



Addressing Addiction Treatment: Our Journey to Becoming a Licensed OTP

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Addressing Addiction Treatment: Our Journey to Becoming a Licensed OTP

Learning Objectives:

- Review of Delaware DOC process prior to submission to prepare for full approval of licensure.
- Describe the steps of the process from provisional licensure towards accreditation.
- Explore challenges and opportunities of the OTP process and lessons learned

Delaware is 3rd in the Nation for OD Rates

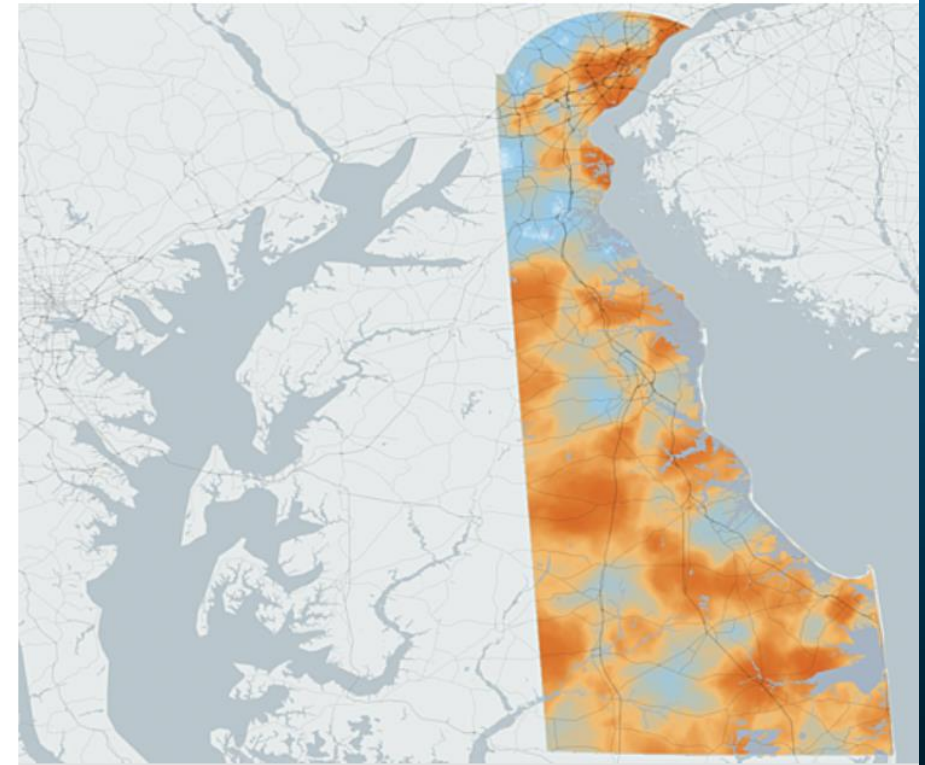
Drug Overdose Deaths 2019

437 deaths

Percent Change 2011 - 2019

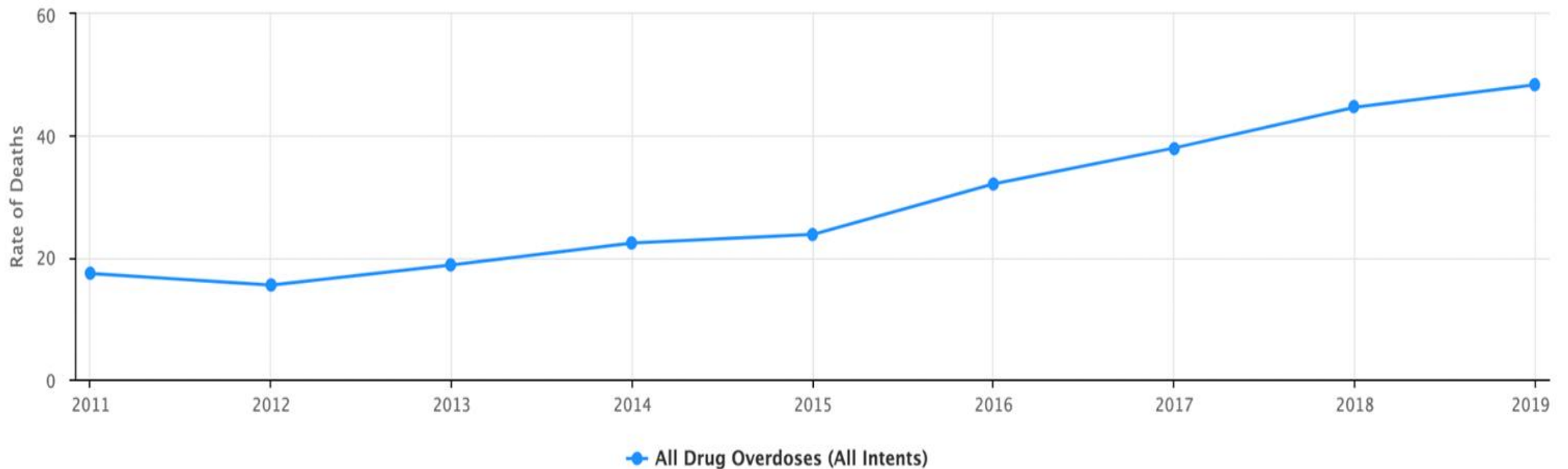
↑ 161% increase from 2011 to 2019

State of Delaware  2011-2017

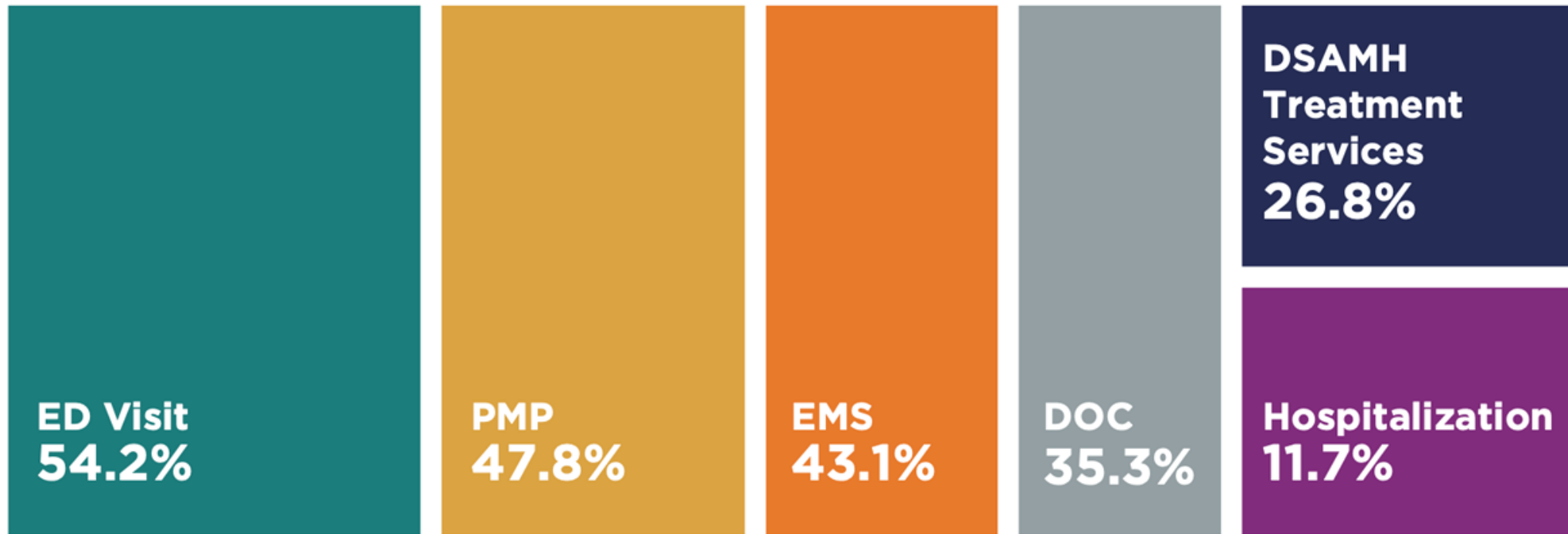


Delaware's High Overdose Rate

All Drug Overdoses (all intents) from 2011 to 2019



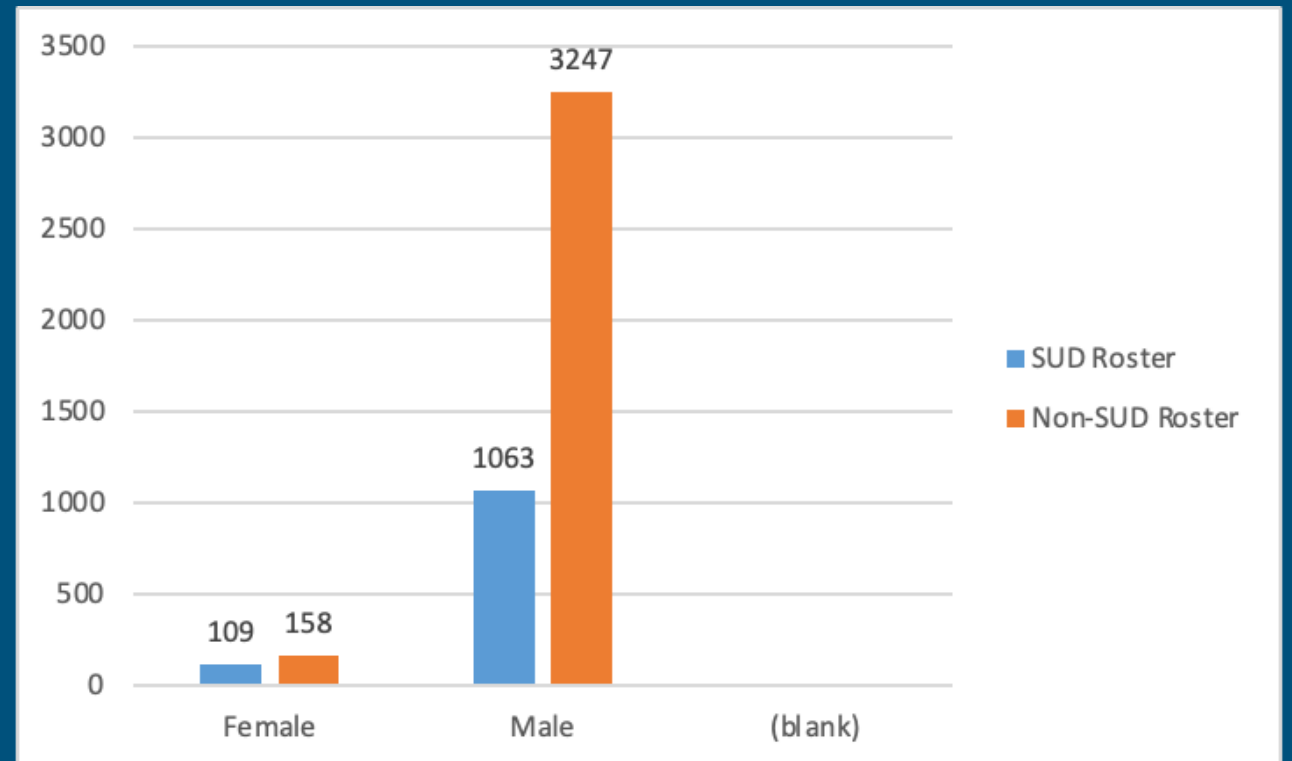
Drug overdose decedents' interactions with Delaware health systems one year prior to their deaths, Delaware, 2017



Data source: Delaware Department of Health and Social Services, Division of Public Health, Health Statistics Center and data from state agencies included in health system definition. Notes: Health system was defined as a visit to a Delaware emergency department (ED), an Emergency Medical Services (EMS) encounter, a prescription in the Prescription Monitoring Program (PMP), treatment or services administered by a Division of Substance Abuse and Mental Health (DSAMH) contracted site, or discharge from a Delaware hospital. Includes Department of Correction (DOC) interactions as part of the expanded analysis.

DE DOC and SUD

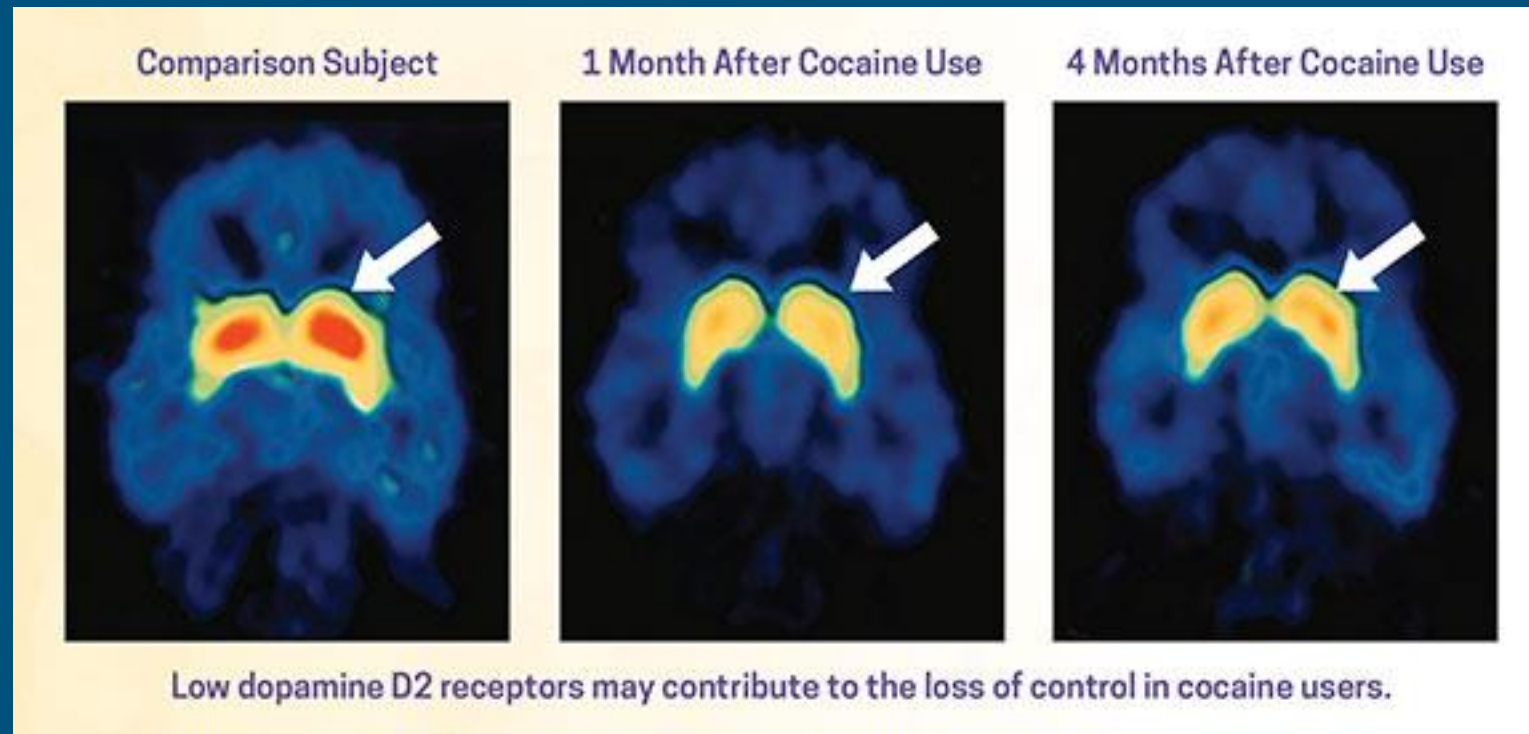
- 41% of women are on the SUD roster
- 25% of men are on the SUD roster



Response

- 2017-2020: DOC began offering Medication Assisted Treatment to a small pilot of prisoners
 - suboxone and vivitrol
 - addressed medication distribution process
 - engaged security teams
 - slowly increased numbers of people prescribed
- 2021: DOC began process to become an licensed Outpatient Treatment Provider (OTP)

Why is MAT Important? Aren't they just replacing one addiction for another?



MAT Medication Effectiveness

Medication Assisted Treatment has been shown to:

- Reduce patient death
- Increase engagement and retention in treatment
- Decrease illicit opiate use and other criminal activity
- Increase patient remain engaged in recovery activities like employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Question for the group...

What are some common thoughts, or misconceptions that you have when thinking of MAT?



Combating Myths and Misunderstanding

Myth: MAT just trades one addiction
for another

Source: Opioid Library



Combating Myths and Misunderstanding

Fact: MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery

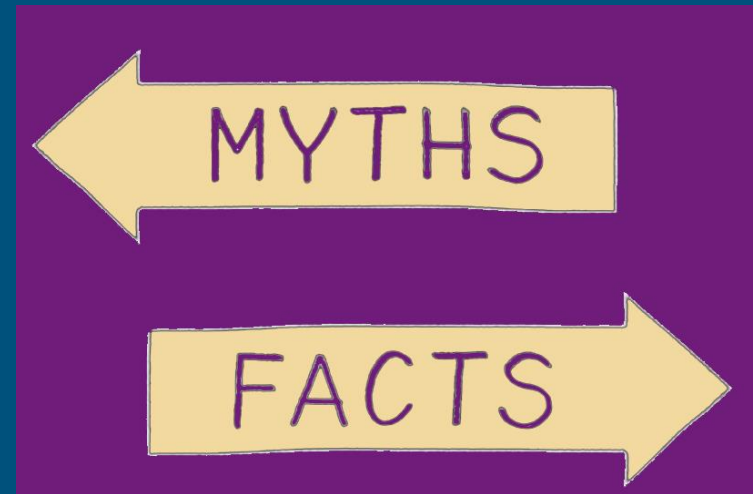
Source: Opioid Library



Combating Myths and Misunderstanding

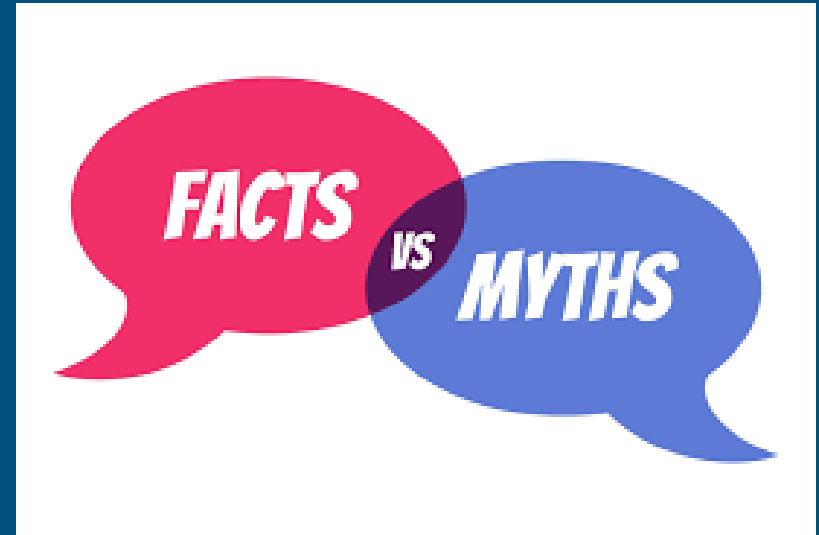
Myth: MAT is only for the short term

Source: Opioid Library



Combating Myths and Misunderstanding

Fact: MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression



Source: Opioid Library

DEDOC's Vision

All inmates incoming to Delaware DOC with opioid use disorder would be offered MAT and continued with behavioral health treatment.



Process steps

- Buy in
- Policies updated
- Started as an Office Based Opioid Treatment (OBOT) and guest dose Methadone
- OTP Licensing Process
 - Provisional License
 - Site visits (DEA, SAMHSA, and state SSA)
 - Auditing
 - Accreditation (NCCHC)



DE DOC's Strategy and Timeline

- 9/2020 - 11/2020: Used data to understand issue and opportunities. Began to frame as a Continuous Quality Improvement process.
- 12/2020: Engaged leadership and partners
- Winter 2021: Invited DEA to come to site to discuss process
- 4/2021: Initiated licensing process with the facility with the highest rate of SUD: Baylor Women's Correctional Institution
- 8/2021: First DEA visit
- 10/2021 - 12/2021: Provisional licenses obtained SAMSHA, DEA, and DSAMH
- 12/2021: OTP started
- 12/2021 - 4/2022: mock audits and updated EMR and workflows
- 5/2022 - present: Audit and process updates

Gaining buy-in from leadership

- Leadership has to buy into the idea for it to succeed.
- You have to engage security at all levels.
- Frame as a CQI process to ensure success.
- You will get some on board and some will never buy in.
- Then can you shift the culture
- Don't let perfection be the enemy of the good.



Testimonials from Leadership

DE DOC's Bureau Chief of Healthcare Services said this about MAT in Delaware correctional facilities:

"I think MAT is a great addition to our ability to treat people with a Substance Use Disorder. We currently have a residential SUD Treatment Program for our Pre-Trial and Sentenced populations. MAT can serve as an additional resource for people getting ready to return to society and the additional stressors their release entails."



Testimonials from Leadership

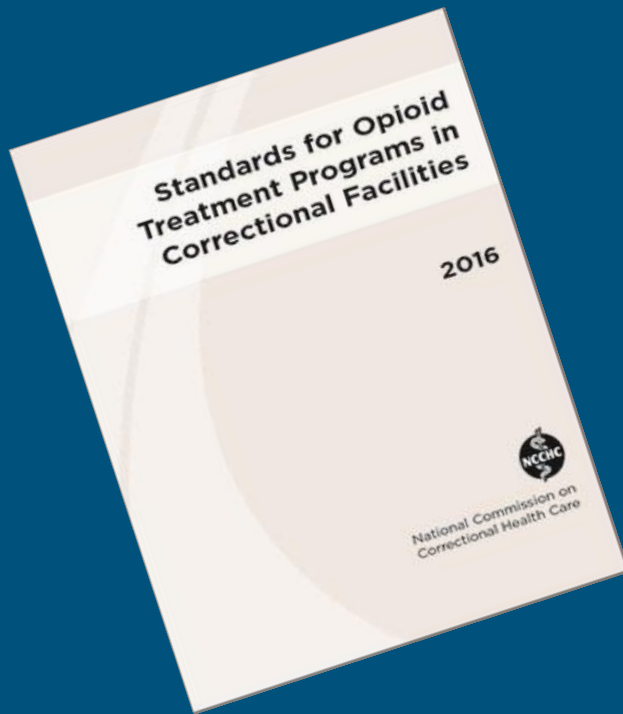
DE DOC's Medical Director said this about
MAT in Delaware correctional facilities:

“A 2018 report from the Division of Public Health that showed that almost 40% of those who had died from an overdose had been incarcerated a month prior to their death.

This provided us a great opportunity at DOC to intervene while we have patients in our care, start them on treatment upstream, with the hopes of preventing overdose deaths further downstream when they are released from our custody.”



Update your Policies!



We started by using the NCCHC book of standards for OTP's as our guide to updating our policies and procedures.

- All of DEDOC's policies related to healthcare can be found in Chapter 11 at: (https://doc.delaware.gov/views/policy_and_regulations.blade.shtml)
- The specific policy on MAT/MAW can be found at: https://doc.delaware.gov/assets/documents/policies/policy_11-F-04.pdf

SAMHSA requirements

To provide MAT for OUD patients, OTPs must successfully complete the certification and accreditation process and meet other requirements outlined in 42 CFR 8.

Requirements include:

- OTPs must be both certified and accredited;
- Licensed by the state in which they operate; and
- Registered with the DEA, through their local DEA office.



DEA Regulations



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

Schedule a visit with your local DEA office to discuss process and requirements. Update policy and practice to match these requirements

SAMHSA/NCCHC Regulations

- Schedule a meeting with your local SAMHSA representative to discuss process and requirements.
- SAMSHA contracts with NCCHC to accredit OTP programs; therefore, use their standards.
- Update policy and practice to match these requirements.



State Substance Abuse Authority (SSA)

- Delaware Health and Social Services' (DHSS) Division of Substance Abuse and Mental Health (DSAMH) is the SSA.
- Utilizes an audit checklist for compliance.
- Update policy and practice to match these requirements.

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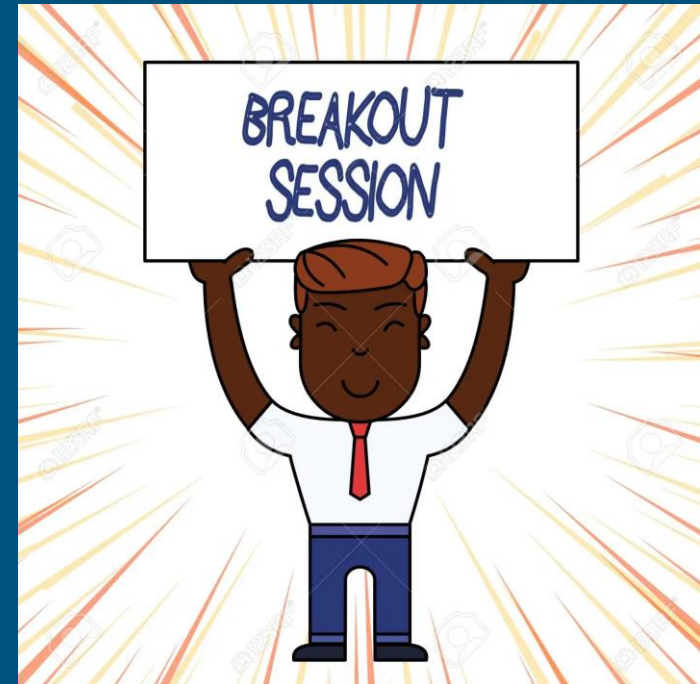
Virtual Audit Required Documentation Review
(OTP)

Directions: The Agency will provide a designated staff person to navigate the Electronic Health Care Record. The Agency's designated staff person will navigate all aspects of the clinical record for the first case review. To optimize efficiency, the Agency's designated staff person should be prepared to provide accurate and consistent documentation for each item listed below. The Agency's designated staff person may or may not be required for the remainder of the case reviews. It is encouraged that all records are reviewed with the Agency's designated staff person present for record clarification, time permitting.

<u>Clinical Record Review:</u>	<u>Present and Satisfactory:</u>
1. Consent to Treat	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Acknowledgment of receipt of client rights	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Acknowledgment of agreement/understanding of the agent's confidentiality requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Acknowledgment of receipt of emergency procedures outside of hours of operation	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Informed consent for medication prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Documentation of physical/good faith effort to obtain a physical.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Documentation of government issued ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Face Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. All completed ROIs including emergency contact ROI	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. All assessment documents including completed ASAM (as appropriate) that was completed within the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. All Recovery plans completed within the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. All clinical supervision of clients' charts completed within the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Progress Notes	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Discharge summaries completed within the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Documentation of efforts to determine client enrollment in another program	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Client orientation documents	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Physician's documentation of detailed history of client's Substance use 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

Small Group Breakout

- Where are you in this process?
 - Do you want an OTP?
 - Do you prescribe everything but methadone?
- What barriers do you have to prevent this from happening?
- What opportunities exist to help facilitate?
- People or partners who can help?





Preparing for DEA: Audit Checklist and Process



DELAWARE DOC OPIOID TREATMENT PROGRAM MONTHLY AUDIT CHECKLIST

Facility Representative: _____ PharmD Auditor: _____ Date _____ Location _____

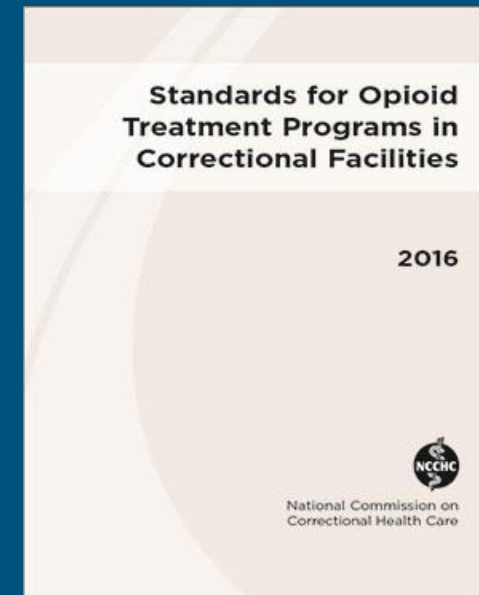
	Section A: Controlled Medication Station and Storage	Meets Requirements	Problem Areas	Required Action	Comments
1	OTP Controlled Medications are stored separately away from Clinic's controlled substances	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	OTP Controlled Medications are stored under double lock and key and only authorized personnel controls the key	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	Medication room is clean and organized	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4	There are no expired OTP controlled medications on hand	Yes <input type="checkbox"/> No <input type="checkbox"/>			
5	Subutex and methadone are stored separately from each other and all other narcotics under a double lock	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Total score for section A	# of Yes # of criteria	5		
	Section B: Inventory Management and Record Keeping	Meets Requirements	Problem Areas		
1	OTP Stock inventory is appropriate for facility	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	Perpetual OTP controlled medication count is performed daily at every shift change, and signed by two nurses	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	Physical OTP controlled medication count is accurate	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4	Subutex and methadone are documented correctly in separate controlled substance books	Yes <input type="checkbox"/> No <input type="checkbox"/>			
5	There are complete and accurate dispensing records for all OTP controlled substances	Yes <input type="checkbox"/> No <input type="checkbox"/>			
6	Each OTP inventory contains a complete and accurate record of all controlled substances on hand on the date the inventory is taken inventory may be taken either as opening of business or as the close of business on the inventory date and it is indicated on the inventory"	Yes <input type="checkbox"/> No <input type="checkbox"/>			
7	Biennial OTP controlled medication inventory is up to date: Date Performed: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>			
8	OTP Controlled medication records are separated from Clinic's controlled medication records	Yes <input type="checkbox"/> No <input type="checkbox"/>			
9	OTP Controlled medication delivery sheet and invoices are signed, dated and stored in appropriate binder	Yes <input type="checkbox"/> No <input type="checkbox"/>			
10	OTP Controlled Medication documents are filed and placed in the appropriate record keeping system: Delivery Receipts: Location: _____ Pharmacy Audits : Location: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Total score for section B	# of Yes # of criteria	10		

Focus Areas

1. Medication Storage
2. Inventory & Record Keeping
3. DEA 222 forms & Invoices
4. Destruction
5. Theft/Significant loss
6. Licences/Registrations

Get Accredited

Once you have begun the process, you can seek accreditation. DE DOC used NCCHC and their Standards for Opioid Treatment Programs in Correctional Facilities.



Apply for licensing

You will need to obtain several licenses to become an OTP:

- DEA
- SAMHSA
- SSA



Pilot the Process

- Ordering and workflows
 - Intake
 - Transition to treatment
 - Treatment
 - Discharge



Breakout

Preparing for the Change



Develop an implementation team including

- Program Sponsor who will oversee the OTP program
- Medical Director- A licensed physician in charge of all treatment services

DEA Application

- Facility must have a current State medical/and or controlled substance registration prior to applying for DEA OTP registration

Site visits

DEA, SAMHSA, and local authority

Preparing for the Change

Data and Documentation:

- Understand your population
 - Intake
 - Assessment
 - Referrals
 - Treatment
 - Discharge and Transition to the Community
- Update documentation flow: Electronic Medical Record or Paper Record



Preparing for the Change

Determine which MAT medications and Dosage forms to use

- Methadone -Tablets, liquid
- Buprenorphine SL Tablets
- Buprenorphine/Naloxone
- Naltrexone tablets/Injectable (Vivitrol)

Identify MAT medication Supplier

- Must have a DEA controlled Substance Distributors license



Preparing for the Change

Develop a workflow/ standard operating procedures for:

- Medication requisition for scheduled II and IV controlled medications
- Medication delivery, receipt , storage and documentation
- shift count and inventory control
- Disposition of unused controlled medications
- Diversion control procedures
- Procedures to respond to diversion

Preparing for the Change

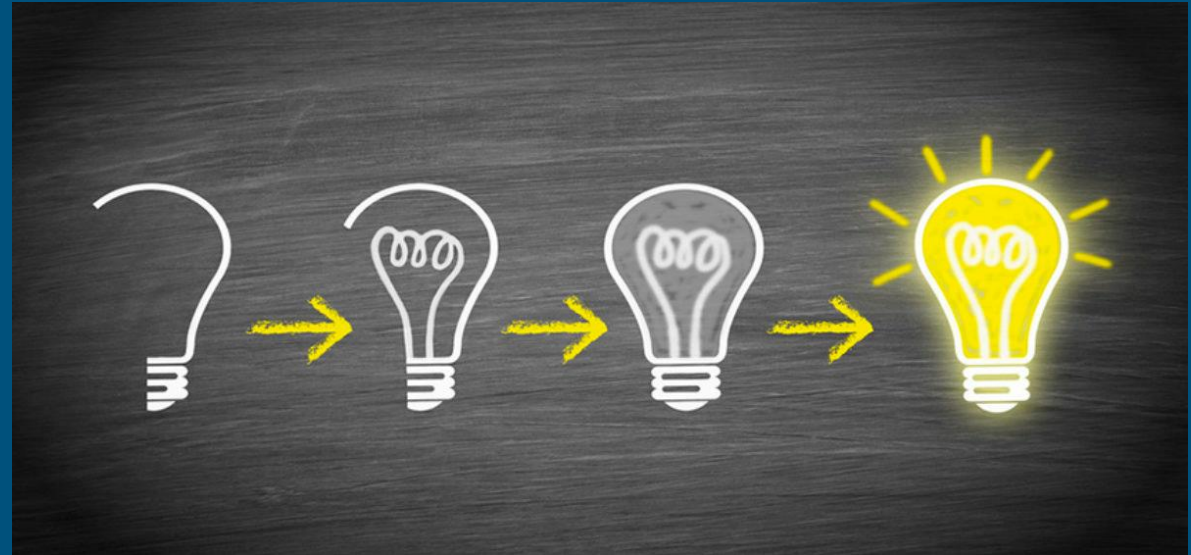
Develop a workflow/procedure for:

- Treatment guidelines
- Staff training -Care team and All Staff including Security (annually and upon hire)
- Screening protocols to determine MAT eligibility
- Treatment delivery
 - Determine where and when MAT services will be delivered -
 - Medication administration
 - Counseling
- Protocols for Discharge/Release
- Audit/Data monitoring and program evaluation metrics



Lessons Learned

- Communication
- Continuous Quality Improvement for a framework
- Internal audits and reviews



Breakout

- What is next for you?
 - What is one thing you can do in the 30 days after returning home?
 - 60 days
 - 90 days

References

National Council for Behavioral Health. (n.d.). *Challenging the Myths about Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)*. Retrieved June 6, 2022, from https://www.opioidlibrary.org/wp-content/uploads/2019/06/NCBH_MAT_MythsVFacts.pdf

Substance Abuse and Mental Health Services Administration. (n.d.) *Certification of Opioid Treatment Programs (OTPs)*. Retrieved June 6, 2022, from <https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program>



What did you learn?

