STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van T. Mitchell, Secretary

September 30, 2016

The Honorable Thomas M. Middleton
Chairman
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

The Honorable Peter A. Hammen
Chairman
House Health and Government Operations Committee
241 House Office Building
Annapolis, MD 21401-1991

RE: 2016 Opioid Treatment Program Quality Improvement Work Plan – Quarterly Report

Dear Chairmen Middleton and Hammen:

At the request of Chair Hammen, the Department of Health and Mental Hygiene respectfully submits this quarterly report on the Department's *Opioid Treatment Program Work Plan*, which was previously shared with the Senate Finance and House Health and Government Operations committees during the 2016 General Assembly Session.

This report covers meeting dates held from April 2016 through August 2016, and includes preliminary recommendations for the Department's consideration. When the Workgroup finalizes its recommendations, the Department will conduct a full review of each recommendation and determine its feasibility and application under existing federal and State laws, and under the Department's current regulatory requirements.

Thank you for your consideration of this information. This report follows the submission of the first quarterly report dated July 1, 2016. The Department will be submitting a final report with recommendations by January 1, 2017.

If you have any questions regarding the Department's *Work Plan*, please contact Allison Taylor, Director of Governmental Affairs, at (410) 767-6481 or at allison.taylor@maryland.gov.

Sincerely,

Van T. Mitchell
Secretary

cc: Members of the Senate Finance Committee
Members of the Health & Government Operations Committee
Members of the Baltimore City Delegation
Barbara Bazron, Ph.D.
Allison Taylor, J.D., M.P.P.
Kathy Rebbert-Franklin, MSW
Rachael Faulkner, MSW

Behavioral Health Administration (BHA)
Opioid Treatment Program (OTP) Quality Improvement Initiative
Quarterly Report
October 1, 2016

Introduction and Background

In early 2014, the Department of Health and Mental Hygiene was contacted regarding the locations of opioid treatment programs in the central Baltimore City area. From this early engagement, the Department began meeting more frequently in 2015 with concerned community members and members of the General Assembly representing parts of Baltimore City to further discuss their concerns about opioid treatment programs. Following this, the Department provided a legislative briefing on February 2, 2016 before the Health and Government Operations Committee. The Department identified strategies to improve the application process and quality of care of opioid treatment programs.

At the request of Delegate Hammen during the legislative briefing, the Department of Health and Mental Hygiene created an *Opioid Treatment Program Work Plan* (*OTPWP*), which outlines the Department's plan, and includes a timeline for implementing the plan. While the Department had been primarily strategizing with interested parties in Baltimore City, *OTPWP* will have a statewide impact.

In order to assist in accomplishing the goals and objectives of the *OTPWP*, BHA created an OTP Quality Improvement Workgroup. Workgroup membership includes representation from the Behavioral Health Administration (BHA), the Local Addictions Authorities (LAA), Medical Care Programs (MA), Opioid Treatment Programs (OTPs), Community Representatives, and Consumer Advocates. The list of Opioid Treatment Program (OTP) Quality Improvement Workgroup members was provided as part of the July 1, 2016 report.

Summary to Date

The *BHA Opioid Treatment Program Work Plan (OTPWP)* has two goals. One is to create an integrated state and local process for approval of new programs and recertification of existing programs. The second is to improve the quality of care of services in opioid treatment programs. Please see **Attachment 1** and below for detail on these goals.

The Stakeholder Workgroup met on April 26, May 24, June 28, July 26, and August 30, 2016.

As part of its work towards addressing Goal #1, the workgroup recommended to the Behavioral Health Administration adoption of criteria for managing potential impacts of programs in a community setting. See **Attachment 2**. BHA is considering these recommendations.

BHA Opioid Treatment Program Work Plan (OTPWP) Actions to Date

BHA OTP Work Plan Goal #1: Create an integrated state and local process for approval of new programs and recertification of existing programs

- The Workgroup focused on developing criteria related to managing potential impacts of programs that are in a community setting, in according with SAMHSA guidance (**See Attachment 2**).
- To elicit existing criteria, requests were made for all Workgroup members to provide any known materials related to establishing criteria for existing and/or new programs and as needed in considering specific issues. Existing practice materials and guidelines related to establishing criteria for existing and/or new programs have been provided by members as requested.
- Recommendations for criteria related to managing potential impacts of programs in a community setting were developed during extensive discussions in May and June, and finalized by the workgroup on July 26, 2016 (**See Attachment 2**). The workgroup recommends that these criteria be presented to DHMH for consideration.
- The Department has completed a process of geo-mapping existing opioid treatment programs (OTPs). The Workgroup reviewed these documents at the August 30, 2016 meeting. This information was provided to Local Addictions Authorities (LAAs) on September 19, 2016. The BHA is also currently in the process of gathering statewide opioid disorder needs assessment data for analysis and refinement. These two pieces of data will be combined into a comprehensive state and jurisdictional analysis of needs and service provision. The Workgroup recommends that, using this information, LAAs meet with prospective providers and direct them to areas of need, (See **Attachment 3** for Geo-Mapping portion of this project).
- A letter of explanation was created for the LAAs, which delineates the role of the LAA pertaining to OTPs. The Workgroup reviewed this document at the August 30, 2016 meeting. These materials were distributed to the LAAs September 19, 2016, identifying their role in meeting goals and objectives of BHA's work plan (see **Attachments 4 and 5**).
- A letter has been prepared for OTPs to use, which requests that potential new OTPs meet with the LAA and discuss needs assessment data prior to selecting a new or additional site (see **Attachment 6**). This letter will be sent to OTPs in early October, 2016. The Workgroup reviewed this document at the August 30, 2016 meeting.

BHA OTP Work Plan Goal #2: Improve the Quality of Care of Services in Opioid Treatment Programs

- The Behavioral Health Administration (BHA) provided funding to the Local Addictions Authorities (LAAs) in FY 2016 in anticipation of their involvement in complaint investigations, compliance activities, and system management. This system change will allow for a more responsive, localized approach to community and citizen concerns, in accordance with SAMHSA guidance. BHA and the LAAs have been meeting to refine protocols for these activities.
- A ***guidance document*** was created regarding the role of the Local Addiction Authority, and distributed for discussion and use in the Transfer of Grant Funds Stakeholder workgroup and in the provision of technical assistance to LAAs and Health Officers.
- BHA met with the Board of Professional Counselors and Therapists regarding the feasibility of requiring specific Continuing Education Units (CEUs) as part of the counselor licensing process. These continuing education trainings will result in a more qualified workforce and are part of a larger strategy to increase clinician competence as identified in the *OTPWP*. A training proposal was developed by BHA and has been submitted to the Board of Professional Counselors and Therapists for approval. The Board requested that BHA present the Medication Assisted Therapies (MAT) training proposal to the Board's Legislation & Regulations Committee, October 2016 and to the full Board at a later date, TBD, before the Board will consider and/or vote on approval.
- The Danya Institute agreed to implement the Medication-Assisted Treatment (MAT) counselor training when approved by the Board of Professional Counselors and Therapists. BHA participated in calls to discuss MAT training content, outline, requirements, and timeline of deliverables.

<u>Next Steps</u>

- In September-October, 2016, the OTP Quality Improvement Workgroup will:
    - Continue working on Goal #2 by creating a list of areas for quality of care improvements; and
    - Draft and finalize recommendations for a set of Quality of Care Standards and/or regulations within each agreed upon area.
- In November-December, 2016, the Department will consider proposed criteria recommended by the Workgroup.
- The Department will provide a final Report to the Senate Finance and House Health and Government Operations committees and the Baltimore City Delegation by January 1, 2017.

Attachment 1
Behavioral Health Administration Opioid Treatment Program Work Plan (OTPWP)

Goal #1: Create an integrated state and local process for approval of new programs and recertification of existing programs

Objective	Responsible Entity	Proposed Anticipated Start Date	Progress Made to Date	Proposed Anticipated Date of Completion
In accordance with State and local network development role, BHA will provide existing OTP location and needs assessment data to the LAA for the purpose of recruiting providers into areas of need.	BHA	Needs assessment/gaps analysis began January, 2016	BHA completed a project to geo-map existing MAT services and identify over/under served areas (see Attachment 3). Needs assessment data began, will be completed and combined with above.	Completed, August 2016 Fall, 2016
Create mechanism to inform potential new OTPs about consulting the LAA for location recommendations based on areas of need prior to submitting application to OHCQ/BHA.	LAA	Spring, 2016	BHA developed and sent letter to LAAs which explained the Goals and Objectives of Workplan, as it relates to this objective, along with Revised Role of the LAA pertaining to this objective. Both documents were provided to the OTP Quality of Care Stakeholder Workgroup in August, 2016 (see Attachments 4 & 5).	Completed, September, 2016
In accordance with LAA role, inform potential new OTPs of request that they meet with the LAA and discuss needs assessment data prior to selection of their location.	LAA	Summer, 2016	BHA developed letter informing OTPs of this request. Letter was provided to the OTP Quality of Care Stakeholder Workgroup in August, 2016. (See Attachment 6). Letter to be sent to OTPs.	Completed August, 2016 Fall, 2016

Objective	Responsible Entity	Proposed Anticipated Start Date	Progress Made to Date	Proposed Anticipated Date of Completion
Determine best practices associated with managing potential impacts of programs in a community setting (e.g., number of dosing windows, indoor waiting space, and hours of operation), in accordance with SAMHSA guidance.	OTP Quality of Care Stakeholder Workgroup	Spring, 2016	Existing practice materials and guidelines were received as requested.	Completed, Summer, 2016
Based upon best practice information, determine criteria for new and existing programs related to managing potential impacts of programs in a community setting, in accordance with SAMHSA guidance.	OTP Quality of Care Stakeholder Workgroup	Spring, 2016 (we had previously addressed capacity issues in specific program).	Recommended Criteria were developed in May and June, and finalized by workgroup on July 26, 2016 (see Attachment 2).	Completed, Summer, 2016

Goal #2: Improve the Quality of Care of Services in Opioid Treatment Programs

Objective	Persons Responsible	Proposed Anticipated Start Date	Progress Made to Date	Proposed Anticipated Date of Completion
Enhance clinician competence to deliver high quality care by evaluating existing regulatory and other training requirements.	BHA Workforce Development Office Board of Professional Counselors OTP Stakeholder Workgroup	Meetings started February, 2016, regarding planning for trainings to be provided.	Training proposal was developed for approval by the Board of Professional Counselors. BHA met with the Board of Professional Counselors and Therapists (BOPCT) 7/25/16. Plan of action was agreed upon; BHA to present Medication Assisted Therapies (MAT) training proposal to the Board's Legislation & Regulations Committee, October 2016. BOPCT requested second presentation to full Board at a later date, TBD, before Board will consider and/or vote on.	Fall, 2016
Implement actions needed to increase clinician competence.	BHA Workforce Development Office Board of Professional Counselors	Fall, 2016	Danya Institute agreed to implement MAT counselor training when approved by the Board of Professional Counselors. BHA conducted calls with the Danya Institute/Central East ATTC, 7/8/16 and 7/15/16, to discuss MAT training content, outline, requirements, and timeline of deliverables.	Spring, 2017

Objective	Persons Responsible	Proposed Anticipated Start Date	Progress Made to Date	Proposed Anticipated Date of Completion
Involve LAAs in audits and complaint investigations	BHA/LAA	Meetings with LAAs for purpose of expanding their role in multiple areas started Summer, 2015.	Currently identifying complaint investigation process.	January, 2017
Clarify the authority and oversight role of LAAs to monitor the quality of care	BHA/LAA	Started January, 2016	Guidance document created regarding role of LAA, distributed to Transfer of Grant Funds stakeholder workgroup, LAAs & Health Officers.	January, 2017
Develop quality of care standards • Promote use of PDMP and CRISP in OTPs • Promote use of all approved SRD medications in OTPs • Identify other areas of medical/clinical training needs and implement training	OTP Quality of Care Stakeholder Workgroup	Fall, 2016	Overall Quality of Care Standards recommendations are in development.	Winter, 2016

Attachment 2
Workgroup Recommendations to BHA
Program Criteria Related to Managing Potential Impacts of Programs in a Community Setting

Practice Standards/Themes	Criteria	Method for measurement or monitoring	By Who	Implementation Considerations	Ref-docs
Positive Community Relations/Liaising	Programs should develop specific policy/procedure for establishing good community relations in accordance with SAMHSA guidance.	-Proof of Policy and Procedure related to establishing/maintaining good community relationships and attempts to meet key community groups; -Use of Guideline Documents provided by BHA related to establishment and maintenance of good community relationships (*see Guidance Document suggestions p.4 for more detail)*	BHA/ LAA	Identification of committed stakeholders LAA to have a role in introduction of program to key community groups BHA to develop Guidance Documents for distribution	1, 2, 4, 5
Physical Facility Management and Sanitation	Programs should maintain clean and orderly facilities with regular, posted hours.	-Proof of Policy and Procedure related to Facility Maintenance and expectations and mechanisms to maintain cleanliness of facility and premises; -Documentation of regular patrol of premise; -Premises are clean and reasonably free of trash.	BHA/ LAA		1, 2, 4, 5
Patient Flow Management (Loitering) – Before Service **Program Design and physical space considerations (Indoor waiting space, Number of**	Programs should provide: • Sufficient indoor space to accommodate patients who are waiting for treatment. • Sufficient dosing windows/stations to manage flow of patients at peak hours	-Proof of Policy and Procedure regarding elimination of people waiting outside of building for services, detailing mechanisms used to ensure sufficient patient flow management during normal hours as well as in emergency weather conditions; -Facility is free of persons waiting outside of building in line from time program opens for services.	BHA/ LAA		1, 2, 4, 5

dosing windows, Hours of operation, staffing, Parking)	• Hours of operation sufficient to manage flow of patients over a range of hours • Sufficient staff to provide counseling services as needed for all patients • Sufficient parking				
Patient Flow Management (Loitering)- After Service	Programs should maintain and enforce pre- and post-treatment Patient flow management **(**loitering**)** policy	-Policy and Procedure to include: • Peer survey or method of determining individual or overall causes with modifications in patients' treatment plans as necessary; • Referral procedures to provide/refer for alternative recreational/socialization or recovery support activities; • Written instruction to patients regarding expected conduct related to leaving facility and premises promptly following service completion, and consequences for failing to comply with treatment and/or other program expectations; * -Lack of problematic conduct related to leaving the facility and general vicinity of program promptly following service completion.	BHA/ LAA	Resources available for recreation, vocational, day program, RSS, MARS	1, 2, 4, 5
Safety/Security	Programs should maintain and enforce safety and security of program participants in accordance with SAMHSA guidance	-Proof of Policy and Procedure detailing methods used to monitor the exterior of the program's building, and having trained staff available to intervene in cases of disruptive conduct;	BHA/ LAA	Fiscal constraints for programs related to installing equipment and staffing considerations	1, 2, 4, 5

		-Documentation of regular monitoring of premises.			
Diversion control	Programs should maintain efforts to control diversion of medications	-Proof of Policy and Procedure that includes instruction to patients regarding expected conduct, diversion control policies and interventions as guided by senior clinical and medical review.	BHA/ LAA		1, 2, 4, 5
Problem resolution	Programs and communities should engage in ongoing discussions to collaboratively address issues as necessary and have a mechanism for addressing concerns, in accordance with SAMHSA guidance.	-Proof of Policy and Procedure for Problem Resolutions to include documentation of community concerns and resolution efforts and LAA involvement to facilitate and to arrange for mediation if necessary; -Use of Community Relationships Guidelines Documents.	BHA/ LAA	Funding considerations for mediation services	1, 2, 4, 5

*See Guidance Documents for specific examples of policy/procedures related to management of treatment and program compliance expectations.

Resource Documents-

1. Substance Abuse and Mental Health Services Administration. *Federal Guidelines for Opioid Treatment Programs.* HHS Publication No. (SMA) PEP15-FEDGUIDEOTP. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015 (http://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf).
2. SAMHSA-Treatment Improvement Protocol 43 (TIP 43): Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (http://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/TOC.pdf). Chapter 14, Administrative Considerations
3. Baltimore Mayor's Heroin Treatment & Prevention Task Force Report, July 2015, Chapter III. Practice Standards Workgroup Report (http://health.baltimorecity.gov/sites/default/files/Mayor%20Heroin%20Treatment%20Prevention%20Task%20Force%20Final%20Report%20July%2013%202015.pdf)
4. Baltimore Mayor's Heroin Treatment & Prevention Task Force Report, July 2015, Chapter IV. Neighborhood Workgroup Report
5. Baltimore Mayor's Heroin Treatment & Prevention Task Force Report, July 2015, Appendix III. Service Agency good Neighborhood Agreement
6. Baltimore Mayor's Heroin Treatment & Prevention Task Force Report, July 2015, Appendix IV. Suggested Practice Standards

Opioid Treatment Programs Guidance Document Suggestions for establishing/improving good community relations

In order to establish good relationships or change negative perceptions that may be held by communities regarding the services and benefits provided by Opioid Treatment Programs (OTPs), the community needs to have a clear understanding of the Mission of the OTPs. The OTPs should take steps to educate, engage and participate in the community they represent so communities and OTPs can coincide in a mutually respectful manner. "Although discharge is counter to the mandates of voluntary treatment, patients who are unconcerned about an OTP's community acceptance might be better served by a facility equipped to handle their behaviors. Decisions to discharge patients …should balance consequences for the individual patient and public health against the need to ensure a stable OTP environment and maintain community based services open to all patients". SAMHSA- Treatment Improvement Protocol 43 (TIP 43): Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs

Positive Community Relations/Liaising	• Gain an understanding of the history and dynamics of the neighborhood. • Identify community leaders, community associations and elected officials. • Meet key community groups. • Partners (i.e., treatment programs and community /business associations) should each identify representatives to attend meetings and sit on boards. • Have a clear understanding as to any existing or potential concerns of the community. • Remain active! Strong relationships take time to build.
Local police contact	• Meet with local Police Department with procedure to follow for any safety concerns around facility
Serve communities	• Provide periodic non-invasive medical screening (BP, weight, pulse) or vaccine clinics, • Hold Naloxone training either directly or in a community partnership, • Use of conference room, etc. as able based on financial, staffing and individual program liability and management issues. • Give back to the community by becoming involved in some community specific events/projects (i.e.: street fairs, upkeep of area, project specific to the area)
Reduce Stigma	• Participate in Recovery Month, Educational Events and participate in Anti-Stigma "success stories" campaigns as available. • Allow the Community scheduled access to see the facility: Community Open Houses • Use of Media (brochures, press releases, Annual Report, Newsletters, outreach, etc. • Participate in national and state efforts and organizations that promote MAT Address stigma reduction through internal messaging and program language
Good Neighbor Agreement	• Sample to be included covering areas such as mutual respect between programs and community, efforts to participate in each other's advisory boards, events, etc. Not meant to be a contract, and not subject to any legal action, but rather a symbol of mutual effort and understanding of each parties rights and responsibilities.
Pre- and post-treatment Patient Flow Management	• Examples of policy and procedures related to intervention and progressive discipline related to management of treatment and program compliance expectations up to and including patient discharge.

Opioid Treatment Programs in Maryland

Jurisdiction Maps

prepared by

University of Maryland Baltimore
Systems Evaluation Center

for the

Maryland Behavioral Health Administration

August 2016

Table of Contents

Introduction

This document provides maps of Maryland and of each jurisdiction indicating the location of Opioid Treatment Programs (OTPs).

Data Sources and Descriptions

OTP locations are based on addresses provided by BHA in May of 2016. The OTPs included are:

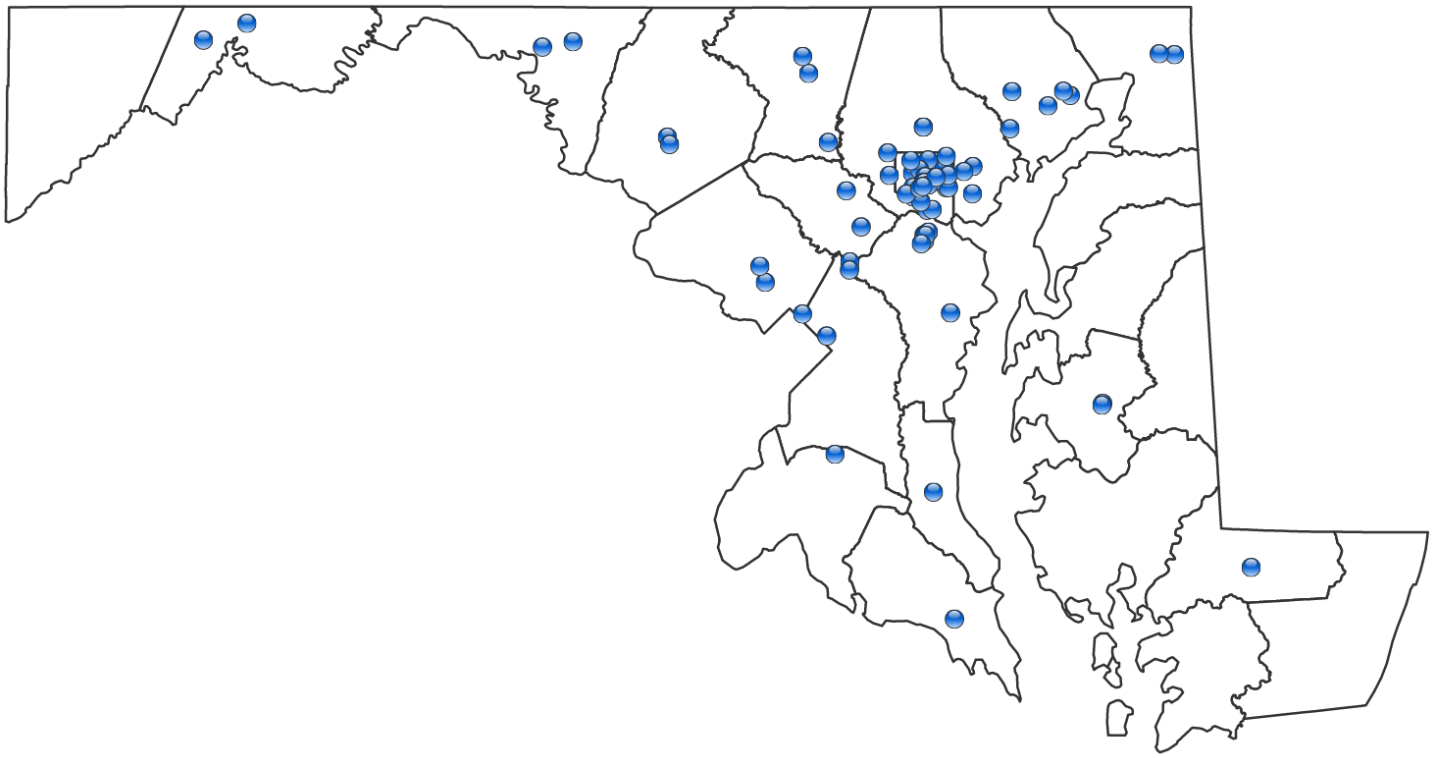
1. A Helping Hand Health Services
2. ATS at Bayview - MFL Building
3. ATS at Bayview - BBRC Building
4. Allcare Treatment Services
5. Another Way, Inc.
6. ARS of Aberdeen LLC
7. ATS of Cecil County, Inc. (Elkton)
8. B.N.J. Health Services (Baltimore)
9. B.N.J. Health Services (Glen Burnie)
10. Bayside Recovery, LLC
11. BD Health Services, Inc
12. Belair Health Solutions, Inc.
13. BH Health Services, Inc.
14. Bon Secours' ADAPT Cares
15. Bon Secours New Hope Treatment Center
16. Bon Secours Next Passage
17. BPH, Inc. t/a Starting Point
18. By Grace Counseling Services
19. Center for Addiction Medicine
20. Chesapeake Treatment Services
21. Concerted Care Group, LLC
22. Cumberland Treatment Center
23. Department of Health Adult Addictions Clinic
24. E.J.A.L. Health Services, Inc.
25. Eastern Avenue Health Solutions, Inc.
26. Easton Treatment Solutions, LLC
27. Father Martin's Ashley Outpatient
28. Frederick County Health Department
29. Genesis Treatment Services
30. Glenwood Life Counseling Center, Inc.
31. Hampden Health Solutions at the Rail, Inc.
32. Institutes for Behavioral Resources, Inc., REACH Health Services
33. J.A.E.L. Health Services, Inc.
34. Johns Hopkins Hospital Program for Alcoholism and Other Drug Dependencies (Behavioral Research)
35. Joppa Health Services, Inc.
36. Man Alive, Inc.
37. Medication Assisted Treatment Program

38. Medmark Treatment Centers Awakenings
39. Medmark Treatment Centers Baltimore Downtown 101
40. Medmark Treatment Centers Baltimore Downtown 201
41. Medmark Treatment Centers Belcamp
42. MedMark Treatment Centers Cherry Hill
43. Medmark Treatment Centers Daybreak
44. MedMark Treatment Centers Essex
45. Medmark Treatment Centers Timonium
46. Metro Treatment of Maryland, LP
47. Metwork Health Services, Inc.
48. Montgomery Recovery Services, Inc.
49. New Horizons Health Services, Inc.
50. New Journey, Incorporated
51. Northern Parkway Treatment Services, Inc.
52. Open ARMMS, Inc.
53. Outlook Recovery, LLC
54. Phoenix Health Center, LLC
55. Pikesville Health Services
56. Pine Heights Treatment Center
57. Prince George's County Health Department
58. Reflective Treatment Center
59. Riverside Treatment Services
60. Secondd Chancee, Inc. (BNJ)
61. Serenity Health Aberdeen
62. Serenity Health Elkton
63. Sinai Hospital Addictions Recovery Program
64. Smith-Berch, Inc.
65. SRR Treatment Solutions (Silverman)
66. Turning Point Substance Abuse Clinic
67. University of Maryland Methadone Treatment Program
68. Veterans Administration Maryland Health Care System Opioid Agonist Treatment Program (VAMHCS OATP)
69. We Care Arundel Health Services, Inc.
70. We Care Health Services, Inc.
71. Western Maryland Recovery Services
72. Wicomico County Health Department Methadone Program - PRMC

Not included in the maps are OTPs related to correctional facilities:

1. Baltimore Central Booking and Intake Facility
2. Baltimore City Detention Center-Men's Detention Center
3. Baltimore City Detention Center-Women's Detention Center
4. Metropolitan Transition Center
5. Ordnance Road Detention Center

Statewide



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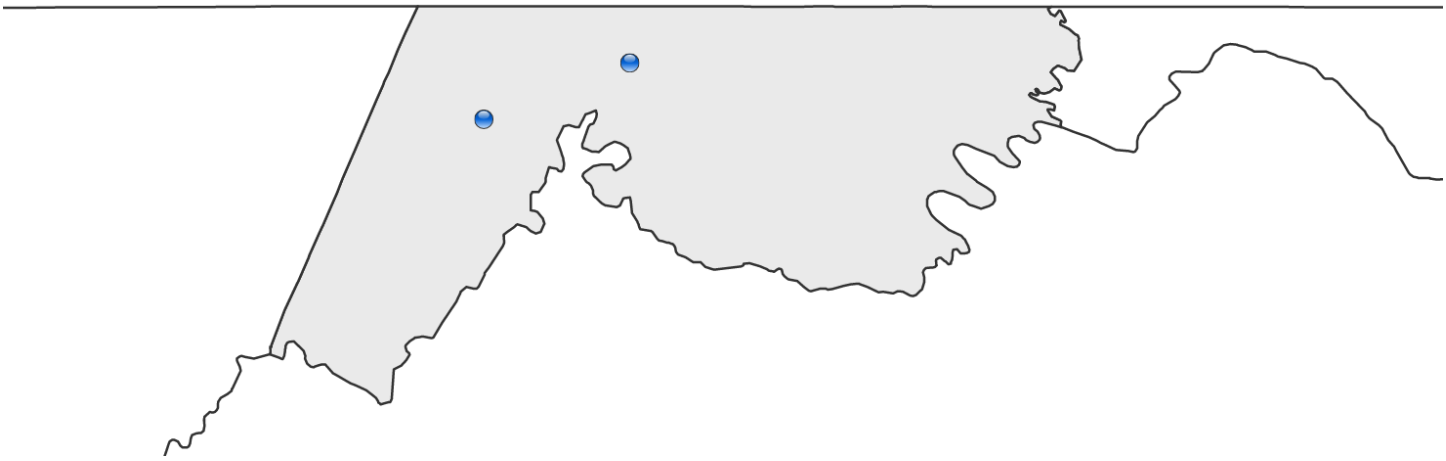

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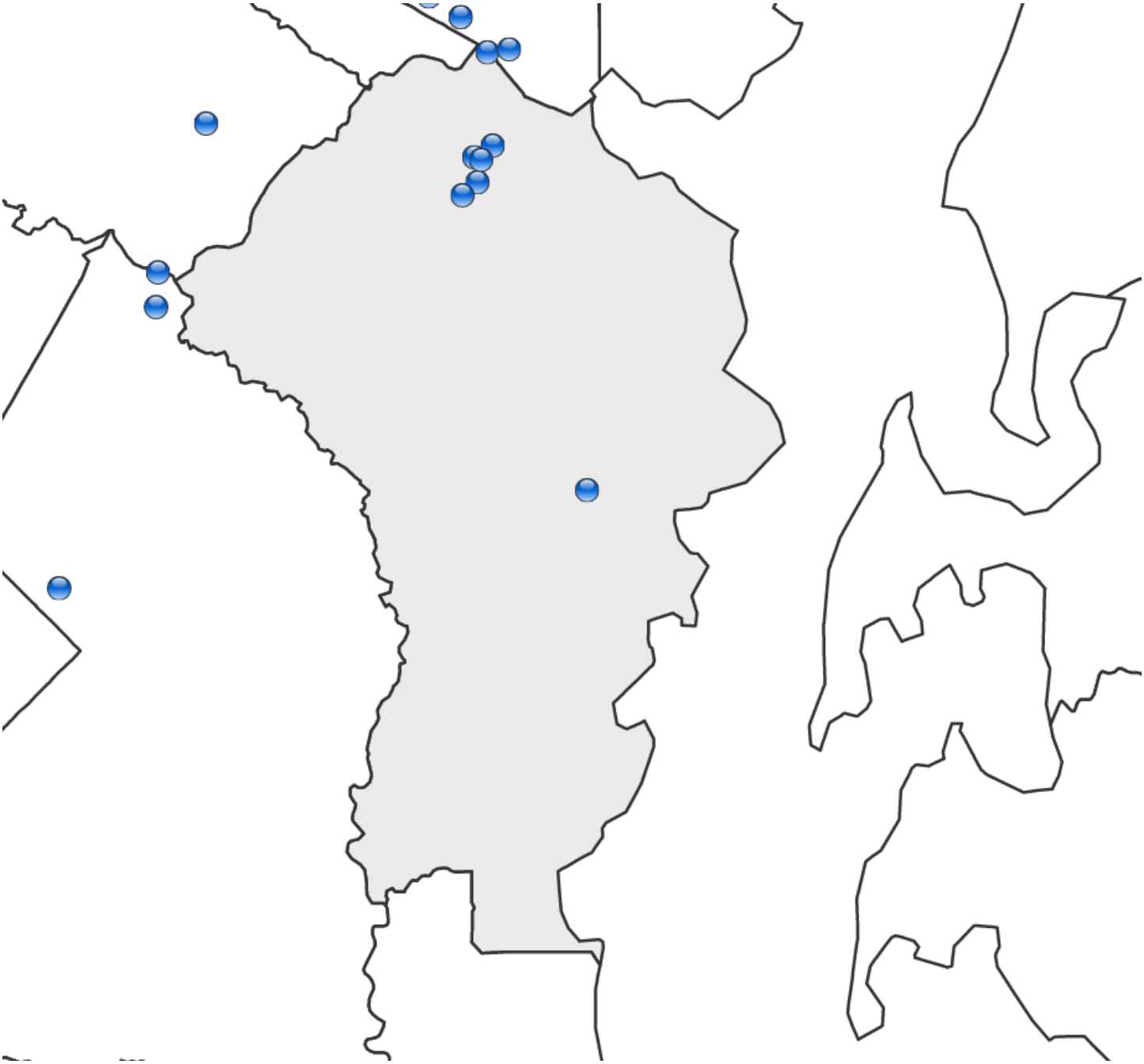

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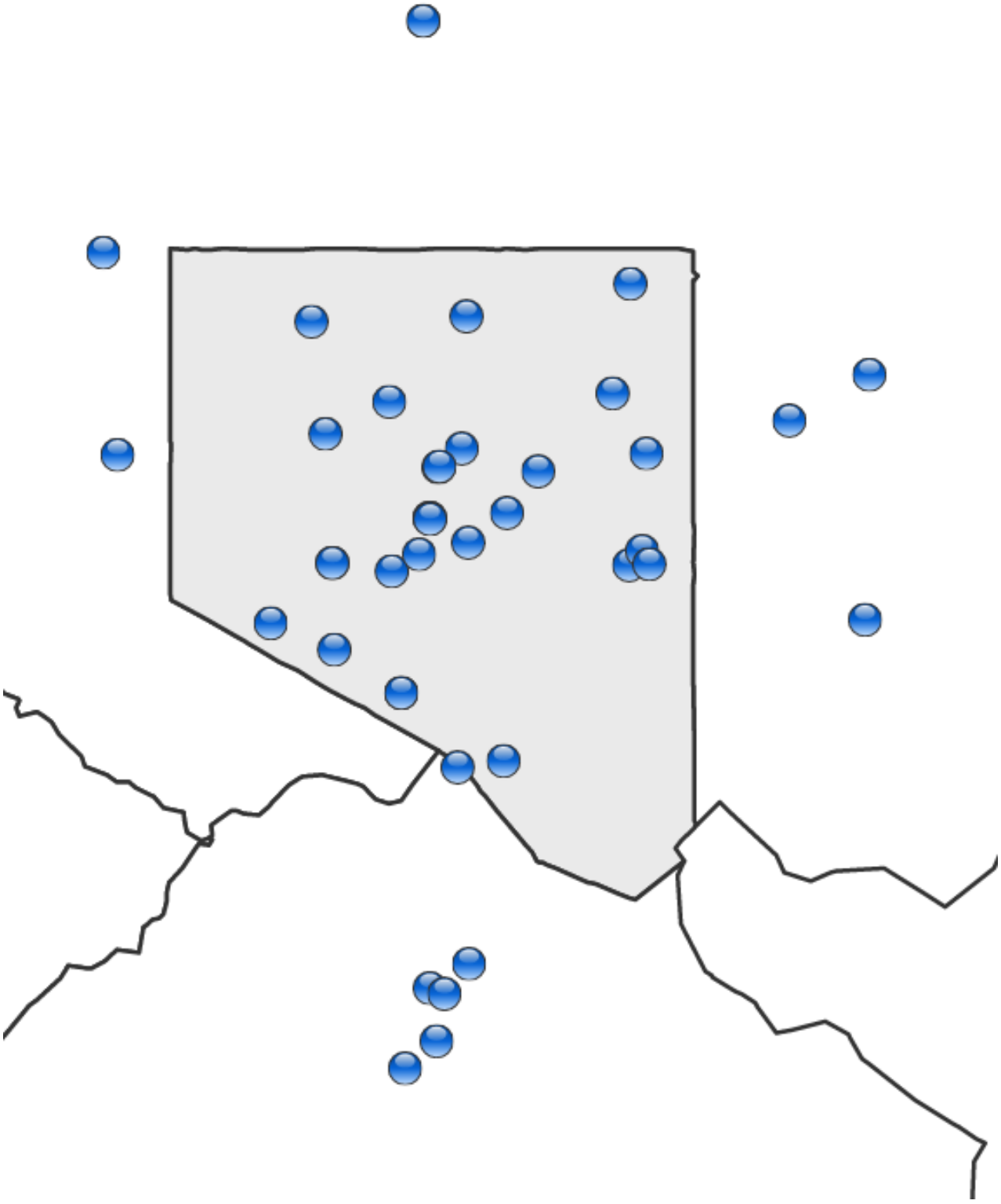

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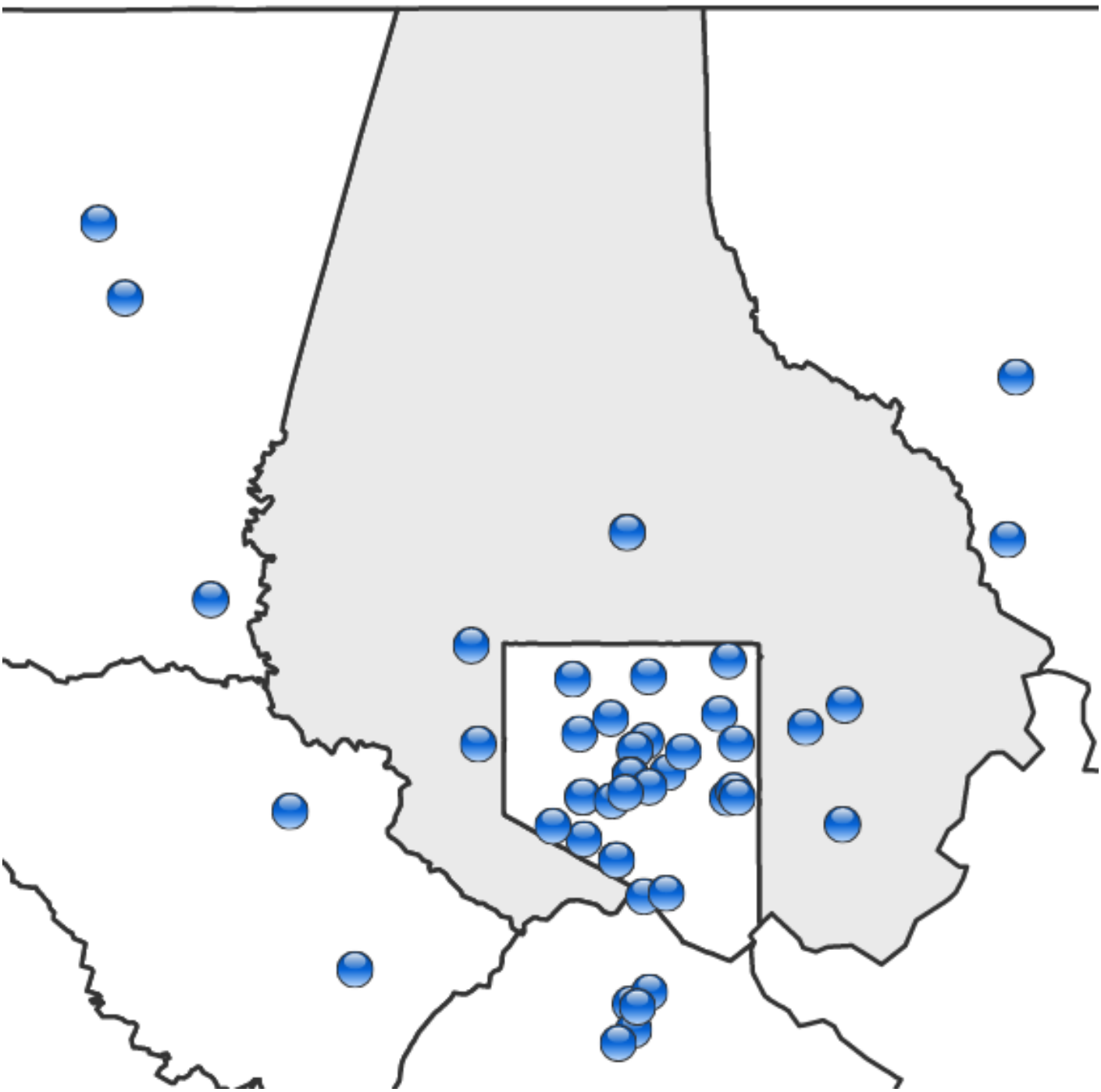

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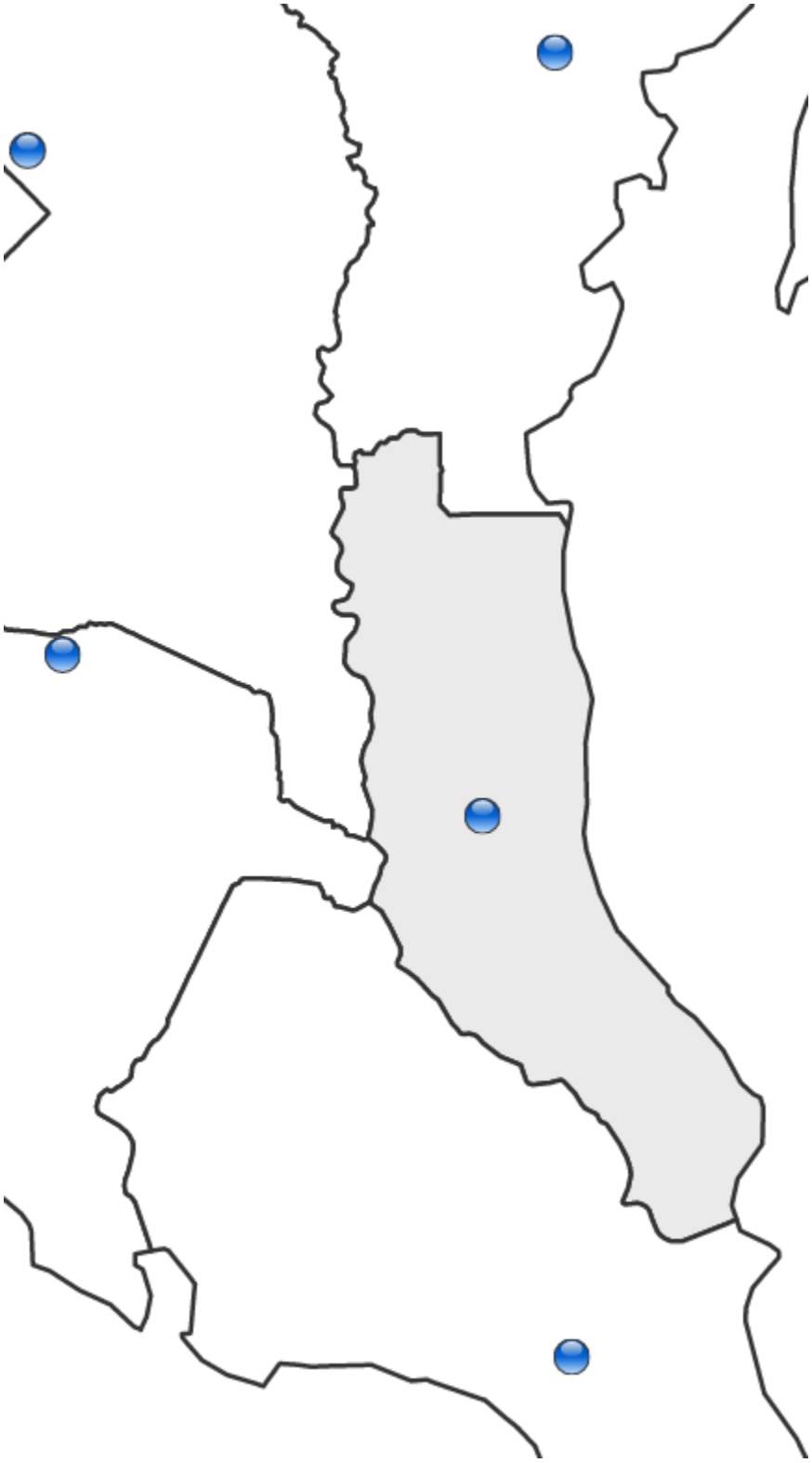

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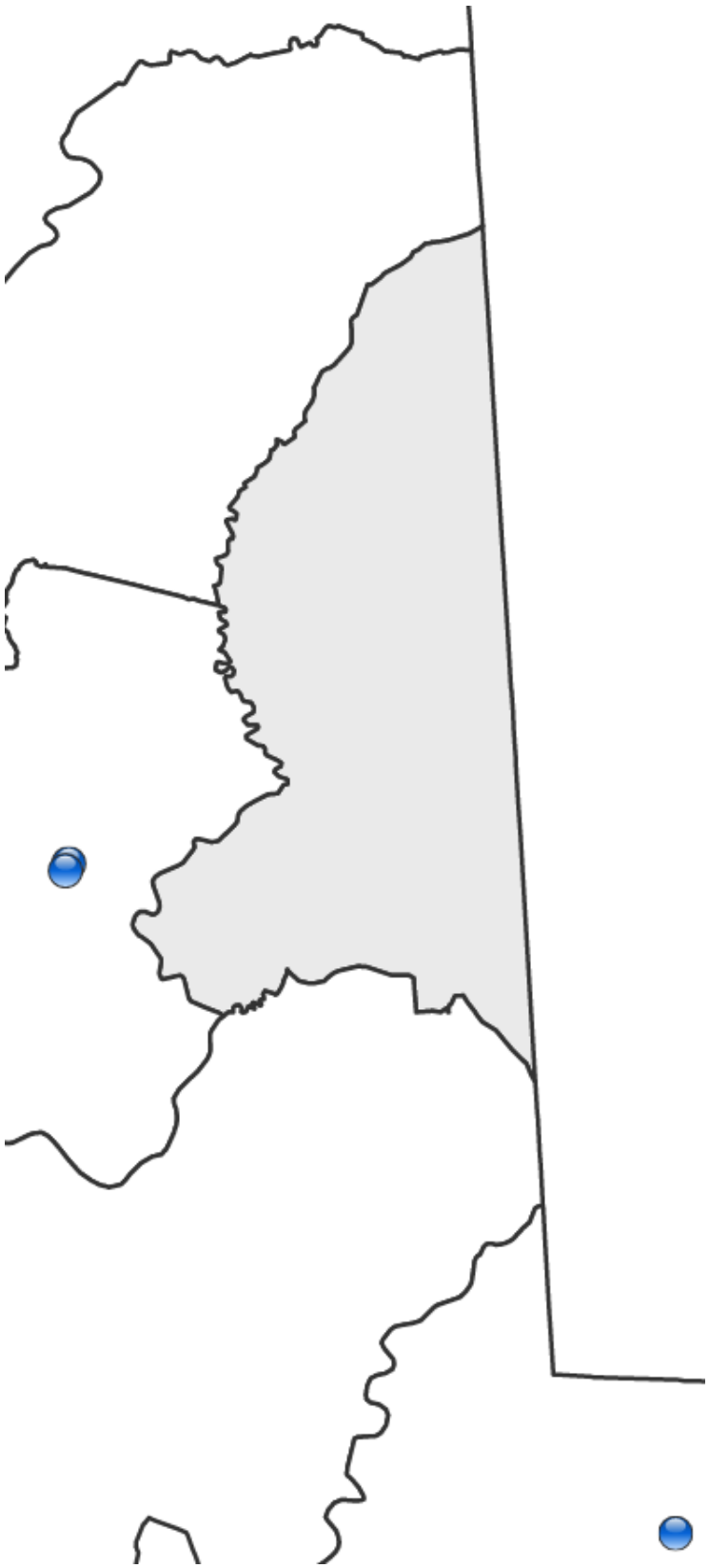

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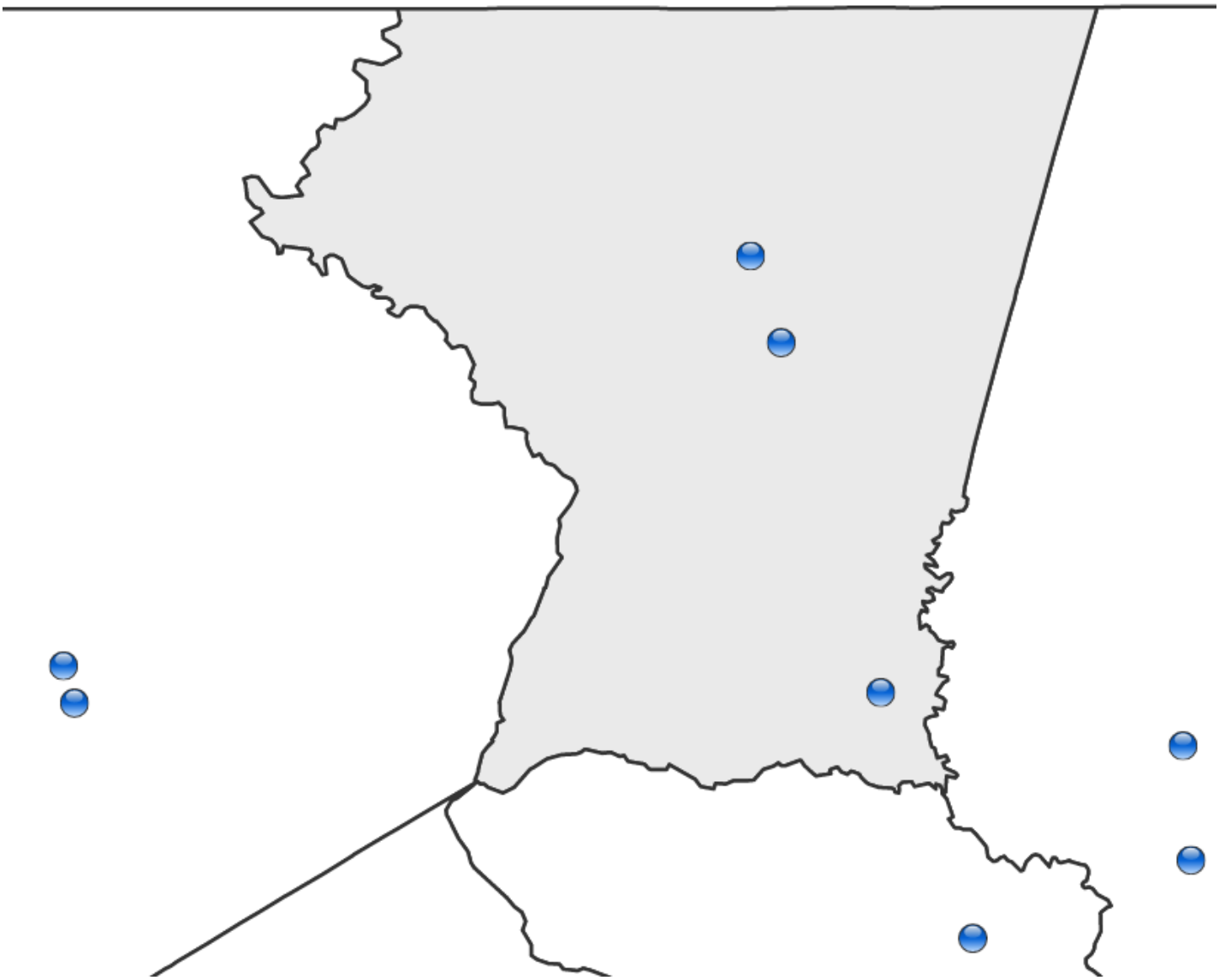

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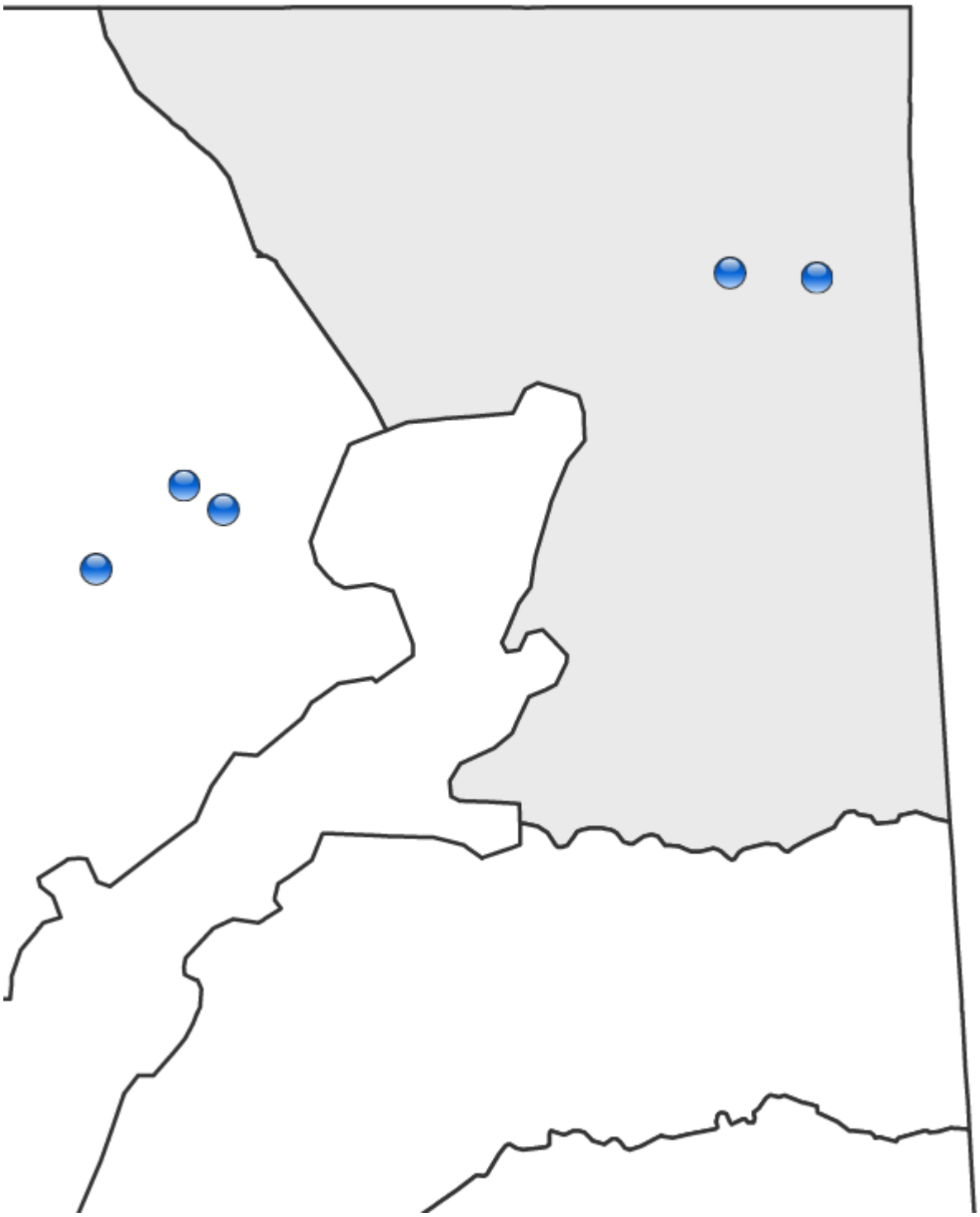

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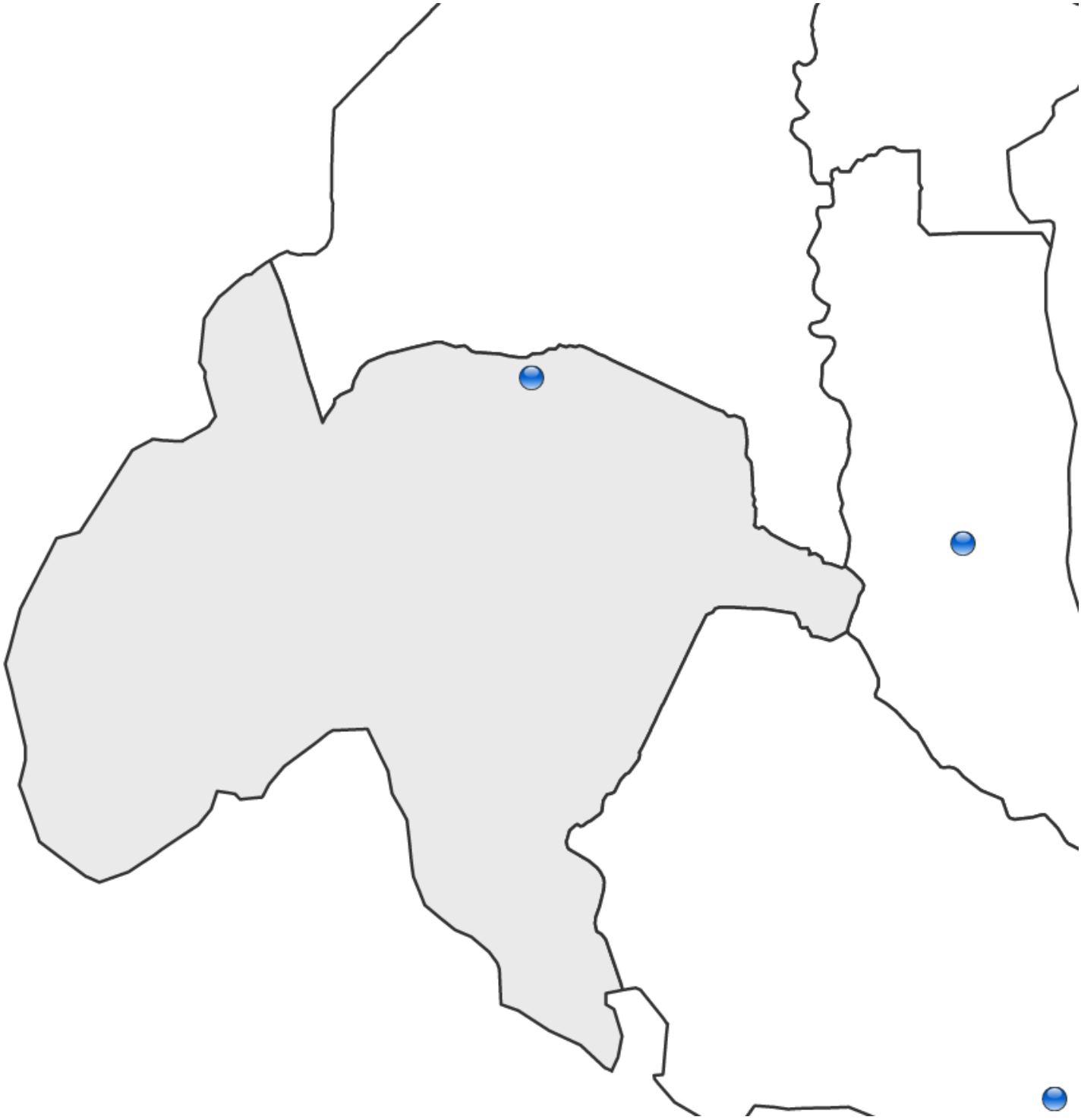

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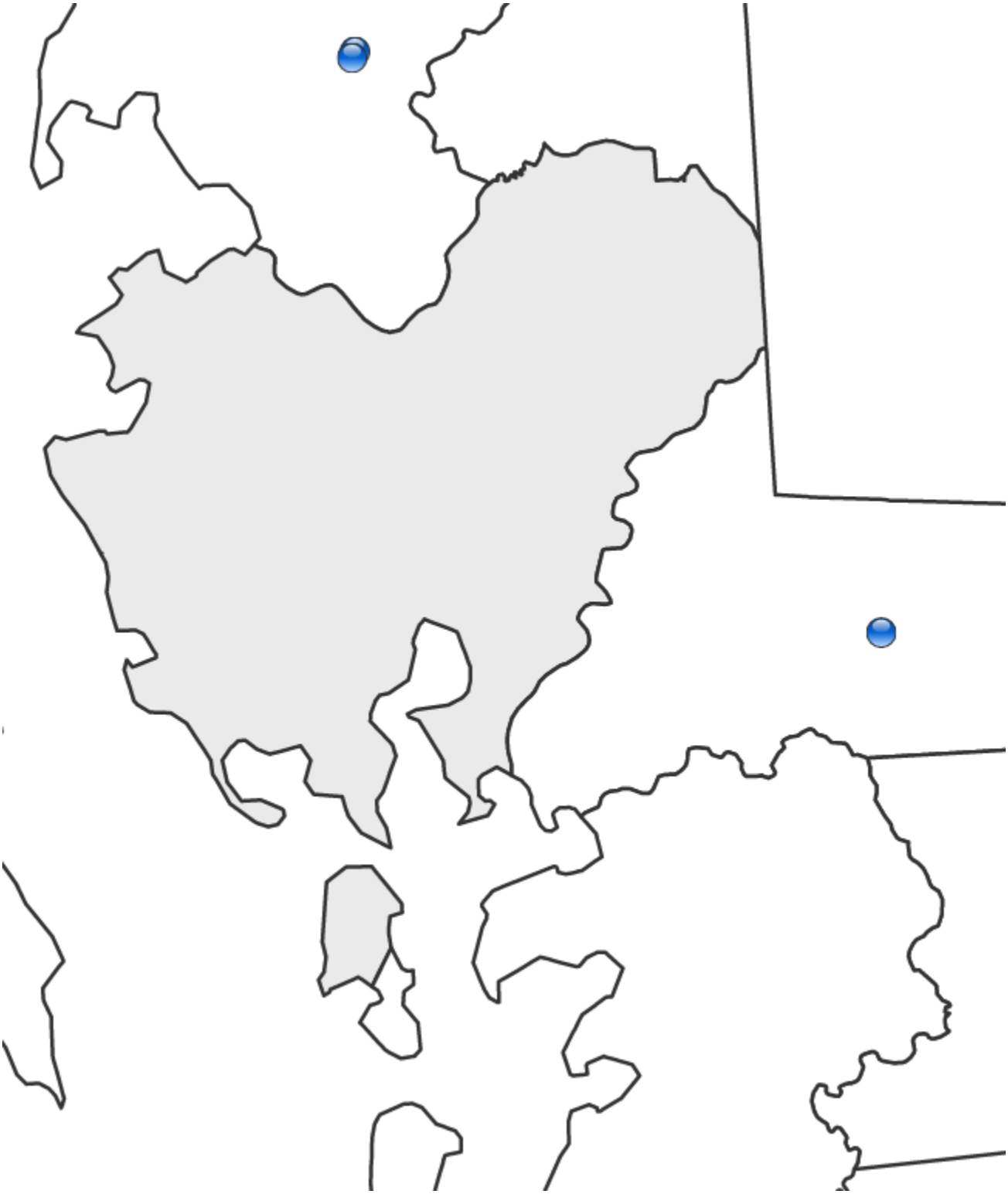

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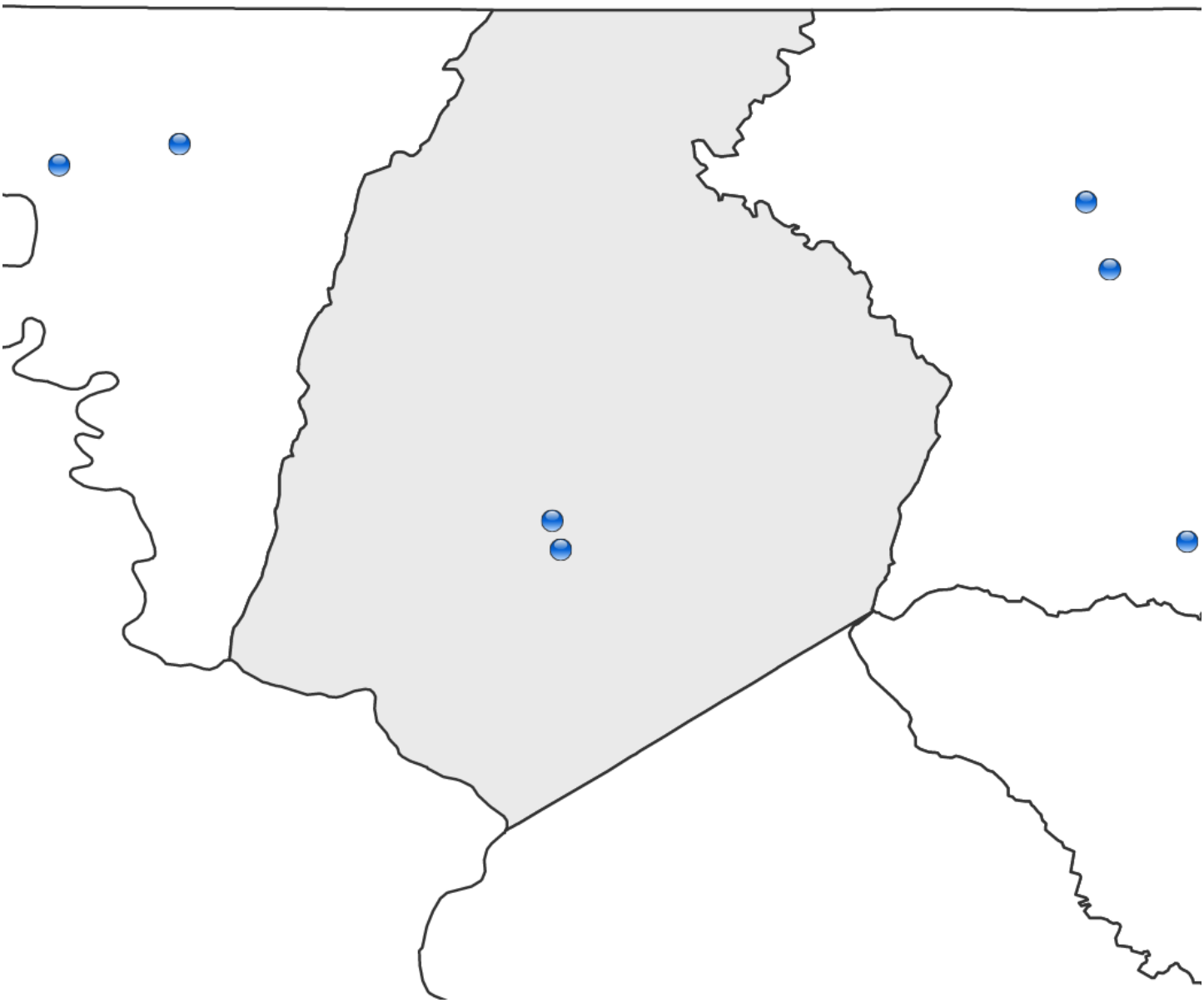

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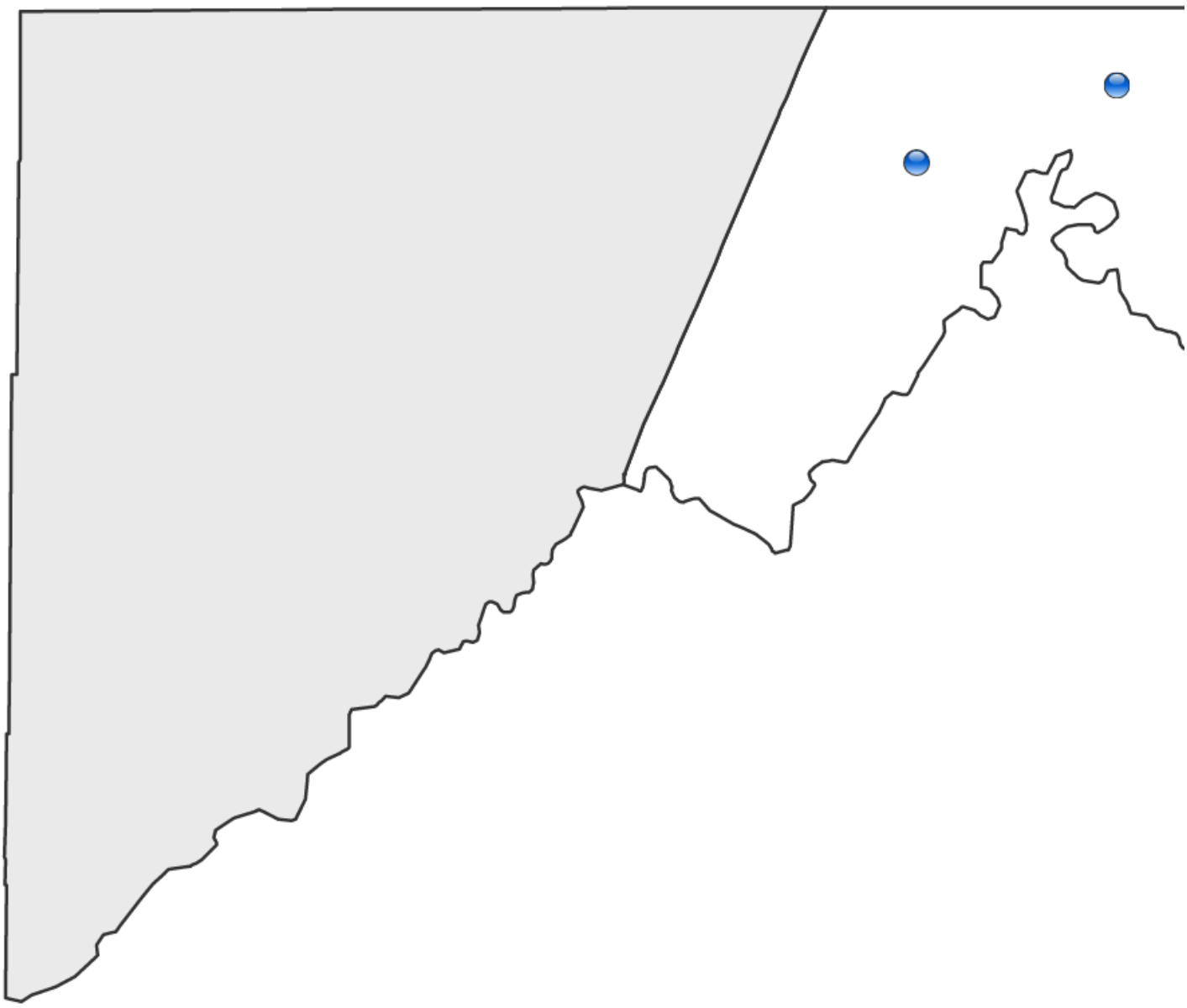

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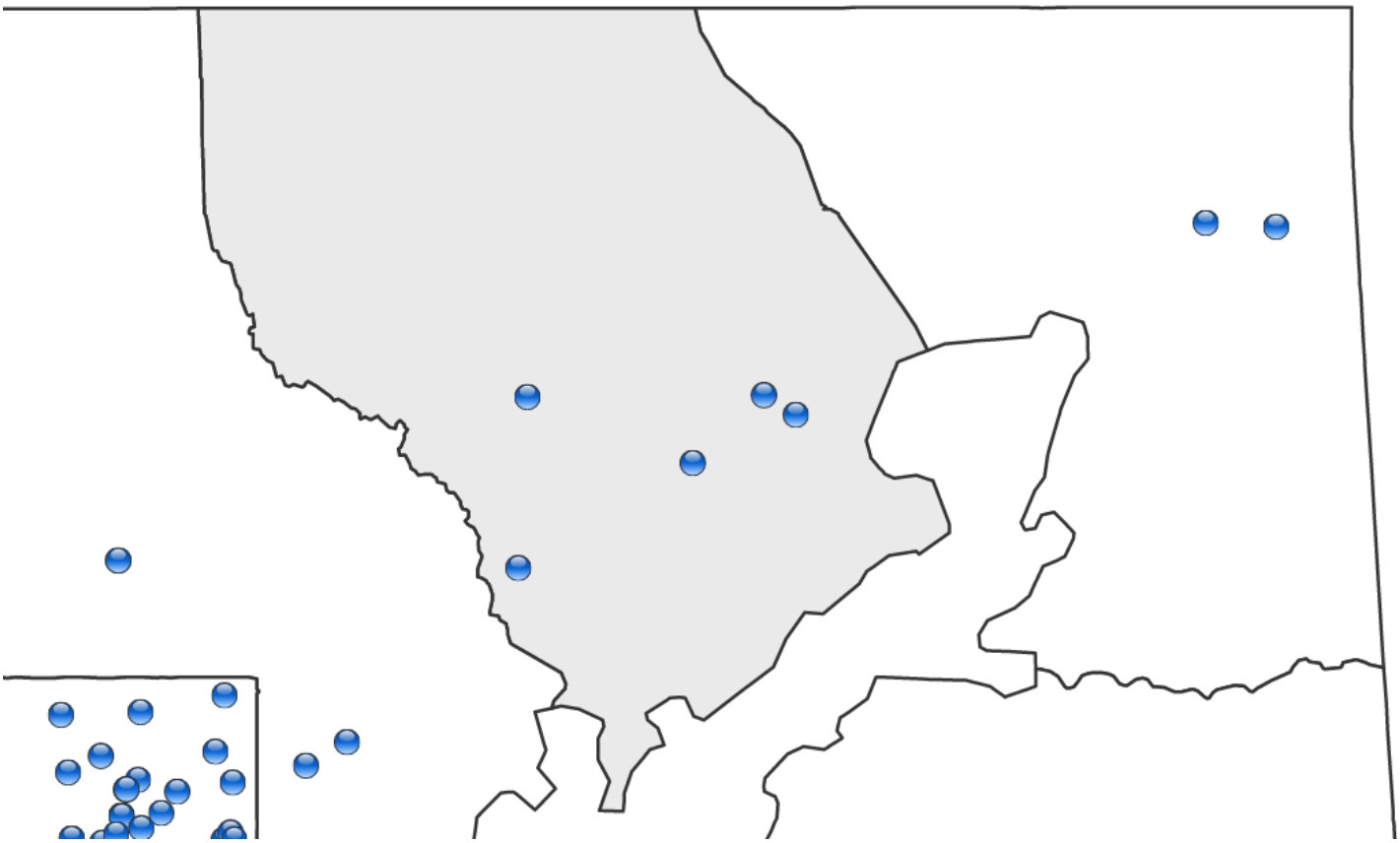

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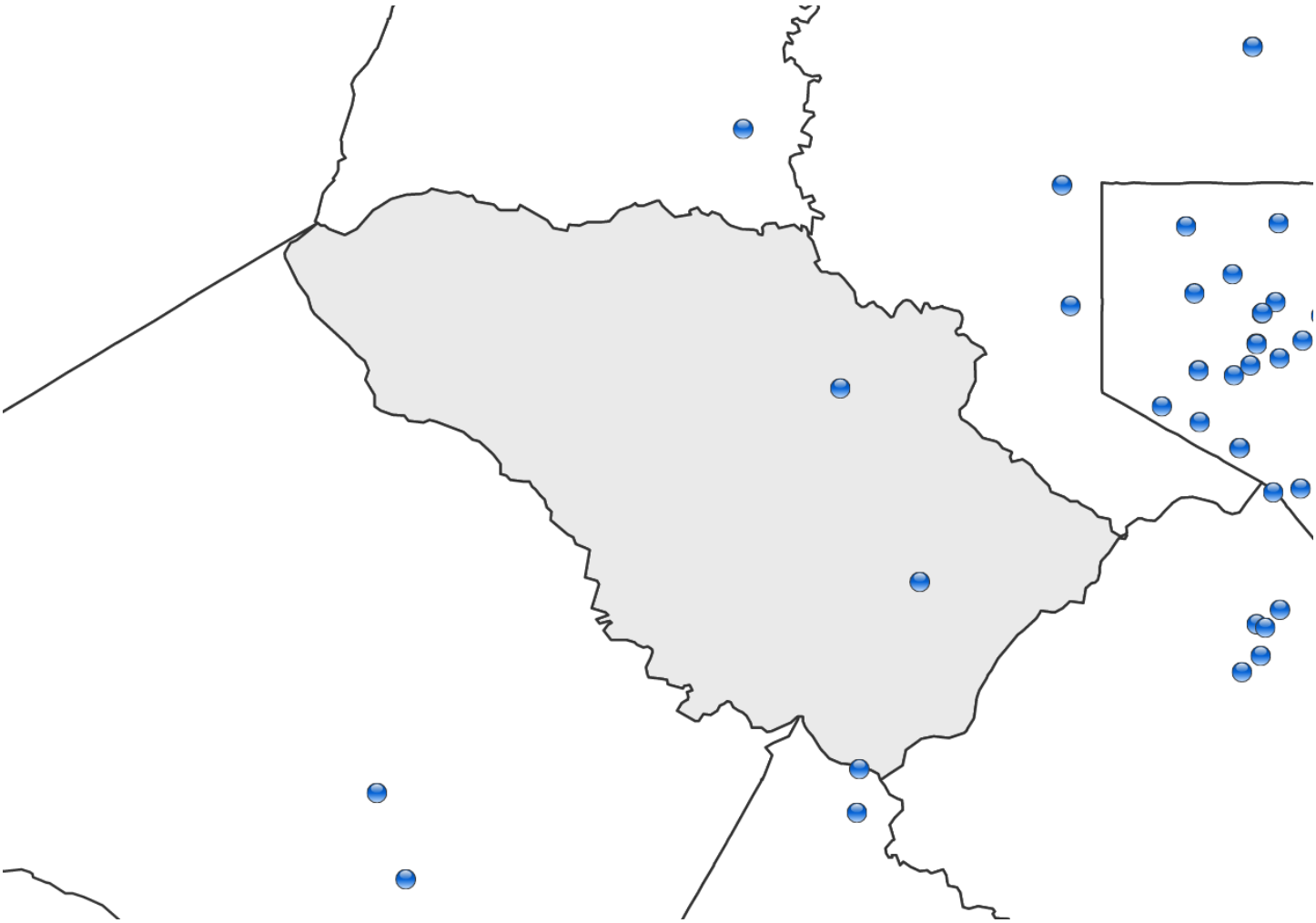

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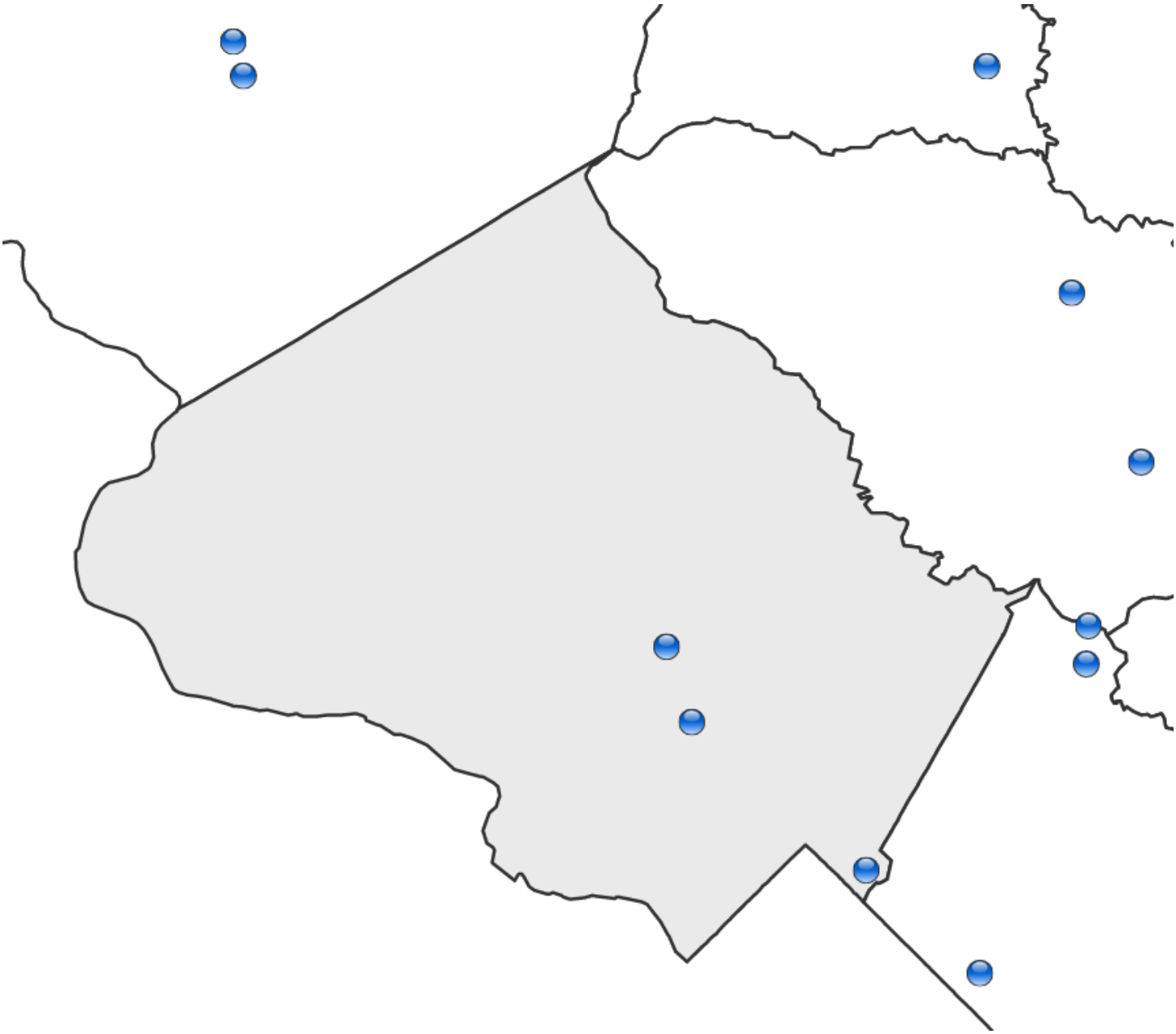

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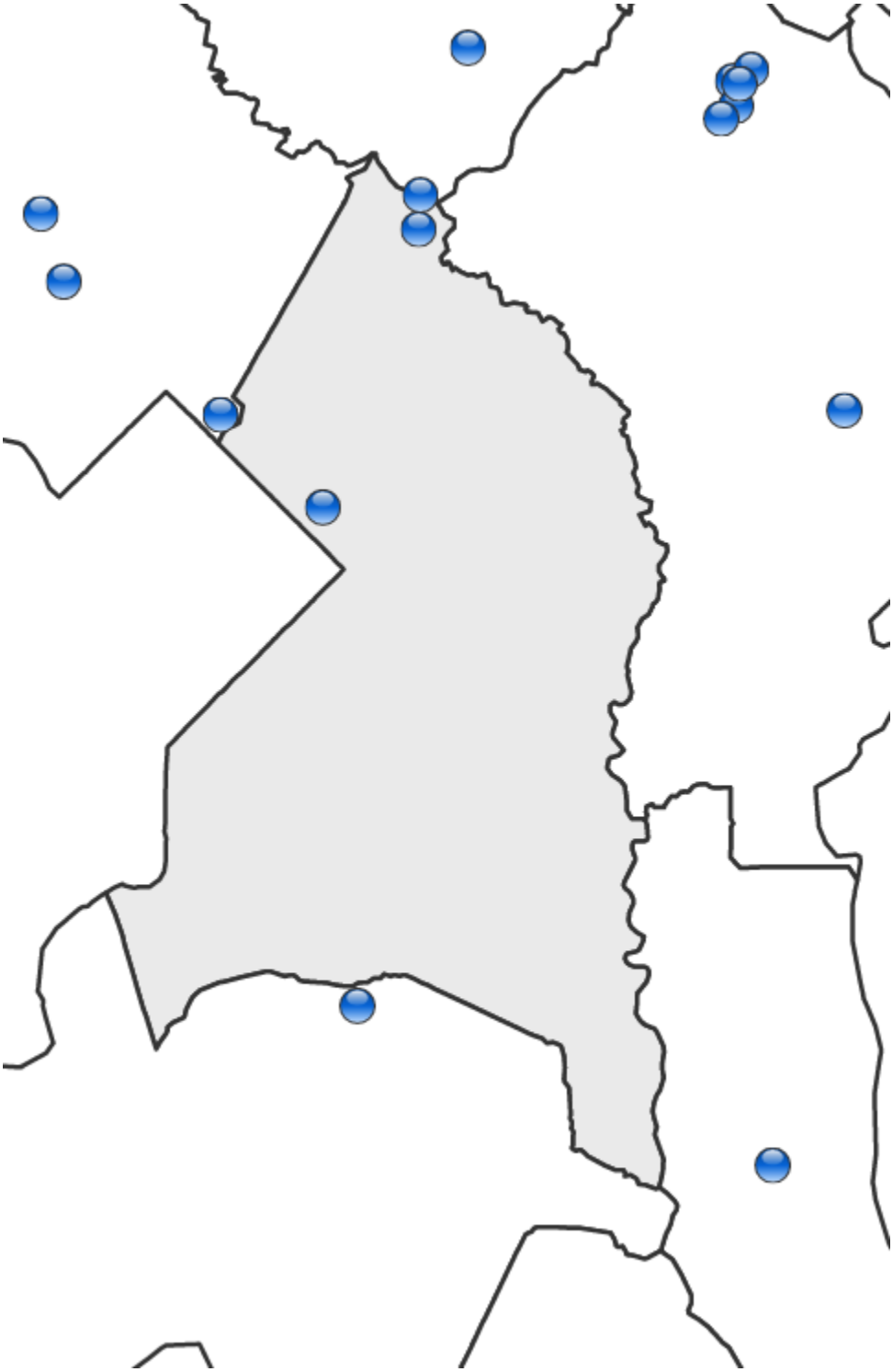

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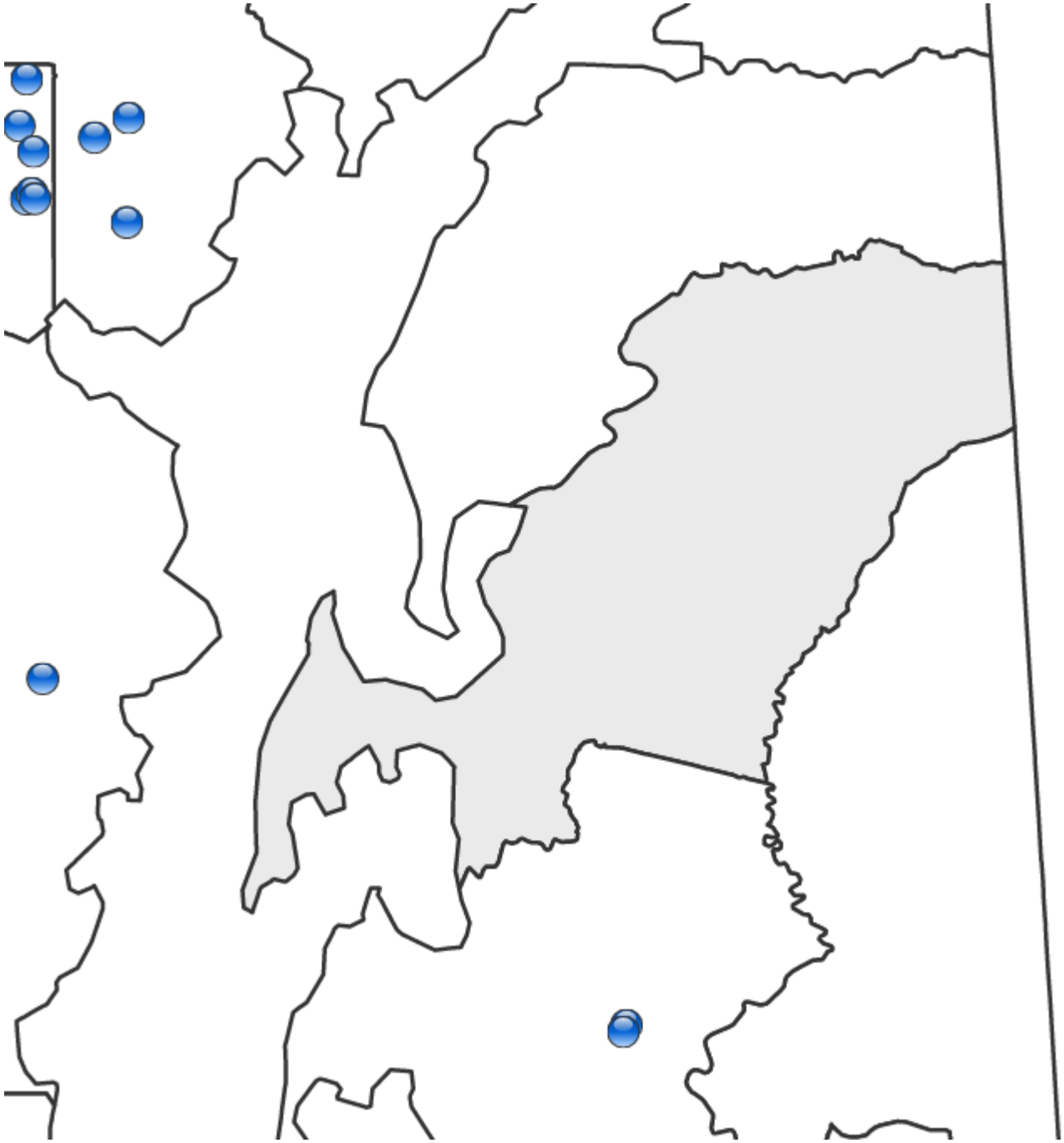

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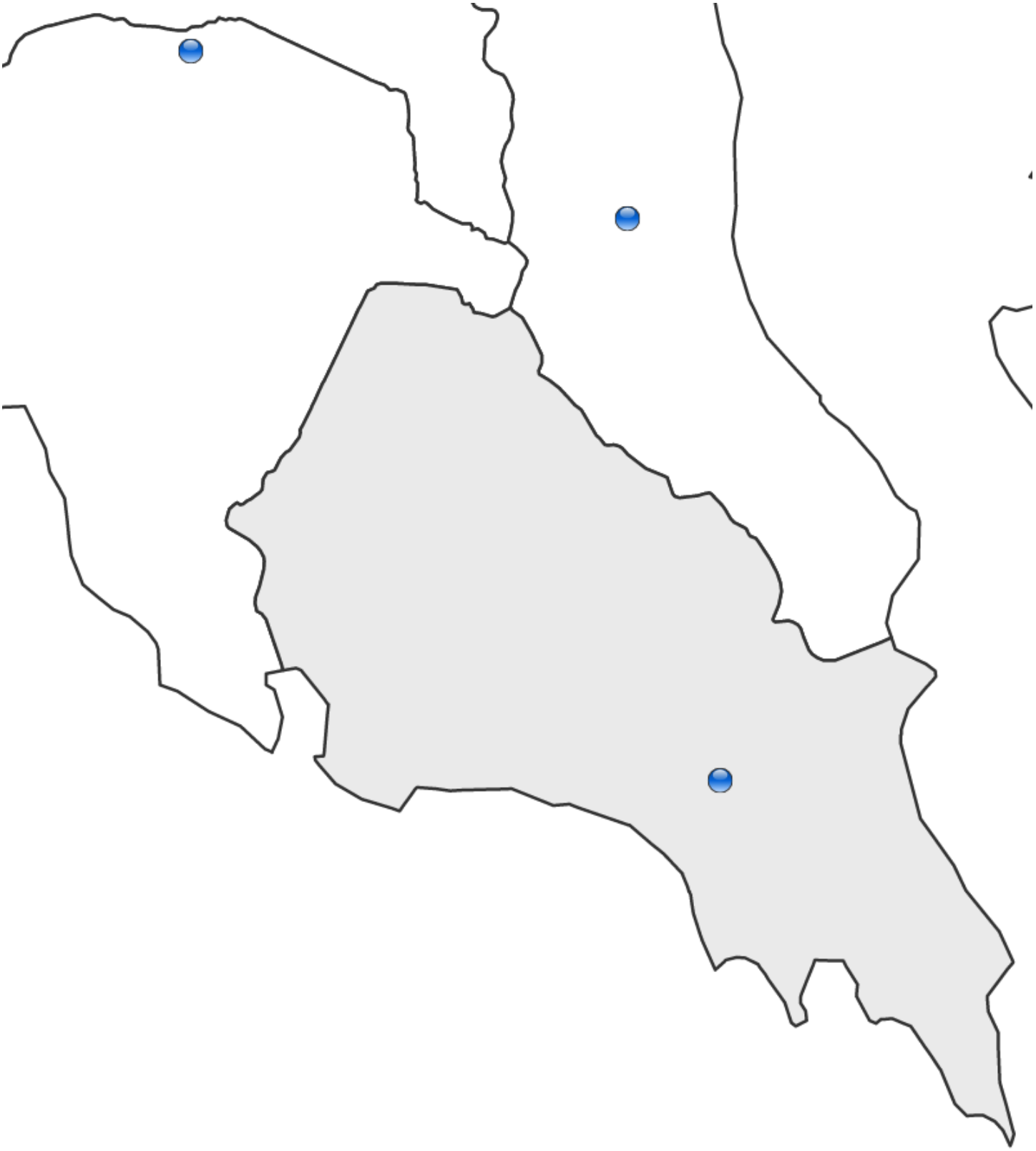

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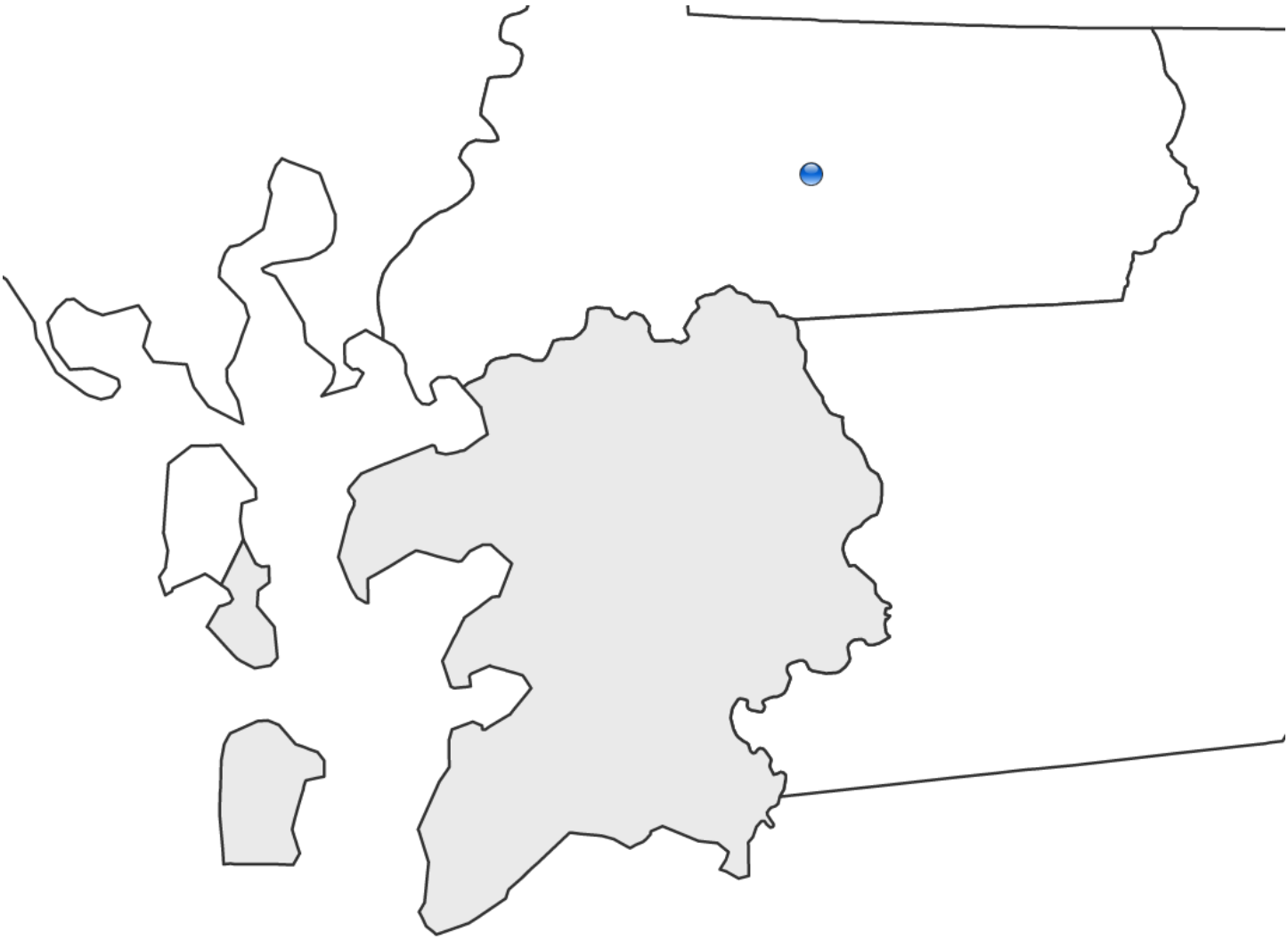

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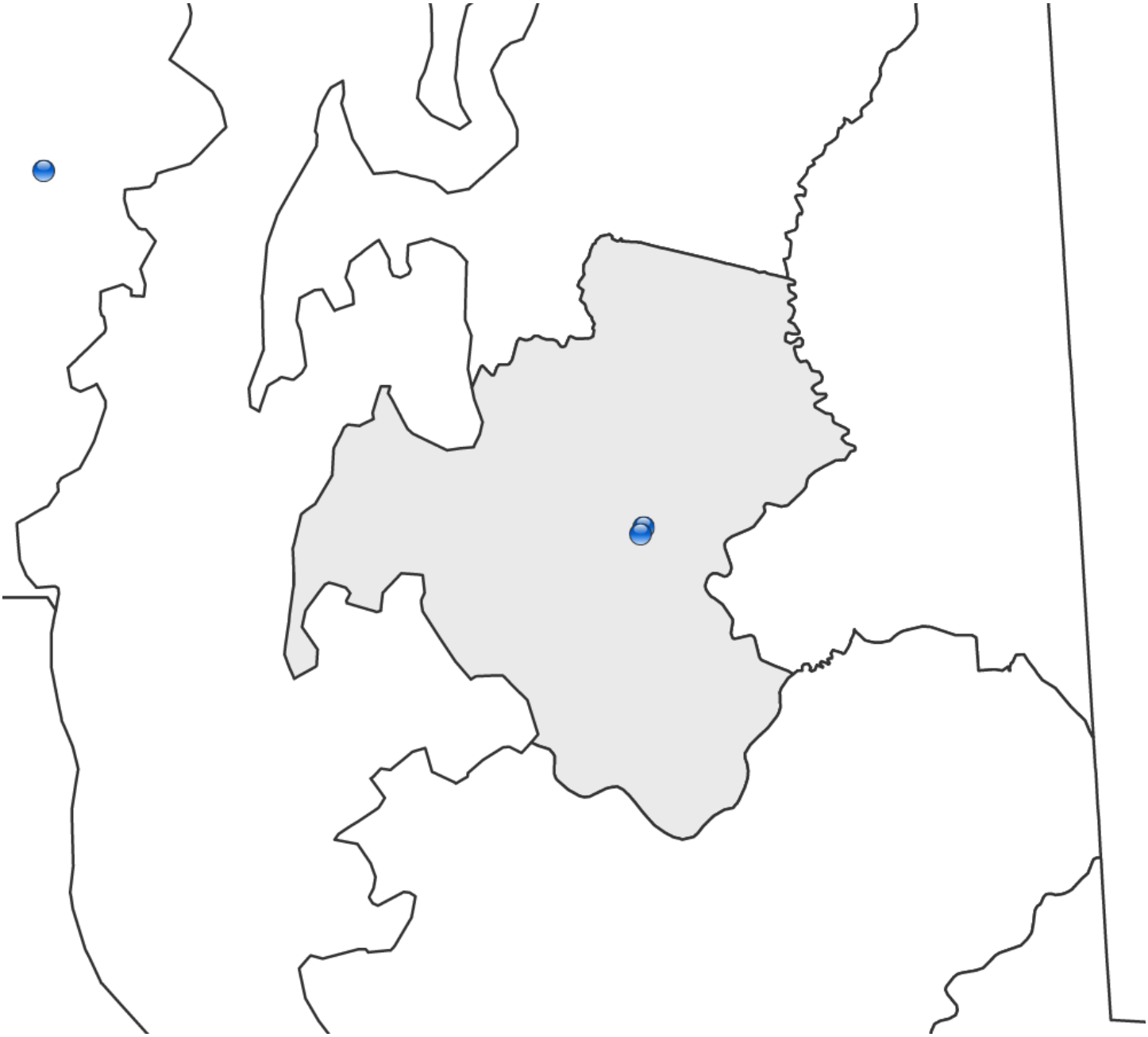

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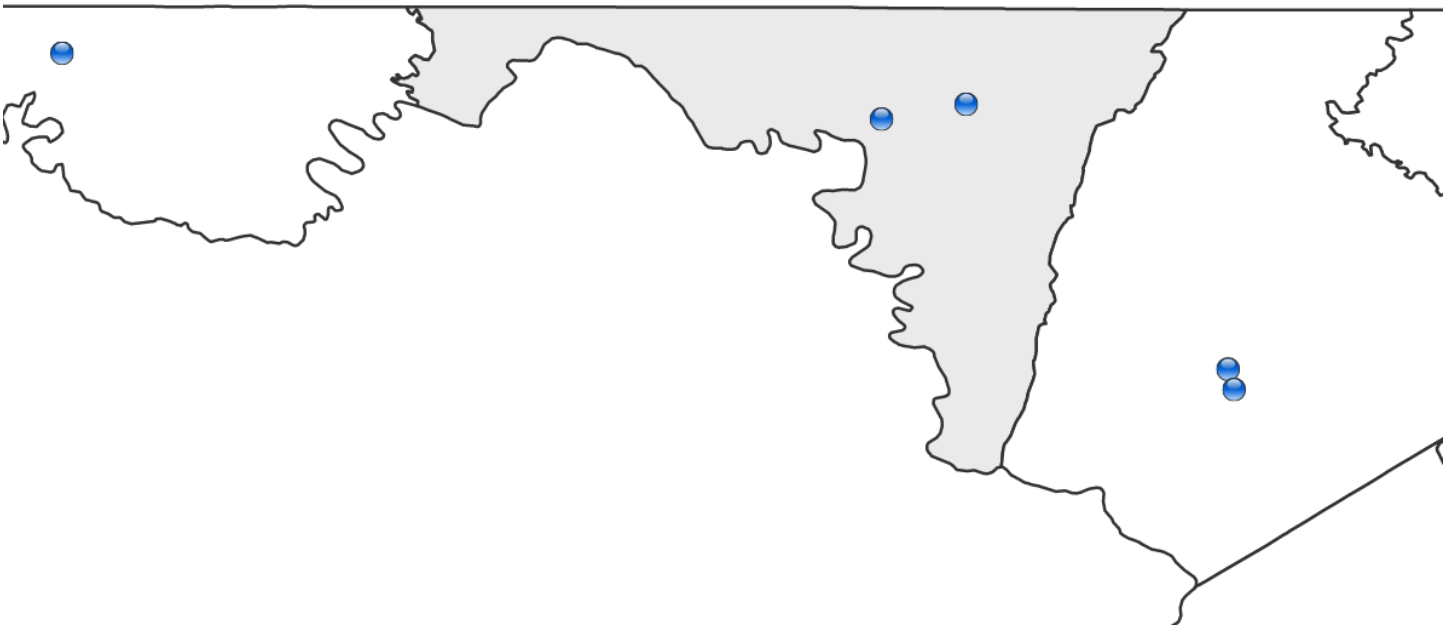

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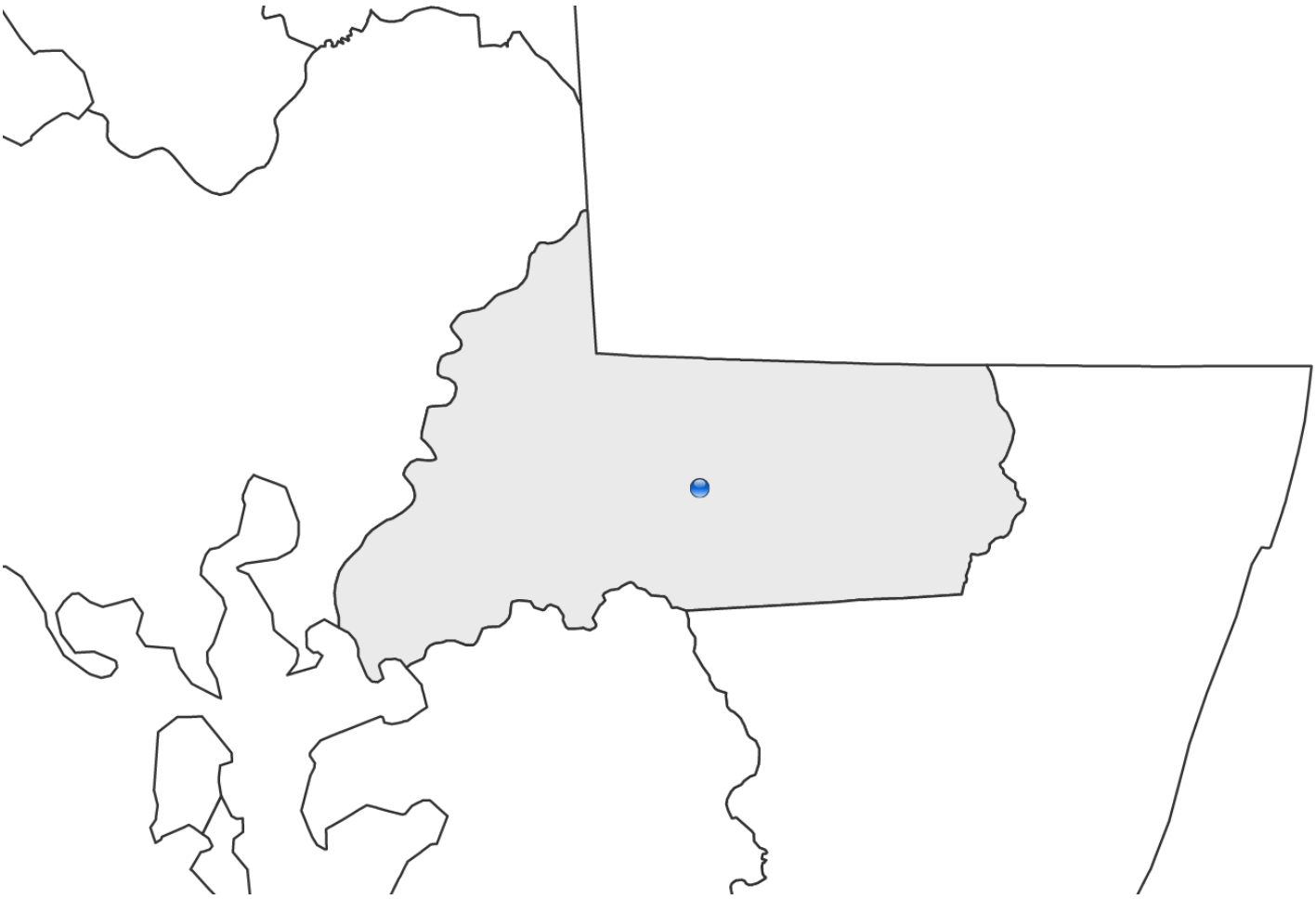

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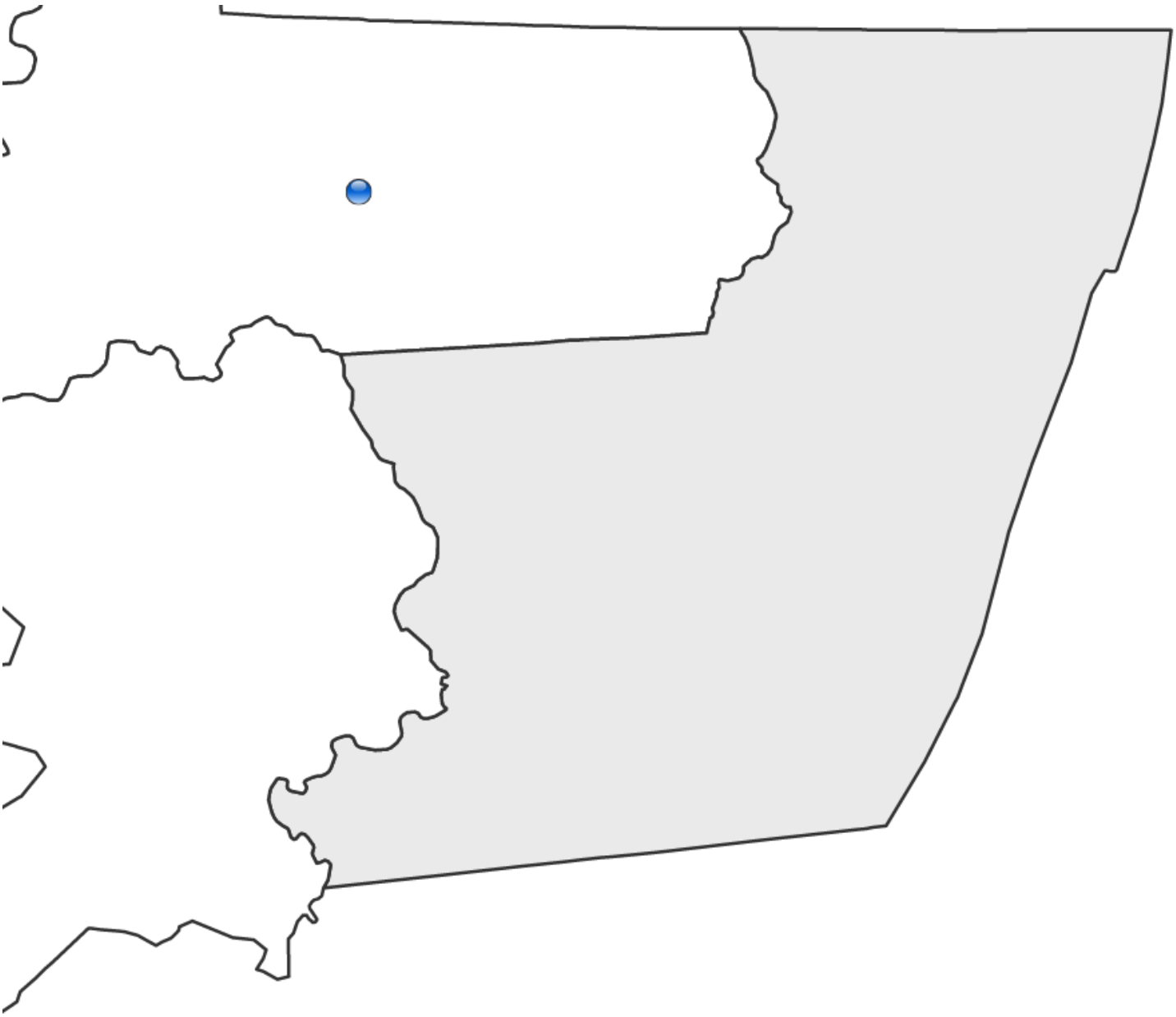

STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Behavioral Health Administration • Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228
Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary
Barbara J. Bazron, Ph.D., Executive Director

September 19, 2016

Dear Local Addiction or Behavioral Health Authority (LAA/BHA):

At the request of Delegate Hammen during a legislative briefing in February, 2015, the Department of Health and Mental Hygiene (the Department) created an *Opioid Treatment Program Work Plan*, (*OTPWP*) which outlined the Department's plan and timeline for implementing strategy within the plan. This letter is written to address aspects of the work plan that pertain to the role of the LAA/BHA, as detailed below.

As part of the *OTPWP,* the Department proposed a **Goal (#1) to create an integrated state and local process for approval of new programs and recertification of existing programs**. This goal has several objectives which pertain to the role of the LAA/BHA as it relates to expansion of OTP services: A) to provide existing OTP location and needs assessment data to the LAA/BHA for the purpose of recruiting providers into areas of need and informing which locations have sufficient resources; B) to create mechanism to inform potential new OTPs about consulting the LAA/BHA for location recommendations prior to submitting application to OHCQ/BHA; and C). to inform potential new OTPs of protocol that requests they meet with the LAA and discuss needs assessment data prior to selection of their location.

The Department has completed a process of geo-map existing opioid treatment programs (OTPs), which is included with this letter. The Department is also currently in the process of gathering statewide opioid disorder needs assessment data for analysis and refinement. These two pieces of data will be combined into a comprehensive state and jurisdictional analysis of needs and service provision and will be provided to you in October, 2016 in order to help identify over/under-served areas as per objective A. above.

In order to address objectives B. and C. above, the Department will be requesting that prior to establishing any new or expansion of service sites in a jurisdiction, an OTP would consult with the LAA in that jurisdiction in order to obtain recommendations for areas of need based on the geo-mapping and needs assessment information to be provided to you in October, 2016. We are requesting that you meet with these with prospective providers to direct them to areas of need, possibly redirecting them from areas of less need in order to serve areas of the state with high

instances of heroin overdoses and deaths. Documentation of this consultation as well as a signed "Agreement to Cooperate" will be requested as part of the OHCQ licensure application process beginning June 1, 2017.

This request is not intended to constrain expansion of OTP services, only to ensure that information is provided to assist OTPs in matching services with geographical areas of greatest need. Please see attached *Aspects of the Role of the LAA which specifically pertain to the QI of OTPs* which includes an expanded Network Development section addressing these requests.

If you have any questions regarding this information and request, please contact Barry Page, BHA's State Opioid Treatment Authority (SOTA) at (410) 402-8610 or bpage@maryland.gov.

Sincerely,

Marian V. Bland, LCSW-C
Deputy Director, Clinical Services
Behavioral Health Administration

Attachments
Aspects of the Role of the LAA which specifically pertain to the QI of OTPs

cc: Barbara Bazron
Deirdre Davis
Shauna Donahue
Iva Jean Smith
Barry Page
Kathleen Rebbert-Franklin

Aspects of the Role of the LAA which specifically pertain to the QI of OTPs
(Bold bullets excerpted from Role of LAA document dated 3.3.16.
Open bullets added based on OTP QI WG requests)
8/4/16

Plan

- Assess and plan for substance related disorder service needs for its jurisdiction. The plan shall be the basis for LAA budgetary requests to the BHA. The plan shall be data driven, identify plans to address gaps in the service delivery continuum, and reflect stakeholder input into both planning and evaluating services (including, but not limited to representatives of the local recovery community).
    - This plan must be informed by the BHA needs assessment and the geo-mapping of existing OTPs
    - When addressing gaps in service delivery, be aware of input from community leaders regarding perception of areas in need of treatment versus areas with sufficient treatment resources.

Develop: Cooperation and Interfacing

- Meet with providers registered in the public SRD network that provide services to the citizens in the LAA jurisdiction.
- Serve on local planning and advisory boards and committees.
    - To include local community boards as needed in order to help prevent problems based on miss-information between OTPs and local community leaders

Develop: Public and Consumer Education and Information

- Inform individuals in their jurisdiction of the availability of public SUD services and benefits.
    - To include stigma reduction and educational information on OTPs and MAT in general

Develop: Network Development

- Encourage providers, as necessary, to enroll in the public SRD system to ensure choice and access to appropriate levels of care.
    - This includes encouraging providers to locate in areas of treatment gaps based on needs assessment and geo-mapping information;
    - Helping new providers identify community leaders, community associations and elected officials and;
    - Introduction of new providers to community (newsletter, open house)

Manage Public SUD System: Quality Assurance & Compliance

- Promote related best practices in service delivery
- Collaborate with the BHA by completing "*Agreements to Cooperate* "with new programs, participating in site visits with BHA to programs, and reviewing evaluating and commenting on Program Improvement Plans.
- Participate as requested by BHA, or ASO as an agent of BHA, in on-site Regulatory Compliance reviews.
- Monitor the implementation of Program Improvement Plans and notify BHA of its findings using the protocol developed by the BHA.
- Identify appropriate LAA staff to be available when requested by BHA to participate in sanction proceedings.

Manage Public SUD System: Grievances & Complaints

- Comply with the formal grievance and appeals protocols as identified in the ASO's Policy Manual for the Public Behavioral Health System.
- Ensure that the LAA's sub-vendors of SRD services have a protocol for a complaint to be filed by a service recipient. The LAA shall require the sub-vendor to report to the LAA any complaints received and their resolution on a periodic basis.
    - Ensure that OTPs also have a formal process for addressing community/program complaints and document meetings to attempt to resolve complaints
    - Should existing process not be sufficient to resolve community/program complaints, consider obtaining a mediator to assist in resolution of issues.
    - Provide peer assistance to programs experiencing complaints related to large volume of patients waiting for or post treatment "loitering" to help determining reasons;
- Respond appropriately to all complaints made or referred to the LAA within five (5) business days, documenting the complaint and the type of response and submit a report to the BHA as required.
- Proactively determine that service recipients are able to freely access services without being subject to discriminatory admission and treatment policies.

Attachment 5

Aspects of the Role of the LAA that specifically pertain to the QI of OTPs
8/4/16
Bold bullets excerpted from Role of LAA document dated 3.3.16.
Open bullets added based on OTP Quality Improvement Workgroup requests

Plan

- Assess and plan for substance related disorder service needs for its jurisdiction. The plan shall be the basis for LAA budgetary requests to the BHA. The plan shall be data driven, identify plans to address gaps in the service delivery continuum, and reflect stakeholder input into both planning and evaluating services (including, but not limited to representatives of the local recovery community).
    - This plan must be informed by the BHA needs assessment.
    - When addressing gaps in service delivery, be aware of input from community leaders regarding perception of areas in need of treatment services.

Develop: Cooperation and Interfacing

- Meet with providers registered in the public SRD network that provide services to the citizens in the LAA jurisdiction.
- Serve on local planning and advisory boards and committees.
    - To include local community boards as needed in order to help prevent issues based on misinformation between OTPs and local community leaders

Develop: Public and Consumer Education and Information

- Inform individuals in their jurisdiction of the availability of public SUD services and benefits.
    - To include stigma reduction and educational information on OTPs and MAT in general

Develop: Network Development

- Encourage providers, as necessary, to enroll in the public SRD system to ensure choice and access to appropriate levels of care.
    - This includes encouraging providers to locate in areas of treatment gaps based on needs assessment and geo-mapping information;
    - Helping new providers identify community leaders, community associations and elected officials to prevent and resolve issues; and
    - Introduction of new providers to community (newsletter, open house)

Manage Public SUD System: Quality Assurance & Compliance

- Promote pertinent best practices in service delivery
- Collaborate with the BHA by completing "*Agreements to Cooperate* "between the LAA and the new program, participating in site visits with BHA to programs, and reviewing, evaluating and commenting on a Plan of Correction.
- Participate as requested by BHA, or ASO as an agent of BHA, in on-site Regulatory Compliance reviews.
- Monitor the implementation of Plan of Correction and notify BHA of its findings, using the protocol developed by the BHA.
- Identify appropriate LAA staff to be available when requested by BHA to participate in sanction proceedings.

Manage Public SUD System: Grievances & Complaints

- Comply with the formal grievance and appeals protocols as identified in the ASO's Policy Manual for the Public Behavioral Health System.
- Ensure that the LAA's sub-vendors of SRD services have a protocol for a complaint to be filed by a service recipient. The LAA shall require the sub-vendor to report to the LAA any complaints received and their resolution on a periodic basis.
    - Ensure that OTPs also have a formal process for addressing community/program complaints and document meetings to attempt to resolve complaints
    - Should the existing process not be sufficient to resolve community/program complaints, consider obtaining a mediator to assist in resolution of issues.
    - Provide peer assistance to programs experiencing complaints related to large volume of patients waiting for treatment, or post treatment "loitering," to help determine reasons;
- Respond appropriately to all complaints made or referred to the LAA within five (5) business days, documenting the complaint and the type of response and submit a report to the BHA as required.
- Proactively determine that service recipients are able to freely access services without being subject to discriminatory admission and treatment policies.

Attachment 6
(This letter will be sent out in October)

Dear Opioid Treatment Program Provider:

In early 2014, the Department of Health and Mental Hygiene (Department) was contacted regarding the location of opioid treatment programs (OTPs) in the central Baltimore City area. From this early engagement, the Department began meeting with concerned community members and members of the General Assembly to discuss their concerns about opioid treatment programs. Following a legislative briefing on February 2, 2016 before the Health and Government Operations Committee, the Department provided initial recommendations of strategies to address the application process and improve the quality of care of opioid treatment programs.

The Department then created an *Opioid Treatment Program Work Plan*, (*OTPWP*) which proposed a Goal (#1) to create an integrated state and local process for approval of new programs and recertification of existing programs. This goal has several objectives which pertain to expansion of OTP services: A) to provide existing OTP location and needs assessment data to the Local Addictions Authorities (LAA) for the purpose of recruiting providers into areas of need and informing which locations have sufficient resources; B) to create mechanism to inform potential new OTPs about consulting the LAA for location recommendations prior to submitting application to the Office of Health Care Quality (OHCQ) and BHA; and C) to inform potential new OTPs of protocol that requests they meet with the LAA to discuss needs assessment data prior to selection of program location.

The Behavioral Health Administration (BHA) has gathered the statewide opioid disorder needs assessment data for analysis and refinement. The Department also completed the project to geo-map existing opioid treatment programs (OTPs). These two pieces of data were combined into a comprehensive state and jurisdictional analysis of needs and service provision, and has been provided to LAAs as per Objective A.

As per Objectives B and C, BHA would request that prior to selecting a site for a new service, you meet with the LAA in the jurisdiction of interest to be informed of under-served areas of need, in order to best serve areas of the state with high instances of heroin overdoses and deaths. This request is not intended to constrain expansion of OTP services, only to ensure that information is received which will assist you in matching your services with geographical areas of greatest need.

As part of the OHCQ/BHA application process, you will also need to sign an “Agreement to Cooperate”. The LAA and the OTP sign this document together, indicating the role of the LAA as it pertains to the operation of the OTP. This visit can be combined with the visit to discuss potential program locations.

If you have any questions regarding any of this information, please contact Barry Page, State Opioid Treatment Authority, BHA at 410-402-8610.

Sincerely,

Kathleen Rebbert-Franklin, Deputy Director
Population Based Health
Behavioral Health Administration

Marian Bland, Deputy Director
Clinical Services
Behavioral Health Administration