

MASSACHUSETTS



# OTP TTA CENTER

Opioid Treatment Program  
Training & Technical Assistance Center



# **Missed Doses Should Not Be a Missed Opportunity for Engagement!**

April 1st, 1:45 - 2:45 pm



# Presenters



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Medical Director for Addiction  
Medicine at Acadia Healthcare



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Behavioral Health Network -  
Western Massachusetts

# Session Objectives

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

- 1 **Describe** which patients are eligible for PT-1 transportation and how to apply for this benefit.
- 2 **List** two ways to increase take homes within regulatory guidelines for patients with frequent missed doses.
- 3 **Identify** two scenarios where telehealth can assist with re-engagement for patients with frequent missed doses.
- 4 **Summarize** why rapid re-titration can be a safe and effective strategy to reduce further missed doses.
- 5 **Describe** the key components of a standardized methadone missed-dose policy and how a clinical calculator can support safe, consistent dose adjustments following treatment interruptions.

BHN OTP CLINICS  
**MISSED DOSE  
PROTOCOLS**



# MISSED DOSES OF METHADONE

## Two Pathways

- (1) Without daily illicit opioid use
  - *existing protocol used for all patients (with or without illicit opioid use) for 4+ years*
  - *destabilizing for folks continuing to use illicit opioids*
- (2) With daily opioids use
  - *new as of July 2024*

- *\* A provider must sign off on all dose adjustments*



# (1) **WITHOUT** DAILY ILLICIT OPIOID USE

## **Missed 1 – 4 Days** (*any dose*)

- No dose adjustment

LOW DOSE (*less than 60 mg*)

## **Missed 5 – 7 Days**

- No dose adjustment

HIGH DOSE (*60 mg or greater*)

## **Missed 5 Days**

- Decrease by 20%\*

## **Missed 6 or 7 Days**

- Decrease by 50%\*

## **Missed 8 or More Days** (*any dose*)

- Restart at 40 mg\*

## **Titration back to Therapeutic Dose**

- See Provider

*\*Titrate back to therapeutic dose quickly*



# (2) WITH DAILY ILLICIT OPIOID USE

## **Missed 1 – 4 Days** *(any dose)*

- No dose adjustment

## **Missed 5 or More Days**

### **Dose less than 60 mg**

- No dose adjustment

### **Dose 60 mg or greater**

- Decrease by 5 mg daily for each day missed after 4 days
- Don't drop lower than 40 mg

## **Titrating back to Therapeutic Dose**

### **Dose decreased by 50 mg or less**

- Increase by 10 mg daily until back to original dose

### **Dose decreased by greater than 50 mg**

- See Provider



# **BEHAVIORAL HEALTH NETWORK – OTP CLINICS**

## ▪ **ATTLEBORO**

- 7 Railroad Ave Attleboro, MA 02703
- Phone: (978) 435-2234
- Fax: (774) 606-2711

## ▪ **BROCKTON**

- 231 Main St Brockton, MA 02301
- Phone: (508) 313-9123
- Fax: (774) 296-1460

## ▪ **GREENFIELD**

- 21 Kenwood St Greenfield, MA 01301
- Phone: (413) 223-5072
- Fax: (413) 772-3720

## ▪ **HAVERHILL**

- 108 Merrimack St Haverhill, MA 01830
- Phone: (978) 228-3246
- Fax: (351) 353-3641

## ▪ **HOLYOKE**

- 235 Maple St Holyoke, MA 01040
- Phone: (413) 532-0389
- Fax: (413) 532-1548

## ▪ **HYANNIS**

- 261 North St Hyannis, MA 02601
- Phone: (508) 534-0156
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## ▪ **LAWRENCE**

- 290 Merrimack St Lawrence, MA 01843
- Phone: (978) 795-0054
- Fax: (978) 965-4208

## ▪ **ORANGE**

- 119 New Athol Rd Ste 210 Orange, MA 01364
- Phone: (978) 674-7240
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## ▪ **PALMER** *(Mobile Unit)*

- 1 Rathbone St Palmer MA 01069
- Phone: (413) 272-1333
- Fax: (413) 858-2618

## ▪ **SOMERVILLE**

- 401 Highland Ave Somerville, MA 02144
- Phone: (978) 655-9686
- Fax: (617) 440-7491

## ▪ **SPRINGFIELD**

- 395 Liberty St Springfield, MA 01104
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## ▪ **WARE** *(Mobile Unit)*

- 75 Main St Ware, MA 01082
- Phone: (413) 272-1333
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# Scan the QR Code

*to download the Methadone Missed Dose Calculator*



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## INSTRUCTIONS:

- After scanning the QR code with your phone, select the “Share” option
- Send the link to your email
- Open the email on a device with Excel capabilities
- Click the link
- It will bring you to a QR Code website, where you must click “**Skip Advertisement**” just beneath “You successfully scan QR code”
- It will then download the Excel file to your device
- You can open and utilize the Excel file

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For any questions, email me at [Anthony.English@bhninc.org](mailto:Anthony.English@bhninc.org)

Anthony English, MBA, PA-C  
Behavioral Health Network



**Methadone.**  
**Best medicine ever, right?**  
**Why miss a dose?**

# So many reasons why people miss dosing

#1-Lack of transportation

#2-Personal schedule does not align with OTP dosing hours

-Life (expected and unexpected) events interfere with dosing

-Travel, parenting, acute illness, chronic pain, etc.

-Lack of time to deal with OTP AWOL process

-Tox screen, COWS, call to medical provider

-Fear (or reality) of inadequate dose

-Titrating too slowly or being reducing too dramatically

-Avoidance of stigma, shame, judgement

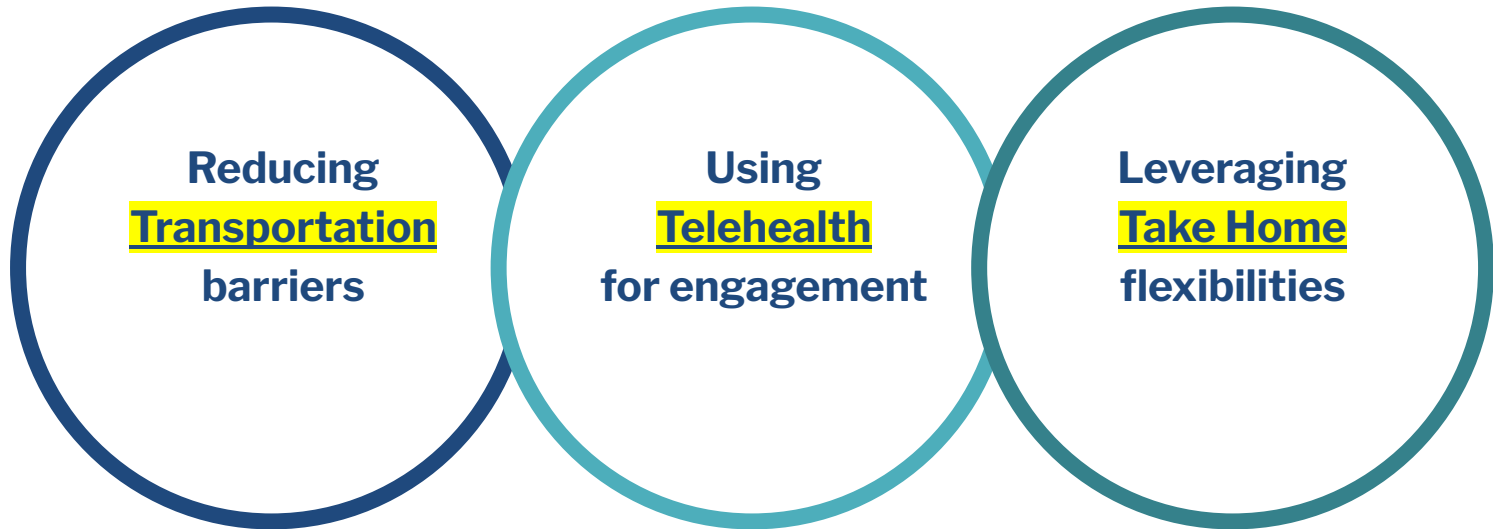
-No longer at the “Action Stage” of readiness for change

# So many problems from missing dosing

- Lack of stable, therapeutic dose
- Unpredictable tolerance
- Ongoing withdrawal symptoms
- Heightened cravings
- Return to opioid use or increase in opioid use
- Increased risk for overdose and death
- Risk of reduced dose upon return to OTP
- Risk of reduced take homes upon return to OTP
- Risk of destabilizing recovery and life activities outside the OTP

**Fortunately, there are solutions!**

# 4 T's: Training OTPs on



# Experience in Springfield, MA

- Long-standing OTP operated by Acadia CTC: a public, for-profit company
- Urban location serving marginalized, vulnerable patient population
- Over 1100 patients
- Includes a med unit in Spencer, MA that opened in April 2025
- Training for change in practice began in September 2025
- Outcome data is through February 2026

**PRIMARY GOAL:** Reduce missed doses & subsequent harms

**SECONDARY GOALS:**

1. Reduce punitive approaches to managing missed doses
2. Achieve stable, therapeutic methadone doses
3. Increase patient satisfaction
4. Expand staff flexibility around patient engagement opportunities

# Demographics: Age (as of 2/28/26)

Age as a percentage of total census of 1042 patients

AGE (% total census)	Female	Male
<b>TOTAL</b>	<b>35%</b>	<b>65%</b>
18-20	0 %	0.2%
21-24	0.1%	0.3%
25-29	1.1%	1.3%
30-34	3.6%	6.4%
35-44	13.3%	20.2%
45-54	9.1%	17.0%
55-64	5.8%	14.2%
65+	2.0%	5.5%

# Demographics: Race (as of 2/28/26)

Race by gender as a percentage of total census of 1042 patients

RACE (% total census)	Female	Male
<b>TOTAL</b>	<b>35%</b>	<b>65%</b>
American	1.0%	0.5%
Asian	0%	0.2%
Black or African	1.4%	3.7%
Caucasian	21.5%	33.5%
NH/PI	0.1%	0.4%
Other	4.1%	11.1%
Refused	0%	0.2%
Unknown	7.7%	15.5%

# Demographics: Ethnicity (as of 2/28/26)

Top categories, combined as a percentage of total census of 1042

ETHNICITY (% total census)	Female	Male
<b>TOTAL</b>	<b>35%</b>	<b>65%</b>
African American	0.6%	1.4%
American	17.7%	27.3%
Hispanic/Latinx	7.6%	21.1%
Other	0.9%	1.8%
Unknown	6.7%	10.6%
All others	1.5%	2.9%

# Training strategy

- Focus on increasing access to transportation, telehealth, and take homes
- Cultural shift from status quo to new standard of care
  - 4 groups of staff: operations, counseling, nursing, medical
  - Some universal training and other discipline-specific
  - Language change
  - Change interpretation of 6-point criteria, especially 1 & 2
  - Take homes as a right not a privilege
- Patient-centered, trauma-informed, strength-based approach
- Partner with patients to overcome barriers to their recovery goals
- Enhanced visibility of team-based communication
- Modeling

## **TRANSPORTATION**

**PT-1, Uber Health, Trained Peers**

## **TELEHEALTH**

**Policy, Platform, Documentation**

## **TAKE HOMES**

**More 2/3 split and 6**

# Transportation

- Define PT-1 eligibility:
  - Must have MassHealth insurance
  - Must have a phone number and pick up address
  - MassHealth customer service 800-841-2900 to update
- Create the following workflows:
  - Online PT-1 applications
  - Communication with patients when approved or denied
  - Strategy for managing gap between application & approval
  - Strategy for managing those without PT-1 eligibility or if denied
    - Uber Health
    - Peer Recovery Coach support
    - Increased take homes when appropriate

# Telehealth

- The carrot and stick model is gone. Carrots are a right.
- Counseling engagement is not tied to take home eligibility and
- Take homes are not a reward in a contingency management framework
- Solution?
  - Micro-contacts
  - Mini-interventions
  - Massive telehealth opportunities
- Focused engagement
  - Patient-centered priorities
  - Drug use and recovery goals
  - Take home eligibility



# Take Home Eligibility

## Time in treatment

0-14 days: up to 7 unsupervised take-home doses of methadone

(The beauty of 5 (in a 2/3 split) and 6)

15-30 days: up to 14 unsupervised take-home doses of methadone

31+ days: up to 28 unsupervised take-home doses of methadone

## 6-point criteria:

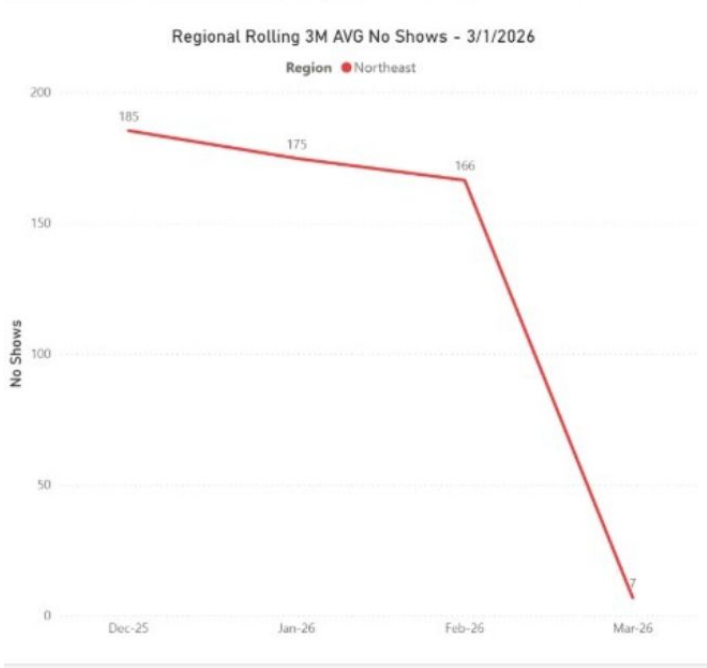
1. Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely;
2. Regularity of attendance for supervised medication administration;
3. Absence of serious behavioral problems that endanger the patient, the public or others;
4. Absence of known recent diversion activity;
5. Whether take-home medication can be safely transported and stored; and
6. Any other criteria that the medical director or medical practitioner considers relevant to the patient's safety and the public's health.

# Breaking Down Criteria 1, 2, and 6

1. **Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm**  
**as it relates to the potential for overdose**  
**or the ability to function safely**
2. **Regularity of attendance for supervised medication administration**
6. **Any other criteria**  
**that the medical director or medical practitioner considers relevant to the patient's safety and the public's health**

**Would you like to predict the  
outcomes before you see them?**

# Graphic View: Decline in No Shows

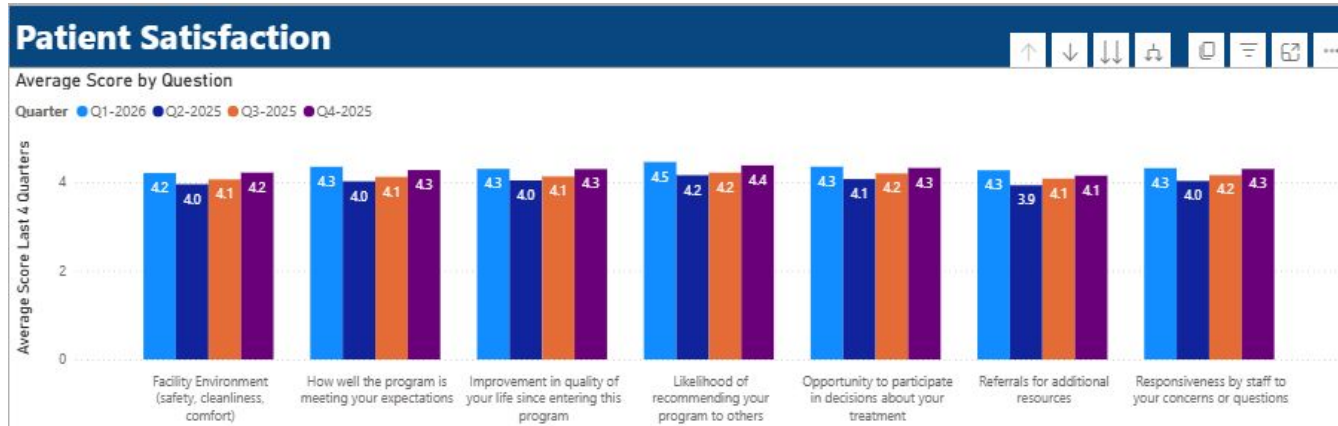


# Data: Decline in No Shows

No Shows Month to Date as of 3/1/2026

CTC Facility	Current	Rolling 3M AVG	% of ADC	Var %
A	109	117	16.0	-9.8
B	50	67	6.2	-24.6
C	97	66	10.0	31.9
D	72	53	12.5	7.6
E	127	88	12.4	33.6
F	86	67	10.1	8.2
Springfield	64	74	6.0	-43.8
<b>TOTAL</b>	<b>605</b>	<b>533</b>	<b>10.2</b>	<b>-1.8</b>

# Patient Satisfaction is Trending Up



1. Facility environment (safety, comfort, cleanliness)
2. How well the program is meeting your expectations
3. Improvement in quality of your life since entering this program
4. Likelihood of recommending your program to others
5. Opportunity to participate in decisions about your treatment
6. Referrals for additional resources
7. Responsiveness by staff to your concerns or questions

# Patient Experience, Paraphrased

“I can do that? You don’t know what this means. Thank you.”

“This is the first time I stopped using in years.”

“I didn’t know I could get take homes if I wasn’t clean.”

“I didn’t have the money to guest dose, so I was planning to just go cold turkey and use if I got sick and hide it from my family. Now I can take my regular dose and enjoy the family vacation.”

“I don’t have to lie to my boss anymore. I can travel for jobs without being sick or wondering where I’m going to get something.”

# Summary

- Transformation of culture, patient experience, and outcomes is possible
- Buy-in from operations first, then training for execution
- Leadership must consistently model the change you want to see
- Embrace the 4 Ts of this Transformation:
  - Training: Attitudes, Knowledge, Skills
  - Transportation
  - Telehealth
  - Take homes
- Be prepared for push-back and sliding back
  - Celebrate successes publicly
  - Have supervisors do regular check-ins with staff
  - Provide ongoing trainings to reinforce and build on the new foundation

# Thank you!

Questions?

