>36 (45.6)</td>
</tr>
<tr>
<td>Positive urine amphetamine</td>
<td>1 (1.3)</td>
</tr>
</tbody>
</table>

4. Change in Patient-Reported Depression and Anxiety Scores

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Baseline</th>
<th>Month 6</th>
<th>Change (SD)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (PHQ-9)</td>
<td>19.6 (5.9)</td>
<td>11.3 (4.7)</td>
<td>-8.2 (5.4)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Anxiety (GAD-7)</td>
<td>11.5 (5.4)</td>
<td>7.6 (5.3)</td>
<td>-3.9 (5.2)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**Qualitative Results Cont.**
• Facilitators of success in the program:
  - Social support from other patients in the group sessions, including coming out with transportation and providing emotional support
  - Shared sense of compassion, culture of honesty and respect
  - Very positive interactions with clinic staff, with some expressing that they are highly valued in their interactions with the clinicians.
  - Availability of providers to address questions or needs.
  - Connecting patients with affordable or donated clothes, furniture, appliances, and job opportunities.
  - Trusting relationships among patients and clinicians providing MOUD were cited as one of the most important facilitators of success.

**Barriers to success of the program**
• Inconsistuent funding, leading to lapse in service access
• Lack of a dedicated behavioral health counselor
• Lack of reliable transportation to clinic for patients, which can make it difficult to attend the program

**COVID Impacts**
• During the COVID-19 pandemic, many patients have been conducated via telemedicine or phone – while this can help address transportation issues, patients report missing the social connections from the group sessions

**Suggestions for rural health departments interested in starting their own OBOT program**
• Start small and ramp up slowly to seeing more patients
• Seek mentorships/guidance from other health departments with OBOT programs

**Conclusions**
• Granville Vance Public Health’s OBOT program successfully reduced opioid use, depression, and anxiety among enrolled patients
• Harm reduction approach was consistently mentioned by patients as important drivers to their success in the program:
  - Trust among patients and clinicians
  - Non-judgmental and non-punitive approach
  - Patient-identified indicators of success
• Rural health departments interested in getting started would benefit from being connected with other rural health departments who already have a program.