

MASSACHUSETTS



OTP TTA CENTER

Opioid Treatment Program

Training & Technical Assistance Center

Agenda

1. Welcome & Introductions
2. Spotlight Presentation
3. Peer Sharing and Networking
4. Closeout

Objectives for Today

After this session participants will be able to:

- Name strategies that may help to increase access to take-home medications in their OTP
- Engage with peers in a similar role about successes and challenges related to increasing access to take-home medications
- Identify training and technical assistance needs related to increasing access to take-home medications

MASSACHUSETTS

OTP TTA CENTER

Our Purpose

- ❑ Increase access to medications for opioid use disorder
- ❑ Improve patient care
- ❑ Provide tools, training, and resources
- ❑ Promote best practices
- ❑ Address challenges

We aim to support opioid treatment programs (OTPs) by providing free, responsive, educational opportunities to enhance the delivery of medications for opioid use disorder.

Our Mission

Improve service delivery and outcomes for individuals with opioid use disorder, with a focus on aligning with updated federal and state-specific regulations for OTPs.

Funded by the MA Bureau of Substance Addiction Services
Staffed and operated by JSI



MA OTP TTA Team



Sasha Bianchi
Project Director



Nadia Syed
Project Manager



**Gretchen
Shoemaker**
Project Coordinator



Shaivi Herur
Analyst



Kelsey Berdeguez
Evaluation Lead



Jo Morrissey
Needs Assessment &
Advisory Council Lead



Audrey Foxx
Health Communications
Lead



Lili Njeim
Training and Technical
Assistance Coordinator



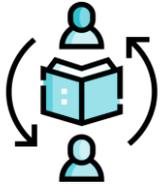
Melissa Schoemmell
Training and Technical
Assistance Lead

Our Services



Tailored Technical Assistance

Support on a wide array of topics, including patient-centered care, telehealth, and regulatory changes.



Expert Support and Peer Learning

Access to leading experts in the field, peer-to-peer forums, and collaborative learning opportunities to share best practices and strategies.

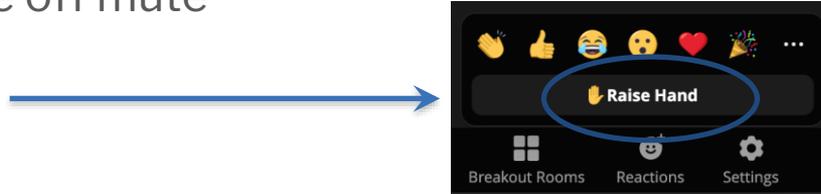


Resource Development

Creation and dissemination of tools, guides, and resources to support OTPs in delivering high-quality, effective care.

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 BHN panelists



- We are recording today's session

Best Practice Spotlight:

Strategies to Remove Barriers to Take-Homes

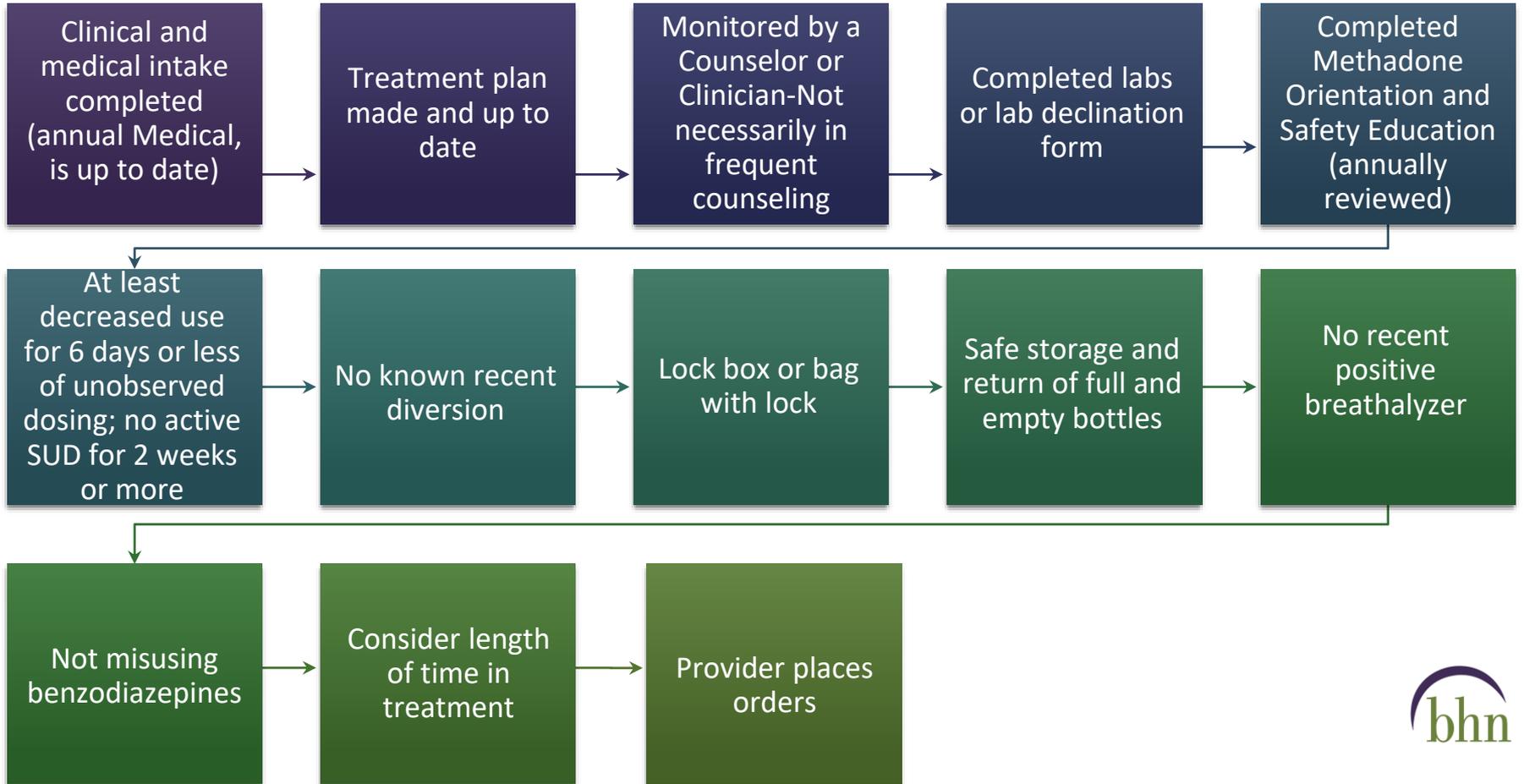


Maile Shoul
Program Director



Calla Harrington
Clinical Supervisor

Requirements for Take-Homes



Active Substance Use Disorder (SUD)

SUD assessment tool for clinical staff

- Created by: Dr. Ari Kriegsman and Carissa Cuttler, LICSW from BHN
- Assesses for an **active substance use disorder** when a client has toxicology that is positive for illicit substances.
- Uses DSM-5 criteria to include suggested questions and elicits clients' protective factors.
- The completed **SUD assessment tool** may help clinical staff decide whether take-homes should be continued or reduced.

A blue balloon is shown against a white background, held up by a red pushpin. The balloon is inflated and its bottom is pinned to the surface. The pushpin has a red circular base and a gold-colored stem.

No **active substance use disorder** for two or more weeks in order to access take-homes

SUD Assessment Tool



Name: _____
 Carelogic ID: _____ THB Policy SUD Assessment

Protective Factor Question	Client Quotes / Response
Let's talk about how you're doing overall – how has your methadone treatment improved your life or helped you reduce your substance use?	
In what ways does having take home bottles help support your recovery?	
Can you tell me about something that's going well right now or that you're proud of with your recovery?	

Please use the following questions to fill in the corresponding criteria within the criteria grid:

Assessment Question	DSM Criteria
When did you (recently) start using ____? How much were you using at that time, and how much are you using now?	Criteria 1
.... (if they report an increase) Is there a reason you have started to use more? (look for indication of tolerance)	Criteria 10
Have you recently tried to stop using ____? (Describe) "How did that go?"	Criteria 2
Have you noticed any withdrawal symptoms if you haven't used in a while?	Criteria 11
Are you having any physical or mental issues or concerns? When did these begin? Have you seen a doctor? Do you see ways in which your use impacts your mental health? Does it put your physical health at risk?	Criteria 9
How often are thoughts about using ____ crossing your mind?	Criteria 4
About how much time are you spending on getting your supply? Do you spend a lot of time working to get the money that you need to buy ____?	Criteria 3
Have you ever felt unsafe in the environment you are using in or who you are using with?	Criteria 8
What times of the day or week are you using? Has it ever effected your ability to work or get things accomplished at home?	Criteria 5/3
(hopefully you have some knowledge of this client's typical activities and you can ask them how they are going, how often they are engaging in them) (if no knowledge of typical activities, inquire) Tell me about your hobbies or things you like to do... How often are you able to participate in these things? Has there ever been a time recently that you missed these activities because you had an opportunity to use ____ instead? Have you recently missed an activity because you were busy purchasing ____?	Criteria 7
Has anyone asked you recently if you were using or suspected you were using ____? i. What do you think made them ask?	Criteria 6
Has anyone recently asked you to stop using ____? Do you feel like your relationships are affected by using ____?	

When a patient with two weeks or more of take-home doses has a positive toxicology for illicit substances, their take-homes are reduced to one week until a clinician completes the **SUD Assessment Tool**.

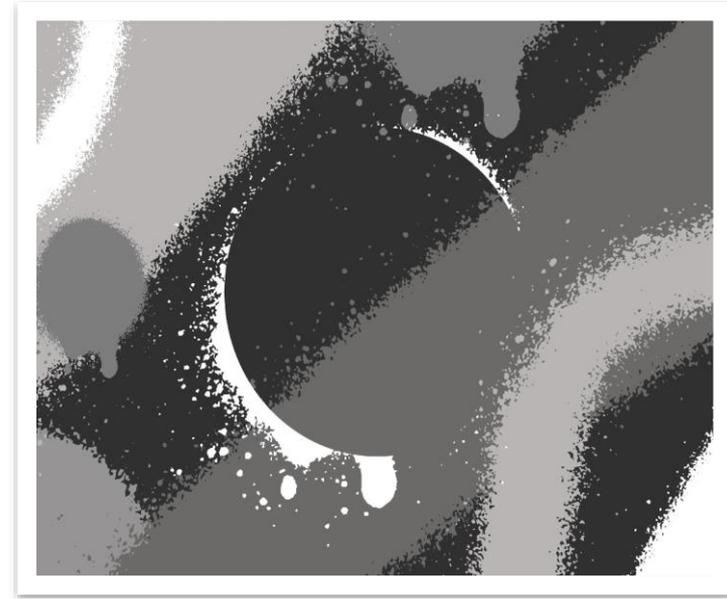
Possible outcomes of SUD assessment include:

- Substance use has negative impacts on domains of the patient's life - they meet the criteria for an **active SUD**.
- Client had a "slip", but their use does not negatively impact their life - they do NOT meet the criteria for an active SUD.
- The client had a slip and their use does not negatively impact their life, but they are showing some indicators of decreased stability, so the provider temporarily reduces bottles to foster restabilization.

Overcoming Challenges and Living in the Gray

A return to use is not always a sign of an **active substance use disorder**.

- Per the new SAMHSA guidelines, patients who have met all program requirements and meet the SAMHSA criteria for take-homes who are still using illicit substances but have demonstrated decreased use may be eligible for some take-homes.
- Patients who have met all program requirements and the SAMHSA criteria for take-homes and are still using illicit substances but have not yet demonstrated decreased use may still qualify for a small number of take-home doses if the medical director or program medical practitioner determines that the risk of daily dosing is greater than the risk of take-homes.



“Black or white” thinking seldom reflects reality.

Reframing and Cultural Adjustments

We have started a journey to reframe methadone and take-home doses as a therapeutic tool that may or may not be beneficial, rather than a privilege or prize.



**Behaviors
indicating
destabilization
that may
result in the
reduction of
take-homes**

Suspected diversion

**Unsafe behavior: suicidality, risky
substance use, overdoses,
unmanaged mania or psychosis**

**Unsafe storage: missing empty bottles, repeated
theft of bottles, presumably accurate report of
someone who is not the patient accessing their
methadone**

Safety Strategies

- Annual review of methadone and take-home orientation and safety; a revocation of take-homes will result in additional review of this content
- Concerning presentations at dosing window and unexpected toxicology results will result in clinical and/or medical outreach and assessment
- Call backs
- Revoking bottles:
 - Missing bottle or presenting with lock box unsecured may result in 7 days of daily dosing and review of methadone safety, subsequent issues within the year will result in longer period of revocation
 - Presumed diversion results in revoking bottles

Other Strategies to Remove Barriers

- Clients who decline ongoing counseling will not be denied take-homes
 - Clinicians work with clients to determine what frequency of counseling is clinically indicated
 - Clients who decline counseling but have elevated risk factors still receive a monthly check-in
 - Treatment plan updates are required for all clients
 - Most clients still opt in to counseling. Our clinicians are busy!
- Telehealth
- Mobile methadone in Ware



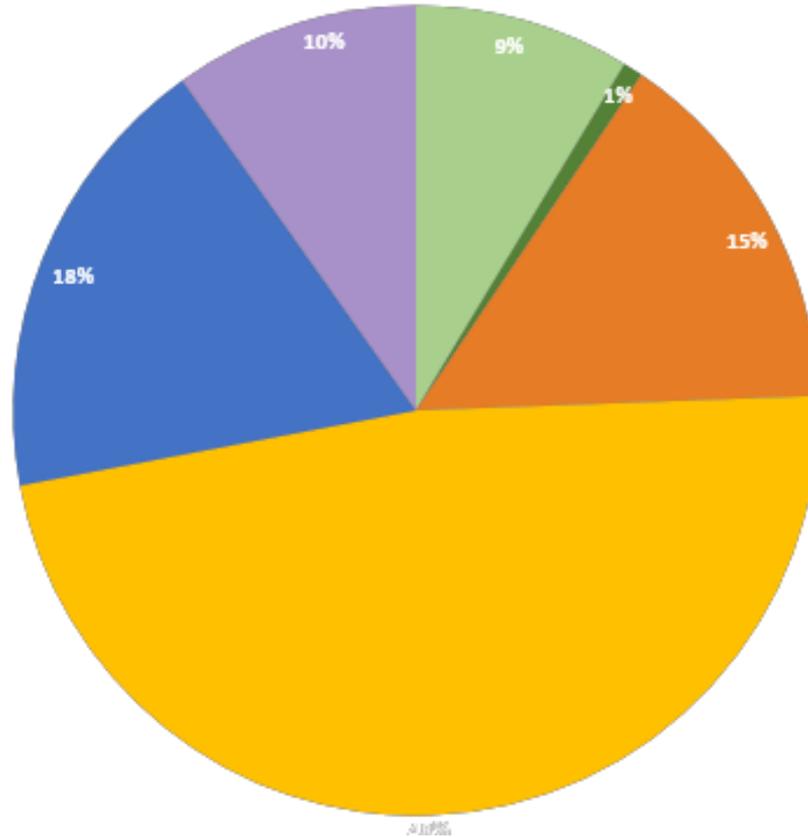
Impulsivity and Memory Issues

If a patient has a hard time with memory, or may not be successful with traditional take-home bottle scenarios, we can consider these alternatives:

- Use of VNA
- Use Chain of Custody
- Use \$18 timed release lock (holidays) with a behavioral contract <https://a.co/d/7IycN62>
- Numbering and labeling tops of bottles

Observed dosing for Orange OTP Clients (%)

■ Daily ■ MWF ■ Twice a week dosing ■ Weekly ■ Biweekly ■ Monthly



Time for breakout rooms!

Group 1: Admin/Managers

Group 2: Medical Providers

Group 3: Clinicians/Recovery Staff

Group 4: Operations Staff

Coming Soon!

- Presentations and training on best practices in OTPs
- Facilitated opportunities for engagement and networking with peers
- Website containing helpful resources and ways to connect

Tuesday, November 19th | 12:00 - 1:30 pm

- Promoting Infectious Disease Testing in MA Opioid Treatment Programs (OTPs)
- Opportunity to connect and share best practices

Scan to register!



Thank you!

Questions? Ideas?

Email us at otptta-ma@jsi.com

Don't Miss Out!

Subscribe to our listserv for regular updates, information, events and resources!



Share with Us!

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



Key Takeaways: Take-Homes

- Establish good communication systems and decision-making processes between different members of the care team: nurses, clinicians, prescribing providers. Examples:
 - Use of electronic medical records
 - Frequent interdisciplinary meetings
- Implement regular staff education about the changes in regulations and procedures as well as the reasoning behind these take-home changes.
 - Each role at the OTP needs to be confident about what resources and tools are available to help patients.
- Discuss take-homes with patients as a part of admission. Educate patients about how take-home decisions are made.

Key Takeaways: Take-Homes

- To reduce long lines:
 - Require those who are getting take-home bottles to come at least 30 minutes prior to closing. Some exceptions apply based on patient circumstance.
 - Examine data related to “heavy” or “light” days for dosing and prepare accordingly.
- Implement an official policy for clinical declination for patients with risk factors. BHN’s employs hierarchies and tiers for clinical touchpoints and recommendations.
- Positive tox screens and risk: it really depends on the drug. Alcohol and cocaine are high risk.
- Mindset shift: Take-homes are not an incentive or reward for good behavior, but a viable part of a care plan. Sometimes take-homes are needed to find stability, not the other way around.
- Note: Larger clinics may take more time to implement changes and scale up new approaches.