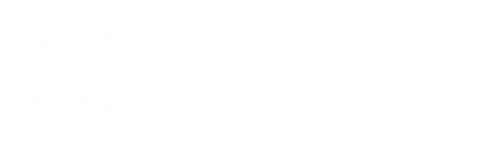
### Massachusetts Department of Public Health



**Peer-to-Peer Webinar:**

**Establishing Partnerships to Support Residents Affected by Opioid Use Disorder and/or Stimulant Use Disorder(s)**

1

**Welcome**

**Purpose of this webinar is to support facilities to:**

* Effectively care for residents with opioid and/or stimulant use disorder(s)
* Develop partnerships with community Office- Based Opioid/Addiction Treatment (OBOT/OBAT) Programs, Opioid Treatment Program (OTP), and other community support resources
* Facilitate transition planning for safe discharge

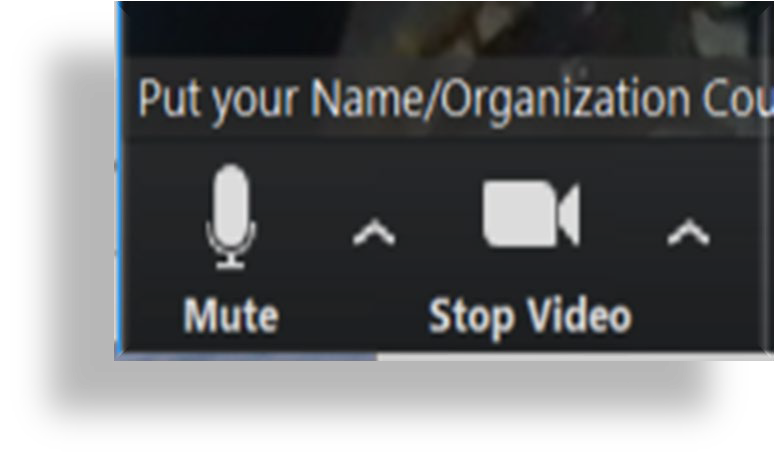
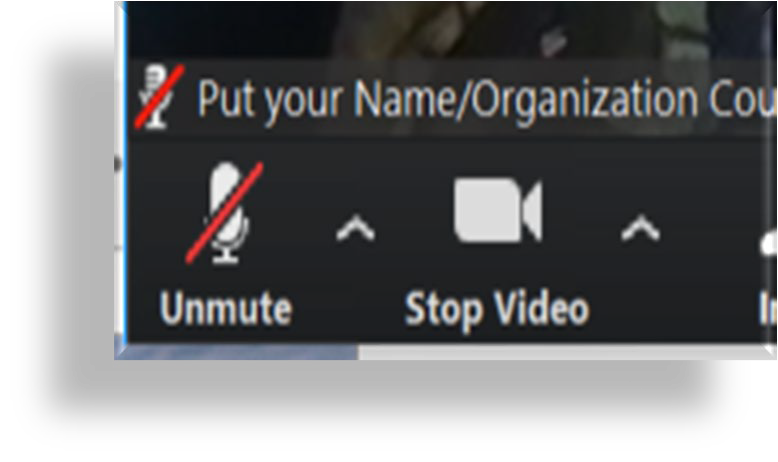
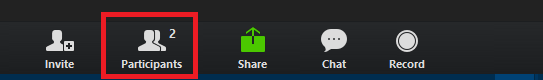
**Muting and Unmuting**

* Mute microphone when not speaking
  + Left bottom corner of your screen
* Remember to unmute before speaking
* If on the phone, press \*6 to unmute

**To indicate your name and facility**

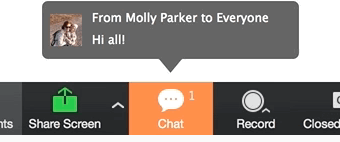
* Click on the three dots on your small screen or click “Participants”
* Choose “rename”
* Type your name(s) and your facility’s name

**Helpful tips**

**Helpful tips (cont.)**

* **Use chat function** for comments and questions
  + Use chat function to submit names of all attendees from your site for attendance
  + You can chat to “everyone” or another participating group or individual



**Rules of Engagement**



**Can we agree to support each other in following these guidelines?**

##### **Sharing**. We are here to learn from one another. Take turns sharing and be concise to maximize our time together.

* **Ask genuine questions and make comments that stay on topic**. Enables focused conversation, fosters understanding of various viewpoints, and elicits curiosity about differing viewpoints.

##### **Actively listen.** Listen to whoever is speaking instead of mentally preparing a response.

* **Honor all experience and expertise equally**. They come in many forms.
* **Confidentiality**. If using a real-life example, don’t use any personal identifiers, like names.



## Polling Question

### What of the following options best describes your organization?

1. **Nursing home or rest home**
2. **Office-Based Opioid/Addiction Treatment (OBOT/OBAT) Program**
3. **Opioid Treatment Program (OTP)**
4. **Community resource**
5. **Other**

# Laying the Framework

Important Facts for Providers

**Opioid and Stimulant-Related Deaths in MA**

1600

1400

1200

1000

Number of Deaths

800

600

400

200

0

2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

Opioids Stimulants Opioids with Stimulants

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Jul 9, 2021



## Discussion

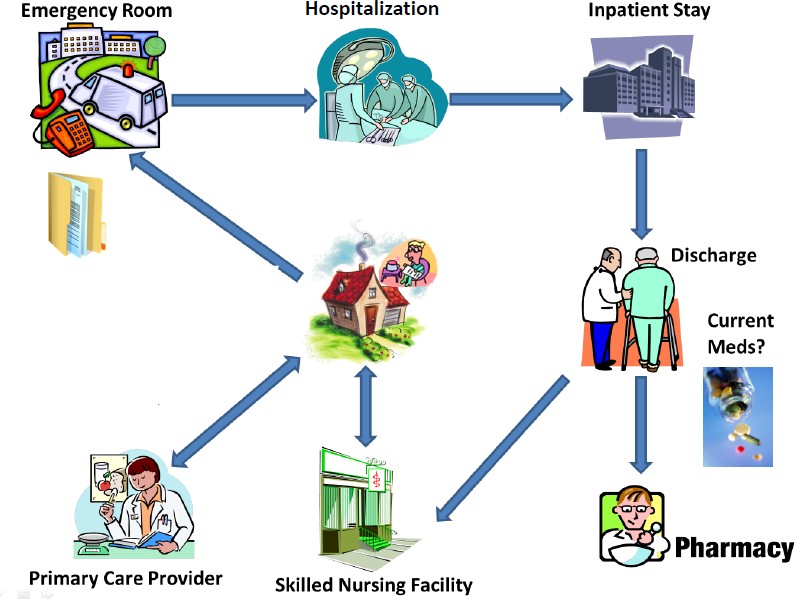
**Based on your experience, how does the data relate to your work and experience? What surprises you?**

# A Walk Through the

**Care Continuum**

Navigating care for those affected by opioid and/or stimulant use disorder(s)

**A Walk through the Care Continuum**



**Long-Term Care Facilities**

**Pharmacy**

OBOT/ OBAT OTP



## Discussion

**How have you worked with your acute care hospital to ensure continuity of care for residents with OUD and/or StUD between the hospital and the LTCF?**

# Community Partners

Supporting the continuity of care for residents with opioid and/or stimulant use disorder(s)

**Treatment Providers: OTP, OBOT, and OBAT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **OTP** | **OBOT** | **OBAT** |
| **How they operate …** | | | |
| Operate as outpatient facilities |  |  |  |
| Person-centered focus and minimizing duplication |  |  |  |
| Built on evidence-based models of care to treat SUD |  |  |  |
| Care for OUD provided by primary care or general health care practitioners after obtaining a waiver to  prescribe buprenorphine |  |  |  |
| Care for StUD provided by addiction trained and specially-licensed providers managed by a central  nurse care manager |  |  |  |
| **What are they allowed to provide …** | | | |
| On-site treatment |  |  |  |
| Take-home treatment |  |  |  |
| Medications: buprenorphine, buprenorphine/naloxone, buprenorphine extended release, naltrexone,  naloxone |  |  |  |
| Methadone |  |  |  |
| Counseling |  |   Yes, if licensed by BSAS (referral encouraged) | |

**Opioid Treatment Programs**

* Opioid Treatment Programs (OTPs) are outpatient programs that provide services to treat and manage OUD in a clinical setting.
* View a [directory of clinics by state](https://dpt2.samhsa.gov/treatment/directory.aspx)
* Dispense or administer medications including:
  + Methadone (currently)
  + Buprenorphine, buprenorphine and naloxone combination, and/or naltrexone

##### Administration of medications occurs either:

* + On-site (majority of the time)
  + Take-home pre-poured doses

##### Admission criteria:

– One year history of documented opioid dependence

**Opioid Treatment Program: Services**

#### Admission process includes drug screens, in-depth clinical evaluation, medical screening, and physical examination.

* Person-centered and integrated emotional, social, and behavioral health services required by the Substance Abuse and Mental Health Services Administration (SAMHSA) include:
  + Counseling
  + Treatment
  + Care planning
  + Diversion control

**Opioid Treatment Programs: Medications**

* There are three FDA approved medications for opioid use disorder (MOUD):
  + methadone, buprenorphine, and naltrexone
* Methadone and buprenorphine are:
  + dispensed daily, unless an approved exception request
* MassHealth can reimburse for all FDA approved MOUD medications including methadone.

**Opioid Treatment Programs: Regulatory Oversight**

### State

* [**Bureau of Substance Addiction Services (BSAS)**](https://www.mass.gov/regulations/105-CMR-16400-licensure-of-substance-abuse-treatment-programs)
* [**Drug Control Program**](https://www.mass.gov/orgs/drug-control-program)

### Federal

* [**Drug Enforcement Agency (DEA)**](https://www.deadiversion.usdoj.gov/fed_regs/rules/2019/index.html)
* [**SAMHSA Center for Substance Abuse Treatment**](https://www.samhsa.gov/)

**OTP Regulatory Requirements: Take-Home Medication**

* Follow federal and state regulatory requirements for take-home medications:
  + Absence of recent drug abuse
  + Attendance
  + General compliance with the policies of the OTP
  + Absence of known criminal activity
  + Stability of patient’s home environment and social relationships
  + Length of time in comprehensive maintenance treatment
  + Assurance that take-home medication can be safely stored within patient’s home
  + Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risk of diversion

**OTP Regulatory Requirements: Take-Home Medication (cont.)**

* If patient meets the criteria, they may receive a certain number of take-home medications based on the federal and state schedules.
* Take-home medications belong to the patients and they can take them when traveling or to a residential facility as long as they are secured in a lockable container in compliance with the facility’s regulations.

**Coronavirus Disease 2019 (COVID-19) Blanket Exception**

* + In March of 2020 to help limit the spread of COVID-19, and consistent with SAMHSA guidance, BSAS received a blanket exception from SAMHSA on behalf of OTPs for take-home doses of MOUD.



* + The blanket COVID-19 exception enables medical directors to provide:
    - Up to 28 days of take-home medication for all stable patients
    - Up to 14 days of take-home medication for those who are less stable but who the OTP believes can safely handle this level of take-home medication
    - For COVID-19 take-home medication, the 8-point criteria is waived
    - All take-home medication decisions are made at the discretion of the OTP’s medical director in consultation with the clinical team
    - The LTCF should always consult with the OTP when a resident is being discharged and/or experiencing any medical/clinical emergencies, especially regarding take-home medications

Source: [BSAS Practice Guidance: Integrating Opioid Overdose Prevention Strategies into Treatment](https://www.mass.gov/doc/covid-19-medication-dosing-in-opioid-treatment-programs/download)

**OBOTs/OBATs: Services**

A typical visit may include:

* + Discuss recent substance use.
  + Assess medication dose, adherence, cravings, withdrawal.
  + Provide ongoing education: medication administration side effects, interactions, support.
  + Provide or connect a patient with counseling services.
  + Arrange for psychiatric evaluation with follow-up as needed.
  + Harm reduction services and strategies
  + Assess other medical needs
    - HIV, HCV, routine health maintenance, acute needs, family planning, etc .
  + Assess social needs
    - housing, employment, family, friends, recovery coach.
  + Order labs as clinically indicated.
  + Provide support for the recovery process and build trust at every step .

**OBOTs/OBATs: Regulatory Oversight**

### State

* [**Bureau of Substance Addiction Services (BSAS)**](https://www.mass.gov/regulations/105-CMR-16400-licensure-of-substance-abuse-treatment-programs)

### Federal

* [**Drug Enforcement Agency (DEA)**](https://www.deadiversion.usdoj.gov/fed_regs/rules/2019/index.html)
* [**SAMHSA Center for Substance Abuse Treatment**](https://www.samhsa.gov/)



## Polling Question

### Is there a practitioner with a DATA waiver at your facility?

1. **Yes**
2. **No**
3. **I do not know**

**OBOTs/OBATS: Become a Buprenorphine Waivered Practitioner**

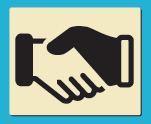
* + The Drug Addiction Treatment Act of 2000 (DATA) **permits practitioners who meet certain qualifications to treat opioid addiction with Schedule III, IV, and V narcotic medications** that have been specifically approved by the Food and Drug Administration for that indication.
  + Current practice guidelines permit qualified practitioners to treat up to 30 patients without DATA Waiver training:
    - must be a licensed provider with DEA registration
    - must register a letter of intent with SAMHSA and DEA
    - can prescribe buprenorphine
  + Massachusetts Department of Public Health (MDPH) encourages taking the DATA Waiver training.
    - Boston Medical Center: Office-Based Addiction Treatment Training and Technical Assistance + (OBAT TTA+) offers [DATA Waiver Training](https://www.bmcobat.org/training/register/index.php?category=120&date).
      * Note: This website offers Data Waiver/X-Waiver Training

# Stimulant Use Disorder

**Treatment**

Using behavioral and exercise therapy approaches to treat StUD is evidence-based and effective.

**Stimulant Use Disorder Treatment Options**



**Community Reinforcement Approach**

**Treatment:** Identifying

behaviors that reinforce stimulant use and making a substance-free lifestyle more rewarding.

**Training**

**Available**

**Intensity and Duration of**

**Training:** No prescribed intensity and duration; recommended for

24 weeks.



**Contingency Management**

**Treatment:** Tangible

reinforcers for behavior change such as a monetary incentive for a negative urine screen.

**Training**

**Available**

**Intensity and Duration of**

**Training:** No prescribed intensity and duration; typically 12 weeks.

**Stimulant Use Disorder Treatment Options (cont.)**



**Exercise Supported Recovery**

**Treatment:** Varying

exercise programs have been described, but those with a combination of daily aerobic and anaerobic exercise are associated with long-term recovery.

**Training**

**Available**

**Intensity and Duration of**

**Training:** Intensity and duration based on the physical limitations of the individual resident.



**Cognitive Behavioral Therapy**

**Treatment:** Helping clients

improve the quality of their lives not by changing their circumstances, but altering their perceptions of those circumstances.

**Training**

**Available**

**Intensity and Duration of**

**Training:** No prescribed intensity and duration; typically, 5 to 10 months.

**Establishing Partnerships**

**with Your OBOT/OBAT, OTP, and Other Community Supports**

It’s all about relationships!

**How You Can Work with Your Local OTP or OBOT/OBAT**

* Admission of resident on MOUD:
  + Develop a Qualified Services Organization Agreement (QSOA)
    - Best practice is to have a QSOA in place prior to admission, however it can also be initiated or in process.
    - QSOAs should include types of services provided (e.g., medical services, counseling services, on-site call coverage, treatment plan).
  + Discussions should occur between LTCF and OBOT/OBAT or OTP administrators prior to admission and throughout the stay.
  + Develop a Release of Information (ROI)
    - Designates what information can be shared.
  + Determine how the medication will be prescribed/dispensed to the resident.

**How You Can Work with Your Local OTP**

#### Determine how medication will be dispensed to the resident.

* + Take-home medications (with or without the waiver):
    - LTCF nurse picks up the take-home doses (daily or 1x weekly).
    - Varies for each client. One example is they could come in weekly to pick up one week’s worth of take-home doses.
  + Methadone and/or buprenorphine delivery:
    - OTP nurse delivers and administers the methadone daily.



## Polling Question

### Have you engaged or established a relationship with any of the following?

1. **Nursing home or rest home**
2. **OBOT/OBAT**
3. **OTP**
4. **Community resources**
5. **Other**



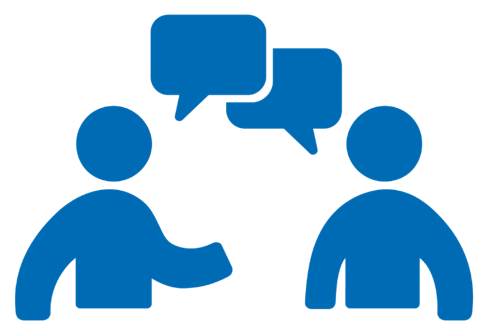
## Discussion

**How have you engaged with your local**

**OTP, OBOT/OBAT, or other community addiction supports?**

**What are some of the considerations you are reviewing with your team?**

**Communication between OTPs, OBOTs/OBATs, and LTCFs**

* The LTCF should immediately report to the OTP or OBOT/OBAT:
  + Signs of impairment
  + Sedation
  + Illness
  + Hospitalizations
  + Instability

**Communication between OTPs, OBOTs/OBATs, and LTCF (cont.)**

* The LTCF reports the resident’s medications, including new prescriptions.
* OTP or OBOT/OBAT medical team conduct dose assessment and depends on many factors.
* The resident signs a consent to release of information, complying with 42 CFR Part 2 and HIPAA.

**Opioid Overdose Prevention**

#### Partner with your OTP and OBOT/OBAT to offer Opioid Overdose Prevention training.

* Integrate Opioid Overdose Prevention into your policies, including

[– BSAS Practice Guidance – *Integrating Opioid Overdose*](https://www.mass.gov/doc/integrating-opioid-overdose-prevention-strategies-into-treatment-0/download)[*Prevention Strategies into Treatment*](https://www.mass.gov/doc/integrating-opioid-overdose-prevention-strategies-into-treatment-0/download)

**Partnership – Best Practices**

##### Picture depicting a group of people standing in a circle and placing their hands in the middle of the circlePrior to admission:

* + Set up resident support systems.
  + Establish a team with whom you can communicate resident needs.
  + Partner with OTP or OBOT/OBAT prior to admission.

##### Know the expectations of the OTP, OBOT/OBAT at admission and overall:

* + Consider setting up OUD training for facility staff.

# Community Resources

Community connections are essential to recovery and provide support for making healthy lifestyle changes.

**Resources for Residents**

**Mutual Help Groups**

* [Narcotics Anonymous](https://na.org/): 12-step recovery program
* [Nar-Anon](https://www.nar-anon.org/virtual-meetings): 12-step recovery program for family and friends
* [SMART Recovery®:](https://www.smartrecovery.org/) For all addictive behaviors focusing on self-regulating thoughts, emotions, and actions
* [Dual Recovery Anonymous:](http://www.draonline.org/) 12-step recovery program for people with SUDs with simultaneous emotional or psychiatric illness

***“Going to meetings has kept me clean when nothing else could, talking to other addicts, service work and surrounding myself with this program has been invaluable." – Terry***

Source: [West Tennessee Area Narcotics Anonymous](https://www.na-wt.org/blog/my-story)

**Resources for Residents (cont.)**

* **Local services**
  + Massachusetts Substance Use Helpline, 1-800-327-5050 
    - [**English**](https://helplinema.org/)
    - [**Spanish**](https://helplinema.org/?lang=es)
  + [**BMC OBAT-TTA +**](https://www.bmcobat.org/resources/)
* **National Helpline**
  + SAMHSA’s National Helpline, 1-800-662-HELP (4357)
* [**Learn to Cope**](https://www.learn2cope.org/)
  + Is a non-profit support network for parents, family members, and friends coping with a loved one addicted to opioids or other drugs.
  + (508) 738-5148



## Discussion

### What are some of the best practices you have discovered in working with an OBOT/OBAT, OTP, or other community support resources?

**Additional Resources**

**Access to Treatment for SUD:**

* + [**SAMHSA National Hotline**](http://www.samhsa.gov/find-help/national-helpline): 1-800-662-HELP (4357)
  + [**Massachusetts Treatment Resource linkage**](https://helplinema.org/)
  + [**PAATHs**](http://www.bphc.org/whatwedo/Recovery-Services/paaths-connect-to-services/Pages/paaths.aspx)

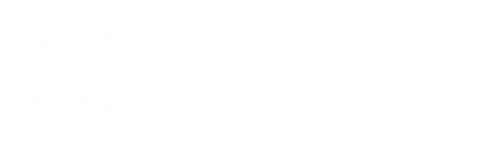
**Harm Reduction Education and Materials:**

* + [**Harm Reduction Coalition**](http://harmreduction.org/)
  + [**Needle Exchange Sites**](https://harmreduction.org/resource-center/harm-reduction-near-you/)
  + [**BSAS Clearing House**](https://massclearinghouse.ehs.state.ma.us/category/CTGY-PLST.html)

**Overdose Education and Naloxone:**

* + [**Prescribe to Prevent**](http://prescribetoprevent.org/)
  + [**BMC OBAT TTA +**](https://www.bmcobat.org/)
  + [**Where to Access Naloxone in Massachusetts**](https://www.mass.gov/service-details/how-to-get-naloxone)

### Massachusetts Department of Public Health

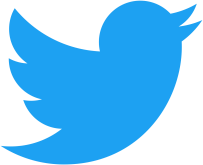


**Thank you!**

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**Connect with DPH**

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