

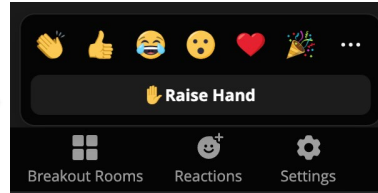


OTP TTA CENTER

Opioid Treatment Program
Training & Technical Assistance Center

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

 Turn your camera on (if you can!)

 Mute yourself when you are not speaking

 Complete your evaluation!

 Email us at: otptta-ma@jsi.com

 It's not too late to join our contact list! (link in chat)

***NEW* Website!**
<https://massotptraining.org/>

Today we are joined by representatives from MA DPH Bureaus of Substance Addiction Services (BSAS) and Infectious Disease and Laboratory Sciences (BIDLS)



Mark Your Calendars!

Monthly Webinars

Third Tuesday, 1-2pm

Dates for 2025

August 19 | September 16 | October 21 | November 18 | December 16

1-hour webinars that will include a combination of

- Presentations from local and national subject matter experts
- Spotlight local OTP innovative policies and practices
- Audience engagement via chat, polls and breakout rooms

Upcoming Topics

Language, transportation, motivational interviewing, harm reduction, vicarious trauma, family systems, vulnerable populations, drug trends

Registration is Open!

August 19, 2025

1:00 - 2:00 pm

Words Matter: Stigma and Language

Agenda

1. Learning objectives

2. Collaborative learning exchange

Patient-Centered Care in OTPs: Aligning Practice with Federal Guidelines

3. Wrap up



Learning Objectives

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

- 1 Identify the six dimensions of The ASAM Criteria, and their role in individualized assessment and treatment planning in OTPs.
- 2 Describe how applying The ASAM Criteria supports patient-centered care and aligns with recent regulatory changes at OTPs.
- 3 Discuss how OTPs are well-equipped to deliver patient-driven care that adapts as patients move through different stages of treatment.

Patient-Centered Care in OTPs

Aligning Practice with Federal Guidelines



Final Rule

42 CFR, part 8

Patient-provider 'shared decision making'

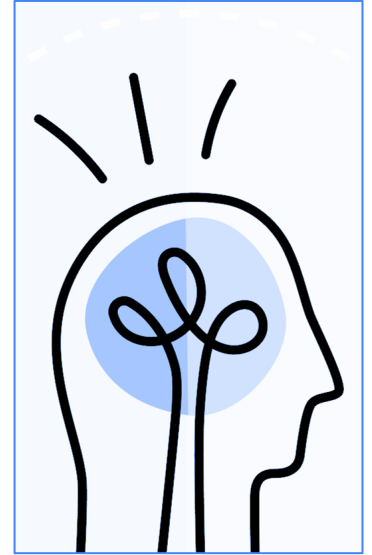
- All care plans and decisions will
 - be collaborative between patient and provider and;
 - incorporate harm reduction principles.
- Supports positive change and reduces harm by recognizing the need to meet patients where they are with their opioid and other substance use disorders¹

1. <https://www.samhsa.gov/substance-use/treatment/opioid-treatment-program/42-cfr-part-8/changes>

Care Plans & Shared Decision Making

All care plans must include:

- **Goals** that reflect the patient's current needs and interests
- **Mutually agreed-upon actions** to meet those goals
Goals and actions may include:
 - Harm reduction interventions,
 - Education,
 - Vocational training and employment, and
 - Medical and psychiatric, psychosocial, economic, legal, housing, and other recovery support services²
- **Care plans must be updated periodically** based on changes to the patient's current needs and interests



2. [New Federal Regulations for Opioid Treatment Programs: An Overview of Key Changes to 42 CFR Part 8](#)

Harm Reduction and Recovery Supports

- The definition of “comprehensive treatment” now includes **harm reduction** and **recovery support services**.
- Patient care plans may include “harm reduction interventions” based on “the patient's goals and mutually agreed-upon actions for the patient to meet those goals.”
- Counseling and psychoeducation may include “harm reduction education and recovery-oriented counseling.”

Psychosocial Assessments

- OTPs **must conduct physical, behavioral health, and psychosocial assessments** within 14 days after a patient's admission and periodically thereafter.
- The physical and behavioral health assessments "must address the need for and/or response to treatment, adjust treatment interventions, including MOUD, as necessary, and **provide a patient-centered plan of care.**"
- The psychosocial assessment must include "preparation of a care plan that **includes the patient's goals and mutually agreed-upon actions for the patient to meet those goals.**"

2. https://www.vitalstrategies.org/wp-content/uploads/FederalOTPREgulations_Explainer_FINAL.pdf

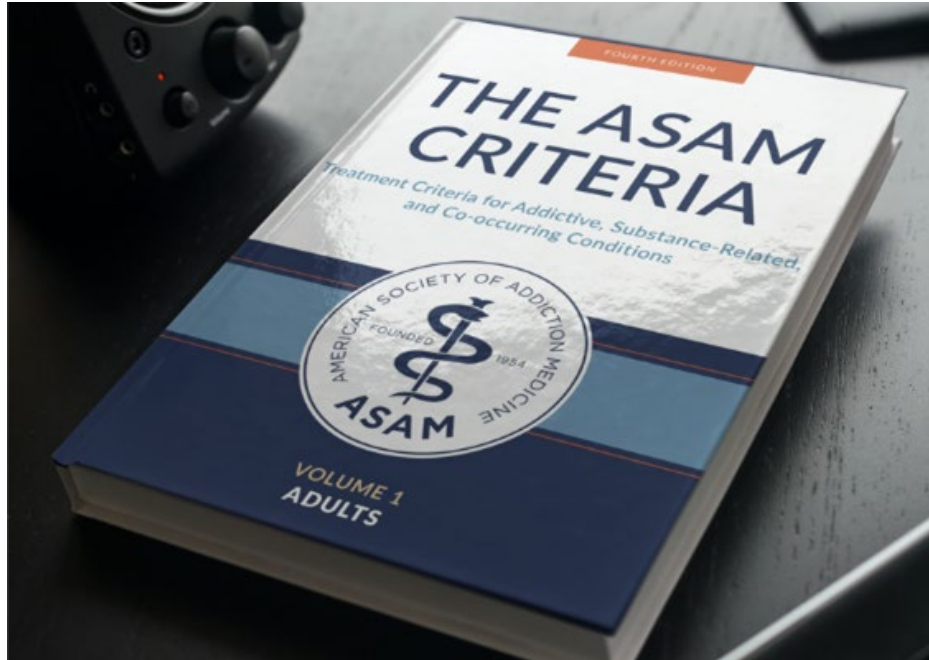
“While the varied levels of care and treatment challenges associated with addiction may seem daunting, so is the treatment of an acute myocardial infarction; yet we have built a system of care that allows immediate access to high-quality specialty-level care for the latter. We owe it to those suffering from addiction to develop the same level of sophisticated and impassioned care.”

- **Dr. Corey Waller**, the Editor-in-Chief of *The ASAM Criteria*, previously worked as the Chief Medical Officer for Brightview Health.



POLL #1

How **comfortable** are you in developing or supporting **patient-centered plans of care** that includes the patient's goals and mutually agreed-upon actions for the patient to meet those goals?



The ASAM Criteria

Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions

The ASAM Criteria Fourth Edition

The purpose of The ASAM Criteria is to...

- Promote individualized and holistic treatment planning and guide clinicians and care managers in making objective decisions about patient admission, continuing care, and movement along the continuum of care

It provides a consistent way to...

- Assess patients' biopsychosocial circumstances to identify the appropriate care based on their individual needs
- Develop comprehensive, individualized, and patient-centered treatment plans

3. Waller RC, Boyle MP, Daviss SR, et al, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults. 4th ed. Hazelden Publishing; 2023.

Guiding Principles

Admission into treatment is based on patient needs

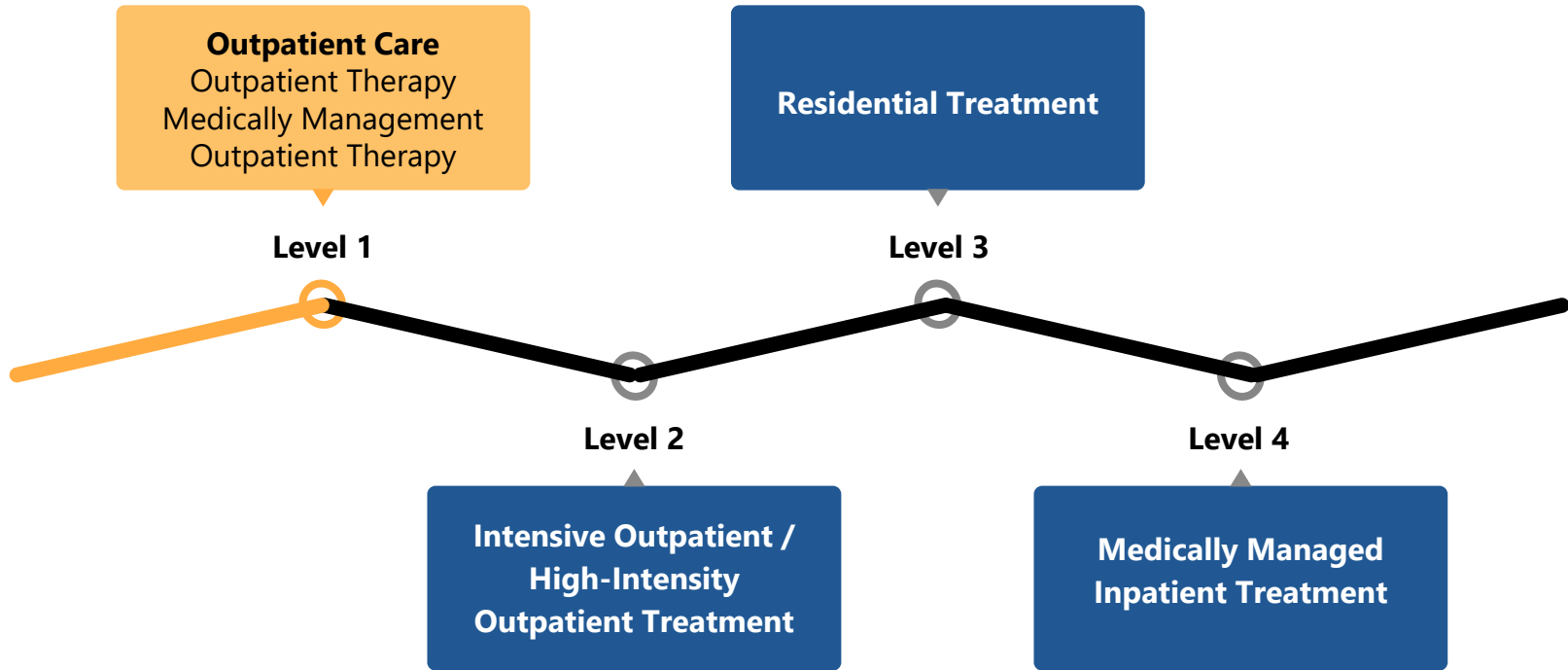
Treatment plans are individualized based on patient needs and preferences

Patients receive a multidimensional assessment that addresses the broad biological, psychological, social, and cultural factors that contribute to SUDs, addiction, and recovery

Informed consent and shared decision-making accompany treatment decisions

3. Waller RC, Boyle MP, Daviss SR, et al, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults. 4th ed. Hazelden Publishing; 2023.

Continuum of care





POLL #2

Which **assessment tools** do you currently use, or have used in the past?

Assessment

- Demonstrate **respect** for the **patient's autonomy**
- Maintain a **nonjudgmental** mindset
- Utilize **open-ended** questions
- Recognize different levels of readiness in different dimensions and subdimensions
- Begin to build a **therapeutic alliance**
- Consider the unique personal experiences and worldview of each patient

The Six Dimensions

1. Intoxication, Withdrawal, and Addiction Medications

2. Biomedical Conditions

3. Psychiatric and Cognitive Conditions

4. Substance Use-Related Risks

5. Recovery Environment Interactions

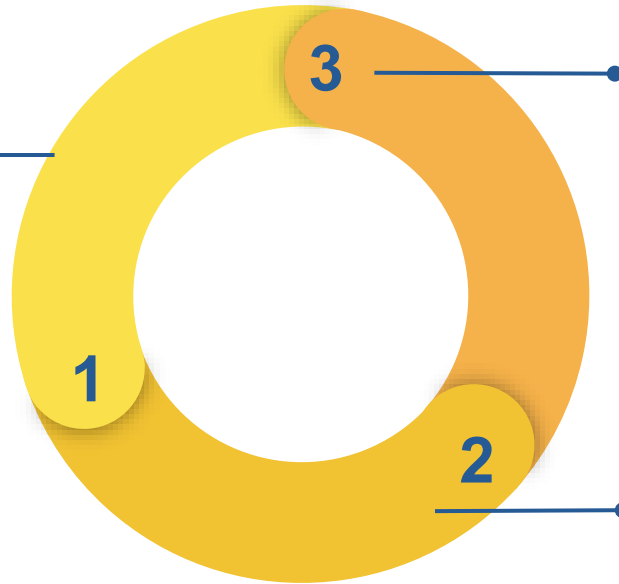
6. Person-Centered Considerations

Treatment Planning

- Treatment plans should be focused on the patient and reflect their motivations, desires, and abilities.
- When developing a patient's treatment plan, establishing therapeutic alliance should be the primary focus. Therapeutic alliance consists of:
 - Agreement on the goals of treatment;
 - Agreement on the objectives and action steps that the patient will engage in to meet those goals, and
 - Development of a personal bond between the patient and clinician made up of reciprocal positive feelings

Developing a care plan

Identify the patient's concerns in each dimension and determine their most acute needs in each dimension



Work together to address goals, objectives, and action steps that:

- Address their acute needs
- Are meaningful to the patient and reflect their priorities and their own words
- Can be realistically address in the OTP setting

Work together to identify priorities they have for their treatment and recovery



POLL #3

Do you **currently assess 'Substance Use-Related Risks'** and/or **'Person-Centered Considerations'** for your patients?

Dimension 4 | Substance Use-Related Risks (1/2)

Assess the patient's likelihood of engaging in risky substance use and risky SUD-related behaviors.

- Recent and historical patterns of use;
- Potential for dangerous consequences of use, including overdose or serious injury while intoxicated;
- Likely imminency of the occurrence of these dangerous consequences;
- Current or likely exposure to use triggers in the daily environment;
- Awareness of use triggers;
- Access to substances; and
- Ability to cope with stressors and cravings.

Dimension 4 | Substance Use-Related Risks (2/2)

Assessing and Planning

Through motivational interview, explore patient perspectives on:

- The negative and positive outcomes of their use
- The negative and positive outcomes of their goals
- The costs associated substance use
- The savings associated with reduced substance use
- Their ambivalence or readiness to change
- Harm reduction strategies or abstinence based goals

Harm Reduction is ...

A set of practical strategies aimed at reducing negative consequences and harm associated with substance use

- Meets people who use drugs where they are
- Addresses SUD along with the conditions of SUD

A key component of individualized care



Dimension 6 | Person-Centered Considerations

Barriers to Care

- Childcare, caregiving duties, employment or educational responsibilities
- Lack of transportation
- Criminal justice involvement
- Social and structural determinants
- Belief that treatment can help and they deserve treatment
- [Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences \(PRAPARE®\)](#)

Patient Preferences

- Preference for type or intensity of services or specific programs

Need for Motivational Enhancement

- Patient's readiness to engage in care

Dimension 6 | Assessing and Planning

- Identify external factors that challenge ongoing engagement in SUD treatment
 - Social, structural, and systemic determinants of health can be viewed as overarching pressures requiring sufficient ongoing resources and support
- Adopt care plans to address these determinants and cultural factors
- Operationalize ways to mitigate barriers by providing supportive resources and co-developing contingency plans
- Provide sufficient time for the patient to discuss their health, wellness, engagement, and awareness of needs
- Actively listen to understand the patient perspective

Q&A



POLL #4

How useful was the information presented today?

What more do you want to know about **person-centered care** complying with federal regulations?

Tools and Resources

Support shared decision making and psychosocial assessments

- The ASAM Criteria | Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions
- [Treatment Planning Template](#)
- [The 42 CFR Part 8 Final Rule Table of Changes](#)
- [New Federal Regulations for Opioid Treatment Programs: An Overview of Key Changes to 42 CFR Part 8](#)

Thank you!

Share your thoughts

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

