Presentation to House Public Health Committee: Federal Rules for Opioid Treatment Programs

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SAMHSA Proposes Update to 42 CFR Part 8

- In March and April 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) published flexibilities for the provision of take-home doses of methadone and for the use of telehealth in initiating buprenorphine in Opioid Treatment Programs (OTPs).
- The Notice of Proposed Rulemaking from December 2022 makes these flexibilities permanent while removing stigmatizing or outdated language; supporting a more patient-centered approach; and reducing barriers to receiving care.

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Texas Targeted Opioid Response

- The Texas Targeted Opioid Response (TTOR) program was established in 2017 through State Opioid Response grants from SAMHSA.
- TTOR is a public health initiative with a mission to save lives and provide life-long support to Texans with opioid and stimulant use disorders by expanding access to services.
  - This includes providing access to Medications for Opioid Use Disorder (MOUD), formally Medication-Assisted Treatment, in both OTP and office-based settings.

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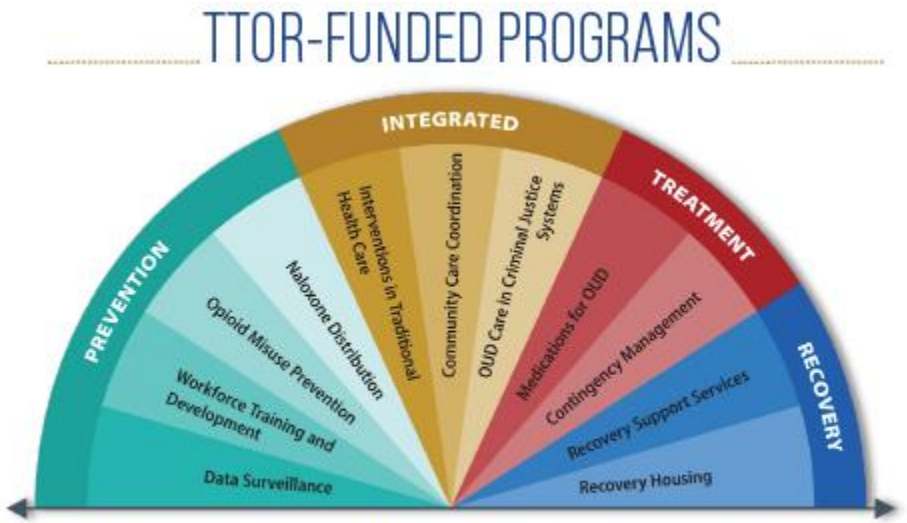
Texas Targeted Opioid Response Program Continuum



Texas Targeted Opioid Response Continuum of Services

Prevention

Data Surveillance
- Opioid Surveillance Dashboards
- Texans Connecting Overdose Prevention Efforts

Workforce Training and Development
- Texas Opioid Training Initiative
- Project ECHO
- Recovery Workforce

Opioid Misuse Prevention
- Safe Drug Disposal and Community Awareness Project
- PAX Good Behavior Game
- Opioid Awareness Campaign
- Medication Management and Wellness with Older Adults

Naloxone Distribution
- Overdose Prevention Education and Naloxone

Treatment

Medications for OUD
- Treatment in Clinic
- Treatment in Office

Contingency Management
- WEconnect

Integrated

Interventions in Traditional Health Care
- Educate Before You Medicate
- Utilization of the Prescription Monitoring Program
- Integrated Family Planning Opioid Response
- Support Hospital Opioid Use disorder Treatment (SHOUT) Texas
- Emergency Medical Services Program

Community Care Coordination
- Priority Admission Counselors
- HEROES Helpline

OUD Care in Criminal Justice Systems
- Overdose Prevention Drop-In Centers
- Texas Department of Criminal Justice Project

Recovery

Recovery Support Services
- Peer support
- Biofeedback intervention
- Medication Assisted Recovery Support Training

Recovery Housing
- Housing for Opioid MAT Expanded Services (Project HOMES) and Evaluation

TTOR Opioid Treatment Programs

- This project increases access to all three U.S. Food and Drug Administration-approved medications for the treatment of Opioid Use Disorder (OUD) by expanding capacity at new and existing OTP clinics.
- This has enabled OTPs to treat both primary opioid use disorder along with comorbid conditions such as hepatitis C, psychiatric conditions, and wound care at a single clinic site.

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Opioid Treatment Services Survey Fiscal Year 2022 : Take Home Services (1 of 2)

3.6. Would receiving take-homes make it easier to follow your medication schedule?

Of the respondents who do not already have take-home privileges, the majority believe that it would make it a lot easier to follow their medication schedule.

	I already have take-home privileges	A lot easier	Somewhat easier	Would not make a difference	No opinion	No Response
	50.7% (1,485)	35.5% (1,039)	4.0% (118)	1.4% (42)	2.6% (75)	5.7% (168)

3.7. How would you rate your overall satisfaction with the treatment services you received?

	Very satisfied	Satisfied	No opinion	Somewhat dissatisfied	Very dissatisfied	No Response
	57.7% (1,690)	31.7% (927)	3.2% (93)	1.4% (40)	0.2% (7)	5.8% (170)

4.1.4. Take-Home Privileges Overall Satisfaction

Overall satisfaction for respondents who had take-home privileges was higher than those who did not have take-home privileges, with 95.9% of respondents with take-homes indicating their were "Satisfied" or "Very Satisfied" with their treatment services compared to 93.3% of participants without take-homes. Additionally, respondents who had take-home privileges were more likely to be "Very Satisfied" with their treatment services than respondents who did not have take-home privileges.

Overall Satisfaction by Take-Home Privileges

	Very satisfied	Satisfied	No opinion	Somewhat dissatisfied	Very dissatisfied
Yes	69.33% (1,126)	26.60% (432)	2.96% (48)	0.99% (16)	0.12% (2)
No	49.63% (541)	43.67% (476)	4.04% (44)	2.20% (24)	0.46% (5)

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Opioid Treatment Services Survey
Fiscal Year 2022 : Take Home Services (2 of 2)

4.4. Take-Home Privileges

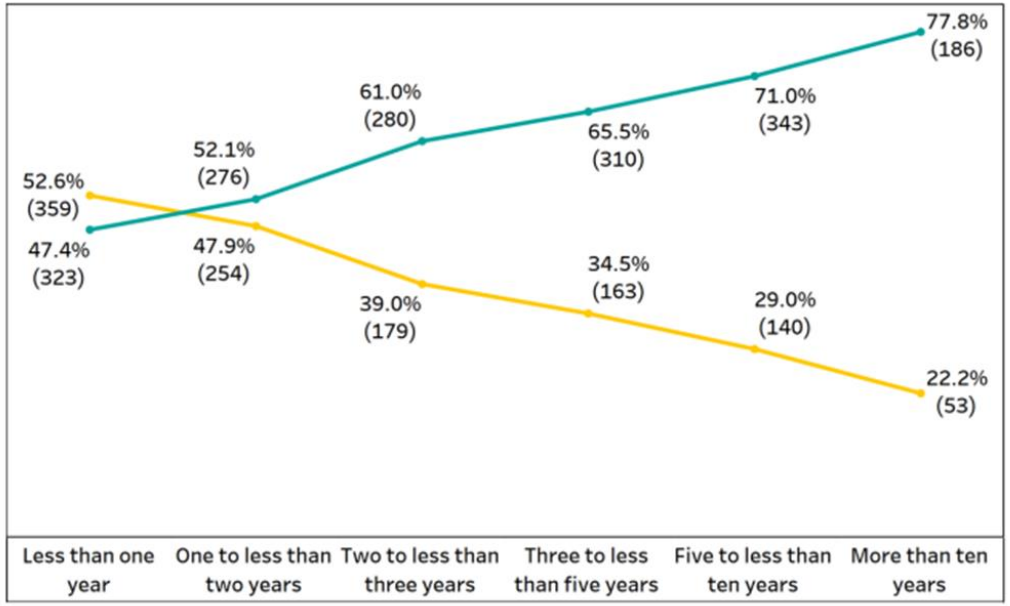
Reported Difficulty to Follow Medication Schedule vs. Would Take-Home Privileges Make It Easier to Follow Medication Schedule (excludes patients that already have take-homes)

	A lot easier	Somewhat easier	Would not make a difference	No opinion
Very Easy	76.4% (279)	8.5% (31)	4.9% (18)	10.1% (37)
Easy	82.4% (486)	11.0% (65)	3.2% (19)	3.4% (20)
No Opinion	67.0% (75)	17.0% (19)	3.6% (4)	12.5% (14)
Difficult	95.8% (159)	1.8% (3)	0.6% (1)	1.8% (3)
Very Difficult	97.0% (32)			3.0% (1)

4.4.2. Length of Stay

The trend below shows that the percentage of patients that have take-home privileges increases with a longer length of stay. However, more analysis would need to be done to determine if any causality exists.

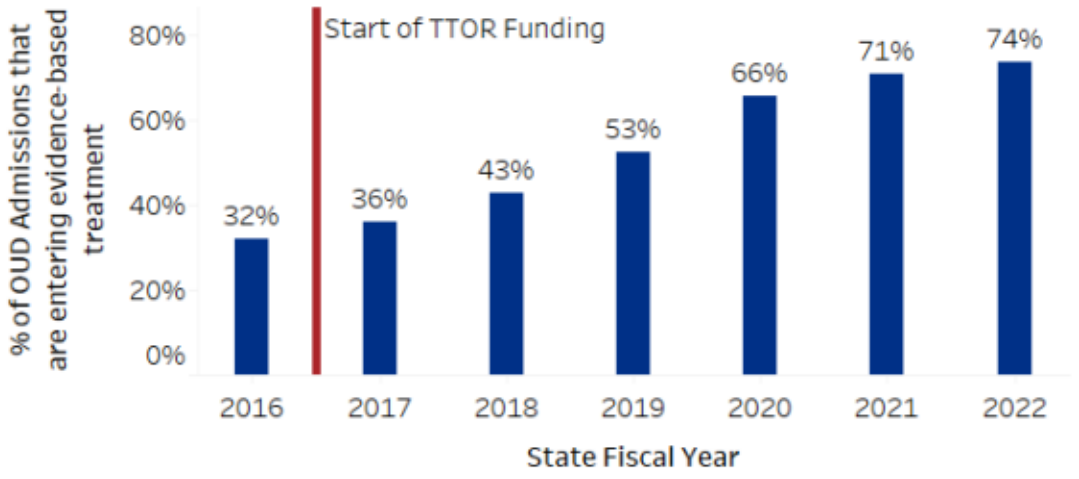
Percent of Patients with Take-Home Privileges per Length of Stay Category



Takehome Privileges
- Yes
- No

Outputs and Outcomes
May 2017 through August 2022

- There are 58 TTOR-funded OTPs
- MOUD has been provided to 9,766 people in a clinic-based setting.
- 3,272 people entered MOUD through non-traditional settings from TTOR integrated programs.



Impact to TTOR

- These flexibilities granted due to COVID expire one year after the federal declaration ends.
- At such point, Texas Administrative Code 229 will supersede these federal revisions.

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MINIMUM STANDARDS FOR NARCOTIC TREATMENT PROGRAMS:
https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=229&sch=J&rl=Y

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Thank You