

Opioid Treatment Program (OTP) Quality Improvement Recommendations
Quarterly Report
July 1, 2016

Introduction and Background

In early 2014, the Department was contacted regarding the location 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 presented at a legislative briefing on February 2, 2016 before the Health and Government Operations Committee. The briefing included the Department's initial recommendations of strategies to address the application process and improve the 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 timeline for implementing each strategy. While the Department had been primarily strategizing with interested parties in Baltimore City, the *OTPWP* will have a statewide impact.

In order to assist in accomplishing the goals and objectives of the *OTPWP*, BHA created an OTP Stakeholder Workgroup, which is an expansion of the existing Opioid Treatment Quality of Care 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 is appended to this document.

The first meeting of the OTP Quality Improvement Workgroup was held on April 26th, 2016. At the meeting, a workgroup Charter document was reviewed; feedback on *OTPWP* goals and objectives were solicited; anticipated start and completion dates were identified and/or revised; and comments were taken from members regarding additional issues recommended for the group's deliberation. The charter document for the OTP Quality Improvement Workgroup is attached to this report as Attachment 1, and the updated *OTPWP* with progress to date is provided as a separate document titled Attachment 2. Below is a summary of the progress made on the established goals.

OTPWP Actions Taken to Date

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

- The Behavioral Health Administration (BHA) is in the process of gathering initial needs assessment data for analysis and refinement. The Department has also initiated a project intended to geo-map existing medication assisted treatment services. These two pieces of data will enable the Local Addictions authority to match population to service area to help identify over/under-served areas.
- Requests were made for all Workgroup members to provide any known materials related to establishing criteria for existing and/or new programs (1st OTP Workgroup Phase of Work). Existing practice materials and guidelines were requested to be provided by May 10, 2016.

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. BHA and the LAAs have been meeting to refine protocols for these activities as indicated in the *OTPWP*.
- A ***guidance document*** has been created regarding the role of Local Addiction Authority (LAA), which has been distributed for discussion and use in the Transfer of Grant Funds Stakeholder workgroup and in provision of technical assistance to LAAs and Health Officers.
- BHA met with the Board of Professional Counselors 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 for approval.

OTP Quality Improvement Workgroup Process Plan/Phases of Work

The following represents the OTP Stakeholder Workgroup Process Plan/Phases of Work as included in the Charter Document.

Work Timeline	Task/Activity
Kickoff Meeting- April 26 th , 2016	<ul style="list-style-type: none"> • Introduce members; • Review Charter Document for OTP Quality Improvement Workgroup; • Review tasks, timeline and meeting schedule • Determine mechanisms for group communication between meetings • Assign tasks for next meetings
May-July, 2016	Determine set of criteria for new and existing programs related to managing a high volume of patients <ul style="list-style-type: none"> • Review and discuss promising/other states practice information • Discuss parameters related to establishing criteria • Review and finalize draft suggestions for criteria for <i>existing programs</i> • Review and finalize draft suggestions for criteria for <i>new programs</i>
August, 2016	Review progress on <i>Opioid Treatment Program Work Plan (OTPWP)</i>
September-December, 2016	Develop recommendations for quality of care standards and/or regulations <ul style="list-style-type: none"> • Create list of areas for quality of care improvements • Draft and finalize standards and/or regulations within each agreed upon area

Next Steps

- Subsequent meetings will be held the fourth Tuesday of each month through December, 2016 to address the tasks identified above.
- The Department will continue to provide quarterly updates to the Senate Finance and House Health and Government Operations committees and the Baltimore City Delegation. The next quarterly update will be submitted by October 1, 2016 and the final report will be submitted by January 1, 2017.