A Guide to Selecting and Implementing Strategies from The Healing Communities Study (HCS) Opioid-overdose Reduction Continuum of Care Approach (ORCCA)

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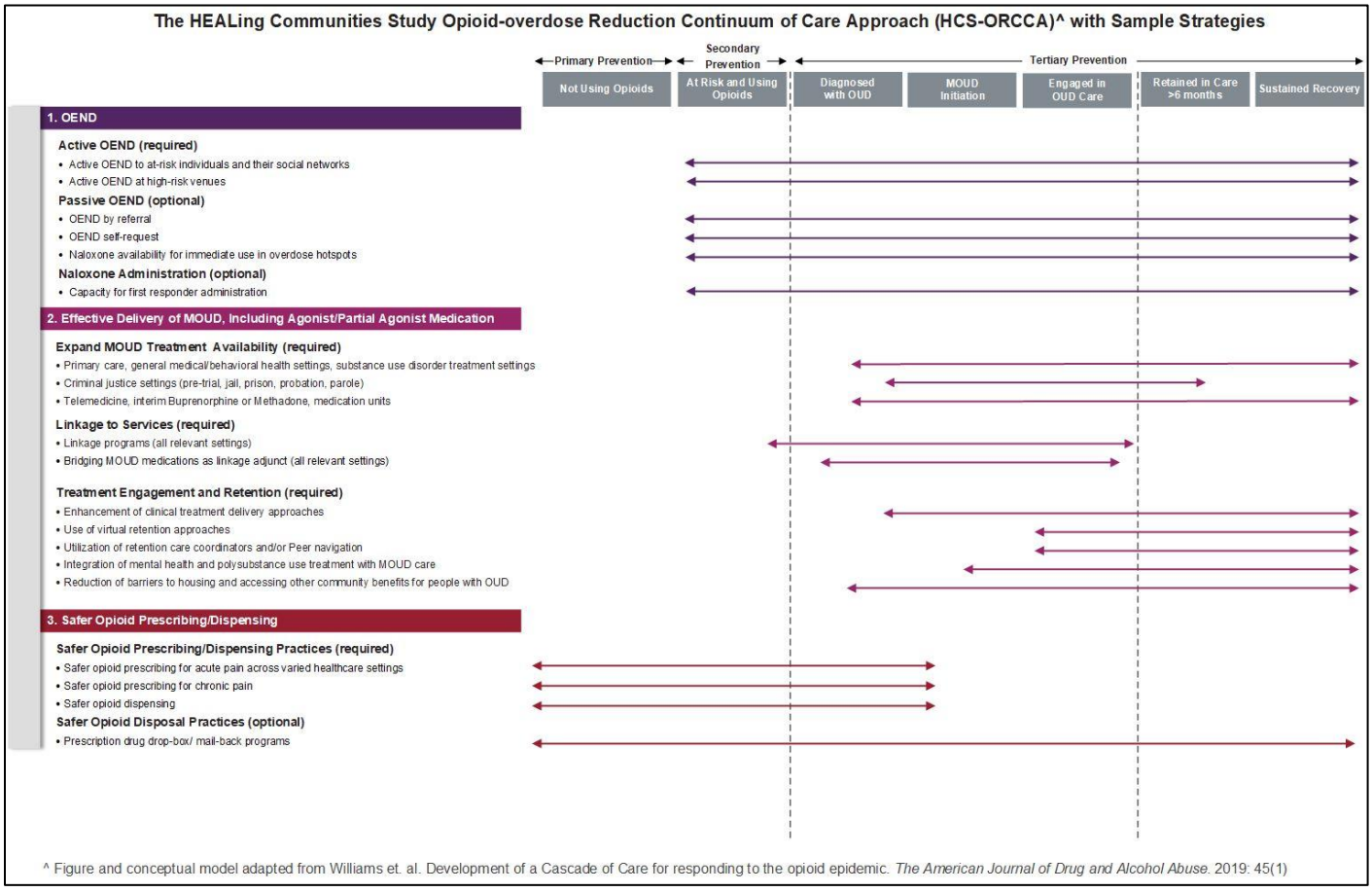
Section I – Introduction to the TAG and ORCCA Overview

The Communities That HEAL (CTH) intervention of the HEALing Communities Study drew upon the Opioid-overdose Reduction Continuum of Care Approach (ORCCA). The ORCCA was designed to guide each community's system and practice level changes to reduce opioid overdose deaths. It outlines priority populations, three required evidence-based practices (i.e., overdose prevention education and naloxone distribution, medication for opioid use disorder, and prescription opioid safety), and a menu of options for strategies and tactics to pursue those objectives. An overview of potential strategies for implementing the 3 required EBPs (OEND, Effective Delivery of MOUD and Safer Opioid Prescribing/Dispensing) is provided in the Figure:



^ Figure and conceptual model adapted from Williams et. al. Development of a Cascade of Care for responding to the opioid epidemic. *The American Journal of Drug and Alcohol Abuse*. 2019: 45(1)

This **technical assistance guide (TAG)** is intended to provide resources (including toolkits, publications websites, and other references) for implementing and ideally sustaining each strategy included on the ORCCA "menu". Because the TAG includes resources for implementing each strategy, it may be a useful tool in the selection of EBPs. The TAG may be useful to a wide-ranging audience, and many included resources have been developed to directly assist administrators and practitioners who seek to change service operations. However, in many cases, optimal use of the TAG may require technical experts working in direct partnership with both coalitions and specific organizations to select and implement the guidance within. This document may therefore aid in determining stakeholders needed to make decisions about implementing the EBPs described throughout the TAG as well as the potential methods of implementation. Section III of the TAG outlines the selection process that was used for the HEALing Communities Study Communities who selected the EBPs for implementation.

TAG Organization:
The TAG is organized into four sections including this Section I overview. Section II focuses on the identification of high priority and special populations and includes information that should be considered when selecting EBP implementation strategies. Section III outlines an approach to partnering with communities for selecting EBP implementation strategies from those outlined in the "*Overview of The Healing Communities Study (HCS) Opioid-overdose Reduction Continuum of Care Approach (ORCCA) and Strategies for Implementing Evidence-Based Practices"* document, a copy of which is provided in the Appendix. Section IV includes the resources for implementing ORCCA EBP strategies. More specifically, Section IV includes three chapters, one for each ORCCA menu of strategies. Each chapter begins with a "general" section, containing content that is overarching, and then progresses to content that is more specific in some way (e.g., resources for a given practice setting).

Section II – Identifying Populations at Heightened Risk for Opioid Overdose Death

1.Overview

The first step in preventing overdose deaths is accessing populations at high risk for overdose. This section provides technical guidance on how to identify and contact those individuals at high risk of opioid overdose and opioid overdose mortality. *Guidance on intervention once the individual is identified is contained in Section IV*.

> **Goal:** To increase the number and proportion of individuals most at risk for opioid overdose who are identified and thereby become potential candidates for intervention.

1.a. Definition of high-risk populations

An individual who uses opioids is at risk for overdose death. Risk is substantially elevated for those who:

- have had a prior opioid overdose
- have reduced opioid tolerance (e.g., completed medically supervised or socially managed withdrawal or upon release from institutional setting such as jail, residential treatment, hospital)
- use other substances (e.g., alcohol, benzodiazepines, cocaine, and amphetamine-like substances)
- have a concomitant major mental illness (e.g., major depression, bipolar disorder, schizophrenia, anxiety disorders)
- have a concomitant major medical illness (e.g., cirrhosis, chronic renal insufficiency, COPD, asthma, sleep apnea, congestive heart failure; infections related to drug use)
- inject drugs.

1.b. Identification of high-risk populations

The ORCCA provides an overview of approaches to accessing high-risk populations. These are detailed in the technical guidance provided in section 2a, 2b, and 2c of section II. Broad categories include; a) venues at which target populations seek services, b) approaches to outreach, and c) use of surveillance or other existing data sources to locate individuals likely needing intervention.

1.c. Sectors in which EBPs are to be implemented

ORCCA requires implementing at least one of the three EBPs within each of three sectors **(healthcare, behavioral health, and criminal justice**). For example, the requirement could be met for the criminal justice sector by linking jails to MOUD treatment. *Healthcare settings* include outpatient healthcare centers, pre-hospital (EMS) providers, emergency departments and urgent care, hospitals, primary care settings, and pharmacies. *Behavioral health* includes substance use disorder and mental health treatment centers and social service agencies. *Criminal justice* includes pre-trial, jails, probation, parole, drug and problem-solving courts, police and narcotics task forces, halfway houses, community-based correctional facilities, and department of youth services. If a community does not engage all three sectors then justification for failing to do so is required.

1.d. Special populations within high-risk populations

Racial and Ethnic Groups and Equity: HCS was committed to promoting racial and ethnic equity within the CTH Intervention because communities of color have been and remain disproportionately affected by opioid overdose and premature mortality due to substance use, exclusion from access to high quality care, and criminalization. Given that communities of color remain disproportionately impacted by fatal drug overdoses, it is necessary to tailor strategies with cultural humility to address racial and ethnic inequities when implementing ORCCA strategies. Some best practice tools for integrating equity into implementation include:

- The Opioid Crisis and the Black/African American Population: An Urgent Issue
- Racial Equity and Social Justice Process Guide
- COVID-19 Equity Questions
- Equitable Hiring Tool
- Fast Track Equity Analysis Tool
- Comprehensive Equity Analysis Tool
- Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System

Intersectionality describes when individuals have multiple parts of their identity that are stigmatized or discriminated against. Intersectionality impacts individuals who use substances and have multiple other parts of their identity that are stigmatized, leading to compounded challenges in protecting oneself, accessing care and staying in care. Consideration and assessment of impact on health outcomes for these individuals is warranted. While these special populations may not be specifically prioritized, and technical guidance *unique to their identities* may be unavailable, acknowledging membership in these special groups and their concomitant challenges can help to ensure that interventions and programs are inclusive and more equitable. These populations include:

- adolescents;
- pregnant and post-partum women;
- homeless populations, rural populations without transportation, and other factors related to poverty;
- veterans;
- non-English speaking and/or immigrants;
- people with mental health disorders and mental/physical disabilities;
- people who use multiple substances;
- people involved in transactional sex;
- people who have chronic pain;
- people who are lesbian, gay, bisexual, transgender or queer

2. Identification of populations at heightened risk for opioid overdose death:

Many resources included within this part of the TAG are primarily focused on interventions, even though interventions are not directly relevant to this section of the TAG, which is specifically focused on population identification and access. These have been included, because many resources primarily focused on intervention nonetheless mention, or even describe, the populations for which the interventions were intended and/or describe approaches to identifying those populations. As a result, some searching within the resource may be required to locate the content that is relevant to population identification and access.

In some cases, guidance on creation of a type of setting or service (e.g. syringe service programs and hotlines) is included because creation of a service or venue is a means to increase population access through self-referral.

Of note, community-wide communication strategies may be a method of increasing population access through self-referral. This intervention component is described elsewhere in the CTH.

2.a Service Venues

2.a.1 General Screening Criteria and Detection Methods

- Assessment Tools
    - Single-Item Drug Screening Question
        - This is a single self-administered question test for drug use
    - TAPS Tool
        - This is a 4-item screening for tobacco, alcohol, prescription medication misuse and illicit substance abuse in the previous year
        - Can be completed through self-administration or provider directed
    - Opioid Risk Tool
        - The ORT is a self-reported screening for patients in primary care settings. It assesses risk of prescription opioid misuse in patients who are prescribed opioids for chronic pain
    - Rapid Opioid Dependency Screen (RODS)
        - This is a publication describing the use of the RODS, an eight-question item measuring opioid dependence.
    - RIOSORD Risk Index (reference not freely available)
        - Risk Index for Overdose and Serious Opioid-Induced Respiratory Depression
    - Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
        - ASSIST was developed to screen and manage substance use disorder in primary and general care settings
        - One manual is for screening and another is for self-help which is relevant to self-identification and population access through self-referral
            - ✓ Screening Test
            - ✓ Self-help
    - NIDA Screen for Adolescents (BSTAD & S2BI)
        - Tool developed for screening individuals aged 12-17

- SAMHSA for Screening in Pregnant Women
  - Recommended tools for screening in pregnant women

- Screening for Drug Use in General Medical Settings
  - This NIH toolkit provides guidance on screening for drug use

- Prescription Drug Monitoring Program (PDMP) Systems
  - A comparison of opioid risk screening and PDMP data
  - NarxCare
    - This is a SUD platform for prescribers and dispensers
    - Data is obtained from a PDMP and analyzed against medical history to provide a risk score. Prescribers can also review usage patterns and share information with other providers to coordinate care.
  - CDC Information for States
    - This is the CDC website describing PDMP systems
    - The website includes links to state-specific information, prescription drug laws and state information regarding PDMP systems
- Provider prompted screening (e.g. not triggered by automated protocol or EHR prompt)
  - Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence
    - Describes patient selection efforts in a study comparing different strategies to encourage follow-up after ED encounter
  - An Evidence Based Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) Curriculum for Emergency Department (ED) Providers Improves Skills and Utilization
    - This study describes skill building for screening in an ED
- Electronic Health Record-Prompted Screening and Automated Algorithms
  - A Multi-Center Pragmatic Randomized Comparison of HIV Screening Strategy Effectiveness in the Emergency Department: The HIV TESTED Trial
    - Study includes a randomized comparison of different EHR-driven screening practices in EDs for HIV

- Physician versus non-physician delivery of alcohol screening, brief intervention and referral to treatment in adult primary care: The ADVISe cluster randomized controlled implementation trial
    - NIH recommended screening questions for alcohol were entered into the EHR
- Technical aspects of EHR programming will vary by EHR platform. Below are links to common EHR systems. In general, these systems do not have specific guidance or tools for OUD screening.
    - EPIC
    - CERNER
- Screening for at-risk alcohol use and drug use in an emergency department: integration of screening questions into electronic triage forms achieves high screening rates.
    - Three single-item screening questions were programmed into the triage EHR tool.
    - Patients who answered positively had their information automatically forwarded to education specialists who then provided the intervention and referrals
- eClinicalWorks
    - A company that has integrated the Opioid Risk Tool (ORT) into the EHR
- Machine-Learning Algorithms
    - This is a study of the use of machine-learning algorithms to predict opioid overdose risk in Medicare patients with opioid prescriptions
    - The study used the algorithms to predict overdose risk in the 3 months after beginning treatment with prescription opioids

- Identification of Family Members to Intervene on behalf of those with OUD
    - HRSA Home Visiting Program
        - HRSA resource describing how to support families who are affected by opioid use disorder and neonatal abstinence syndrome through home visiting programs
        - Provides description of how to access postpartum women and families.
        - SAMHSA “Now What? The Role of Prevention Following a Nonfatal Opioid Overdose”
    - This is a 9-page document that describes ED screening and use of non-fatal overdose as a way to identify individuals for intervention

2.a.2 Criminal Justice

- Post incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System
    - Describes screening in corrections setting for individuals needing MOUD
- State of Ohio Board of Pharmacy Guidance for Law Enforcement
    - This site includes links to OHLEG, the Ohio Law Enforcement Gateway which is an electronic information network that allows Law Enforcement to share criminal justice data
    - There is also a link to state PDMP training for Law Enforcement
- Rapid Opioid Dependency Screen (RODS)
    - This is a publication describing the use of the RODS, an eight-question item measuring opioid dependence among recently incarcerated individuals with HIV infection.
- Ohio Risk Assessment System/ Ohio Youth Assessment System
    - This a 15-page document that describes the Ohio Risk Assessment System (ORAS) used in correctional settings to predict recidivism across pretrial, within community supervision, institutional intake and community reentry.
    - This could assist in designing OUD assessment approaches in criminal justice settings.
- Deflection and Pre-Arrest Diversion to Prevent Opioid Overdose
    - Website describing Harm Reduction model for reaching individuals at risk for Opioid Overdose.
        - The website provides links to national program models, best practices, information on financing and sustainability.

2.a.3 Syringe Service Program

- Guide to Developing and Managing Syringe Access Programs
    - This is a 92-page manual from the Harm Reduction Coalition that describes the process of implementing a Syringe Access Program.
    - Includes guidance on assessing population to locate sites
- Iowa Harm Reduction Coalition
    - The website includes links to training for Naloxone Distribution
        - Training includes both train the trainer and community education and involves methods for determining naloxone eligibility
- A guide to Establishing Syringe Service Programs in Rural, At-Risk Areas
    - The guidebook outlines how to determine the need for a syringe service including needs assessments and identification of community resources
        - Questions may include where those who use injection drugs congregate and zoning requirements.

2.a.4 Health Care Venues

- ED-Bridge and Project SHOUT
  - CABridge offers a one-page handout which explains how to implement a quick start Buprenorphine program in the Emergency Department. There are other tools located within the page. in 6 steps for how to start a Buprenorphine Program in the ED including identification of patients with OUD.
  - Project SHOUT-Offers free resources and support for starting Buprenorphine and Methadone in a hospital setting including identification of patients with OUD.
- AnchorED (peer support in EDs following overdose)
  - Peer support program that targets post-overdose victims in the Emergency Department.
- Project ASSERT
  - This website describes the use of Health Promotion Advocates to identify patients with alcohol and drug use disorders.
- RIOSORD Risk Index (reference not freely available)
  - This is a publication describing a study with Veterans who received the Risk Index for Overdose and Serious Opioid-Induced Respiratory Depression
- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
  - ASSIST was developed to screen and manage substance use disorder in primary and general care settings
  - One manual is for screening and another is for self-help which is relevant to self-identification and population access to services through self-referral
    - Screening Test
    - Self-help
- TAPS Tool
  - This publication describes a study to evaluate the Tobacco, Alcohol, Prescription Medication and Other Substance use (TAPS) tool in the primary care setting
    - The study used the TAPS tool in both self- and interviewer-administered formats and can be used to screen for OUD
- Overdose Prevention Education for Clinicians Treating Patients for an Opioid Use Disorder
  - Education for Clinicians Treating Patients for an Opioid Use Disorder is an animated video that highlights three key strategies: Identifying Overdose Risk Factors, Developing a Safety Plan, and Overdose Rescue Preparation.

2.a.5 First Responder Stations

- Safe Stations

  - Description of creating service venue to which individuals with OUD would self-refer as a mechanism for increasing population access to OEND or MOUD

- MA First Responder Naloxone Technical Assistance
  - Resource describes population access for OEND
- GetNaloxoneNow.org training
  - Online training module for police, firefighters and EMTs including selection of populations for naloxone distribution. *Link does not function properly in Internet Explorer

2.a.6 Addiction/Mental Health Treatment

- Praxis: Overdose Prevention Training for MA Addiction Professionals
  - This website includes links to live trainings for Addiction Professionals in the state of Massachusetts. Praxis provides free training and TA support to addiction treatment programs funded through the MA Bureau of Substance Addiction Services
  - Includes aspects of population access and risk-assessment
- MA Practice Guidance for Integrating Overdose Prevention into Addiction Treatment
  - This is a document that outlines guidance for implementing opioid overdose prevention strategies into substance abuse treatment, including aspects of population access and risk-assessment

2.a.7 Community Based Organizations

Technical guidance for population targeting is not thus far specific to CBO settings. CBOs would need to adapt guidance from other resources.

2.a.8 Pharmacies

- Pharmacies providing naloxone increase population access by providing another venue to which individuals can self-refer
  - The Harm Reduction Coalition provides a Naloxone Dispensing Checklist for pharmacists when dispensing Naloxone from an individual request.

2.a.9 Hotlines/Websites

- SAMHSA National Helpline
  - Creation of service hotlines is a method of increasing population access through self-referral
  - In addition to the phone line, the website provides online treatment locators
- The manufacturers of Narcan® provide information on their website for individuals to obtain Narcan from a pharmacy
  - Includes a prescription request aid that can be downloaded and presented at a pharmacy

- Prevent and Protect is a website that provides multiple resources including a search tool to find overdose prevention and naloxone programs.
    - There is also an FAQ page with information about how to get naloxone from a pharmacist or prescriber
- Massachusetts Substance Use Helpline
    - Individuals can self-select for resources
    - There are resources for first responders as well as family and friends to identify individuals who may be suffering from addiction
- Never Use Alone Hotline
    - NUA is a free service provided for People Who Use Drugs (PWUD) to be able to connect with a compassionate, impartial, non-judgmental harm reductionist to be able to use narcotics with a virtual "sitter". The operator stays on the line until the person deems that they are safe.
        - Massachusetts 1-800-972-0590;
        - New York 1-800-997-2280;
        - National 1-800-484-3731.

2.b. Outreach (Identification within field settings)

2.b.1 General

This section (2.b) and the following section (2.c) are distinguishable from venue-based selection (2.a) in that the individuals subject to intervention are not initiating the contact and need to be reached in the field.

From an intervention perspective there may be little or no difference between 2.b and 2.c, since in either case, the intervention needs to be initiated in a field setting as opposed to a service setting to which the patient self-presents. From an identification perspective, the difference between section 2.b and 2.c is that in *2.b identification occurs in real-time in the field* whereas in section *2.c identification is based on use of existing data*.

2.b.2 Point of Contact During 911 Calls

Formal technical guidance for ***intervention*** provided at the point of EMS and law enforcement contact is lacking. Examples might include leaving naloxone at the scene of a non-fatal overdose when the patient is not transported or taking a patient to a treatment or medical setting rather than jail. However, engagement of individuals in intervention itself would be contained in other TAG sections.

From the perspective of patient ***identification***, the primary driver for this section is the occurrence of a 911 call. Any further technical guidance specifically pertaining to risk-stratification or otherwise assessing individuals for intervention need during that contact is lacking.

- Police Assisted and Addiction Recovery Initiative (PAARI)

- This is a website for law enforcement agencies to develop non-arrest pathways to treatment and recovery. This may be useful for developing programs where individuals are taken to treatment environments rather than being arrested.

- Interactive Versus Video-Based Training of Police to Communicate Syringe Legality to People Who Inject Drugs: The SHIELD Study, Mexico, 2015–2016
  - This is a Journal Article explaining an example of using police contact to increase population access for the purpose of explaining syringe legality during drug searches.
    - The article is not publicly available

2.b.3 Peer/Social Networking/Families

- Assessing Social Networks
  - This publication describes using social networks and peers to reach individuals with undiagnosed HIV.
- Peer Outreach for Recovery Initiation
  - A description of an intervention in which peers canvased neighborhood hotspots identifying individuals with OUD through conversation

2.b.4 Community Outreach Initiatives/Events

- North Carolina Harm Reduction Coalition
  - The NCHRC website describes a community-based overdose prevention project.
  - The project targets active IV drug users, people on MOUD, formerly incarcerated individuals with opiate use, people engaged in sex work or people who identify as transgender.
  - Useful for organizations working to identify target populations through community outreach.
- Characteristics of Post-Overdose Public Health-Public Safety Outreach in Massachusetts
  - Research study investigating Post-Overdose Outreach in Massachusetts
    - Survey of programs found many existing outreach teams consist of police, recovery coaches or harm reductionists and these teams provide or make referrals to OD prevention, treatment and recovery
- Position Paper on Community Strategies for Post Opioid Overdose Interventions
  - 15-page paper written by the New York State Department of Health detailing the development of a Post Opioid Overdose outreach program.
    - Information regarding the creation of an outreach team, how to share information, legal issues, how to conduct a post overdose outreach visit and evaluation of the program is included

- Post-overdose interventions triggered by calling 911: Centering the perspectives of people who use drugs (PWUDs)
    - Research article describing a survey of PWUDs regarding the use of 911 records to trigger a post-overdose intervention.

2.b.5 Mobile Vans

- A guide to Establishing Syringe Service Programs in Rural, At-Risk Areas
    - This guidebook provides details about syringe exchange services including mobile vans, and outlines how to determine population needs, thereby providing insight into the need for mobile vans and where to locate them.
- Kraft Center for Community Health Mobile Addiction Services Toolkit
    - This toolkit provides a comprehensive overview of how to launch an operate a mobile addiction program following the Community Care in Reach® model. Included are sample protocols, best practices, and lessons learned.
- Mobile methadone medication units: A brief history, scoping review and research opportunity
    - Research study describing and reviewing Mobile Methadone Units
        - Through the use of key informants describing the history of Mobile Methadone Units, the study found evidence that mobile services can increase Methadone access and may enhance retention to care among underserved populations.

2.c Surveillance and Other Records Systems

2.c.1 General

This section involves the use of existing records systems to identify target populations. Of note, once identified, the intervention may involve outreach and action in the field. However, this section is specific to how the individuals are identified.

2.c.2 Non-fatal Overdose Records

- SAMHSA “Now What? The Role of Prevention Following a Nonfatal Opioid Overdose”
    - This is a 9-page document that describes three post-overdose interventions that may reduce the risk of additional overdoses and refers to the use of existing data about overdose survivors to target intervention.
- Project DAWN (Deaths Avoided With Naloxone)
    - Project Dawn has a first responder program that sends police and social work to overdose victims’ homes to provide linkage to treatment and naloxone kits for family members and the victim. This implies access to information about recent overdose survivors.

2.c.3 Electronic Healthcare Records Systems and Frequent Utilizers of Other Health Services

The technical assistance provided in sections pertaining to EHR will be impacted by site EHR systems and capabilities. Consult with institutional IT and HIM should occur to determine system capabilities.

Although it would be theoretically possible to use EHR data to target individuals for OUD assessment, at this point there is little technical guidance or published demonstration pertinent to this section.

- Phone Interview to Prevent Recurring Opioid Overdoses (TTIP-PRO)
    - This study used EHR records to identify lists of ED patients with non-fatal overdose who were then contacted by phone by peer-interventionists.

2.c.4 Records of People Having Called Service Systems/Hotlines

While there is currently no technical guidance or demonstration, records of individuals calling hotlines or accessing websites could theoretically be used to target interventions

2.c. 5 SUD/MH Center Records

While there is currently no technical guidance or demonstration, records of individuals who have fallen out of treatment could theoretically be used to target interventions

2.c.6 Records of Individuals Encountering Law Enforcement

Although technical guidance is not generally available, it would theoretically be possible to use records of individuals coming into contact with the corrections system to target interventions.

2.c.7 Fatality Review Boards

Model Overdose Fatality Review Teams Act

- 28-page legislative document describing the creation of county level Overdose Fatality Review Teams

Fatality Review Boards - A Practitioner's Guide to Implementation

- Webpage that provides tools for communities to develop and evaluate Overdose Fatality Review Boards.

Section III- Selection of ORCCA EBP Implementation Strategies

Overview of HCS Study Process

In order to successfully reduce opioid overdose deaths, an authentic and functional partnership between the HCS team and the community, focused on implementation of the ORCCA, was essential. Within the Communities That HEAL (CTH) intervention, communities designed their own approach to ORCCA with the HCS team actively informing and supporting that effort. This section describes a process that communities used to select strategies for implementing ORCCA EBPs. Both the community and the HCS team learned from this partnership, resulting in improved efforts to reduce opioid overdoses. For example, communities learned from the HCS team about how a strategy has been implemented elsewhere and how HCS training, technical assistance and resources can support local implementation. The HCS team learned about each community's unique characteristics and how to work within a community's preference and capacity. An overview of the components of the CTH intervention is provided in a Publication by Walsh et al 2020:

Walsh S.L., El-Bassel N., Jackson R.D. et al, 2020. The HEALing (Helping to End Addiction Long-term SM) Communities Study: Protocol for a cluster randomized trial at the community level to reduce opioid overdose deaths through implementation of an integrated set of evidence-based practices. Drug and Alcohol Dependence. 217:108335.

CTH Phase 1 – Getting Started: Introduce ORCCA and EBP Implementation Strategies

In CTH Phase 1, community coalitions began to engage in the CTH. The HCS team introduced the ORCCA-required EBPs and the menu of EBP implementation strategies.

CTH Phase 2 – Getting Organized: Discuss ORCCA Strategy Selection and Menu

In CTH Phase 2, the community coalitions and HCS teams discussed and reviewed the ORCCA strategy selection process and the menu. In the context of the community-specific Landscape Analysis and coalition surveys, they developed a shared understanding of the local epidemic and a shared vision for intervention.

CTH Phase 3 – Community Profile: Synthesis of Community Needs and Services

In CTH Phase 3, community epidemiologic data and data from the HCS Landscape Analysis was summarized and presented to community coalitions in the form of a Community Profile and Data Dashboard. Working together, the community coalitions and HCS teams reviewed the community's inventory of existing resources, identified gaps in services for people at high-risk for opioid overdose and barriers to addressing service gaps. This process was completed for the three-ORCCA required EBPs: 1) opioid overdose prevention education and naloxone distribution (OEND) in high-risk populations; 2) effective delivery of medication for opioid use disorder (MOUD) maintenance treatment, including agonist/partial agonist medication, and outreach and delivery to high-risk populations; and 3) improved prescription opioid safety. The result was the development of a shared understanding of existing ORCCA services that mapped the community's resources and activities to the ORCCA framework and demonstrated the gaps between who can and should be engaged and who was engaged in ORCCA services.

CTH Phase 4 – Community Action Planning: ORCCA EBP Strategy Selection

In CTH Phase 4, community coalitions and HCS teams worked together to select strategies for EBP implementation based on the shared understanding developed in Phase 2 and 3. This shared understanding provided the foundation for brainstorming which ORCCA EBP strategies could target existing gaps. At this point, it was important that community coalitions remain open minded in considering the ORCCA EBP implementation strategies. Working together, the community coalitions and HCS teams prioritized and selected EBP strategies by feasibility and impact. In general, actions that were both high impact and highly feasible should have been undertaken before other actions that were of lower impact or lower feasibility and should have incorporated community coalition understanding of the Community Profile. Strategies had to be selected in each of the three ORCCA EBPs and included strategies from each of the required ORCCA menu categories. With these selections, the community-HCS partnership was poised to form a Community Action Plan and implementation teams assisted in carrying out the selected strategies (Phase 5 – Implement and Monitor).

Information about approaches to completing Phase 4 is provided in a Publication by Young et al 2022:

Young AM, Brown JL, Hunt T, Sprague Martinez LS, Chandler R, Oga E, Winhusen TJ, Baker T, Battaglia T, Bowers-Sword R, Button A, Fallin-Bennett A, Fanucchi L, Freeman P, Glasgow LM, Gulley J, Kendell C, Lofwall M, Lyons MS, Quinn M, Rapkin BD, Surratt HL, Walsh SL. Protocol for community-driven selection of strategies to implement evidence-based practices to reduce opioid overdoses in the HEALing Communities Study: a trial to evaluate a community-engaged intervention in Kentucky, Massachusetts, New York and Ohio. BMJ Open. 2022 Sep 19;12(9):e059328. doi: 10.1136/bmjopen-2021-059328. PMID: 36123106; PMCID: PMC9486330.

Information about the strategies selected by the Wave 1 HCS communities is provided in a Publication by Chandler et al 2023:

Chandler R, Nunes EV, Tan S, Freeman PR, Walley AY, Lofwall M, Oga E, Glasgow L, Brown JL, Fanucchi L, Beers D, Hunt T, Bowers-Sword R, Roeber C, Baker T, Winhusen TJ. Community selected strategies to reduce opioid-related overdose deaths in the HEALing (Helping to End Addiction Long-term SM) communities study. Drug Alcohol Depend. 2023 Feb 10;245:109804. doi: 10.1016/j.drugalcdep.2023.109804. Epub ahead of print. PMID: 36780768.

CTH Phase 5 –ORCCA EBP Implementation Troubleshooting and Technical Assistance

In CTH Phase 5, HCS teams and community coalitions worked with organizational partners to implement selected strategies, troubleshoot implementation problems and provide technical assistance as needed to facilitate optimal implementation of EBPs. If implementation challenges arose that suggested a particular EBP strategy was less feasible or less impactful than initially expected, HCS teams and community coalitions iteratively completed the CTH Phase 4 community action planning process to identify and select alternative EBP implementation strategies.

Section IV-ORCCA Menus of Evidence-Based Practices and Strategies

The ORCCA is designed to help communities reduce opioid overdose deaths and includes required EBPs, priority populations, and required sectors. There were three required EBPs:

1) Opioid overdose prevention education and naloxone distribution (OEND) in high-risk populations
2) Effective delivery of medication for opioid use disorder (MOUD) maintenance treatment, including agonist/ partial agonist medication, and including outreach and delivery to high-risk populations
3) Safer opioid prescribing and dispensing

The menu is further refined into multiple strategies. There were a total of 5 required strategies to be completed across the three menu areas:

1. Active OEND

2. Expand MOUD Treatment Availability

3. Linkage to MOUD

4. MOUD Engagement/Retention

5. Safer Opioid Prescribing/Dispensing

Each randomized community was required to implement a minimum of at least one required EBP within each of three required community settings (*healthcare, behavioral health, and criminal justice*). For example, the requirement could be met for the criminal justice sector by linking jails to MOUD treatment. If a community did not engage all three sectors then justification for failing to do so was required. Within the Menu and TAG there are optional strategies that could be completed above and beyond the minimum 5 required and many communities selected a number of them including passive OEND and Safer Opioid Disposal practices.

An explanation of the ORCCA strategies and their evidence base is provided in a Publication by Winhusen et al 2020:

Winhusen T, Walley A, Fanucchi LC, Hunt T, Lyons M, Lofwall M, Brown JL, Freeman PR, Nunes E, Beers D, Saitz R, Stambaugh L, Oga EA, Herron N, Baker T, Cook CD, Roberts MF, Alford DP, Starrels JL, Chandler RK. The Opioid-overdose Reduction Continuum of Care Approach (ORCCA): Evidence-based practices in the HEALing Communities Study. Drug Alcohol Depend. 2020 Dec 1;217:108325. doi: 10.1016/j.drugalcdep.2020.108325. Epub 2020 Oct 4. PMID: 33091842; PMCID: PMC7533113.

Section IV includes three chapters, one for each ORCCA menu of strategies. Each chapter begins with a “general” section, containing content that is overarching, and then progresses to content that is more specific in some way (e.g., resources for a given practice setting). When a subsection is provided, content should be considered as one composite collection of resources and toolkits rather than a separate TAG for each setting, intervention component, or other content area. This is because some possible subsections may not be represented (e.g., technical guidance specific to a given setting is not yet available) or conversely guidance present in a subsection may still be adapted for purposes, settings, or populations outside of that subsection. More specifically, please note that:

1) The attempt to provide an organizational framework (e.g. categories and subcategories) for technical assistance resources should not be interpreted as a strict prohibition against extrapolating from a given resource to whatever purpose is at hand.

2) For reader convenience, when a technical assistance resource has been deemed relevant to more than one subsection of the TAG, it appears in both places so that the reader does not have to go to another section to find the resource.

3) Often, content with a title/name indicating origination in a given state or other specific location was still included in the general section, because it had relevance for reference or adaptation to other states/environments. However, *if information is only relevant to a given state without any application for other practice settings, then it has been included in a separate state-specific document*.

Technical assistance resources provided in the TAG range in quality from "none yet identified", to personal communication or abstracts, to relevant academic publications and synthesized technical guidance. In some cases, an approach may have been listed based only on hearsay or plausibility, despite the absence of any currently available structured guidance. *It is important to note that although the three required ORCCA EBPs are highly evidence-based, the strategies and tactics by which individual practice settings choose to pursue those objectives may require adaptation, extrapolation, or innovation*.

Technical guidance resources are listed in outline format. Each item begins with a title followed by a brief explanation of the resource. Blue underlined text includes hyperlinks to described/listed content when available. Where possible, the TAG prioritizes technical assistance resources that are free of charge and publicly available. Resources that require a fee or are not publicly available are noted as such.

Chapter 1: ORCCA Framework for opioid overdose prevention education and naloxone distribution (OEND)

Rationale: Naloxone administration reverses an opioid overdose if administered in time. Opioid overdose death is very unlikely when another person is present and equipped with naloxone. Overdose prevention education typically is coupled with naloxone distribution and includes clear, direct messages about how to prevent opioid overdose in the first place and rescue a person who is overdosing that empower trainees to respond to overdoses. Overdose education and naloxone distribution can be successfully implemented at multiple venues among diverse populations. Community-level implementation of OEND has been associated with reduced community-level opioid overdose mortality.

Goals: This menu is designed to increase the number of:

1. naloxone doses distributed
2. naloxone rescues completed
3. opioid overdose prevention education programs

How to use the information in this chapter: Chapter 1 includes the TAG for Menu 1 of the ORCCA Strategies for implementing OEND. This chapter is intended to provide resources (including toolkits, publications, websites, and other references) for implementing and ideally sustaining each strategy included on the ORCCA "menu". The TAG may be useful to a wide-ranging audience, and many included resources have been developed to directly assist administrators and practitioners who seek to change service operations. However, in many cases, optimal use of the TAG may require technical experts working in direct partnership with both coalitions and specific organizations to select and implement the guidance within.

1a. Expanding Active OEND (required)

Active OEND is pro-active overdose prevention and response education and naloxone rescue kit distribution to high-risk populations (See Section II) and their social networks. Active OEND programs can be population-targeted or located at venues where high-risk populations are likely to be engaged. This section describes resources and toolkits for programs that actively provide OEND to high-risk populations and their social networks.

1.a.1. Active OEND for at-risk individuals and their social networks

1.a.1.1 General Overview/Introduction to Active OEND

- Harm Reduction Coalition This website includes information on developing and managing overdose prevention and take-home Naloxone projects, naloxone kit assembly, training webinars regarding community Naloxone distribution and sample materials

- NEXT Distro An online and mail-based harm reduction service designed to reduce opioid overdose death, prevent injection-related disease transmission, and improve the lives of people who use drugs. This website includes:
    - Online drug user health support including mail-based harm reduction supply distribution Online opioid overdose responder training and naloxone by mail

- SAMHSA: Opioid Overdose Prevention Toolkit This document describes the problem, provides community resource information and strategies to prevent overdose deaths.
    - Scope of the Problem
    - Strategies to Prevent Overdose Deaths
    - Resources for Communities

- Centers for Disease Control and Prevention
    - Evidence-Based Strategies for Preventing Opioid Overdose: *What's Working in the United States* (2018) - An introduction for public heath, law enforcement, local organizations, and others striving to serve their community. Includes a section on Targeted Naloxone Distribution.

- Prescribe to Prevent - Information to prescribe and dispense naloxone (Narcan) rescue kits. Created by prescribers, pharmacists, public health workers, lawyers, and researchers working on overdose prevention and naloxone access.
    - There are links to training materials, overdose prevention and response videos, online training modules and a research blog that included updated data summaries of naloxone-related studies.

- Protect & Prevent -Provides tools for organizations conducting overdose prevention and naloxone advocacy, outreach, and communication campaigns

- Naloxone Access Laws – Prescription Drug Abuse Policy System - This dataset focuses on state laws from January 1, 2001 through January 2022 that provide civil or criminal immunity to licensed healthcare providers or lay responders for opioid antagonist administration. The site also provides additional Naloxone related laws by state.

- Brandeis Opioid Resource Connector
    - The Opioid Resource Connector assists communities in mounting a comprehensive response to the opioid crisis. It is a product of Brandeis Opioid Policy Research Collaborative.
    - We provide a curated collection of community-focused programs, tools, and resources to help stakeholders choose, design, and implement essential interventions
    - This resource spans the Continuum of Care and includes subsections on:
        - Prevention
        - Treatment
        - Recovery
        - Harm Reduction

- Cost-Effectiveness of Intranasal Naloxone Distribution to High-Risk Prescription Opioid Users- This publication describes the cost-effectiveness of pharmacy-based intranasal Naloxone distribution to high-risk prescription opioid users.
- Association of Take-Home Naloxone and Opioid Overdose Reversals Performed by Patients in an Opioid Treatment Program-This study explored whether there was a benefit associated with take-home Naloxone given to patients who are receiving treatment for Opioid Use Disorder.
- University of Kentucky-How to Use Naloxone Training Video- 10-minute video which provides an overview of opioid overdose, signs of overdose, and how to administer naloxone for a suspected overdose. The video can be used for overdose education in conjunction with naloxone distribution. The video can be used by clinicians for education or by community members. Available in both English, Arabic, Kinyarwanda, Spanish and Swahili language versions.
- Never Use Alone
    - See section 2.a.9 for details
- Peering into the literature: A systematic review of the roles of people who inject drugs in harm reduction initiatives- Research study describing the use of peers with lived experience to provide harm reduction.

1.a.2 Active OEND at high-risk venues

1.a.2.1 Criminal justice settings

- Overdose Education and Naloxone Distribution Programs in Jails and Prisons: A Primer for implementing naloxone programs in jails and prisons
    - The Primer outlines strategies for developing coordinating and monitoring and evaluating jail and prison-based programs and builds on lessons learned from two National Institute on Drug Abuse funded studies, *Preventing Overdose Mortality among People Exiting Incarceration*, and *Optimizing Overdose Education and Naloxone Distribution Delivery in the United States*.

- Staying Alive on the Outside Post-Incarceration Video (New York)

- Overdose prevention and naloxone rescue training for people being released from incarceration

- Bureau of Justice Assistance: *Law Enforcement Naloxone Toolkit*
  - This is an online toolkit with searchable function by topic, resource type or contributor
  - This site can be provided to Law Enforcement agencies when establishing or expanding naloxone administration and distribution protocols

- Ohio Office of Criminal Justice Service Funded Post -Entry -Exit and -Recovery Opioid Overdose Prevention Programs (PEER-OPs)
  - A program designed to develop standardized OEND activities in community correctional facilities and other criminal justice settings.

- Overdose Prevention in Community Corrections: An Environmental Scan
  - 49-page toolkit developed by The National Council for Mental Wellbeing
    - The toolkit explores information regarding recovery-led practices for individuals under supervision of community corrections agencies

1.a.2.2 Syringe service programs

- Centers for Disease Control and Prevention
  - Syringe Service Program Fact Sheet and Frequently Asked Questions includes summary of evidence for SSPs and overdose prevention and reduction

- Harm Reduction Coalition Guide to Developing and Managing Syringe Access Programs
  - Five-module manual broken down into (1) planning and design, (2) key operational concerns, (3) organizational considerations, (4) external issues, and (5) population specific considerations

- Syringe Services Programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation
  - 33-page technical package of strategies to develop and implement Syringe Service Programs
  - The document is for use by Health Departments, Community-Based Organizations, and diverse stakeholders

- New York State-Authorized Syringe Access and Disposal Programs includes a directory and policy and procedure manual for syringe service programs, details on the expanded syringe access program, safe sharps disposal and the statewide naloxone and syringe service program locator, The Point.

- New York Skills and Knowledge of Overdose Prevention (SKOOP)
  - SKOOP conducts regular naloxone trainings at syringe exchanges and drop-in programs in New York.
  - Tools and Best Practices and Policy and Advocacy
  - Policy and Advocacy

- NYS Program Materials

- Kentucky Cabinet for Health and Family Services webpage includes information on active syringe service programs
  - Naloxone & Syringe Service Program Locations

1.a.2.3 Emergency department and acute care hospitals

- Prescribe to Prevent page for Emergency Medicine Providers includes sample emergency department policies and guidance.

- American College of Emergency Physicians: Emergency Department Naloxone Distribution Key Considerations and Implementation Strategies This is a document that includes information for emergency departments

  Topics include:

  1) Program Implementation and Utilization

  2) Policies and Regulations

  3) Cost

  4) Means of Distribution

  5) Patient Education

- AnchorED (peer support in EDs following overdose) This is a program created in Rhode Island that provides 24/7 availability of peer support for post-overdose victims who present to the Emergency Department
  - Recovery coaches can aid in Naloxone overdose prevention education and obtaining Naloxone

- RELAY New York City
  - This is a study describing a Peer-delivered intervention in the Emergency Department to patients who presented after a non-fatal opioid overdose
  - Peer advocates provide initial OEND during the ED visit as well as continue contact at 90 days post discharge.
    - OEND is offered to both patients who engage with the RELAY team, those who decline as well as family members and friends

1.a.2.4 "Leave behind" programs at sites of overdose

- There are no resources or tools currently available that describe specifically to "leave behind" programs at the sites of overdose. There are several emerging post-overdose outreach programs that do pro-actively offer naloxone rescue kits at the site of overdose or the residence of someone who survived an overdose.
  - A scoping review of post opioid-overdose interventions in Preventive Medicine
  - Post opioid overdose outreach by public health and public safety agencies: Exploration of emerging programs in Massachusetts in Journal of Substance Abuse Treatment

- Plymouth County Outreach (Massachusetts)
- Hampshire Hope Drug Addiction and Recovery Team (Massachusetts)
- Leave Behind Protocol for EMS (Massachusetts)
  - Memorandum for Emergency Update

1.a.2.5 Primary Care/Pain Management/Mental health/Addiction treatment programs

- Prescribe to Prevent page for Primary, Chronic Pain, and Palliative Care includes clinician guidance, materials to support naloxone prescribing, and opioid safety materials.

- MA Practice Guidance for Integrating Overdose Prevention into Addiction Treatment (Massachusetts) This is a document that outlines guidance for implementing opioid overdose prevention strategies into addiction treatment.
  - The document should be used in addiction treatment centers and outlines how centers may update policy, change operations, training, and delivery to patients.

- https://c4innovates.com/our-services/training-technical-assistance/praxis/(Massachusetts) This website includes links to live trainings for Addiction Professionals in the state of Massachusetts. Praxis provides free training and TA support to addiction treatment programs funded through the MA Bureau of Substance Addiction Services
  - The website also includes links to National Resources such as:
    - Narcan Fact Sheet
    - Narcan Quick Start
    - Podcasts in Opioid Overdose Prevention Strategies
      - 21-minute podcast-Reviews MOUD, mentions Harm Reduction

1b. Expanding Passive OEND (optional)

Passive OEND is overdose prevention and response education and naloxone rescue kit distribution to individuals referred by other care providers or for those seeking out OEND on their own. Examples of a referral would be a prescription instructing a high-risk individual to go get naloxone at a pharmacy or at a community OEND program. Examples of programs for people seeking out OEND are pharmacy standing order programs and community meetings that distribute naloxone rescue kits to people who ask for them. Passive OEND also includes programs that make naloxone publicly available for emergency use in overdose hotspots, where overdoses commonly occur, such as public restrooms and addiction treatment programs. This section describes resources and toolkits for programs that refer people to OEND access sites, that provide OEND to people seeking it out, and that make naloxone publicly available for emergency use.

1.b.1.-2. OEND by referral (e.g. prescription to refill at pharmacy, OEND dispensing program) and OEND by self-request (e.g. at pharmacy, community meeting, or public health department)

- Prescribe to Prevent - Information to prescribe and dispense naloxone (Narcan) rescue kits. Created by prescribers, pharmacists, public health workers, lawyers, and researchers working on overdose prevention and naloxone access. These resources are to help health care

providers educate their patients to reduce overdose risk and provide naloxone rescue kits to patients.
    - Information for Prescribers
    - Information for Pharmacists
    - Education materials including videos and online trainings
    - Research blog with updated data summaries of naloxone-related studies

- GetNaloxoneNow - The website includes links and resources regarding drug use, treatment and ways to obtain naloxone as well as training for both bystanders and first responders
    - Get Naloxone Now Training – this is an online training for both community members as bystanders and first responders.
        - Community members may complete the Opioid Overdose Prevention, Recognition and Response Bystander Module
        - The module is 56 slides and will take approximately 20-30 minutes to complete
        - The module reviews Opioid Overdose Recognition and Opioid Overdose Response
        - There is a certificate available for download for a $10 donation

- University of Kentucky-How to Use Naloxone Training Video
    - See 1.a.1.1

- Prevent & Protect (Agency Outreach): A resource kit that aims to support pharmacists support to expand access to naloxone
    - Includes a guide to help organizations (e.g. local pharmacy, clinic, SUD treatment program, shelter) establish a naloxone standing orders

- Naloxone Access Laws – Prescription Drug Abuse Policy System - This dataset focuses on state laws from January 1, 2001 through January 1, 2022 that provide civil or criminal immunity to licensed healthcare providers or lay responders for opioid antagonist administration. The site also provides additional Naloxone related laws by state.
- NEXT Naloxone at naloxoneforall.org is an online opioid overdose responder training site that includes mail-based naloxone distribution at no cost to people who use drugs or individuals most likely to be first responders in an opioid overdose incident. They have state-specific resource pages with information on how to obtain naloxone locally

- Implementation Evaluation of Academic Detailing on Naloxone Prescribing Trends at the United States Veteran's Health Administration- This publication describes and Academic Detailing program that was integrated into OEND within the Department of Veterans Affairs.
    - The purpose was to increase Naloxone access to Veterans
    - The study specifically looked at the impact of academic detailing exposure related to Naloxone prescribing

- Buying naloxone directly from manufacturer

- Promoting the Importance of Naloxone-CDC webpage providing links to training, mini modules, interactive patient cases and factsheets for Clinicians, Healthcare Administrators, family members, caregivers and Pharmacists

- Evaluating the impact of naloxone dispensation at public health vending machines in Clark County, Nevada-This publication describes the addition of Naloxone to three Public Health Vending Machines and its impact on Opioid-Involved Overdose Fatalities

- Qualitative exploration of public health vending machines in young adults who misuse opioids: A promising strategy to increase naloxone access in a high risk underserved population-Research study describing young adults' experiences with Take Home Naloxone and Public Health Vending Machines

1.b.3 Naloxone availability for immediate use in overdose hotspots

- Naloxbox: This online resource provides information on naloxone availability for immediate use in overdose hotspots. NaloxBox units are transparent, polycarbonate surface mounted enclosures that provide organization access to lifesaving naloxone in an easy to recognize cabinet placed in a central location in high-traffic or high-risk buildings and organizations.

- Prevent & Protect Safety Policy page that includes sample policies for staff training and on-site overdose response management

- Health Resources in Action: Overdose response training in MA
    - This is a website for a non-profit working to increase training opportunities for staff to be able to respond to opioid overdose emergencies

- **Anti-motion detectors: A public restroom overdose prevention alarm system. These alarms were designed to create an alarm system to prevent overdoses in restrooms. The alarms detect micro-movements, and sound if they detect no motion. The alarm time window can be customized based on the potency of the local opioid supply.
    - Buchheit BM, Crable EL, Lipson SK, Drainoni ML, Walley AY. "Opening the door to somebody who has a chance." - The experiences and perceptions of public safety personnel towards a public restroom overdose prevention alarm system [published online ahead of print, 2020 Nov 21]. Int J Drug Policy. 2020;88:103038.
    - Fozouni L, Buchheit B, Walley AY, Testa M, Chatterjee A. Public restrooms and the opioid epidemic [published online ahead of print, 2019 Aug 1]. Subst Abus. 2019;1-5.
    - Gaeta JM. A Pitiful Sanctuary. Jama. 2019 Jun 25;321(24):2407-8.

1c. Naloxone administration (optional)

Naloxone administration includes opioid overdose response and rescue by first responders, such as police, fire and emergency medical technicians. This section describes resources and toolkits for first responders so that they are trained and equipped to respond effectively to opioid overdoses.

1.c.1 Capacity for first responder administration

- SAMHSA: Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders – This document outlines the recommended steps first responders can take during an opioid overdose emergency
    - This document can be used for talking points with first responders

- Project DAWN (Deaths Avoided With Naloxone) – This is an online resource that provides information and resources from Ohio's network of opioid education and naloxone distribution programs for both first responders and high-risk civilians.
- The Project Dawn Brochure is included and can be printed and provided to first responders. It describes opiates, naloxone, signs of an overdose and the steps to respond to an overdose including instructions for giving Narcan nasal spray. The brochures are available in English and Spanish. Opioid Use Disorder Information & Resource Guide – This resource guide is developed by the MetroHealth Office of Opioid Safety's First Responders Project. This resource includes sections on the following topics:
    - Treatment
    - Recovery
    - Programs and Services

- GetNaloxoneNow.org -This is an online training module for police, firefighters and EMTs. There is also a bystander training. The website includes links and resources that first responders can use when interacting with the community or obtaining Naloxone
    - This link can be provided to agencies when establishing or expanding a first responder naloxone distribution protocol

- Bureau of Justice Assistance: Law Enforcement Naloxone Toolkit
    - This is an online toolkit with searchable function by topic, resource type or contributor
    - This site can be provided to Law Enforcement agencies when establishing or expanding naloxone administration and distribution protocols

- First Responder Naloxone Technical Assistance (Massachusetts) This website provides information regarding how to obtain Naloxone for First Responder distribution including training and medical supplies. This website is intended for agencies in the state of Massachusetts

- Bulk Purchasing of Naloxone for Municipalities (Massachusetts). This website provides information regarding the Municipal Bulk Trust Fund (a.k.a. Narcan Fund) in the state of Massachusetts which allows municipalities to purchase Narcan for distribution by First Responders at a discounted rate.

Chapter 2: ORCCA Framework for Effective Delivery of Medication for Opioid Use Disorder (MOUD) Treatment including Agonist/Partial Agonist MOUD

Rationale: Addressing the opioid epidemic will require increasing the availability of MOUD. Improved access to evidence-based MOUD treatment, particularly agonist/partial agonist treatment, can significantly reduce the risk of overdose death. Available MOUD treatment medications include methadone (full mu opioid agonists), buprenorphine in several formulations (partial mu opioid agonist) and extended-release naltrexone (mu opioid antagonist). Please note, due to the very strong evidence base demonstrating decreased mortality with full and partial opioid agonists, each randomized HCS community must expand MOUD treatment in at least one venue with full and/or partial agonists.

Goals: This menu is designed to increase:

1. The number of new venues (places) and opportunities for implementing and expanding MOUD
2. The number of venues expanding MOUD
3. The number of individuals receiving MOUD
4. MOUD retention rates

How to use the information in this chapter: Chapter 2 includes the TAG for Menu 2 of the ORCCA Strategies for effectively implementing MOUD. This chapter is intended to provide resources (including toolkits, publications websites, and other references) for implementing and ideally sustaining each strategy included on the ORCCA "menu". The TAG may be useful to a wide-ranging audience, and many included resources have been developed to directly assist administrators and practitioners who seek to change service operations. However, in many cases, optimal use of the TAG may require technical experts working in direct partnership with both coalitions and specific organizations to select and implement the guidance within.

Note: The strategies throughout are meant for all states except when otherwise noted as state specific within each sub-section. *** Indicates resource is not publicly available.

Financial resources

It is expected that communities and townships may have questions about reimbursement, insurance coverage, sample business plans, and other relevant financial considerations when developing, expanding, and/or sustaining MOUD treatment. The references below address some of these issues.

- 2018 SAMHSA and National Council for Behavioral Health Report: Medicaid Coverage of MOUD for Alcohol and Opioid Use Disorders and of Medication for the Reversal of Opioid Overdose
  - This is a detailed report that outlines state-specific summary information on Medicaid coverage and financing of medications to treat alcohol and opioid use disorders.

- PCSS and National Association of Community Health Centers: Business Plan for Medication-Assisted Treatment (MAT)
  - This report includes information on determining organizational readiness, a potential implementation timeline, and a financial plan including information on billing and coding.

- PCSS: Financing Factors for Implementing Medication-Assisted Treatment
  - PowerPoint presentation addressing MOUD financing and overcoming financial barriers
  - Identifies financial considerations for successfully implementing and sustaining MAT in a primary or behavioral health practice setting
  - Describes common models to implement and finance MAT in a number of practice settings

2a. Expanding MOUD Treatment Availability – Capacity Building (required)

This section outlines resources and toolkits for adding/expanding MOUD in primary care, specialty addiction/substance use treatment, and other general medicine and behavioral/mental health settings, as well as within the criminal justice system and through novel approaches such as telemedicine, interim treatment, and medication units.

2.a.1. Adding/expanding MOUD Treatment in primary care, mental health settings, other general settings, and in specialty addiction/substance abuse disorder treatment settings and recovery programs

2.a.1.1 General Overview/Introduction to MOUD Treatment

- Providers Clinical Support System (PCSS) SUD 101 Core Curriculum
  - For healthcare providers spanning prevention, assessment, and treatment of substance use disorders and co-occurring mental health disorders
  - 22 modules (approximately 1 hour each)
  - Free inter-professional continuing education credits

- National Academies of Science, Engineering, and Medicine - Medication for Opioid Use Disorder Saves Lives
  - 2019 report of findings and conclusions from an expert committee that examined the evidence base for medications to treat OUD and identity barriers that prevent people from accessing safe, effective, medicine-based treatment.
    - Highlights
    - Conclusions

- Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder-This publication looked at the association between Opioid Use Disorder Treatment and overdose and opioid-related acute care.

- Brandeis Opioid Resource Connector
  - See section 1.a.1.1 for more details

- Characterizing initiation, use, and discontinuation of extended-release buprenorphine in a nationally representative United States commercially insured cohort
  - Research study assessing extended-release Buprenorphine discontinuation among people with Opioid Use Disorder

- Legal Authority for EMS to Increase Access to Buprenorphine Treatment for OUD
  - This is a journal article that discusses the current US legal structure that governs EMS' ability to administer Buprenorphine Treatment

- Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services-This publication describes a study examining the use of a high dose of Buprenorphine given by EMS providers at an overdose and provide a next-day appointment for substance use disorder treatment

- AHRQ Six Building Blocks: A Team-Based Approach to Improving Opioid Management in Primary Care
    - Website toolkit for organizations that have already completed opioid management improvement work or intend to engage in a more targeted effort. The website and corresponding materials describes the six building blocks that are a part of the program and how to implement them in a primary care setting.

- Buprenorphine Quick Start Guide-6-page checklist for prescribing Buprenorphine for Opioid Use Disorder.

- Coverage and Prior Authorization Policies for Medications for Opioid Use Disorder in Medicaid Managed Care-Research study describing Prior Authorizations for Buprenorphine, Methadone and injectable Naltrexone across states for Medicaid plans and Fee for Service programs.

2.a.1.2 MOUD Treatment Guidelines

- SAMHSA Tip 63: Medications for Opioid Use Disorder
    - Treatment Improvement Protocol (TIP) reviewing the use of FDA-approved medication (buprenorphine, methadone, naltrexone) for the treatment of OUD for healthcare professionals, policymakers patients, and families
    - TIP is 322 pages and consists of 5 separate parts, based on the target audience:
        - Introduction to medications for OUD treatment **(All Audiences)**
            - ✓ Glossary page 26/322 for explaining important words
            - ✓ Page 38/322 compares the 3 FDA-approved medications for OUD
        - Addressing Opioid Use Disorder in General Medical Settings **(Clinicians)**
        - Pharmacotherapy for OUD (**Clinicians)**
            - ✓ Describes use of methadone, buprenorphine, and naltrexone
        - Partnering Addiction Treatment Counselors with Clients and Healthcare Professionals **(Clinicians)**
        - Resources Related to Medications for Opioid Use Disorder **(All Audiences)**

- SAMHSA MAT Guide for Pregnant Women with OUD
    - Detailed 165 page document for evidence-based treatment options treating pregnant women with OUD and their infants
    - Part A includes an introduction to OUD treatment for pregnant women, Rand/UCLA Appropriateness Method (or, RAM Methodology), and instructions for using the clinical guide.
    - Part B includes 16 fact sheets organized by:
        - Prenatal care
        - Infant care
        - Maternal postnatal care

- SAMHSA Tip 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders
    - This is a 312-page treatment improvement protocol (TIP) providing guidance on treating substance abuse disorders and/or mental illness and coordinating mental health and substance abuse
    - Healthcare professionals, community members, families of patients with OUD and co-occurring disorders can read the TIP.
    - There are appendices include glossary of terms, common medications, screening and assessment instruments

- Clinical guidelines for the use of depot buprenorphine (Buvidal® and Sublocade®) in the treatment of opioid dependence
    - This downloadable document gives pertinent details on clinical pharmacology, drug-drug interactions, side effects, and practical "how to" tips for buprenorphine depot products. Sublocade® is on the market in the USA while CAM2038 (Buvidal®/Brixadi®) is FDA-approved but not yet on the US market (potentially available in 2020).

- SAMHSA: Clinical Use of Extended-release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide
    - 38-page guide for prescribers focused on assessing treatment need, initiating MAT, monitoring patient progress, adjusting treatment plans, and deciding on treatment duration

- A Guide to DEA Narcotic Treatment Program Regulations-51-page Narcotic Treatment Program Manual. Describes the Control Substances Act (CSA) and provides guidance for compliance with the DEA regulations and CSA.

2.a.1.3 Buprenorphine - Resources for Providers

- Providers Clinical Support System Mentoring Program
    - PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created to train primary care providers in evidence-based prevention and treatment of opioid use disorders (OUD) and chronic pain.
        - The mentoring program is provided at no cost
        - The website includes a mentor directory and a link to request a mentor
        - There is also a link to ask a clinical question related to OUD treatment for providers to receive a prompt response

- Early Changes in Waivered Clinicians and Utilization of Buprenorphine for Opioid Use Disorder After Implementation of the 2021 HHS Buprenorphine Practice Guidelines

    HHS Research Brief describing early changes in trends in the number of clinicians with a DATA 2000 waiver, and national trends in the number of people filling buprenorphine prescriptions for opioid use disorder (OUD), after the 2021 Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder, took effect.

Billing and Coding Guidance

- Office-based treatment is regular medical care provided in customary settings by regular physicians (MD or DO), physician assistants (PA), or advanced practice registered nurse (APRN or NP). Therefore, billing procedures are standard ones.

- SAMHSA-funded Opioid Response Network (ORN), State Targeted Response (STR) Technical Assistance (TA), (STR-TA) Grant
    - Provides free training and technical assistance via local experts across the country around OUD prevention, treatment, and recovery support services
    - No-cost technical support; just submit an online technical assistance request

- SAMHSA-HRSA Center for Integrated Health Solutions - MAT Overview
  - This is an online, 8-page tool to help providers who are considering implementing MOUD in practice settings.

- American Society of Addiction Medicine: *Live and Online CME Trainings*
  - Live and online CME opportunities for healthcare professionals focusing on the care and treatment of patients with substance use disorders
  - 8-hour CME, The ASAM Fundamentals of Addiction Medicine

- Project ECHO® (Univ. of New Mexico)
  - A collaborative telehealth educational model aiming to demonopolize the spread of knowledge and increase the capacity to provide evidence-based care to all communities at a local level. It leverages technology to support collaborative learning. Many states have ECHO programs for OUD treatment, and some are listed below. To begin an ECHO, one must be trained by Project ECHO. After training is complete, one is given free access to BOX (an electronic platform), which contains all Project ECHO training materials, etc. The following organizations have ECHO programs focused on OUD and substance use disorders:
    - Continuum of Care ECHO: Inpatient treatment programs and Methadone providers BMC TTA
      - ✓ A 12-part telemonitoring training on SUD treatment for providers including, but not limited to, acute treatment services, opioid treatment programs, long-term residential programs, primary care, and psychiatry.
    - BMC OBAT TTA ECHO
      - ✓ Boston Medical Center 12-part ECHO® focusing on comprehensive care for patients with substance use disorders.
    - Northeast Ohio Medical University Ohio Opiate Continuing Education TeleECHO
      - ✓ Buprenorphine prescribers can access didactic presentations and do case reviews with experts. The TeleECHO meets every Friday from 3-4pm, and an email address to sign up is provided on the web page.
      - ✓ One half of the teleconference/webinar will be dedicated to the didactic presentations (e.g., Motivational Interviewing in an ER setting) and the other half will be dedicated to case reviews with a panel of experts.

- SAMHSA Buprenorphine Practitioner Locator
  - This website is for community members to find practitioners authorized to treat opioid dependency with Buprenorphine by state.

2.a.1.4 Buprenorphine - Adding Treatment to Primary Care Settings

- Getting Started with Medication-assisted Treatment with Lessons from Advancing Recovery
  - This 61-page guide lays out a framework for building a case for MOUD, securing staff buy-in, overcoming community resistance to MOUD, and paying for MOUD. It is based on case studies of implementation from communities throughout the US.
  - The guide also reviews sustaining a MOUD program, identifying potential prescribers, screening and assessment of patients and combining MOUD with therapy.

- SUMMIT: Procedures for Medication-Assisted Treatment of Alcohol or Opioid Dependence in Primary Care
    - This 100-page guide, sponsored by the RAND corporation, introduces primary care providers to identifying and treating patients with substance use disorders in primary care settings. It is divided into three parts:
        - Part 1: Discussing alcohol and/or opioid use with patients
        - Part 2: Step-by-step guide to treating alcohol dependent patients with extended-release naltrexone
        - Part 3: Reference guide to administering buprenorphine to patients with OUD

- Boston University School of Public Health HRSA Integrating Buprenorphine Treatment for OUD in Primary Care
    - 34-page document to aid clinicians who are implementing Buprenorphine in a Primary Care setting

- AHRQ Medication-assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings (Technical Brief 28)
    - This is a 120-page technical brief describing a review of 12 MOUD models in Primary Care settings. This document can be shared with Primary Care Physicians when discussing introduction or expansion of MOUD services in their settings.

- Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings

This guide provides information to primary care providers and practices on how to implement opioid use disorder treatment using buprenorphine. Specifically, this resource documents step-by-step tactics to support buprenorphine implementation as well as how to identify and address barriers.

- Utility of an integrated health system specialty pharmacy in provision of extended-release buprenorphine for patients with opioid use disorder
    - A case study examining the use of extended-release buprenorphine using an integrated health system specialty pharmacy.
        - The case study concluded that an integrated health system specialty pharmacy can benefit patients through dispensing extended release buprenorphine.

2.a.1.5 Buprenorphine in addiction and recovery treatment programs

- Boston Medical Center OBAT Clinical Guidelines (link to national guidelines and MA specific guideline)
    - This is a clinical guideline pertinent for all states regarding the Nurse Care Manager Model of Office Based Addiction Treatment (OBAT). It is a 167-page document broken into sections including: (1) OBAT introduction and team requirements, (2) program requirements, (3) treatment agreement and policies, (4) treatment initiation, stabilization, and maintenance, (5) addressing substance use treatment, and (6) treating specific populations

- Office Based Addiction Treatment Training and Technical Assistance Addiction Chat Live (Boston Medical Center)
    - This is a weekly live chat for providers every Thursday morning from 7am-7:50am ET with an interactive case discussion led by the BMC OBAT team.

- Addiction Nurses Chat Live - BMC TTA

- Monthly telecommunication drop-in sessions for nurses across the country that includes short presentation on topics related to addiction use addiction followed by question and answer sessions for feedback and technical assistance on cases

- OBAT Clinical Tools and Forms (Boston Medical Center)
  - This website offers a listing of various tools for providers in OUD. There are downloadable forms to aid with Clinic visit documentation such as patient forms and includes short informational videos.

- Initiating buprenorphine treatment for opioid use disorder during short-term in-patient 'detoxification': a randomized clinical trial
  - This study explored the effectiveness of linking people from short term in-patient managed withdrawal programs "detox" to long-term primary care-based Buprenorphine treatment.

- Association between mortality rates and medication and residential treatment after in-patient medically managed opioid withdrawal: a cohort analysis
  - This study looked at the association between mortality following detox and the receipt of medications for Opioid Use Disorder and residential treatment after detox.

- MAT in Residential Treatment Facilities
  - This is a toolkit for Residential Treatment facilities. The toolkit describes MAT, the California requirements for providing access to MAT in Residential Treatment

2.a.1.6 MOUD Treatment for Special Populations

2.a.1.8.1 Pregnant and Post-Partum Women

- SAMHSA MAT Guide for Pregnant Women with OUD
  - See section 2.a.1.2 for description

- MA Journey Recovery Project Pregnancy and Parenting
  - Massachusetts Department of Public health Bureau of Substance Addiction Services (BSAS) program to connect pregnant and parenting women with SUD treatment resources and support.
  - Interactive platform seeking to support women throughout their treatment and recovery and assist them with all aspects of pregnancy, parenting and managing their SUD.
  - Includes a section for family and friends of parents in recovery.
  - Includes Massachusetts-specific resources in addition to broad resources

- IHR Maternal Opioid Use During Pregnancy Toolkit
  - This website was designed by the Massachusetts Perinatal Quality Collaborative and is intended as a resource for maternal health providers.

- Protecting others and protecting treatment
  - This four-page pamphlet explains the dangers to children when exposed to buprenorphine, including step-by-step guidance in case of exposure and prevention
    - There is the national poison control number on the front of the pamphlet.
    - This pamphlet can be used by community members as well as can be provided by healthcare providers.

2.a.1.8.2 Patients with Co-Occurring Disorders

- SAMHSA TIP (Treatment Improvement Protocol) 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders
    - See Section 2.a.1.2 for description

- American Psychological Association: The Opioid Guide
    - This 40-page document is a resource for practicing psychologists and other healthcare professionals. It outlines background about opioids, identification of OUD, EBPs for treating OUD, and other resources. It offers general information on methadone, buprenorphine and naltrexone.
    - It also contains information on cultural competency in treatment of OUD, opioid use among adolescents, and pathways to opioid misuse from pain control and resources for families and concerned significant others.

2.a.1.8.3 People who use multiple substances

- SAMHSA EBP Guidebook on Treatment of Stimulant Use Disorder

This guide supports health care providers, systems, and communities seeking to treat stimulant use disorders. It describes relevant research findings, examines emerging and best practices, identifies knowledge gaps and implementation challenges, and offers useful resources.

2.a.1.8.4 Other Venues

- SAMHSA-HRSA Center for Integrated Health Solutions Expanding the use of medications to treat individuals with substance use disorders in safety-net settings
    - This is a 12-page report from a Health Networks Learning Collaborative that focused on how to best implement MOUD in a variety of settings and discusses barriers, regulatory issues, workforce challenges, and outcomes of the project.
    - There is a MOUD implementation checklist in the appendix that can be used with community stakeholders to address economic environment, workforce, regulatory issues, and attitudes about MOUD before engaging in implementation.

- Integrating BUP treatment in HIV primary care settings
    - This is a website detailing one of four evidence-informed practices in the linkage and retention for patients living with HIV.
    - The website describes the programmatic needs, training/staffing needs and individual patient level interventions. The website is intended for healthcare providers.

- ***Adolescent Substance Use and Addiction Program-Primary Care (ASAP-PC)[47]
    - Levy S, Reynolds J, Mendes SJ. A novel approach to treating adolescents with opioid use disorder in pediatric primary care. *Subst Abuse.* 2018;39(2):173–181.
    - A research publication that describes the implementation of a model of identification and treatment of SUD in adolescent patients in a pediatric primary care office. Patients who identified as having a substance use problem were referred to a social worker for further assessment who served as the bridge between primary care and treatment.

2.a.2 Adding/expanding MOUD treatment in Criminal Justice Settings (Pre-Trial, Jail, Prison, Probation, Parole)

This section outlines the associated resources and toolkits for adding/expanding MOUD in criminal justice settings (CJS).

- National Sheriff's Association & National Commission on Correctional Healthcare Jail Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field
  - A national resource to support jail administrators in providing effective MOUD for persons with OUD, listing best practices associated with developing, implementing and sustaining a jail-based MAT program (MOUD)
  - Provides technical details for MAT (MOUD) program developers and practitioners in MOUD activities
  - Provides examples of real-world jail-based MAT (MOUD Programs) including outcomes
  - Provides tools, references and supporting documentation.

- Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings
  - This guide focuses on policies and practices that can be implemented to intervene during an individual's time in the correctional system and upon release that moderate and mitigate the risk of overdose for persons with OUD after release.
  - This document contains five chapters: a brief of the field, an assessment of current evidence, some examples in of MAT in justice settings, a discussion of how to identify and address the challenges of implementing programs in criminal justice settings, and resources to support the use of MAT in criminal justice settings

- Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit
  - This toolkit, supported by funding from the Centers for Disease Control and Prevention (CDC) and Bloomberg Philanthropies, provides correctional administrators and health care providers recommendations and tools for implementing medication-assisted treatment (MAT) in correctional settings and strategies for overcoming challenges. Informed by real-world practice, the toolkit provides examples from the field that can be widely applied and adapted.

- Substance Abuse and Mental Health Services Administration: Medication-Assisted Treatment (MAT) in the Criminal Justice System - Brief Guidance to the States
  - This document provides guidance to the States on providing MAT (MOUD) to justice-involved individuals developed by SAMHSA.
  - Includes concerns about MOUD diversion and cost and state regulations.
  - There is a link to a SAMHSA webpage explaining specific ways to start MOUD
    - Explains the functionality of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) act, including:
      - How to begin to treat 100 patients with buprenorphine
      - Specific use of methadone, buprenorphine, and extended-release naltrexone regarding induction and maintenance
        - ✓ There are also links providing basic information about MOUD and the specific forms of MOUD. Medication and Counseling Treatment

- Medication Assisted Treatment Inside Correctional Facilities - Addressing Medication Diversion
  - Provides overview of issue and eight key strategies to reduce and prevent diversion within criminal justice settings

- BSAS Protocol for Consent to Treatment with Medications for Opioid Use Disorder in Correctional Facilities
  - This protocol is a detailed description on County Houses of Corrections (HOCs) and facilities within the Massachusetts Department of Corrections that offers Medication Assisted Treatment (MAT) for opioid use disorder in coordination with the Department of Public Health (DPH).
  - This provides specific guidance on the protocol to consent to treatment with MOUD in Correctional Facilities, ensuring patients choose treatment voluntarily and all facts are adequately explained before they give their consent.

- California Health Care Foundation MAT in County CJ Settings Project
  - Specific guidance on initiating MAT (MOUD) for OUD and specific forms of MOUD
  - Includes a download about how to overcome objections to initiating MAT in CJ settings
    - Provides information as to why one would treat a drug use disorder with a drug and discusses common myths and misconceptions about MAT (MOUD) and how to address them for CJS involved persons and administrators and staff.

- American Society of Addiction Medicine's (ASAM) Treatment in Correctional Settings Toolkit
  - Includes the joint public Correctional Policy Statement on the Treatment of OUD for Justice Involved Persons
  - Discusses treatment for pre-trial detainees, persons in prison, persons in jail, and re-entry and community supervision programs

- NIDA Principles of Drug Abuse Treatment for Criminal Justice Populations - A Research-Based Guide
  - This booklet describes the treatment principles and research findings that have particular relevance to the criminal justice community and to treatment professionals working with justice-involved patients.

- NGA Roadmap to Expanding Medications for OUD in Corrections and Community Settings
  - Roadmap describing OUD for individuals involved in the justice system and supporting MOUD in the justice system

- Buprenorphine Induction in a Rural Maryland Detention Center During COVD-19: Implementation and Preliminary Outcomes of a Novel Telemedicine Treatment Program for Incarcerated Individuals with Opioid Use Disorder
  - Journal article describing the outcomes of introducing a novel telemedicine treatment program in a detention center.

- Creating Reach Beyond the Jail Walls: An Implementation Guide for Harm Reduction Re-Entry Wrap Around Services Programs
  - Toolkit developed by Albany NY Catholic Charities detailing their work developing a re-entry program and coordination of services

- Using the Americans with Disabilities Act to Reduce Overdose Deaths
  - This article articulates the ADA provides rights for those with opioid use disorder to have access to treatment and provides evidence for use of OUD within CJ settings and examples of state jails/ prisons that were banning MOUD treatment that have amended their practices due to being brought forth as an ADA violation

- National Association of Drug Court Professionals MOUD Guides-Webpage that provides guides for Clinicians, Team Members and Participants in Drug Court. The guides include Evidence-Based information to support justice-involved individuals with Opioid Use Disorder

- Medication for Opioid Use Disorder (MOUD): Correctional Health Implementation Toolkit, August 2022-74-page document authored by the New York State Department of Health detailing how to implement an MOUD program in a Correctional setting

- Guidance from the American Probation and Parole Association-Document describing the use of Naloxone by Community Supervision Agencies.

2.a.3 Expanding Access to MOUD treatment through Telemedicine, Interim Buprenorphine or Methadone, or Medication Units

Interim methadone or buprenorphine treatment at an OTP means medication (methadone or buprenorphine) is dispensed to patients (NOT prescribed) for up to 120 days without comprehensive ancillary services. Interim treatment can *only* occur when there are waitlists and must be approved at a state-level and by SAMHSA. After 120 days of interim treatment, the OTP must transition patients to comprehensive treatment. Medication units are ancillary sites associated with a specific OTP where only medication is dispensed, and urine is drug tested. Medication units can help ease transportation demands on OTP patients. Please note that interim methadone or interim buprenorphine treatment and medication units are specific to licensed opioid treatment programs (OTPs). Telemedicine is not specific to OTP sites.

2.a.3.1. General Federal Resources Addressing All Components

- Federal Guidelines for Opioid Treatment Programs
  - Seventy-nine-page document providing detailed rules, standards, and guidance regarding many facets of treatment for opioid use disorder.
    - *Interim Treatment: Pages 57-58* provide an overview of the rationale, requirements and regulations governing interim treatment.
    - *Medication Units: Pages 12-13 and 66-67* provide a general overview of Medication Units and how a licensed OTP can open one.
    - *Telemedicine*: Pages 8-10 provide a general overview of telemedicine, considerations and suggestions when considering use of telemedicine, and a link to the full CMS guidelines on telemedicine (bottom of page 8)

- Code of Federal Regulations: Opioid Treatment Program Certification
  - Brief legal document that outlines requirements on how to become certified as a licensed opioid treatment provider (OTP)
    - *Interim Treatment: Item G* highlights who you need to contact and how to begin the process to seek approval to dispense buprenorphine or methadone to patients for up to 120 days while patients are waiting for transfer to comprehensive treatment.

- *Medication Units:* *Item I* details how licensed OTPs can establish medication units, including what forms to complete.

- *2.a.3.1.2 National Telemedicine Providers*

2.a.3.2. Additional Interim Methadone and Buprenorphine Treatment Resources

- ** "Interim Treatment" compared to waiting lists
  - Newman RG. Methadone maintenance: "interim treatment" compared to waiting lists. *J Addict Med.* Jul-Aug 2014;8(4):295-296.
  - Editorial review of interim treatment efficacy and cost benefit savings

- ** A randomized controlled trial of interim methadone maintenance
  - Schwartz RP, Highfield DA, Jaffe JH, et al. A randomized controlled trial of interim methadone maintenance. *Archives of general psychiatry.* Jan 2006;63(1):102-109.
  - Study demonstrating effectiveness of interim treatment over a waitlist, including greater likelihood of being in comprehensive methadone treatment at 120 days, lower frequency of heroin and cocaine use, fewer positive drug tests, and fewer reports of criminal behavior.

- ** Low Barrier Tele-Buprenorphine in the Time of COVID-19: A Case Report
  - This publication described a case report of the use of videoconferencing for Buprenorphine initiation combined with street outreach to engage two patients with Opioid Use Disorder and experiencing homelessness.

- MOUD Bridge Programs
  - Massachusetts General Hospital: Patient experiences with a transitional, low threshold clinic for the treatment of substance use disorder
    - Qualitative study that describes the cultural touchstones for bridge programs, including flexibility, harm reduction approach

  - Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in SF
    - Retrospective medical record review that demonstrated success engaging/retaining very high-risk people experiencing OUD and homelessness by initiating and continuing buprenorphine

  - Methadone initiation in a bridge clinic for opioid withdrawal and opioid treatment program linkage: a case report applying the 72-hour rule
    - This is a case report of a patient with Opioid Use Disorder who received Methadone in a bridge clinic and was linked to an Opioid Treatment Program within 72 hours.

  - Bridge clinic implementation of "72-hour rule" methadone for opioid withdrawal management: Impact on opioid treatment program linkage and retention in care
    - This is a research article describing how a bridge clinic used the, '72-hour rule" to treat opioid withdrawal and link patients to an OTP.

2.a.3.3. Additional Resources for Expanding MOUD with Telemedicine

- US Department of Health and Human Services: Telemedicine and Prescribing Buprenorphine for Treatment of OUD
    - This document discusses the DEA statement concerning exemption from in-person medical evaluation if engaging the patient in the practice of telemedicine, a case example of effective use of this practice, and links to additional resources about telemedicine and regulations for general telemedicine.

- Project Shout Webinar on Telemedicine and MOUD Treatment
    - Webinar 7 is approximately one hour and discusses how telemedicine can ease MOUD initiation

- ** Expanding access to buprenorphine treatment in rural areas with the use of telemedicine
    - Weintraub E, Greenblatt AD, Chang J, Himelhoch S, Welsh C. Expanding access to buprenorphine treatment in rural areas with the use of telemedicine. *The American Journal on Addictions.* Dec 2018;27(8):612-617.
    - This article reviews the feasibility, retention and prevalence of opioid-negative urine tests in a telemedicine program treating patients for OUD with buprenorphine in rural areas.

- **Treatment Outcome Comparison Between Telepsychiatry and Face-to-face Buprenorphine Medication-assisted Treatment for Opioid Use Disorder: A 2-Year Retrospective Data Analysis.
    - Zheng W, Nickasch M, Lander L, et al. Treatment Outcome Comparison Between Telepsychiatry and Face-to-face Buprenorphine Medication-assisted Treatment for Opioid Use Disorder: A 2-Year Retrospective Data Analysis. *J Addict Med.* Mar/Apr 2017;11(2):138-144.
    - Retrospective study comparing medical records of in-person face-to-face versus telemedicine buprenorphine treatment for OUD showing no significant differences in abstinence or retention rates between groups.

- Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders
    - This guide helps health care providers, systems, and communities support recovery from substance use disorders via employment mechanisms. It describes relevant research, examines emerging and best practices, identifies knowledge gaps and implementation challenges, and offers resources.

- The Effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting
    - This is a research article describing patients receiving Opioid Agonist Therapy (OAT) via in-person or through telemedicine
        - The study looked at retention in treatment and found that OAT through telemedicine may be an alternative to in-person treatment and can help expand access to care

- Telehealth for Opioid Use Disorder: Guidance to Support High-Quality Care
    - 21-page toolkit focusing on real-time videoconferencing, Buprenorphine and adjunctive psychotherapy treatment
        - The toolkit is intended for clinicians, administrators and policy makers

2b. Interventions to Link to MOUD (required)

Individuals in need of MOUD are often located in the field or other service settings where MOUD is unavailable. This section outlines the associated resources and toolkits for linking those individuals to definitive addiction care. The most basic, and least preferred, option is referral only. More advanced linkage support includes formal care coordination, often assisted by peer-navigation and/or provision of bridging MOUD medications in the time window between initial identification and later engagement in care.

2.b.1 Linkage programs (all relevant settings)

2.b.1.1 General overview

- SAMHSA "Now What? The Role of Prevention Following a Nonfatal Opioid Overdose"
    - This is a 9-page document that describes three post-overdose interventions that may reduce the risk of additional overdoses.
    - The document is a collaborative effort among law enforcement, social work, healthcare providers and families of survivors.
        - The document describes "warm handoffs" and the three types:
            - ✓ Emergency department screening and referral
            - ✓ Emergency department naloxone provision
            - ✓ Post-overdose outreach and follow-up

- Community Reinforcement and Family Training (CRAFT)
    - This is a skill-based program for families to help those affected by OUD. The program teaches families behavioral and motivational strategies for interacting with their loved one that may facilitate linking their loved one to treatment.
    - Allies in Recovery - CRAFT
        - An additional resource about CRAFT programs

    - The Twenty Minute Guide is an additional CRAFT online resource designed for the families and loved ones of those who suffer from substance use disorder.
        - There are two versions of the program, one for parents and one for partners.
        - The program includes resources on 1) psychoeducation on understanding addiction, 2) self-care, 3) communication, and 4) managing contingencies.
        - Resources include text based didactic along with exercises and worksheets to practice skills.

    - Police Assisted and Addiction Recovery Initiative (PAARI)
        - This website is for law enforcement agencies to develop non-arrest pathways to treatment and recovery. It describes how PAARI was created in Massachusetts and includes links for technical assistance.
        - PAARI works with medical community and science-based programs to save lives from drug overdoses, reducing number of drug addicts and opioid drug demand, removing stigma associated with drug addiction, and turning the conversation toward drug addiction as a disease rather than crime.
        - There is also a tab on the webpage titled, "For Police" that includes links to various resources for law enforcement agencies

  - Public Health and Safety Team (PHAST) Guidance Toolkit
    - This tool is designed to assist jurisdictions in reducing opioid overdose deaths by increasing collaboration and coordination among all sectors, with a particular focus on public health and public safety agencies
    - the Public Health and Safety Team (PHAST) guidance toolkit provides an organizational structure as well as recommended processes to enhance cross-sector relationship-building, data use, and opioid overdose prevention.

- Interactive Versus Video-Based Training of Police to Communicate Syringe Legality to People Who Inject Drugs: The SHIELD Study, Mexico, 2015–2016
  - This is a publication assessing instructional techniques for police officers to explain syringe legality during drug searches.
  - The study was conducted in Mexico and officers received either passive video or role play instructions on safe needle stick searches.
  - The study found that explanation of syringe legality increased in the police officers who received the interactive role-play instructions. The authors concluded that harm reduction and safer occupational safety can be increased through interactive training.

- Harmonizing Disease Prevention and Police Practice model
  - This is a case description of a pilot syringe exchange program in Delaware. An intervention was created to address barriers to use.
    - The intervention included members of the community, law enforcement, and policymakers
    - Educational outreach to both law enforcement and the community aided in the creation of a supportive environment for a syringe exchange program.

- Bureau of Justice Assistance Law Enforcement Naloxone Toolkit
  - This is an online resource with articles, information on funding, and education about naloxone and many others.
  - There are a variety of contributors to the toolkit geared at law enforcement.
  - Users of the online toolkit can submit questions or additional resources not currently listed.

- Post opioid overdose outreach by public health and public safety agencies: Exploration of emerging programs in Massachusetts
  - This is an article describing a review of collaborative programs that connect overdose survivors to harm reduction and addiction treatment services.

- PCSS Motivational Interviewing Training
  - This is a one-hour audio recording to teach nurses the principles of motivational interviewing (MI). MI educational activities that can be used by nurses during a brief intervention (BI), and examining teaching strategies to promote learning of MI consistent responses.

- PCSS Motivational Interviewing Module
  - This is a one-hour webinar for healthcare teams working in Primary Care Settings.

- ATTC Motivational Interviewing Training
  - This is the Addiction Technology Transfer Center Network website.
  - The words “Motivational Interviewing” should be entered into the search toolbar. There are trainings and lectures that can be viewed.

  - There are also live trainings offered the ATTC training calendar.

- EPICS-I
  - This is a training offered by the University of Cincinnati and extension of the Effective Practices in Community Supervision (EPICS) Model, an approach that teaches community supervision staff how to apply the core principles of effective intervention to community supervision.
  - EPICS-I is for "Influencers" who are support members involved in either the adult or juvenile justice system.
    - The goal of the training is to train individuals to help offenders identify risky situations and manage those challenges.
    - Influencers can be many people in an offender's life including mentors, family members, coaches, significant others, criminal justice employees.

- The Foundation for Opioid Response Efforts (FORE)
  - This website provides information for providers, payers and the public.
    - Resources include healthcare education, development of sustainable models across the care continuum and payment approaches, state and federal policy efforts and public awareness.

- Innovative EMS Response to Overdoses: Beyond Naloxone
  - Webinar describing non-traditional role of EMS agencies to the Opioid Epidemic, how Quick Response Teams can add to the care EMS provides and discusses the barriers to implementing these programs

- Linking People with Opioid Use Disorder to Medication Treatment: A Technical Package of Policy, Programs, and Practices
  - 48-page technical document for medical professionals, policy makers and local leaders
  - Provides guidance for initiating OUD treatment and provides examples of linkage in Primary Care, Emergency Department, inpatient settings, syringe service programs and prenatal and postpartum care. The technical document also includes best practices for linkage to OUD for recently incarcerated individuals, adolescents, people with past trauma, transgender and gender minority populations, sex workers, and tribal communities and indigenous people.

2.b.1.2 Peer Navigation

- AnchorED (peer support in EDs following overdose)
  - This is a program created in Rhode Island that provides 24/7 availability of peer support for post-overdose victims who present to the Emergency Department.
  - Recovery coaches may link the survivor to treatment and recovery resources, provide Naloxone education to families and follow up with survivors for retention.

- ARTAS
  - This is an article describing a case management intervention to link patients recently diagnosed with HIV to care. The patients linked to a case manager were significantly more likely to see an HIV provider.

- Collaboration in Crisis: Utilizing Peer Recovery Coach Support in the ED to Maximize Patient Outcomes

- PCSS Webinar describing best practices for integrating Peer Support in the Emergency Department for Linkage to Treatment

2.b.1.3 Referral Only

- SAMHSA/HRSA Three Strategies for Effective Referrals to Specialty Mental Health and Addiction Services
  - This is a PowerPoint presentation discussing referral relationships for safety-net providers. This webinar can be useful for primary care providers working with OUD providers in developing referral relationships. *Please note, "detox" programs are not an HCS promoted target of referral/linkage.*
  - The presentation explained:
    - How referrals fit into Patient Centered Medical Homes and SBIRT modes
    - Four strategies for forming partnerships with mental health and addiction services
    - Tips and resources to help providers establish referrals

2.b.2 Bridging MOUD medications as Linkage Adjunct (all relevant settings)

This section describes starting MOUD in field settings, such as emergency department, jail, or during medical hospitalization, as a strategy to bridge patients to permanent MOUD care.

2.b.2.1 General Overview/Introduction

- SAMHSA TIP 63: Medication for Opioid Use Disorder
  - See section 2.a.1.2 for description

- SAMHSA Opioid Response Network
  - See Section 2.a.1.4 for description
  - Regarding Linkage, the ORN can be consulted for:
    - Assistance in developing an ED Buprenorphine bridge clinic
    - Helping community clinicians with establishing guidelines with the use of Naltrexone in the community
    - Placing additional technical requests related to MOUD treatment linkage

- SAMHSA National Helpline
  - This helpline is a free, confidential information service for individuals and families dealing with mental and/or substance abuse
    - Services include referrals to local treatment facilities, support groups, and community-based organizations. The Helpline website also provides a link to online treatment locators

2.b.2.2 Criminal Justice Settings

- National Sheriff's Association & National Commission on Correctional Healthcare Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field
    - See Section 2.a.2 for description

- NIDA "Principles of Drug Abuse Treatment of Criminal Justice Populations: A Research-Based Guide"
    - See Section 2.a.2 for description

- SAMHSA Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings
    - See Section 2.a.2 for description

2.b.2.3 Emergency Departments

- Yale School of Emergency Medicine EM: ED-Initiated Buprenorphine
    - This is a website that can be used for providers who wish to initiate a Buprenorphine delivery program in the ER.
    - There is a 43-slide presentation that describes buprenorphine in the ED, the clinical pathway, assessments for screening, interviewing, home induction information and how to set up a buprenorphine program.
    - The website includes example assessments, algorithms for the ED and home induction one-pagers.

- ACCEP E-QUAL Opioid Toolkit
    - This website from the American Academy of Emergency Physicians includes links to other resources such as MME calculators, pain management policies and guidelines, lectures and webinars around OUD and policies and guidelines around OUD treatment and harm reduction. There are also links to research about ED buprenorphine.
    - There is a tab linking to the E-QUAL Opioid Initiative which has a best practices pocket card for providers and patients, links to webinars, podcasts and CME information.

- NIDA CTN Protocol 0069
    - Brief on a study evaluating the impact of (1) Implementation Facilitation (IF) on rates of provision of Emergency Department (ED)-initiated buprenorphine/naloxone (BUP) treatment with referral for ongoing medication-assisted treatment (MAT) and the (2) effectiveness of IF on patient engagement in formal addiction treatment at 30 days.

- Treatment of OUD in the Emergency Department: Should it Be a Choice?
    - PCSS Webinar describing the role of the Emergency Department in treating Opioid Use Disorder

- Collaboration in Crisis: Utilizing Peer Recovery Coach Support in the ED to Maximize Patient Outcomes
    - PCSS Webinar describing best practices for integrating Peer Support in the Emergency Department for Linkage to Treatment

- FAQ about Buprenorphine in the Emergency Department
  - Webpage of the Kentucky HEALing Communities Study that provides answers to Frequently Asked Question about the use of Buprenorphine in the Emergency Department

- Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department
  - American College of Emergency Physicians Recommendations for the treatment of OUD in the Emergency Department
    - Recommendations include the initiation of Buprenorphine to appropriate patients and their linkage to treatment

- Use of Medication-Assisted Treatment in Emergency Departments
  - SAMHSA 5-Chapter toolkit describing initiation of MOUD in the Emergency Department

- Project SHOUT
  - Project SHOUT offers free resources and support for starting Buprenorphine and Methadone in a hospital setting. Online resources include a public Google Drive folderwith guidelines for inpatient use, acute care and perioperative settings, order sets, pharmacy information, grand rounds presentation template, COWS score card, and patient materials.
  - There is also a link to a series of 7 webinars which cover ways to discuss and implement Buprenorphine and/or Methadone in hospital settings, inpatient hospital logistics for implementing opioid agonist therapy, discharge planning, Buprenorphine and Methadone in pregnancy, and use of telemedicine in opioid agonist therapy initiation.

- NIDA Home Induction One-Pager
  - One-page guide for reviewing when to start Buprenorphine and dosing information for at home induction

- Buprenorphine Home Induction Smart Phone Application
  - An app for patients to use during the first 3 days of Buprenorphine induction.
  - The App is only available for Apple products (iPhone and iPAD), and is based on the RAND Corp. SUMMIT: Procedures for Medication-Assisted Treatment of Alcohol or Opioid Dependence in Primary Care

- MHA Guideline Treating Opioid Use Disorder in the Emergency Department
  - This 38-page guideline from the Massachusetts Health and Hospital Association describes treating OUD in an emergency department, patient criteria to obtain prior to MAT, suggested patient assessments to collect data, examples of situations providers may see in the ER, and an example of a clinical protocol.

- Addressing the Opioid Stigma in the ED
  - This is an 11-minute video from the American College of Emergency Physicians that describes stigma related to opioid use among patients who present to Emergency Departments

2.b.2.4 Harm Reduction and Low Barrier Access Bridge Programs

- MOUD at Syringe Service Programs
  - This publication describes a survey of 109 syringe exchange participants. The survey looked at preference for BMT treatment site, motivation for treatment and barriers to BMT.
    - 51% of participants preferred a harm reduction site for treatment.
    - Participants who identified barriers to BMT had the strongest preference for harm reduction service agencies to provide BMT.

- MOUD Bridge Programs
  - Massachusetts General Hospital: Patient experiences with a transitional, low threshold clinic for the treatment of substance use disorder
    - Qualitative study that describes the cultural touchstones for bridge programs, including flexibility, harm reduction approach

  - Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in SF
    - Retrospective medical record review that demonstrated success engaging/retaining very high-risk people experiencing OUD and homelessness by initiating and continuing buprenorphine

- Bridge clinic implementation of "72-hour rule" methadone for opioid withdrawal management: Impact on opioid treatment program linkage and retention in care
    - Research study describing the feasibility of Methadone administration with direct opioid treatment program admission. The study found that there was both high linkage and 1-month retention rates.

2.b.2.5 Hospital Inpatient

- Addiction Consult Services
  - This is a publication describing the implementation of the Boston Medical Center Addiction Consult Services inpatient diagnostic, management, and discharge linkage consultations.
  - This publication should be provided and referenced when meeting with hospital staff regarding inpatient linkage to MOUD. The publication describes how the ACS was implemented in a hospital setting. A member of an inpatient team should be present when meeting with hospital administration to discuss logistics of implementation.

- Project SHOUT
  - This website offers free resources and support for starting Buprenorphine and Methadone in a hospital setting. Online resources include a public Google Drive with guidelines for inpatient use, acute care and perioperative settings, order sets, pharmacy information, grand rounds presentation template, COWS score card, and patient materials.
  - It also includes a set of 7 webinars which cover ways to discuss and implement Buprenorphine and/or Methadone in hospital settings, inpatient hospital logistics for implementing opioid agonist therapy, discharge planning, Buprenorphine and Methadone in pregnancy, and use of telemedicine in opioid agonist therapy initiation.

- Hospital-based Opioid Treatment
    - This is a publication describing the use of a Transitional Opioid Program to identify and link hospitalized opioid dependent patients to addiction treatment.
        - Patients were screened in the hospital and referred to a methadone clinic after discharge and followed through 90 days and received either a methadone taper or transfer to long-term addiction treatment. 82% of enrolled participants presented for treatment at the methadone clinic post hospital discharge.
        - This publication should be provided and referenced when meeting with hospital staff regarding inpatient linkage to MOUD.
        - A nurse care manager should be present with this experience to provide details related to implementation. Additionally, methadone clinic staff should be present to discuss the logistics of receiving referrals.

- CA Bridge: Blueprint for Hospital OUD Treatment
    - This blueprint provides step-by-step guidance on how to set up a MAT program in an acute care hospital following the CA Bridge model. Recognizing that not all hospitals will have the capacity to implement the full model, we offer practical alternatives when possible. Start in whatever way you can. Once you start treating patients, you can see that treating OUD is simple and effective

2c. MOUD Treatment Engagement and Retention (required)

This section outlines strategies delivered in conjunction with MOUD to enhance implementation of MOUD and improve retention in care on MOUD. These include behavioral interventions such as Motivational Interviewing or Contingency Management, digital (web or app-based) tools, the care coordination service delivery strategy, treating co-occurring psychiatric disorders, and reducing barriers to essential community resources such as housing, transportation, and child care.

2.c.1 Enhancement of clinical delivery approaches that support engagement and retention

- A Systematic Review on the Use of Psychosocial Interventions in Conjunction with Medications for the Treatment of Opioid Addiction
    - Link through PCSS to a recent paper reviewing studies on psychosocial interventions in conjunction with MOUD, including methadone, buprenorphine, and naltrexone

- Developing a Behavioral Treatment Protocol in Conjunction with MAT (Revised)
    - PCSS Power Point presentation covering four basic principles of empirically supported behavioral treatments for substance use disorders-coping skills, competing reinforcers, how individuals talk about their change plan, and utilizing social supports

- Contingency Management combined with Community Reinforcement Approach
    - This literature review covers evidence for behavioral interventions to improve outcome of buprenorphine treatment, including evidence supporting Contingency Management (or Motivational Incentives) combined with Community Reinforcement Approach, a cognitive behavioral approach that emphasizes both relapse prevention and drug avoidance skills, and

building a lifestyle based on healthy sources of reinforcement, including family, relationships, work and recreation.
  - See also Section 2.c.2: reSET® Prescription Digital Therapeutic Software

- Promoting Awareness of Motivational Incentives (PAMI)
  - This online training program provides practical guidance on how to implement Motivational Incentives, or Contingency Management--where rewards or prizes are awarded to patients, contingent on evidence of abstinence (drug negative urine tests) or other desirable target behaviors such as attendance at treatment. The program is an outgrowth of two community-based, multi-site trials of Motivational Incentives conducted in the NIDA-funded Clinical Trials Network.
  - Reviews evidence for the effectiveness of motivational incentives/contingency management (MI/CM)
  - Addresses potential barriers to implementation of MI/CM
  - Provides materials and documents to support implementation of MI/CM in community-based treatment programs such as opioid treatment programs or other clinical settings providing MOUD.

- TIP 27: Comprehensive Case Management for Substance Abuse Treatment
  - This guide presents an overview of case management for substance use disorder treatment providers. It discusses models, program evaluation, managed care issues, referral and service coordination requirements, and clients with special needs.

- AHRQ: Rapid Evidence Review of Retention Strategies for MOUD in Adults
  - A 2020 report that outlines and describes retention strategies for MOUD

- ATTC Motivational Interviewing Training
  - See section 2.b.1.1 for description

- Contingency Management for Patients Receiving Medication for Opioid Use Disorder
  - Research study describing the use of Contingency Management and outcomes for treating comorbid substance use in individuals being treated with medication for Opioid Use Disorder

- Contingency Management: A Highly Effective Treatment For Substance Use Disorders And The Legal Barriers That Stand In Its Way
  - Document describing the use of Contingency Management. A variety of links to research and other tools are included within the document.

2.c.2. Use of virtual retention approaches (mobile, web, digital therapeutics)

- The Center for Behavioral Health Technology: Program Reviews
  - The Center for Technology and Behavioral Health (CTBH) is a P30 “Center of Excellence” funded by the National Institute on Drug Abuse.
  - This web-based review summarizes available technology-based programs for mental health, addiction, and dual diagnosis patients.
  - Each technology-based program is reviewed in a page summarizing the intervention, the evidence of its efficacy, and a link to each program's site for further information about access.

- reSET and reSET-O® :
  - reSET-O is an 84-day Prescription Digital Therapeutic (PDT) for Opioid Use Disorder (OUD) intended to increase retention of patients in outpatient treatment maintained on buprenorphine.
  - reSET is a 90-day Prescription Digital Therapeutic (PDT) for individuals with substance use disorders to increase abstinence and retention in outpatient treatment.
  - Both provide cognitive behavioral therapy (CBT) via lessons followed by quizzes and exercises to reinforce skills.
  - Both can also include contingency management (CM) gift cards for lesson completion and negative drug testing.
  - Both are available commercially to individuals but can only be accessed via a prescription.
  - The cost for the product may be covered by some health insurance plans.

- ACHESS (marketed as "eIntervention"):
  - This is a recovery support application that provides multifaceted recovery support including:
    - Communication with the clinical team and peer support
    - Craving management and daily encouragement and assessments
    - Discover feature to find local recovery services
    - Panic button in the case of risk of relapse
    - Geofencing, which allows patients to identify risky areas and pings the clinical team or peer support if a patient enters these areas
  - Evidence currently exists for its use with substance use disorder and is being tested for individuals with OUD on MOUD.
  - This application is only available commercially through health care systems or other organizations that have purchased the product from Chess Health.

- CBT4CBT (marked as E-therapy):
  - This is a digital cognitive behavioral therapy (CBT) program that includes video, quizzes, and interactive exercises to teach recovery skills.
  - The program includes 7 content areas that each take about 1 hour to complete.
  - It is available in three versions, for substance use, for alcohol and in conjunction with buprenorphine.
  - This application is only available commercially through health care systems or other organizations that have purchased the product from Chess Health.

- Project ECHO
  - See section 2.a.1.4 for description.

- Dynamicare (smartphone based app)
  - Automatically conducts saliva drug testing, utilizing the smartphone camera, with results automatically recorded results on patient's app dashboard, and delivers rewards to a virtual cash card for negative urines.
  - Delivers digital CBT

2.c.3. Utilize care coordinators

- BMC Nurse Care Manager Office Based Addiction Treatment Model
  - Nationally recognized (SAMHSA) and replicated model for the treatment of individuals with substance use disorders. This model relies on nurse care managers to ensure the delivery

of high-quality addiction treatment while effectively and efficiently utilizing the time of prescribers.
    - National OBAT Clinical Guidelines
        - See 2.a.1.6 for description
    - OBAT Clinical Tools and Forms for Use in Service Provision
        - See 2.a.1.6 for description

- Wraparound Implementation and Practice Quality Standard
    - Wraparound initiative offering supportive material to facilitate high quality and consistent Wraparound implementation. It is also helpful for evaluation and quality improvement.
    - During the developing and implementing process, seven areas emerged that need attention: four at the wrap-around provider level (competent staff, effective leadership, facilitative organizational support, and utility focused accountability mechanisms); one at the community level (hospital system conditions); and two output areas (fidelity to high quality wraparound practice and outcomes – improved youth and family functioning)

- CDC HIV Care Coordination Program
    - This program aims to retain clients in HIV care by improving patient navigation services, coordinating medical and social services, providing coaching for medication adherence and educating clients on the disease and treatments to help them maintain stable health status.
    - Highlights and describes the six intervention components of the care coordination program.

- Oregon's PCPCI Model of Care Video:
    - Describes six core attributes of this model:
        - Access to Care
        - Accountability
        - Comprehension Whole Person Care
        - Continuity
        - Coordination and Integration
        - Person and Family Centered Care

- BMC SUD Continuum of Care ECHO
    - See section 2.a.1.4 for description

2.c.4. Mental health and polysubstance use treatment integrated into MOUD

- PARS (Preventing Addiction Related Suicide)
    - The goal of this study is to evaluate the effectiveness and utility of the investigator's National Institute on Drug Abuse (NIDA) R21 titled "Preventing Addiction Related Suicide" (PARS) program by utilizing a novel stepped wedge design to evaluate PARS as a selected prevention program to increase help-seeking by clients in community addiction treatment.

- SAMHSA: General principles for the use of Pharmacological Agents to Treat Individuals with Co-Occurring Mental and Substance Use Disorders
    - This document provides general principles to assist in the planning, delivery, and evaluation of pharmacologic approaches to support the recovery of individuals with co-occurring disorders

  - Principles covered: engagement, relationship building, shared decision-making, screening and assessment, integrated interventions, treatment readiness, interdisciplinary communication, integrated treatment, pharmacologic strategies and drug interaction/toxicity, medications and crossover benefits, risk/benefit assessment, coordinated treatment approach, and relapse prevention

- TIP 42: Substance Abuse. Treatment for Persons with Co-Occuring Disorders
  - See section 2.a.1.2 for description

- SAMHSA: Pharmacologic Guidelines for Treating Individuals with Post-Traumatic Stress Disorder and Co-Occurring Opioid Use Disorders
  - As a companion to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) General Principles for the Use of Pharmacological Agents to Treat Individuals with Co-Occurring Mental and Substance Use Disorders, this document provides guidelines for pharmacologic interventions for individuals with PTSD and co-occurring opioid use disorders.

- ** Integrated Group Therapy for Bipolar Disorder and Substance Abuse
  - Weiss RD, Connery H. *Integrated group therapy for bipolar disorder and substance abuse.* New York, NY: Guilford Press; 2011.
  - Packed with practical clinical tools, this book presents an empirically supported treatment expressly designed for clients with both bipolar disorder and substance use disorders. The volume provides a complete session-by-session overview of the approach, including clear guidelines for setting up and running groups, implementing the cognitive-behavioral treatment techniques, and troubleshooting frequently encountered problems. The book features more than 30 reproducible handouts, forms, and bulletin board materials.

- ** Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders
  - Barlow D, Farchione T, Sauer-Zavala S, et al. *Unified protocol for the transdiagnostic treatment of emotional disorders.* New York, NY: Oxford Press; 2018.
  - Designed for individuals suffering from emotional disorders, this program focuses on helping you to better understand one's emotions and identify what one is doing in their responses to them that may be making things worse. By proactively practicing the skills presented in this book-and completing the exercises, homework assignments and self-assessment quizzes provided in each chapter, which address one's problems in a comprehensive and effective way so that emotional experiences can be regulated and return to living a happy and functional life.

- Contingency Management combined with Community Reinforcement Approach
  - See section 2.c.1 for description.
  - See also Section 2.c.2: reSET® Prescription Digital Therapeutic Software

- Promoting Awareness of Motivational Incentives (PAMI)
  - See section 2.1.c for description
  - Note: You must create a MyCASAT Training account in order to enroll in courses.

- ATTC Motivational Interviewing Training
  - See section 2.1.c for description

- PCSS Webinars
  - The Providers Clinical Support System (PCSS) is comprised of a coalition of major healthcare organizations dedicated to addressing the opioid overdose crisis. PCSS's mission is to increase healthcare providers' knowledge and skills in the prevention, identification, and treatment of substance use disorders with a focus on opioid use disorders.
  - To get started, login to your APA account and select an activity. You do not have to be an APA member to create a new user account for free

- National Institute of Health Principles of Drug Addiction Treatment: A Research-Based Guide
  - This is a guide that can be used by healthcare providers, families, community stakeholders.
    - The guide provides an overview of principles of effective treatment, evidence-based approaches to treatment and a section on frequently asked questions

- SAMHSA In Brief: Substance Use and Suicide: A Nexus Requiring A Public Health Approach
  - This is a 19-page document for prevention professionals.
    - Outlines prevalence of substance misuse and suicide in the US
    - The document includes information on Evidence based practices and programs and links to additional resources

- SAMHSA TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment
  - This is a 171-page guide that includes information for providers
    - The TIP provides an overview of developing a prevention and intervention agency, how to address suicidality and vignettes that illustrate how to apply the information provided in the TIP.

- National Institute of Mental Health Suicide Prevention Webpage
  - This is a website that provides links to a variety of services that can be used by providers and community members
    - Links to suicide prevention lifeline, Veterans crisis line, signs and symptoms of suicide ideation and action steps for helping someone in emotional pain
    - There is also information about types of therapy, medication and links to additional research

- SAMHSA-funded Technology Transfer Centers (TTC)
  - The purpose of the TTC is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment, and recovery support services for substance use disorders and mental illness.
  - The TTC program is comprised of three networks: the Addiction Technology Transfer Centers (ATTC), the Mental Health Technology Transfer Centers (MHTTC), and the Prevention Technology Transfer Centers (PTTC).

- Suicide Prevention Resource Center
  - SPRC advances suicide prevention infrastructure and capacity building through:

    - There are links to consultation, training, and resources to enhance suicide prevention efforts in states, Native settings, colleges and universities, health systems and other settings, and organizations that serve populations at risk for suicide.

    - Staffing, administrative, and logistical support to the Secretariat of the National Action Alliance for Suicide Prevention (Action Alliance), the public-private partnership dedicated to advancing the National Strategy for Suicide Prevention.
    - Support for Zero Suicide, an initiative based on the foundational belief that suicide deaths for individuals under care within health and behavioral health systems are preventable. The initiative provides information, resources, and tools for safer suicide care.
- SAMHSA Treating Concurrent Substance Use Among Adults
    - The guidebook presents three evidence-based practices that can engage and improve outcomes for individuals with concurrent substance use disorders
- Non–Prescribed Buprenorphine Preceding Treatment Intake and Clinical Outcomes for Opioid Use Disorder
    - Research study describing the use of Non-Prescribed Buprenorphine upon intake and outcomes including opioid use hazards of treatment discontinuation
- Six-Month Trial of Bupropion with Contingency Management for Cocaine Dependence in a Methadone-Maintained Population
    - Research study comparing Contingency Management and Bupropion Hydrochloride in reducing Cocaine use in people taking Methadone
- Effects of Lower-Cost Incentives on Stimulant Abstinence in Methadone Maintenance Clinic
    - Research study describing the use of low-cost, prize based Contingency Management added to usual care in a Methadone Maintenance Clinic.

2.c.5 Reducing Barriers to Housing, Transportation, Childcare, And Access to Other Community Benefits for People with OUD

This section provides some resources related to community-based resources for individuals with OUD. Due to the nature of community-based resources, there is high variability in resources available in each unique community. The information below provides an example of national and state-based community-resources. However, more community-based resources will be described within the HCS landscape analysis.

- SAMHSA Homelessness Programs and Resources
    - Webpage with access to many articles, videos, trainings, webinars, and other resources with the intent to facilitate prevention and eradication of homelessness particularly among patients with mental health and substance use conditions.
    - Some key resources include specific links to : Case Management, Self-care for providers, Housing and Shelter, Employment, Trauma, Social Inclusion, and Youth

- Ryan White HIV/AIDS Medical Case Management
    - Ryan White HIV/AIDS Medical Case Management is defined as core medical patient-centered service that links and engages patients living with HIV/AIDS to health care and psychosocial services like substance use and mental health counseling
    - MCM aims to provide other services like housing and transportation for patients. It also includes routine assessment of service needs, development and implementation of plan, patient monitoring to evaluate the efficacy of the plan, and periodic reevaluation and adaptation of the plan.
    - It boosts the collaborations at state, regional and individual service delivery levels to identify and eliminate barriers to HIV care and improve access to treatment.

- Substance Use Disorders Recovery with a Focus on Employment and Education
    - This guide helps health care providers, systems, and communities support recovery from substance use disorders via employment mechanisms. It describes relevant research, examines emerging and best practices, identifies knowledge gaps and implementation challenges, and offers resources.

Chapter 3: ORCCA Framework for Improving Prescription Opioid Safety

Rationale: Pharmaceutical opioid supply is a key source of opioid exposure, contributing to OUD and opioid overdose. Specific prescribing practices, including excessive prescribing for acute or postoperative pain, prescribing high morphine-equivalent daily dose (e.g., ≥ 90 mg/day) for chronic pain or co-prescribing opioids and benzodiazepines, increase the risk of opioid overdose. Promoting safer, more judicious opioid prescribing, dispensing, storage, and disposal practices can increase opioid safety, reduce the excess opioid supply in communities and decrease the risk of overdose.

Goals: This menu is designed to:

1. Reduce high-risk opioid prescribing
2. Encourage appropriate opioid prescribing for acute conditions
3. Reduce opioid prescriptions from multiple prescribers or pharmacies
4. Increase appropriate medication disposal

How to use the information in this chapter:

Chapter 3 includes the TAG for Menu 3 of the ORCCA Strategies for improving prescription opioid safety. This chapter is intended to provide resources (including guidelines, toolkits, and other references) for implementing and ideally sustaining each strategy included on the ORCCA "menu." The TAG may be useful to a wide-ranging audience, and many included resources have been developed to directly assist administrators and practitioners who seek to change service operations. However, in many cases, optimal use of the TAG may require technical experts working in direct partnership with both coalitions and specific organizations to select and implement the guidance within. Communities and healthcare facilities should also carefully review state and local regulations prior to implementation of opioid prescribing, dispensing, and disposal strategies.

For more information about the ORCCA TAGs and TAG Organization click: here.

3.a. Safer opioid prescribing/dispensing practices (required)

This section addresses safer opioid prescribing for acute and chronic pain as well as safer opioid dispensing. Some techniques for improving opioid safety, such as continuing education, prescription drug monitoring program (PDMP) review, and academic detailing (interactive, evidence-based educational outreach to improve prescriber decision-making and patient care) are generally applicable across practice sites and able to be tailored to specific needs. Other resources, such as practice guidelines, are necessarily targeted to specific practice sites and prescriber specialties.

3.a.1. Safer opioid prescribing for acute pain across varied healthcare settings

3.a.1.1 Pain management guidelines

- CDC Guideline for Prescribing Opioids for Chronic Pain
    - The 2022 edition of the guideline includes 12 recommendations for prescribing opioids for adults with acute, subacute or chronic pain. It includes recommendations for determining whether or not to initiate opioids, for selecting opioids and dosages, for deciding treatment duration and conducting follow-up, and for assessing risk and addressing harms of opioid use.
    - Practical tools and resources for implementing the guideline are available on the CDC's website.
- Advisories Warning against Misapplication of Opioid Prescribing Guidelines
    - FDA identifies harm reported from sudden discontinuation of opioid pain medicines and requires label changes to guide prescribers on gradual, individualized tapering
- Acute Pain Management: Meeting the Challenges: A VA Clinician's Guide
    - 2017 guide was created as a tool for providers at US Department of Veterans Affairs facilities but contains information broadly applicable to prescribing in emergency, urgent care, and primary care settings.
    - Describes managing acute pain using a stepwise approach starting with nonpharmacologic approaches, then adding non-opioid pharmacotherapy and then adding short term (3-5 day) use of short-acting opioids.
    - Describes the efficacy and risks of each treatment modality and highlights the benefits of multimodal treatment.
- Management of Postoperative Pain: A Clinical Practice Guideline from the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia
    - 2016 guideline, based on a systematic review of the evidence on postoperative pain management, provides recommendations developed by a multidisciplinary expert panel.
    - Highlights that safe and effective postoperative pain management should be based on a plan of care tailored to the individual and the surgical procedure involved, with multimodal regimens recommended in many situations.
- Guideline for Discharge Opioid Prescriptions after Inpatient General Surgical Procedures
    - 2017 guideline for postoperative patients.
    - Indicates that post-discharge opioid use is best predicted by usage the day before discharge and predict that 85% of patients' postoperative home opioid requirements would be satisfied using their guideline.
- Opioid-Prescribing Guidelines for Common Surgical Procedures: An Expert Panel Consensus

  - 2018 guideline from the American College of Surgeons: Opioids After Surgery Workgroup.
  - For 20 surgical procedures reviewed, the minimum number of opioid tablets recommended by the panel was 0. Ibuprofen was recommended for all patients unless medically contraindicated. The maximum number of opioid tablets varied by procedure (median 12.5 tablets), with panel recommendations of 0 opioid tablets for 3 of 20 (15%) procedures, 1 to 15 opioid tablets for 11 of 20 (55%) procedures, and 16 to 20 tablets for 6 of 20 (30%) procedures.

- Prescribing Opioids for Postoperative Pain – Supplemental Guidance
  - 2018 guidance developed by the Bree Collaborative and Washington State Agency for Medical Directors Group.
  - Gives clinical recommendations at the time of discharge for three postoperative pain types: expected rapid recovery, expected medium-term recovery, and expected longer term recovery.
- Dental Guideline on Prescribing Opioids for Acute Pain Management
  - 2017 guidance developed by the Bree Collaborative and Washington State Agency for Medical Directors Group.
  - An easy-to-use reference to help dentists and oral surgeons follow a set of clinical recommendations to align opioid prescribing with current evidence.
- The Treatment of Acute Pain in the Emergency Department: A White Paper Position Statement Prepared for the American Academy of Emergency Medicine
  - 2018 guideline provides resources for the safe use of opioids in the ED as well as pharmacological and nonpharmacological alternatives to opioid analgesia.
  - Emphasizes that care should be tailored to the patient based on their specific acute painful condition and underlying risk factors and comorbidities.

3.a.1.2 Prescriber education

- SCOPE of Pain: Safer/Competent Opioid Prescribing Education
  - Safer Post-Operative Prescribing of Opioids: CME activity shares best practices in post-operative opioid prescribing to reduce the number of excess opioids leftover following a surgery.
  - Safe Opioid Prescribing for Acute Dental Pain: One-hour dental CE program outlines opioid prescribing principles for general dentists and dental specialists, illustrated by a case study. This training covers the safe and competent use of opioids for managing acute moderate to severe dental pain.
  - Emergency Response: Safer Opioid Prescribing in the Emergency Department: CME activity designed to address the needs of providers, including physicians and nurses, in the emergency department and urgent care settings. The didactic content of this activity

is supported by video vignettes of effective provider/patient communication techniques, including management of an opioid naïve patient and an opioid-seeking patient.

- Education for Clinicians Treating Patients with Opioids for Chronic Pain
    - Education for Clinicians Treating Patients with Opioids for Chronic Pain is an animated video that focuses on four key strategies: Reducing Risk for Development of OUD and Avoidance of Misuse, Identification of Risk Factors, Safety Planning, and Overdose Rescue Preparation.
- PCSS: Improving Opioid Prescribing: The CDC Guideline for Prescribing Opioids for Chronic Pain and Considerations for Dentistry
    - Power Point presentation from the CDC and the American Dental Association instructs participants on when and how opioids should be initiated for pain and how non-opioid strategies can be employed in dental practices to improve the efficacy of acute postoperative pain management. Alternative strategies may decrease the reliance on prescription opioid pain relievers following dental surgery.
- Limiting Opioid Over prescription after Prostatectomy: How Payer-Provider Collaboration Can Lead to Improved Patient Safety and Reimbursement
    - This is a publication describing the effect of an opioid-limiting pain-control pathway following prostatectomies in the stay of Michigan.
- Take Charge Ohio
    - Website provides a variety of information for healthcare providers including links to both state specific and national resources. There are also links to prescriber training and education in addition to resources for patients.
- Opioid Prescribing Best Practices: Warning Signs, Tapering Strategies, and Alternatives
    - Two-part video Interview from Psych Congress Network discussing Opioid Prescribing practices

3.a.1.3 Academic detailing and consult services

- National Resource Center for Academic Detailing (NaRCAD) Best Practices in Academic Detailing for Opioid Safety
    - Links to materials for conducting academic detailing campaigns generally and specifically targeting opioid safety.
    - Developed at Brigham & Women's Hospital, Division of Pharmacoepidemiology.
- U.S. Department of Veterans Affairs (VA) Academic Detailing Service - Pain & Opioid Safety Initiative (OSI) Materials
    - Pain resources for providers, including a pain management & opioid safety quick reference guide, dose and taper tools, and a chronic pain and suicide factsheet
    - Patient-facing resource related to risk of combining opioids and benzodiazepines

  - Access to VA Academic Detailing Implementation Guide for information about VA's academic detailing program that may help guide the development of detailing campaigns in a variety of settings.

- PCSS Mentoring Program
  - National program connecting clinicians with one-on-one mentoring about pain management or addiction, or offers participation in clinical forums

3.a.1.5. Patient education resources

- Pain Education Toolkit for patients
  - Patient handouts from Oregon Pain Guidance cover topics such as how pain works, sleep hygiene for pain, and videos that address questions like, "How does mood affect your pain?" "Why does activity help with pain?" and "Why I should think about reducing my pain medication?"
  - Handouts are available in English, Spanish, Russian, Vietnamese, and Zhuang.
- CDC Information for Patients
  - Information for patients about pain treatment, expectations for opioid therapy, and preventing misuse and overdose.
  - Includes handouts and infographics about the CDC guideline, promoting safer and more effecting pain management, and preventing overdose.

3.a.2 Safer opioid prescribing for chronic pain

3.a.2.1 Pain management guidelines and toolkits

- CDC Clinical Practice Guideline for Prescribing Opioids for Pain
  - The 2022 edition of the guideline includes 12 recommendations for prescribing opioids for adults with acute, subacute or chronic pain. It includes recommendations for determining whether or not to initiate opioids, for selecting opioids and dosages, for deciding treatment duration and conducting follow-up, and for assessing risk and addressing harms of opioid use.
  - Practical tools and resources for implementing the guideline are available on the CDC's website.
- Oregon Pain Guidance
  - Developed to support providers in Oregon state, this site has compiled a wide range of pain management resources and tools. These include guidelines, assessment and screening tools, guidance for counseling patients, and more.

3.a.2.2 Prescriber education

- SCOPE of Pain: Safer/Competent Opioid Prescribing Education

  - SCOPE of Pain Core Curriculum: Series of online or in-person CE activities designed to help practitioners safely and effectively manage patients with chronic pain, when appropriate, with opioid analgesics.
  - Safe and Competent Opioid Prescribing: Optimizing Office Systems: CME activity to help clinicians re-engineer office systems to reduce the potential for opioid misuse, addiction, or diversion while ensuring safe evidence-based care of patients with chronic pain.
  - SCOPE of Pain supplemental training also includes online activities for opioid prescribing in special populations, naloxone co-prescribing, opioid tapering, and state-specific training for practitioners in New York and Massachusetts.
- PCSS: Providers Clinical Support System
  - Extensive resource provided by SAMHSA, including free CME and mentorship.
  - 13-module course "Management of Chronic Pain: A Core Curriculum for Primary Care Providers" covers key topics in chronic pain assessment and management, opioid risk assessment and management, opioid use disorder (OUD) in patients with chronic pain, and communication strategies.
- Impact of Implementing an Academic Detailing Program on Opioid-Benzodiazepine Co-Prescribing Trends at the U.S Department of Veterans Affairs
  - A Clinical Trial describing the process and outcome of an Academic Detailing Program aimed at reducing Opioid-Benzodiazepine Co-Prescribing in Veterans

3.a.2.3 Tapering guidelines and resources

- CDC Pocket Guide for Tapering Opioids for Chronic Pain
  - A high-level overview of when and how to taper opioids for chronic pain.
- Tapering Guidance & Tools from Oregon Pain Guidance
  - Includes a tapering flowchart and the BRAVO protocol for patient-centered opioid tapering
- VA Opioid Taper Decision Tool
  - A guide developed by the VA to help clinicians determine when a taper is indicated, how to perform the taper and support patients throughout the taper.
- RxFiles Opioid Tapering Template
  - Information for providers and patients to help guide opioid tapering, including a template for writing out a suggested opioid taper over time and managing symptoms of opioid withdrawal.
- Health and Human Services Guide on Opioid Tapering
  - Information for providers who are considering a reduction in opioid dosing or discontinuing long-term opioid treatment for patients with chronic pain.

3.a.2.4 Academic detailing and consult services

- National Resource Center for Academic Detailing (NaRCAD) Best Practices in Academic Detailing for Opioid Safety
    - Links to materials for conducting academic detailing campaigns generally and specifically targeting opioid safety.
    - Developed at Brigham & Women's Hospital, Division of Pharmacoepidemiology.
- U.S. Department of Veterans Affairs (VA) Academic Detailing Service - Pain & Opioid Safety Initiative (OSI) Materials
    - Pain resources for providers, including a pain management & opioid safety quick reference guide, dose and taper tools, and a chronic pain and suicide factsheet
    - Patient-facing resource related to risk of combining opioids and benzodiazepines
    - Access to VA Academic Detailing Implementation Guide for information about VA's academic detailing program that may help guide the development of detailing campaigns in a variety of settings.
- PCSS Mentoring Program
    - National program connecting clinicians with one-on-one mentoring about pain management or addiction, or offers participation in clinical forums

3.a.2.6 Naloxone co-prescribing

- PrescribetoPrevent.org
    - Website provides information for providers, pharmacists, and patients and families about how to prescribe, obtain, and use naloxone to prevent fatal opioid overdose.
- US Department of Health and Human Services Recommendations for Co-Prescribing Naloxone - Issued in December of 2018.
    - Guidance document
    - For more information on overdose education and naloxone distribution, refer to chapter 1.
- New York State Senate Bill S2966A-Webpage detailing New York bill that allows an opioid antagonist prescription along with a patient's first opioid prescription each year. The bill outlines the requirements for prescriptions.

3.a.2.7. Patient education resources

- Pain Education Toolkit for patients
    - Patient handouts from Oregon Pain Guidance cover topics such as how pain works, sleep hygiene for pain, and videos that address questions like, "How does mood affect your pain?" "Why does activity help with pain?" and "Why I should think about reducing my pain medication?"
    - Handouts are available in English, Spanish, Russian, Vietnamese, and Zhuang.

- CDC Information for Patients
    - Information for patients about pain treatment, expectations for opioid therapy, and preventing misuse and overdose.
    - Includes handouts and infographics about the CDC guideline, promoting safer and more effecting pain management, and preventing overdose.

3.a.2.8 State prescription drug monitoring programs (PDMPs)

- PDMPs can provide prescribers with both patient-specific information regarding opioid use as well as aggregate prescribing data to assist both in clinical decision-making and development of safer prescribing practices and protocols.
    - **Kentucky** – KASPER: Kentucky All Schedule Prescription Electronic Reporting
    - **Massachusetts** – MassPAT: Massachusetts Prescription Awareness Tool
    - **New York** – I-STOP/PMP: Internet System to Stop Over-prescribing/Prescription Monitoring System
    - **Ohio** – OARRS: Ohio Automated Rx Reporting System

3.a.3 Safer opioid dispensing

3.a.3.1 Pharmacist education

- APhA: Collaborate for Responsible Opioid Use (Home Study)
    - 1-hour online CPE activity addressing collaboration between pharmacists and prescribers to minimize opioid misuse and ensure medical needs are met.
    - Not publicly available
- For general education related to opioid prescribing, refer to section 3a.1.2 and 3a.2.2
- Scope of Pain
    - Please see section 3.a.2.2 for description

3.a.3.2 Academic detailing

- National Resource Center for Academic Detailing (NaRCAD) Best Practices in Academic Detailing for Opioid Safety
    - Links to materials for conducting academic detailing campaigns generally and specifically targeting opioid safety.
    - Developed at Brigham & Women's Hospital, Division of Pharmacoepidemiology.
- U.S. Department of Veterans Affairs (VA) Academic Detailing Service - Pain & Opioid Safety Initiative (OSI) Materials
    - Pain resources for providers, including a pain management & opioid safety quick reference guide, dose and taper tools, and a chronic pain and suicide factsheet

- Patient-facing resource related to risk of combining opioids and benzodiazepines
- Access to VA Academic Detailing Implementation Guide for information about VA's academic detailing program that may help guide the development of detailing campaigns in a variety of settings.

3.a.3.3 Naloxone dispensing

- Prescribe to Prevent
  - Pharmacy Basics section includes a guide for community pharmacists on the dispensing of naloxone, patient counseling tools, and information on naloxone formulations and billing.
  - "Behind the Counter" Models section includes state-specific information related to naloxone dispensing via protocol or standing order.
- For more information on overdose education and naloxone distribution, refer to chapter 1.

3.a.3.4 State PDMPs

- PDMPs can provide pharmacists with information regarding patients' opioid use to guide decision-making around dispensing, counseling, and naloxone provision.

3.b. Safer opioid disposal practices (optional)

Leftover (unused) prescription opioids are a potential source for opioid misuse and accidental poisoning. Providing safe, convenient, and environmentally appropriate options for disposing of unused prescription opioids can help reduce opioid supply within communities and prevent access by children, adolescents, and other vulnerable populations.

The three recommended means of drug disposal are 1. drug take-back events sponsored by law-enforcement agencies, 2. permanent drug drop-box kiosks in law-enforcement, pharmacy, and other healthcare locations, and 3. take-home disposal mechanisms such as mail-back envelopes, which are typically sold or provided by participating pharmacies.

This section outlines the associated resources and toolkits for decreasing community opioid supply through more robust drug disposal programs. Communities wishing to expand drug disposal options should identify current drug disposal locations, weigh the costs and benefits of each type of program, and review state and local regulations concerning drug disposal prior to implementation.

3.b.1. Prescription drug drop-box and mail-back programs

3.b.1.1 Identification of current drug disposal locations

- DEA Controlled Substance Public Disposal Locations Search Utility
  - Public database contains locations that have registered with the DEA for controlled substance disposal, searchable by zip code or city/state up to a 50-mile radius.
  - Does not contain law enforcement-affiliated drug disposal locations.
- NABP AwareRx Drug Disposal Locator

- Public database of permanent US drug disposal sites for consumers, searchable by zip code or city/state up to a 100-mile radius.
- Contains law enforcement-affiliated drug disposal locations; does not contain all DEA-registered facilities.
- Maintained by the National Association of Boards of Pharmacy.

3.b.1.2 Implementation of prescription drug disposal program

- National Drug Take Back Day
  - Information on the DEA's national drug take back day events in April and October
  - Includes a "Partnership Toolkit" with PSAs, posters, handouts and other materials to promote National Prescription Drug Take-Back Day.
- Safe Drug Disposal: A Guide for Communities Seeking Solutions
  - 14-page guide written by Partnership for Drug-Free Kids to "help community officials and organizers design a safe drug-disposal program for their community."
  - Focuses on three elements of drug disposal: collection, destruction, and promotion of the drug disposal service.
  - Includes links to federal agencies involved in safe drug-disposal programs (DEA, FDA, EPA, and DOT).
- How-to Guide for Drug Take-Back: Managing a Pharmacy-based Collection Program for Leftover Household Pharmaceuticals
  - 40-page guide published by the Product Stewardship Institute to offer "step-by-step guidance" to pharmacies and other stakeholders wishing to set up a drug take-back program.
  - Provides details on modifying DEA registration to become a collector, selecting collection systems, setting up and operating the program, and promoting the service.
  - Appendix B includes a list of vendors to consider for take-back receptacles and disposal services.
- Registrant for Drug Disposal
  - Website that includes link to get registered with the DEA as a drug take-back receptor and to have receptacles installed at registered site

***Appendix 1* – ORCCA Overview**

Overview of The Healing Communities Study (HCS) Opioid-overdose Reduction Continuum of Care Approach (ORCCA) and Strategies for Implementing Evidence-Based Practices

(Last update: 01/06/2023)

The **Communities That HEAL (CTH)** will draw from the ORCCA to guide each community's system and practice level changes to reduce opioid overdose deaths. This document includes four sections.

- Section I delineates the ORCCA Evidence-Based Practices (EBPs) that must be implemented by each community and provides an overview of potential strategies for implementing the required EBPs.
- Section II outlines strategies to identify, conduct outreach and engage high-risk populations to link to opioid overdose prevention education and naloxone distribution (OEND) and medication for opioid use disorder (MOUD). Section II also defines the three sectors in which EBPs are required to be implemented.
- Section III includes: the menus of strategies for implementing the three ORCCA-required EBPs and the eligibility criteria for utilizing a strategy not included on an ORCCA Menu.
- Section IV includes a link to the most up-to-date versions of ORCCA materials including technical guidance for identifying target populations and implementing ORCCA menu strategies.

Section I – ORCCA Evidence-Based Practices and Overview

The ORCCA is designed to help communities reduce opioid overdose deaths and includes required EBPs, priority populations, and required sectors. There are three required EBPs:

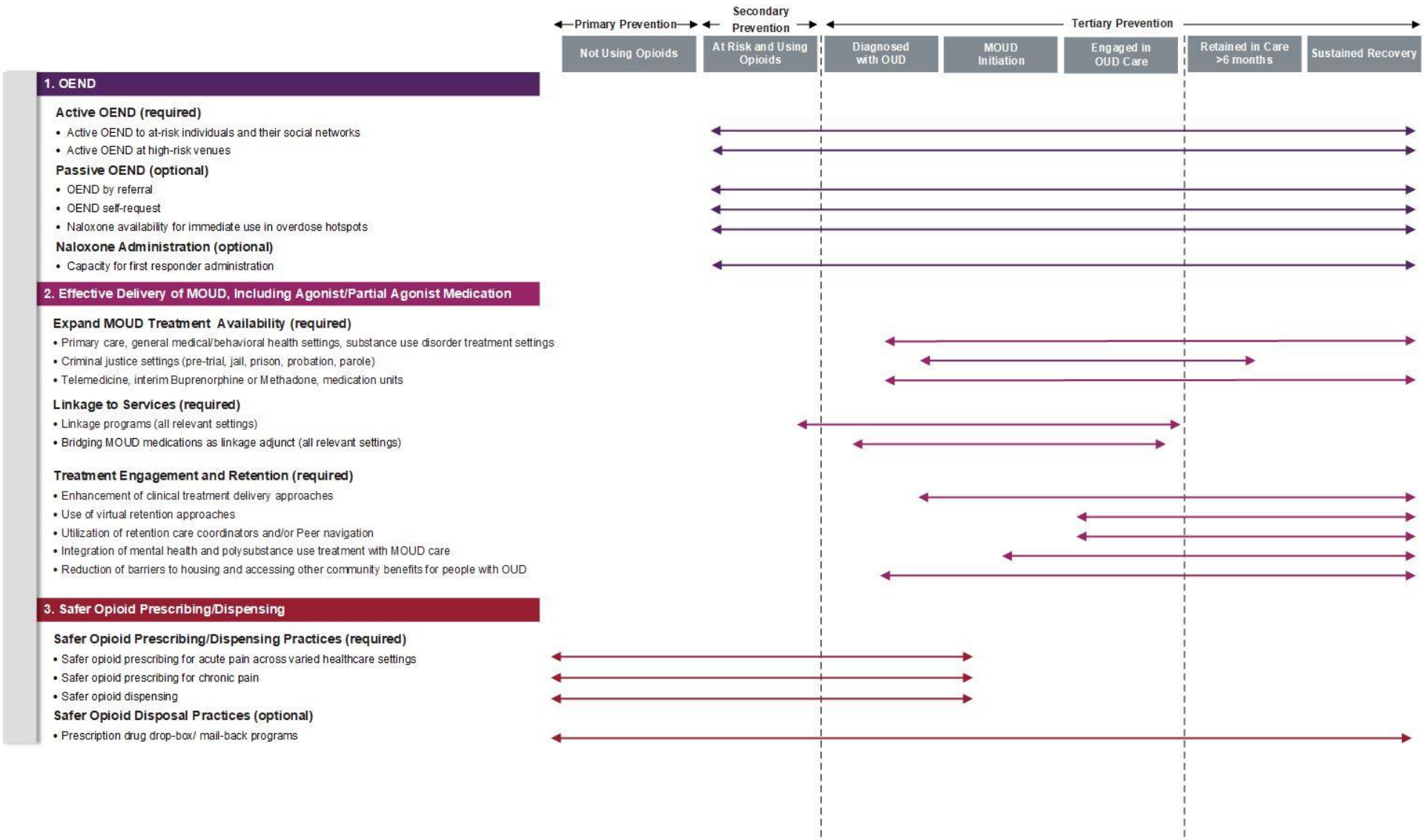
1) Opioid overdose prevention education and naloxone distribution (OEND) in high-risk populations

2) Effective delivery of medication for opioid use disorder (MOUD) maintenance treatment, including agonist/ partial agonist medication, and including outreach and delivery to high-risk populations

3) Safer opioid prescribing and dispensing

As noted in Required EBPs 1 and 2, identification of, and intervention with, high-risk populations is an ORCCA requirement. An overview of potential strategies for implementing the three required EBPs is provided in Figure 1. Each randomized community is required to implement a minimum of at least one required EBP within each of three sectors (healthcare, behavioral health, and criminal justice). For example, the requirement could be met for the criminal justice sector by linking jails to MOUD treatment. If a community does not engage all three sectors then justification for failing to do so is required.

The HEALing Communities Study Opioid-overdose Reduction Continuum of Care Approach (HCS-ORCCA)^ with Sample Strategies



^ Figure and conceptual model adapted from Williams et. al. Development of a Cascade of Care for responding to the opioid epidemic. *The American Journal of Drug and Alcohol Abuse*. 2019: 45(1)

Section II – Identifying Populations at Heightened Risk for Opioid Overdose Death

As noted in Section I, identification of, and intervention with, high-risk populations is an ORCCA requirement. This section includes three subsections. Section A defines high-risk populations. Section B outlines potential approaches for identifying and engaging high-risk populations and individuals. Section C lists special populations within high-risk populations that have unique characteristics that require tailored efforts to identify and intervene. Given that communities of color remain disproportionately impacted by fatal drug overdoses, it is necessary to tailor strategies with cultural humility to address racial and ethnic inequities when implementing ORCCA strategies.

A. Definition of populations at substantially heightened risk for opioid overdose death: Any individual with opioid use disorder is at risk for opioid overdose death, particularly if not engaged in MOUD. Characteristics of individuals who use opioids that further elevate risk of overdose and death include individuals who use opioids and: 1) have had a prior opioid overdose[4,5]; 2) have reduced opioid tolerance[4,6-8] (e.g., completing medically supervised or socially managed withdrawal or release from institutional setting such as jail, residential treatment, hospital); 3) use other substances[9] (e.g., alcohol, benzodiazepines, cocaine, and amphetamine like substances); 4) have concomitant major mental illness[4] (e.g., major depression, bipolar disorder, schizophrenia, anxiety disorders); 5) have concomitant major medical illness[4] (e.g., cirrhosis, chronic renal insufficiency, COPD, asthma, sleep apnea, congestive heart failure; infections related to drug use); and/or 6) inject drugs.[4,10] Of note, individuals exposed to fentanyl during other substance use (e.g., stimulants (e.g., cocaine and methamphetamine), counterfeit prescription medication, etc.) are at heightened risk for overdose and death.[11]

B. Special populations among those at heightened risk for opioid overdose death: Certain populations *within the priority populations outlined above* have unique characteristics that require tailored efforts to identify and intervene. HCS is committed to promoting racial and ethnic equity within the CTH Intervention because communities of color have been and remain disproportionately impacted by fatal drug overdose due to substance use, exclusion from access to high quality care, and criminalization.

Intersectionality describes when individuals have multiple parts of their identity that are stigmatized or discriminated against. Intersectionality impacts individuals who use substances and have multiple other parts of their identity that are stigmatized, leading to compounded challenges in protecting oneself, accessing care and staying in care. Consideration and assessment of impact on health outcomes for these individuals is warranted. While these special populations may not be specifically prioritized, and technical guidance *unique to their identities* may be unavailable, acknowledging membership in these special groups and their concomitant challenges can help to ensure that interventions and programs are inclusive and more equitable. These include:

1) adolescents;[12,13] 2) pregnant and post-partum women;[14-16] 3) homeless populations,[17,18] rural populations without transportation,[19,20] and other factors related to severe poverty;[21] 4) veterans;[22,23] 5) non-English speaking and/or immigrants;[24,25] 6) racial and ethnic minorities[26-29]; 7) people with mental health disorders and mental/physical disabilities;[21] 8) people who use multiple substances;[30,31] 9) people involved in transactional sex;[32,33] 10) people who have chronic pain,[34-36] people who are lesbian, gay, bisexual, transgender or queer[37]

C. Identification of populations at heightened risk for opioid overdose death:

Service Venues: *selection of service venues and identification procedures within them*
Service Venues: 1) Criminal justice settings[38-40] (e.g., pre-trial, jails, probation, parole, drug and problem-solving courts, police and narcotics task forces, halfway houses and community-based correctional facilities, department of youth services); 2) Syringe service programs;[41] 3) Health-care facilities[42-45] (e.g., emergency departments, safety net clinics and health departments, chain and community pharmacies, and hospitals); 4) First responder stations[46] (e.g., police and fire stations); 5) Addiction treatment and recovery facilities (e.g.,OTPs, settings providing medically managed withdrawal treatment or socially managed withdrawal); 6) Mental/behavioral health treatment facilities; 7) Community-based social service agencies (e.g., homeless shelters or other temporary housing, domestic violence shelters, services agencies for transactional sex workers, half-way houses and/or other sober living facilities, recovery centers), 8) Hotline (phone or internet) responding to service requests, 9) Other (e.g., Religious organizations/Houses of worship, Barbershops and hair salons).

Potential detection strategies, methods, and criteria: Alcohol, Smoking and Substance Involvement Screening Test (ASSIST);[47] Single-item Drug Screening Question; [48]TAPS Tool (Tobacco, Alcohol, Prescription Medication and Other Substance Use);[47] Rapid Opioid dependency screen (RODS);[49,50] PDMP systems; [51] Screening-provider directed; [52] EHR prompted screening and automated algorithms;[53-55] Identification of family members[56]; SAMHSA "Now What? The Role of Prevention Following a Nonfatal Opioid Overdose"[57]; Opioid Risk Tool[58];RIOSORD Risk Index (Opioid Risk Tool; Risk Index for Overdose or Serious Opioid-induced Respiratory Depression)[59]; NIDA Screen for Adolescents (BSTAD)[60]; SAMHSA for Screening in Pregnant Women[61]; Screening for Drug Use in General Medical Settings[62]; Overdose Prevention Education for Clinicians[63]

Outreach: *field-based population detection methods*

Creating New Outreach Procedures or New Population Detection Programs within Existing Outreach Programs:[64-66] 1) Point of contact during 911 call; 2) peer/social network/families; 3) community outreach initiatives/events[67-69]; 4) mobile vans[67,70,71]; 5) Drug checking [72,73-78], 6) Media outlets, 7) Local business leaders/chamber of commerce, 8) Barbershops and hair salons, 9) Elected officials, 10) Libraries, 11) Colleges, universities and trade schools ; 12) Religious organizations/Houses of worship[79]

Potential field-based detection methods: Post opioid overdose outreach by public health and public safety agencies;[80] Emerging programs in Massachusetts;[81] Assessing Social Networks;[82] North Carolina Harm Reduction Coalition; AnchorED;[80,83,84] PAARI (Police Assisted Addiction Recovery Initiative);[85] RELAY New York City;[86] Recovery Initiation and Management after Overdose;[87,88] Mobile Recovery Outreach Teams;[89] Opioid Overdose Reversal Program[90]

Surveillance and Other Records Systems: rapid and/or proactive use of existing data to target populations and detect "outbreaks"

Creating New Records Systems or New Population Detection Programs within Existing Records Systems: 1) Non-fatal overdose records (911 calls/EMS; ED encounters; 2) Records

of people having called service systems/hotlines; 3) Frequent utilizers of other health services; 4) SUD/MH treatment center records; 5) Records of Individuals Encountering Law Enforcement 6) Fatality Review Boards

Potential resources/toolkits: SAMHSA "Now What? The Role of Prevention Following a Nonfatal Opioid Overdose";[57] AnchorED (peer support in EDs following overdose); Post opioid overdose outreach by public health and public safety agencies: Emerging programs in Massachusetts;[81] Electronic Healthcare Records Systems; Individuals requesting naloxone; SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs);[91] Harmonizing Disease Prevention and Police Practice model;[92] Bureau of Justice Assistance Law Enforcement Naloxone Toolkit;[93] Phone Interview to Prevent Recurring Opioid Overdoses (TTIP-PRO);[94] Ohio Risk Assessment System/ Ohio Youth Assessment System;[95] Massachusetts Public Health Advisory on Synthetic Opioids[96]

D. Sectors in which EBPs are to be implemented: Each randomized community is required to implement at least one required EBP within each of three sectors (healthcare, behavioral health, and criminal justice). For example, the requirement could be met for the criminal justice sector by linking jails to MOUD treatment. Healthcare settings include outpatient healthcare centers, pre-hospital (EMS) providers, emergency departments and urgent care, hospitals, primary care settings, and pharmacies. Behavioral health includes substance use disorder and mental health treatment centers and social service agencies (e.g., syringe services etc.). Criminal justice includes, but is not limited to, pre-trial, jails, probation, parole, drug and problem-solving courts, police and narcotics task forces, halfway houses, community-based correctional facilities, and department of youth services. If a community does not engage all three sectors then justification for failing to do so is required.

Section III –Strategies to Implement Evidence-Based Practices (EBPs)

Because each community will vary in the need, feasibility, readiness, desirability, stage of current implementation, and expected impact for interventions, communities will vary in their selection of

strategies to implement the three required evidence-based practices. This section includes two subsections. Section A provides the menus of strategies for implementing EBPs, which were up-to-date as of July 15,2021. Section B outlines the requirements for utilizing a strategy that is not included on a menu.

A. ORCCA Menus

ORCCA Menu 1: Strategies to Increase Opioid Overdose Prevention Education and Naloxone Distribution (OEND) (Last update: 01/06/2023)

Rationale: *Naloxone administration reverses an opioid overdose if administered in time. Opioid overdose death is very unlikely when another person is present and equipped with naloxone. Overdose prevention education typically is coupled with naloxone distribution and includes clear, direct messages about how to prevent opioid overdose in the first place and rescue a person who is overdosing that empower trainees to respond to overdoses. Overdose education and naloxone distribution can be successfully implemented at multiple venues among diverse populations. Community-level implementation of OEND has been associated with reduced community-level opioid overdose mortality.*

a) Active OEND (required)

Strategies & Supporting Research	Example Milestones and Reach/Penetration Measures	Resources & Toolkits
Active OEND for at-risk individuals and their social networks[97-110] **Active OEND at high-risk venues:** • CJ settings[97,111-114] • Syringe service program[115] • Emergency departments and acute care hospitals[116] • "Leave behind" programs at sites of overdose • Mental Health/Addiction treatment programs[117]	Milestones: ● Identify gaps in overdose prevention education programs that incorporate naloxone distribution ● Identify individuals to deliver program (e.g., community health educators, pharmacists, first responders), provide training on delivery of identified prevention program ● Implementation of overdose prevention education program Measures: **Secondary:** 2.14.1 # of naloxone units distributed in communities-Community Distributed; 3.5.2 # of Jails that provide overdose education; 3.5.3 # of Jails that provide naloxone upon release	● General Overview/Introduction to Active OEND ○ Harm Reduction Coalition[118] ○ SAMHSA: Opioid Overdose Prevention Toolkit: Opioid Use Disorder Facts[119] ○ CDC: Evidence-Based Strategies for Preventing Opioid Overdose: *What's Working in the United States*[120] ○ Prescribe to Prevent[121] ○ Protect & Prevent[122] ○ Naloxone Access Laws – Prescription Drug Abuse Policy System[123] ○ Cost-Effectiveness of Intranasal Naloxone Distribution[124] ○ Association of Take-Home Naloxone and Opioid Overdose Reversal[125] ○ How to Use Naloxone Video Resource[126] ○ Brandeis Opioid Resource Connector[127] ○ Never Use Alone Hotline[128] ● State-specific Resources for Active OEND ○ Kentucky ▪ KY Stop Overdoses[129] ○ Massachusetts

ORCCA Menu 1: Strategies to Increase Opioid Overdose Prevention Education and Naloxone Distribution (OEND) (Last update: 01/06/2023)		
		▪ Naloxone Information and Resources from UMASS Medical School[103] ▪ Learn to Cope (MA) meetings for families of people who use opioids[130] ▪ Massachusetts DPH OEND Program Core Competencies[131] ▪ MDPH Guidelines for Overdose Education and Naloxone Distribution (OEND) Programs[132] ▪ Leave Behind Protocol for EMS[133,134] ○ New York ▪ NYS OASAS and DOH Opioid Overdose prevention programs[135] ▪ NYS Center for School Health Trainings[136] ○ Ohio ▪ Ohio's Project DAWN[137] ▪ Ohio Office of Criminal Justice Service funded Post –Entry –Exit and Recovery Overdose Prevention Programs (PEER-OPPs)[97] ▪ Personally-tailored opioid overdose education tool hosted by the University of Cincinnati Center for Addiction Research[4,138,139] ▪ Establishing a Community Based or Governmental Naloxone Program[140] Active OEND for at-risk individuals and their social networks Peering into the literature: A systematic review of the roles of people who inject drugs in harm reduction initiatives[141] ● Active OEND at high-risk venues ○ Criminal Justice Settings ▪ OEND in Jails and Prisons: A Primer for Implementing Naloxone Programs in Jails and Prisons[142] ▪ Staying Alive on the Outside Post-Incarceration Video (New York)[143] ▪ Bureau of Justice Assistance: Law Enforcement Naloxone Toolkit[144] ▪ Ohio Office of Criminal Justice Service funded Post –Entry –Exit and Recovery Overdose Prevention Programs (PEER-OPPs)[97] ▪ Overdose Prevention in Community Corrections: An Environmental Scan[145] ○ Syringe Service Programs ▪ Syringe Service Program Fact Sheet and FAQs[146] ▪ Harm Reduction Coalition[118] ▪ Syringe Services Programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation[147] ▪ New York State-Authorized Syringe Access and Disposal Programs[148] ▪ New York Skills and Knowledge of Overdose Prevention (SKOOP)[149] ▪ Kentucky Cabinet for Health and Family Services[150] ○ Emergency Department and Acute Care Hospitals ▪ Prescribe to Prevent webpage for Emergency Medicine Providers[121]

ORCCA Menu 1: Strategies to Increase Opioid Overdose Prevention Education and Naloxone Distribution (OEND) (Last update: 01/06/2023)		
		▪ AnchorED[83] ▪ Resource for ED naloxone distribution (ONDCP webinars and link to whitepaper *Emergency Department Naloxone Distribution: Key Considerations and Implementation strategies)*[151] ○ "Leave behind" Programs at Sites of Overdose ▪ Post opioid overdose outreach by public health and public safety agencies: Exploration of emerging programs in MA[81] ▪ Plymouth County Outreach (MA)[152] ▪ Hampshire Hope Drug Addiction and Recovery Team (MA)[153] ○ Primary Care/Pain Management/Mental Health/Addiction Treatment Programs ▪ Prescribe to Prevent page for Primary, Chronic Pain, and Palliative Care[121] ▪ Praxis: Overdose Prevention Training for MA Addiction Professionals[154] ▪ MA Practice Guidance for integrating Overdose Prevention into Addiction Treatment[155]

ORCCA Menu 1: Strategies to Increase Opioid Overdose Prevention Education and Naloxone Distribution (OEND) (Last update: 01/06/2023)		
b) Passive OEND (optional)		
OEND by referral (e.g. prescription to fill at pharmacy,[109,156,157] referral to OEND dispensing program)[158,159]	Milestones: ● Identify pharmacies with/without naloxone in stock ● Educate prescribers to prescribe naloxone ● Facilitate access to prescription naloxone at pharmacies ● Develop and implement proactive prescribing and dispensing (e.g. co-prescribing mandates, insurance and co-pay support and opt-out offers by pharmacists) of naloxone among prescribers and pharmacies Measures: **Secondary:** 2.14.2 # of naloxone units distributed in community - Pharmacy Distributed	● General Resources/Toolkits for OEND by referral and OEND by self-request ○ Prescribe to Prevent[121,160] ○ GetNaloxoneNow.org training[98] ○ Prevent & Protect: Pharmacy Outreach to improve community naloxone access[122] ○ Naloxone Access Laws – Prescription Drug Abuse Policy System[123] ○ NEXT Naloxone[161] ○ Implementation Evaluation of Academic Detailing on Naloxone Prescribing[162] ○ Prescribing Naloxone and Access to Pharmacy Naloxone in MA[163] ○ Promoting the Importance of Naloxone[164] ○ Naloxone Vending Machines[165] ○ Qualitative exploration of public health vending machines in young adults who misuse opioids: A promising strategy to increase naloxone access in a high risk underserved population[166] ● State-Specific Resources for OEND by referral and OEND by self-request ○ Kentucky ▪ KY Stop Overdoses* ▪ Kentucky Cabinet for Health and Family Services[150] ○ Massachusetts ▪ Massachusetts DPH Information for Community Members About How to Get Naloxone[167] ▪ MassTAPP: Prescribing Naloxone and Access to Pharmacy Naloxone in MA[163] ▪ Community Naloxone Purchasing Program (CNPP)[168] ○ New York ▪ New York State Department of Health Availability of Naloxone in Pharmacies[169] ▪ New York Naloxone Availability Mobile App[170] ○ Ohio ▪ Ohio Department of Pharmacy Naloxone Resources Page[171]
OEND self-request (e.g. at pharmacy, community meeting or public health department)[172]	Milestones: ● Identify venues with/without naloxone available ● Identify venues with/without standing naloxone protocols Measures: **Secondary:** 2.14.1 # of naloxone units distributed in communities-Community Distributed; 2.14.2 # of naloxone units distributed in community - Pharmacy Distributed ; 2.14.3 # of naloxone units distributed in community-Combined	

ORCCA Menu 1: Strategies to Increase Opioid Overdose Prevention Education and Naloxone Distribution (OEND) (Last update: 01/06/2023)		
Naloxone availability for immediate use in overdose hotspots[173,174]	Milestones: ● Identify candidate locations (e.g., based on geographic analysis of population density and/or overdose frequency) ● Establish naloxone monitoring and restocking protocols, and agreements ● Secure NaloxBox/Anti OD device ● Implementation of NaloxBox/AntiOD placement, monitoring, and restocking protocol	● NaloxBox/Anti OD (mounted supply of naloxone)[174] ● Prevent & Protect Safety Policy[122] ● Health Resources in Action: Overdose Response Training in MA[175] ● Anti-motion detectors: Public restroom overdose prevention alarm system[176-178]

ORCCA Menu 1: Strategies to Increase opioid overdose prevention education and naloxone distribution (OEND) (Last update: 01/06/2023)		
c) Naloxone administration (optional)		
Capacity for first responder administration [179-182]	Milestones: ● Identify gaps in access to naloxone and develop protocol including implementation strategy and evaluation measures/procedures ● Provide training to first responders (as necessary), ● Implementation of first responders naloxone program Measures: **Secondary:** 2.8.1 # of EMS naloxone administration events; 2.8.2 # of EMS runs for opioid-related incidents/overdoses	● SAMHSA: Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders[119] ● Ohio's Project DAWN[137] ● GetNaloxoneNow.org training[98] ● Bureau of Justice Assistance: Law Enforcement Naloxone Toolkit[144] ● MA First Responder Naloxone Technical Assistance[163] ● MA Bulk Purchasing of Naloxone for Municipalities[183]

* KY Stop Overdoses https://odcp.ky.gov/Stop-Overdoses/Pages/default.aspx

ORCCA Menu 2: Strategies to Enhance Delivery of MOUD Maintenance Treatment, Including Agonist/ Partial Agonist Medication (Last update: 01/06/2023)

Rationale: *Addressing the opioid epidemic will require increasing the availability of MOUD.[184] Improved access to evidence-based MOUD treatment, particularly agonist/partial agonist treatment, can significantly reduce the risk of overdose death.[185] Available MOUD treatment medications include methadone (full mu opioid agonists), buprenorphine in several formulations (partial mu opioid agonist), and extended-release naltrexone (mu opioid antagonist). Please note, due to the very strong evidence base demonstrating decreased mortality with full and partial opioid agonists, each randomized community must expand MOUD treatment in at least one venue with full and/or partial agonists.*

EBP Strategies & Supporting Research	Sample Milestones and Measures	Resources
a) Expand MOUD Treatment Availability (Capacity building; required)		
Adding/expanding MOUD treatment in primary care, other general medical and behavioral/mental health settings[186-188] and in specialty addiction/ substance use disorder treatment settings and recovery programs[189-191]	Milestones: ● Identify barriers and opportunities for implementing and expanding MOUD ● Identify potential settings for MOUD integration and expansion ● Finalize settings for MOUD integration and expansion, train staff on MOUD, ● Implementation of MOUD integration and expansion programs Measures: **Secondary:** 2.5.4 # of individuals receiving MOUD; 2.5.1 # of individuals receiving Buprenorphine products that are FDA-approved for treatment of OUD; 2.5.2 # of individuals receiving methadone; 2.5.3 # of individuals receiving naltrexone (combined injectable and oral); 2.5.3.A # of individuals receiving naltrexone (injectable only); 2.5.3.B # of individuals receiving naltrexone (oral only); 2.5.4 # of individuals with OUD receiving MOUD**;** 3.2 Number of providers with DATA 2000 waiver; 3.2.30 # of providers with DATA 2000 waiver with 30 patient limit; 3.2.100 # of providers with DATA 2000 waiver with 100 patient limit; 3.2.275 # of providers with DATA 2000 waiver with 275 patient limit3.3 # of providers with DATA 2000 waiver who actively prescribe buprenorphine products that are FDA-approved for OUD; 3.3.30 # of providers with DATA 2000 waiver with 30 patient limit who actively prescribe buprenorphine products that are FDA-approved for OUD; 3.3.100 # of providers with DATA 2000 waiver with 100 patient limit who actively	● Providers Clinical Support System (PCSS) SUD 101 Curriculum[192] ● National Academy for Science, Engineering and Medicine: Medication for Opioid Use Disorder Saves Lives [193] ● Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder[194] ● Clinical Guidelines for Use of Depot Buprenorphine in the Treatment of Opioid Dependence[195] ● PCSS Primer on Antagonist-Based Treatment of Opioid Use Disorder in the Office Setting[196] ● SAMHSA: Clinical use of extended-release injectable naltrexone in the treatment of Opioid Use Disorder: A Brief Guide[197] ● Opioid Response Network (ORN), State Targeted Response (STR) Technical Assistance (TA) (STR-TA) Grant[198] ● Project ECHO resources: Project ECHO (Univ. of New Mexico);[199] Ohio Opiate ECHO (Northeast Ohio Medical Center)[200] Project ECHO: Cincinnati[201] BMC OBAT TTA ECHO[202] ● SAMHSA Buprenorphine Practitioner Locator[203] ● American Society of Addiction Medicine: *Live & Online CME Trainings*[204] ● Harvard Medical School free, accredited online courses in Opioid Use Disorder Education ○ Understanding Addiction[205] ○ Identification, Counseling, and Treatment of OUD[206] ○ Collaborative Care Approaches for the Management of OUD[207] ● MOUD Implementation Checklist[208] ● Expanding the Use of Medications to Treat Individuals with Substance Use Disorders[189]

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	prescribe buprenorphine products that are FDA-approved for OUD; 3.3.275 # of providers with DATA 2000 with 275 patient limit waiver who actively prescribe buprenorphine products that are FDA-approved for OUD	• Procedures for Medication-Assisted Treatment of Alcohol or Opioid Dependence in Primary Care[190] • Getting Started with MOUD with Lessons from Advancing Recovery[191] • SAMHSA TIP 63: Medications for OUD[209] • SAMHSA MAT Guide for Pregnant Women with OUD[210] • SAMHSA TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders[211] • American Psychological Association: The Opioid Guide[212] • HRSA Integrating Buprenorphine Treatment for OUD in Primary Care[213] • AHRQ Medication-assisted treatment models of care for opioid use disorder in primary care settings [214] • Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings[215] • BMC OBAT TTA and Addiction CHAT Live in Massachusetts[216] • SAMHSA Apply for a Practitioner Waiver[217] • American Academy of Addiction Psychiatry (AAAP) 8 Hour and 24 Hour MAT Waiver Training[218] • American Society of Addiction Medicine (ASAM) Waiver Qualifying Training[219] • Providers Clinical Support System (PCSS) Overview of Medication Assisted Treatment (MAT Waiver Trainings)[220] • Provider Clinical Support System (PCSS) Mentoring Program[221] • BMC OBAT Clinical Tools[222] • Addiction Nurses Chat Live BMC TTA[31] • Continuum of Care ECHO: Inpatient treatment programs and Methadone providers BMC TTA[202] • Protecting others protecting treatment[223] • BMC Clinical guideline MA and national [224] • BMC Clinical tools[222] • MA Journey Recovery Project Pregnancy and Parenting[225] • Initiating Buprenorphine treatment in detoxification settings[226] • Association between mortality rates and medication and residential treatment[227] • IHR Maternal Opioid Use During Pregnancy Toolkit[228] • Adolescent Substance Use and Addiction Program – Primary Care (ASAP-PC)[33] • Integrating BUP treatment in HIV primary care settings[229]

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		• Medication Assisted Treatment in Residential Treatment Facilities[230] • OHIO: Case Western School of Medicine Intensive Course Series CME on controlled substance prescribing and buprenorphine[231] • Massachusetts: Massachusetts Help Online (Locate Addiction Specialty Clinics) [232] • KY: Find Help Now Kentucky (Locate Addiction Specialty Clinics)[233] • Brandeis Opioid Resource Connector[127] • Prescriber Billing for Office-Based Treatment for Opioid Use Disorder[234] • Characterizing Initiation, Use and Discontinuation of Extended-Release Buprenorphine[235] • Legal Authority for EMS to Increase Access to Buprenorphine Treatment for OUD[236] • AHRQ Six Building Blocks: A Team-Based Approach to Improving Opioid Management in Primary Care[237] • Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services[238] • Utility of an integrated health system specialty pharmacy in provision of extended-release buprenorphine for patients with opioid use disorder[239] • Early Changes in Waivered Clinicians and Utilization of Buprenorphine for Opioid Use Disorder After Implementation of the 2021 HHS Buprenorphine Practice Guidelines[240] • Bridge clinic implementation of "72-hour rule" methadone for opioid withdrawal management: Impact on opioid treatment program linkage and retention in care[241] • Coverage and Prior Authorization Policies for Medications for Opioid Use Disorder in Medicaid Managed Care[242] • Buprenorphrine Quick Start Guide[243] • A Guide to DEA Narcotic Treatment Program Regulations[244] • SAMHSA FAQ for Buprenorphine Waiver Applicants and Certified Practitioners[217]
Adding/expanding MOUD treatment in Criminal Justice settings (e.g., pre-trial, jail, prison, probation, parole)[245-249]	Milestones: • Identify barriers and opportunities for implementing and/or linking to MOUD • Identify potential settings for MOUD integration/linkage • Train staff on MOUD, implement MOUD integration/linkage	• National Sheriff's Association &. National Commission on Correctional Healthcare Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for The Field[250] • SAMHSA: Use of Medication Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings [251]

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	• Implementation of MOUD integration/linkage programs Measures: **Secondary:** 2.10.1 # of individuals released from prisons and linked to MOUD within 14 days; 2.10.2 # of individuals released from prison and linked to MOUD within 28 days; 2.11 # of individuals provided MOUD while in jail; 3.5 # of jails initiating and linking people to MOUD; 3.5.1 # of Jails which induct on MOUD in the month before release; 3.5.1.a # of Jails that induct on Buprenorphine during incarceration or immediately prior to release (excludes those who just maintain those entering on Buprenorphine); 3.5.1.b # of Jails that induct on Methadone during incarceration or immediately prior to release (excludes those who just maintain those entering on Methadone); 3.5.1.c # of Jails that induct on Naltrexone during incarceration or immediately prior to release (excludes those who just maintain those entering on Naltrexone); 3.5.4 # of jails that link to MOUD upon release	• Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States. 2019[252] • MA BSAS Protocol for Consent to Treatment with Medications for Opioid Use Disorder in Correctional Facilities[253] • California Health Care Foundation MAT in County CJ Settings Project[254] • Substance Abuse and Mental Health Services Administration (SAMHSA): Medication Assisted Treatment Inside Correctional Facilities[255] • American Society of Addiction Medicine (ASAM) Treatment in Correctional Settings Toolkit[256] • NIDA Principles of Drug Abuse Treatment for Criminal Justice Populations-A Research-Based Guide[257] • Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit[258] • NGA Roadmap to Expanding Medications for OUD in Corrections and Community Settings[259] • Buprenorphine Induction in a Rural Maryland Detention Center During COVD-19: Implementation and Preliminary Outcomes of a Novel Telemedicine Treatment Program for Incarcerated Individuals with Opioid Use Disorder[260] • Creating Reach Beyond the Jail Walls: An Implementation Guide for Harm Reduction Re-Entry Wrap Around Services Programs[261] • Using the Americans with Disabilities Act to Reduce Overdose Deaths[262] • National Association of Drug Court Professionals MOUD Guides[263] • Medication for Opioid Use Disorder (MOUD): Correctional Health Implementation Toolkit, August 2022[264] • Guidance from the American Probation and Parole Association[265]
Expanding access to MOUD treatment through telemedicine, interim buprenorphine or methadone, or medication units	Milestones • Identify licensed opioid treatment programs (primary care or addiction treatment) with waiting lists where interim buprenorphine or methadone could expand access • Train program staff on procedures required to initiate interim buprenorphine or methadone • Implement interim buprenorphine or methadone	• Medication units: electronic-Code of Federal Regulations - 8.11[266,267] • Interim methadone: electronic-Code of Federal Regulations – 8.11[268-270] • Interim buprenorphine[266,271] • Low Barrier Tele-Buprenorphine[272] • MOUD Bridge Programs[273] • San Francisco Street Medicine Team[274] • Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder[275-277]

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	• Identify programs/regions where geographic barriers indicate telemedicine or medication units could expand access • Implement medication units as offshoots of OTPs • Engage telemedicine providers to provide buprenorphine treatment <u>Measures:</u> **Secondary**: 2.5.1 # of individuals receiving Buprenorphine products that are FDA-approved for treatment of OUD; 2.5.2 # of individuals receiving methadone	• Project Shout Webinar on Telemedicine and MOUD Treatment [278] • Expanding MOUD with Telemedicine Efficacy[276] • Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders[279] • National Telemedicine Providers • The Effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting[280] • Telehealth for Opioid Use Disorder: Guidance to Support High-Quality Care[281] • Methadone initiation in a bridge clinic for opioid withdrawal and opioid treatment program linkage: a case report applying the 72-hour rule[282] • Bridge clinic implementation of "72-hour rule" methadone for opioid withdrawal management: Impact on opioid treatment program linkage and retention in care[241]
b) Interventions to Link to MOUD (required)		
Linkage Programs (all relevant settings)[283]	<u>Example Milestones:</u> • Identify and engage peers to be trained in MOUD • Develop messaging and referral plan with trained peer members • Determine existence of post-overdose outreach programs and current capacity • Determine what new capacity can and should be developed for post-overdose outreach • Engage community outreach workers including first responders in programs • Develop and enhance community coalition collaboration to support post-overdose outreach programs • Implement or enhance the integration of post overdose outreach programs into the community Overdose Reduction Care Continuum • Establish cross-sectoral communication and collaboration involving law enforcement (police, sheriffs, prosecutors, etc.), harm reduction service providers, MOUD providers other social and health service actors, and people who use drugs	<u>Within (or initiated within) Service Settings</u> • Massachusetts Post-Overdose Public Health – Public Safety Partnerships[81] • SAMHSA "Now What? The Role of Prevention Following a Nonfatal Opioid Overdose"[57] • Police Assisted and Addiction Recovery Initiative (PAARI)[284] • Community Reinforcement and Family Training (CRAFT)[285] • The 20 Minute Guide[286] • The Foundation for Opioid Response Efforts[287] <u>Within Outreach/Field Settings</u> • SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs)[288] • Harmonizing Disease Prevention and Police Practice model[92] • Bureau of Justice Assistance Law Enforcement Naloxone Toolkit[289] • Post opioid overdose outreach by public health and public safety agencies: Exploration of emerging programs in Massachusetts[81] • Plymouth County Outreach[152] • Massachusetts Access to Recovery[290] • Innovative EMS Response to Overdoses: Beyond Naloxone[291] • Linking People with Opioid Use Disorder to Treatment[292]

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	• Implement or enhance law enforcement trainings and other operational strategies to prevent adverse encounters and engage at-risk people and deflect them from the criminal justice involvement Measures: **Secondary:** 2.9.1 # of individuals linked to MOUD following Opioid Overdose; 2.9.2 # Opioid-related visits linked to MOUD following Opioid Overdose; 2.10.1 # of individuals released from prisons and linked to MOUD within 14 days; 2.10.2 # of individuals released from prisons and linked to MOUD within 28 days; 2.12.1 # of individuals linked to MOUD following opioid-related ED visit; 2.12.2 # of opioid-related ED visits with MOUD follow-up within 30 days; 3.4.1# withdrawal programs that initiate MOUD; 3.5.4 # Jails that link to MOUD upon release	Peer Navigation • Ohio Mental Health & Addiction Services: Peer Recovery Support 101[293] • NYS OASAS: Recovery Coach Academy and Peer Advocate Certifications[294] • PCSS and ATTC Motivational Interviewing Training (numerous modules)[295,296] • EPICS-I[297] • SAMHSA's AnchorED (peer support in EDs following overdose) [298] • Artas[299] • Voices of Hope[300] • BMC Recovery Coach Live[216] • Collaboration in Crisis: Utilizing Peer Recovery Support in the ED to Maximize Patient Outcomes[301] Referral Only • SAMHSA/HRSA Three Strategies for Effective Referrals to Specialty Mental Health and Addiction Services[302] • NYS OASAS Guidance on Referral to a Pain or Addiction Specialist[303] • A Scoping Review of Post Opioid Overdose Interventions in Preventative Medicine[304] • Hampshire Hope Drug Addiction and Recovery Team[153]
Bridging MOUD medications as Linkage Adjunct (all relevant settings)[284,305-308]	Example Milestones: • Identify settings for quick starting medication and existing gaps in linkage to MOUD treatment, begin development of medication quick start and linkage implementation protocol including evaluation measures/procedures • Train staff on quick start medication and linkage implementation protocol, • Implement or enhance quick start medication and linkage program Measures: **Secondary:** 3.5.1 # of Jails which induct on MOUD in the month before release; 3.5.1.a # of Jails that induct on Buprenorphine during incarceration or immediately prior to release (excludes those who just	Within (or initiated within) Service Settings • SAMHSA TIP 63: Medications for OUD[209] • CTN-0069 Protocol (initiating BUP-NX in ED with linkage to addiction treatment)[309] • ED-BRIDGE and Project SHOUT (Support for Hospital Opioid Use Treatment) – online resource and toolkits[310] • National Commission on Correctional Healthcare (NCCHC) Jail-based Medication Assisted Treatment[311] • SAMHSA: Use of Medication Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings[61] • NIDA "Principles of Drug Abuse Treatment of Criminal Justice Populations: A Research-Based Guide"[312] • SAMHSA: Clinical use of extended-release injectable naltrexone in the treatment of Opioid Use Disorder: A Brief Guide[197] • SAMHSA Opioid Response Network[198]

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	maintain those entering on Buprenorphine); 3.5.1.b # of Jails that induct on Methadone during incarceration or immediately prior to release (excludes those who just maintain those entering on Methadone); 3.5.1.c # of Jails that induct on Naltrexone during incarceration or immediately prior to release (excludes those who just maintain those entering on Naltrexone)	• Yale School of Emergency Medicine EM: ED-Initiated Buprenorphine[313] • ACEP E-QUAL Opioid Toolkit[314] • SAMHSA National Helpline[315] • Harm Reduction agencies as potential site for buprenorphine treatment[316] • Addiction consultation services – Linking Hospitalized patients to outpatient addiction treatment[317] • A Transitional Opioid program to Engage Hospitalized Drug Users[318] • MOUD Bridge Programs[295] • San Francisco Street Medicine Team[274] • BUP Home Induction smart phone application[319] • NIDA Home Induction one-pager[320] • MHA Guideline Treating Opioid Use Disorder in the Emergency Department[321] • ACEP Addressing the Opioid Stigma in the ED[322] • Blueprint for Hospital Opioid Use Disorder Treatment[323] • Treatment of OUD in the ED: Should it be a Choice?[324] • Collaboration in Crisis: Using Peer Recovery Coach Support in the ED to Maximize Patient Outcomes[301] • FAQ about Buprenorphine in the Emergency Department[325] • ACEP Consensus Recommendations on the Treatment of OUD in the Emergency Department[326] • Use of Medication Assisted Treatment in Emergency Departments[327] <u>Within Outreach/Field Settings</u> • Integration of prescribers into field settings
c) MOUD Treatment Engagement and Retention (required)		
Enhancement of clinical delivery approaches that support engagement and retention[328,329]	<u>Milestones:</u> • Identify current clinical conditions that impair/enhance engagement and retention (e.g., psychiatric comorbidity, lack of trauma-informed approach or lack of care navigation/case management/transportation/payment for treatment or insurance coverage/recovery support services) • Develop strategy to address identified factors impairing treatment retention (e.g., lack of robust recovery support services	• A Systematic Review on the Use of Psychosocial Interventions in Conjunction With Medications for the Treatment of Opioid Addiction[330] • Developing a Behavioral Treatment Protocol in Conjunction with MAT (Revised)[331] • Contingency Management[332] combined with Community Reinforcement Approach; • Promoting Awareness of Motivational Incentives (PAMI)[333] • ATTC Motivational Interviewing Training[296] • Recovery Coach Live BMC and reimbursement for training if qualify[216] • Recovery centers in MA[334] • Find Help Now Ky[233]

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	• Implement or enhance a program to enhance treatment delivery to support engagement and retention Measures: **Secondary:** 2.6.5 # of individuals with OUD receiving behavioral health treatment (case management) 2.6.6 # of individuals with OUD receiving behavioral health treatment (peer support); 2.6.7 # of individuals with OUD receiving behavioral health treatment (any case management, peer support) 2.7.1 # of individuals receiving buprenorphine products that are FDA approved for treatment of OUD that are retained beyond 6 months. ; 2.7.2 # of individuals receiving Methadone retained beyond 6 months; 2.7.3 # of individuals receiving naltrexone retained beyond 6 months 2.7.4 # of individuals with MOUD retained in treatment beyond 6 month; 2.7.5 person-months in MOUD; 2.7.6 # of individuals receiving Buprenorphine/naloxone retained beyond 6 months	• NY OASAS Support Services[335] • TIP 27: Comprehensive Case Management for Substance Abuse Treatment[336] • AHRQ: Rapid Evidence Review of Retention Strategies for MOUD in Adults[337] • Non–Prescribed Buprenorphine Preceding Treatment Intake and Clinical Outcomes for Opioid Use Disorder[338]
Use of virtual retention approaches (e.g., mobile, web, digital therapeutics)[328,339]	Milestones: • Identify gaps in current procedures to facilitate patient locator information, assess access to technological approaches that could be used for retention, • Identify primary virtual retention approach to be employed • Implementation of enhanced virtual retention program Measures: **Secondary**: 2.5.1 # of individuals receiving Buprenorphine products that are FDA-approved for treatment of OUD; 2.7.1 # of individuals receiving buprenorphine products that are FDA approved for treatment of OUD that are retained beyond 6 months.; 2.7.2 # of individuals receiving Methadone retained beyond 6 months; 2.7.3 # of individuals receiving naltrexone retained beyond 6 months 2.7.4 # of individuals with MOUD retained in treatment beyond 6 month; 2.7.5 person-months in MOUD; 2.7.6 # of individuals receiving Buprenorphine/naloxone retained beyond 6 months	• reSET® Prescription Digital Therapeutic Software[339] • CBT4CBT[340-342] • ACHESS[343] • Project ECHO[344] • Center for Technology and Behavioral Health: Program Reviews[345] • Kraft Center for Community Health Mobile Addiction Services Toolkit[346] • Dynamicare[347-349]
Utilize retention care coordinators	Milestones: • Examine whether existing staff could provide care coordination or if additional resources are needed to lead coordination efforts, begin clinic protocols for	• SAMHSA: Wraparound Implementation and Practice Quality Standards[350] • CDC: HIV Care Coordination Program[351] • BMC OBAT Continuum of Care ECHO[202] • BMC Nurse Care Manager Office Based Addiction Treatment[216]

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	retention coordinators corresponding evaluation measures/procedures ● Determination of clinic strategies to utilize retention care coordinators, begin to implement retention care coordinator protocol and adapt as needed ● Implementation or expansion of retention care coordinator program Measures: **Secondary**: 2.6.5 # of individuals with OUD receiving behavioral health treatment (case management); 2.6.6 # of individuals with OUD receiving behavioral health treatment (peer support); 2.6.7 # of individuals with OUD receiving behavioral health treatment (any case management, peer support); 2.7.1 # of individuals receiving buprenorphine products that are FDA approved for treatment of OUD that are retained beyond 6 months; 2.7.2 # of individuals receiving Methadone retained beyond 6 months; 2.7.3 # of individuals receiving naltrexone retained beyond 6 months 2.7.4 # of individuals with MOUD retained in treatment beyond 6 month; 2.7.5 person-months in MOUD; 2.7.6 # of individuals receiving Buprenorphine/naloxone retained beyond 6 months	
Mental health and polysubstance use treatment integrated into MOUD care[352]	Milestones Identify gaps and need for integrated MOUD and mental health and polysubstance use treatment ● Determine community capacity of existing mental health and polysubstance abuse treatment services that could be integrated with MOUD providers ● Develop new mental health and polysubstance abuse treatment services for MOUD providers ● Train MOUD providers in integrated care ● Implement integrated care Measures: **Secondary**: 2.6.1 # of individuals with OUD receiving behavioral health treatment (inpatient, ASAM levels 3,4); 2.6.2 # of individuals with OUD receiving behavioral health treatment (IOP, ASAM level 2); 2.6.3 # of individuals with OUD receiving behavioral health treatment (outpatient, ASAM level 1); 2.6.4 #of individuals with OUD receiving behavioral health treatment (any of ASAM levels 1-4); 2.6.5 # of individuals with OUD receiving behavioral	● PARS (Preventing Addiction Related Suicide)[104] ● SAMHSA: General Principles for the Use of Pharmacological Agents To Treat Individuals With Co-Occurring Mental and Substance Use Disorders[353] ● TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders[211] ● SAMHSA: Pharmacologic Guidelines for Treating Individuals with Post-Traumatic Stress Disorder and Co-Occurring Opioid Use Disorders[354] ● Integrated Group Therapy[355] ● Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders[356] ● Contingency Management[332] combined with Community Reinforcement Approach; ● Promoting Awareness of Motivational Incentives (PAMI)[333] ● ATTC Motivational Interviewing Training[296] ● Providers Clinical Support System Webinars[357]

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	health treatment (case management); 2.6.6 # of individuals with OUD receiving behavioral health treatment (peer support); 2.6.7 # of individuals with OUD receiving behavioral health treatment (any of case management, peer support); 2.7.1 # of individuals receiving buprenorphine products that are FDA approved for treatment of OUD that are retained beyond 6 months; 2.7.2 # of individuals receiving Methadone retained beyond 6 months; 2.7.3 # of individuals receiving naltrexone retained beyond 6 months 2.7.4 # of individuals with MOUD retained in treatment beyond 6 month; 2.7.5 person-months in MOUD; 2.7.6 # of individuals receiving Buprenorphine/naloxone retained beyond 6 months	• NIDA Health Principles of Drug Addiction Treatment: A Research-Based Guide[358] • SAMHSA In Brief: Substance Use and Suicide: A Nexus Requiring A Public Health Approach[359] • TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment[360] • NIMH Suicide Prevention Website[361] • Technology Transfer Center[362] • Suicide Prevention Resource Center[363] • Evidence-based Resource Guide Series: Treatment of Stimulant Use Disorders[364] • Treating Concurrent Substance Use Among Adults[365] • Contingency Management for Patients Receiving Medication for Opioid Use Disorder[366] • Six-Month Trial of Bupropion with Contingency Management for Cocaine Dependence in a Methadone-Maintained Population[367] • Effects of Lower-Cost Incentives on Stimulant Abstinence in Methadone Maintenance Clinic[368] • Contingency Management: A Highly Effective Treatment For Substance Use Disorders And The Legal Barriers That Stand In Its Way[369]
Reducing barriers to housing, transportation, childcare and accessing other community benefits for people with OUD	Milestones • Identify gaps and need for housing, transportation, and childcare among people receiving MOUD • Determine existing capacity of community benefits for housing, transportation, and childcare among people receiving MOUD • Determine what new capacity can and should be developed for community benefits for housing, transportation and childcare for people receiving MOUD • Train MOUD providers how to access existing and new community benefits • Implement the integration of these community benefits access resources into existing MOUD programs Measures: **Secondary:** 2.7.1 # of individuals receiving buprenorphine products that are FDA approved for treatment of OUD that are retained beyond 6 months; 2.7.2 # of individuals receiving Methadone retained beyond 6	• SAMHSA Homelessness Programs and Resources [370] • Substance Use Disorders Recovery with a Focus on Employment and Education[371] • Ryan White HIV/AIDS Medical Case Management:[372] • Massachusetts Access to Recovery[290,334] • Ohio recovery housing[373] • KY: Voice of Hope[300] (recovery support services) • KY: Chrysalis House (residential SUD treatment and supportive housing)[374] • KY: AIDS Volunteers KY (supportive housing, recovery support services)[375]

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	months; 2.7.3 # of individuals receiving naltrexone retained beyond 6 months; 2.7.4 # of individuals with MOUD retained in treatment beyond 6 month; 2.7.5 person-months in MOUD; 2.7.6 # of individuals receiving Buprenorphine/naloxone retained beyond 6 months	

ORCCA Menu 3: Strategies to Improve Prescription Opioid Safety (Last update: 01/06/2023)		
Rationale: *Pharmaceutical opioid supply is a key source of opioid exposure, contributing to OUD and opioid overdose. Specific prescribing practices, including excessive prescribing for acute or postoperative pain, prescribing daily morphine equivalent doses ≥ 90 mg/day for chronic pain or co-prescribing opioids and benzodiazepines, increase the risk of opioid overdose. Promoting safer more judicious opioid prescribing, dispensing, storage and disposal practices can increase opioid safety, reduce the excess opioid supply in communities and decrease the risk of overdose.*		
Strategies & Supporting Research	**Example Milestones and Reach/Penetration Measures**	**Resources**
a) Safer opioid prescribing/dispensing practices (at least one required)		
Safer opioid prescribing for acute pain across varied healthcare settings[376-382] • Inpatient service • Emergency/urgent care • Outpatient clinics • Ambulatory surgery • Dental clinics	Milestones: ● Obtain leadership support and identify a champion(s) for opioid prescribing practices; assess current approach to prescribing practices and identify areas for improvement (including use of PDMPs) ● Select and prioritize guideline recommendations to implement; define system goals around prescribing practices and patient education ● Establish protocol to enhance providers' use of guidelines for opioid use; develop prescriber education and outreach strategies; develop patient education standards; develop evaluation measures/procedures ● Train team on best practices and new protocols ● Begin implementation of prescribing enhancement protocols and adapt as needed	● Pain management guidelines ○ CDC Guidelines for Prescribing Opioids for Chronic Pain[23,382-386] ○ Advisories Against Misapplication of Opioid Prescribing Guidelines[387,388] ○ Acute Pain Management: Meeting the Challenges[389] ○ Management of Postoperative Pain: A Clinical Practice Guideline from the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council[390] ○ Guideline for Discharge Opioid Prescriptions after Inpatient General Surgical Procedures[391]

ORCCA Menu 3: Strategies to Improve Prescription Opioid Safety (Last update: 01/06/2023)		
	• Full implementation of prescribing enhancement and patient education protocols • Ongoing monitoring of use and refresher training of new protocols Measures: **Secondary:** 2.13 Incident High-Risk Opioid Prescribing; 2.13.A Risk of continued opioid use (new opioid episode lasting at least 31 days); 2.13.B Initiating opioid treatment with extended-release or long-acting opioid; 2.13.C Incident High dosage (average ≥ 90 mg morphine per day); 2.13.D Incident Overlapping opioid and benzodiazepine for at least 31 days; 2.18 New acute opioid prescriptions limited to a 7-day supply; 3.1 Opioid Prescriptions from Multiple Prescribers or Pharmacies	○ Prescribing Opioids for Postoperative Pain – Supplemental Guidance[392] ○ Dental Guideline on Prescribing Opioids for Acute Pain Management[378] ○ The Treatment of Acute Pain in the Emergency Department: A White Paper Position Statement Prepared for the American Academy of Emergency Medicine[393] ○ Limiting Opioid Over Prescription: Payer-Provider Collaboration[394] ○ Take Charge Ohio[395] • Prescriber and pharmacist education ○ SCOPE of Pain – Safer/Competent Opioid Prescribing Education[396] (CE for opioid prescribing in general, specific to post-op, dental, and ED settings, and specific to MA and NY) ○ PCSS: Improving Opioid Prescribing: The CDC Guideline for Prescribing Opioids for Chronic Pain and Considerations for Dentistry[397] ○ New York State Mandatory Prescriber Education[398] ○ Opioid Prescribing Best Practices: Warning Signs, Tapering Strategies, and Alternatives[399] • Academic detailing and consult services ○ NaRCAD Academic Detailing for the Opioid Crisis[120,383] ○ Academic Detailing Service - Pain & Opioid Safety Initiative (OSI) Materials[384] ○ PCSS Mentoring Program[400] ○ MCSTAP - Massachusetts Consultation Service for the Treatment of Addiction and Pain[90] • Patient education resources ○ Oregon Pain Guidance: Pain Education Toolkit[401] ○ CDC Information for Patients[387]
Safer opioid prescribing for chronic pain[34,36,380,381,402-407] • adherence to CDC guidelines • patient-centered opioid tapering	Milestones: • Obtain leadership support and identify a champion(s) for opioid prescribing practices; assess current approach to prescribing practices and identify areas for improvement (including use of PDMPs)	• Pain management guidelines and toolkits ○ CDC: Guidelines for Prescribing Opioids for Chronic Pain[23,378,379,383,386] ○ Oregon Pain Guidance[408] • Prescriber education ○ CDC online training series[30]

ORCCA Menu 3: Strategies to Improve Prescription Opioid Safety (Last update: 01/06/2023)		
	• Select and prioritize guideline recommendations to implement; define system goals around prescribing practices and patient education • Establish protocol to enhance providers' use of guidelines for opioid use; develop prescriber education and outreach strategies; develop patient education standards; develop evaluation measures/procedures • Train team on best practices and new protocols • Begin implementation of prescribing enhancement and patient education protocols and adapt as needed • Full implementation of prescribing enhancement and patient education protocols • Ongoing monitoring of use and refresher training of new protocols Measures: **Secondary:** 2.13 Incident High-Risk Opioid Prescribing; 2.13.B Initiating opioid treatment with extended-release or long-acting opioid; 2.13.C Incident High dosage (average ≥ 90 mg morphine per day); 2.13.D Incident Overlapping opioid and benzodiazepine for at least 31 days; 3.1 Opioid prescriptions from multiple prescribers or pharmacies	○ SCOPE of Pain – Safer/Competent Opioid Prescribing Education[396] (CE for opioid prescribing in general and specific for opioid tapering, naloxone co-prescribing, special populations, and optimizing office systems) ○ PCSS: Providers Clinical Support System – Chronic Pain Core Curriculum[409] • Impact of Implementing an Academic Detailing Program on Opioid-Benzodiazepine Co-Prescribing Trends at the U.S Department of Veterans Affairs[410] • Take Charge Ohio[395] • New York State Mandatory Prescriber Education[398] • Tapering guidelines and resources ○ CDC Pocket Guide: Tapering Opioids for Chronic Pain[411] ○ Oregon Pain Guidance: Tapering – Guidance & Tools (BRAVO protocol)[412] ○ Opioid Taper Decision Tool[413] ○ RxFiles Opioid Tapering Template[414] ○ HHS Guide on Opioid Tapering[415] • Academic detailing and consult services ○ NaRCAD Academic Detailing for the Opioid Crisis[383,393] ○ Academic Detailing Service - Pain & Opioid Safety Initiative (OSI) Materials[384] ○ MCSTAP - Massachusetts Consultation Service for the Treatment of Addiction and Pain[90] • Patient education resources ○ Oregon Pain Guidance: Pain Education Toolkit[23] ○ CDC Information for Patients[383] • Naloxone co-prescribing: Prescribe To Prevent[416] • Education for Clinicians Treating Patients with Opioids for Chronic Pain[417] • Prescription drug monitoring programs ○ KY: KASPER (https://chfs.ky.gov/agencies/os/oig/dai/deppb/Pages/kasper.aspx) ○ MA: MassPAT (https://www.mass.gov/guides/massachusetts-prescription-awareness-tool-masspat)

ORCCA Menu 3: Strategies to Improve Prescription Opioid Safety (Last update: 01/06/2023)		
		○ NY: I-STOP/PMP (https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/) ○ OH: OARRS (https://www.ohiopmp.gov/)
Safer opioid dispensing[418-420]	Milestones: • Identify pharmacies, pharmacy schools and other specialty venues where pharmacy education intervention can be initiated, including using PDMP data to guide educational opportunities • Develop pharmacist education and outreach strategies to promote safe opioid dispensing practices (including use of PDMPs and NARx score, improved communication with prescribers, and naloxone dispensing) • Develop patient education materials on safe opioid use for use by pharmacists during counseling • Develop tools for monitoring pharmacist outcomes and efficacy of pharmacy education intervention • Train pharmacists • Ongoing monitoring and refresher training Measures: **Secondary:** 2.14.2 # of naloxone units distributed in community-Pharmacy distributed; 3.1 Opioid prescriptions from multiple prescribers or pharmacies:	• Pharmacist education ○ APhA Collaborate for Responsible Opioid Use[38] ○ SCOPE of Pain – Safer/Competent Opioid Prescribing Education[396] (CE for opioid prescribing in general and specific for opioid tapering, naloxone co-prescribing, special populations, and optimizing office systems) • Academic detailing and consult services ○ NaRCAD Academic Detailing for the Opioid Crisis[383,393] ○ Academic Detailing Service - Pain & Opioid Safety Initiative (OSI) Materials[384] • Naloxone dispensing: Prescribe To Prevent[416] • Prescription drug monitoring programs (listed above)
b) Safer opioid disposal practices (optional)		

ORCCA Menu 3: Strategies to Improve Prescription Opioid Safety (Last update: 01/06/2023)		
Prescription drug drop-box / mail-back programs[421-423]	Milestones: ● Establish necessary partnerships with key governmental officials, law enforcement agencies, pharmacies; identify potential obstacles to implementation ● Identify potential venues and opportunities for prescription drug disposal programming ● Create prescription drug disposal program and corresponding evaluation measures/procedures ● Implement prescription drug disposal program and adapt as needed Measures: **Secondary:** 3.8.1 # of take back drug drop boxes;	• Identification of current drug disposal locations ○ DEA Controlled Substance Public Disposal Locations Search Utility[56] ○ AWARxE Prescription Drug Safety[4] ○ State agency resources[5,89,92,96] • Implementation of prescription drug disposal program ○ DEA National Prescription Drug Take Back Day[57] ○ Safe Drug Disposal: A Guide for Communities Seeking Solutions[424] ○ How-to Guide for Drug Take-Back: Managing a Pharmacy-based Collection Program for Leftover Household Pharmaceuticals[425] ○ DEA Registrant Site for Drug Disposal[426] ○ Massachusetts Department of Environmental Protection: Safely Dispose of Prescription Drugs[92]

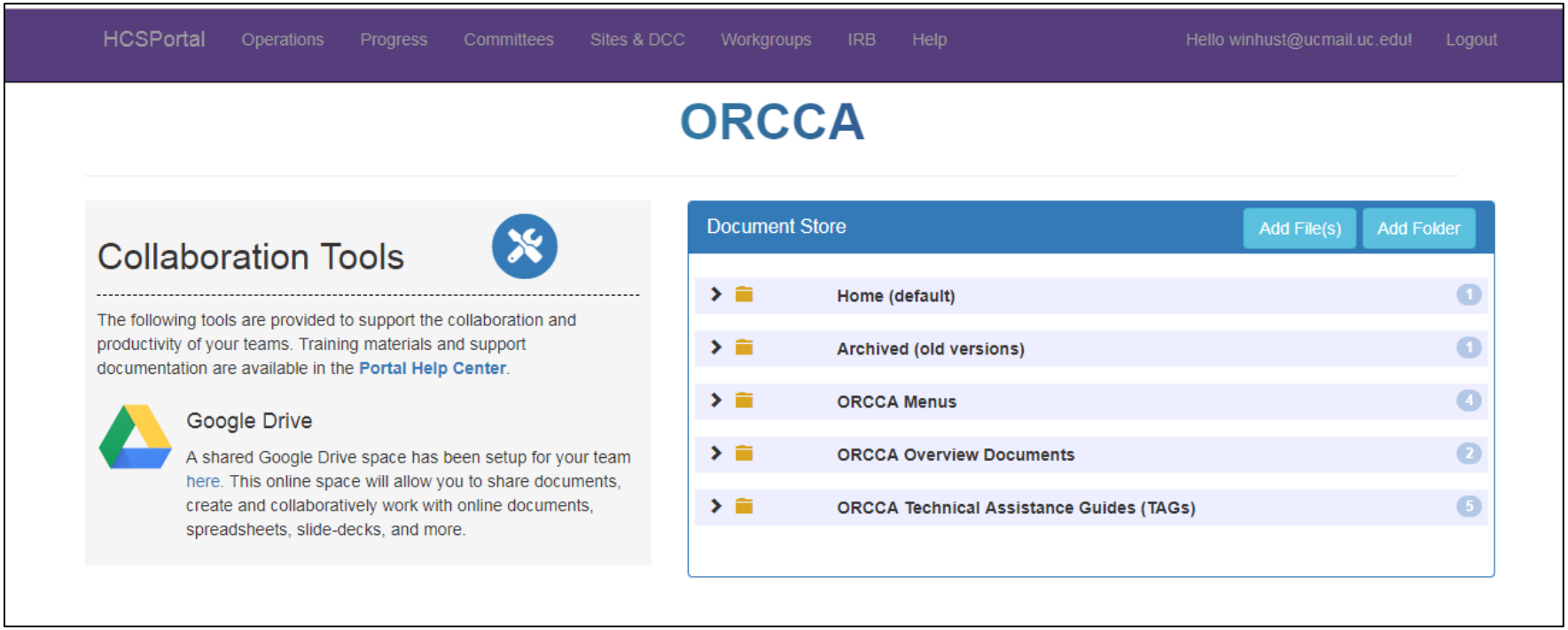
B. Eligibility criteria for utilizing a strategy not included on an ORCCA Menu

A strategy for implementation that is not included on a menu but which meets the following definition will be eligible for inclusion.

Definition of an Eligible Strategy for Implementing an Evidence-based practice (EBP)
Programs, practices, or intervention strategies are recognized as evidence-based if and when scientific research or evaluation has determined them to be effective in changing people's knowledge, attitude, and behaviors to improve social and health outcomes. Should have **at least one of** the following criteria: 1. Inclusion in a registry of EBPs (federal, state, or community) that documents practices that are replicated multiple times and show positive effects; 2. At a minimum, studies must use a quasi-experimental design showing evidence of effectiveness; 3. Found to be effective on the primary target outcome of opioid overdose death reduction in a published scientific journal 4. Reviewed and approved by the ORCCA Steering Committee Examples of registries: ● What Works in Education: https://ies.ed.gov/ncee/wwc/ ● Blueprints: https://www.blueprintsprograms.org/standards-of-evidence ● CDC: Community Guide: https://www.thecommunityguide.org/about/about-community-guide ● SAMHSA: EBRC https://www.samhsa.gov/ebp-resource-center

Section IV – Links to Most Up-to-date ORCCA Materials

This is the link to the ORCCA section of the RTI portal: https://healingcommunities.rti.org/WorkGroups/ORCCA. This includes a folder containing the ORCCA Menus, which list strategies form implementing the three required EBPs and a folder for ORCCA "Technical Assistance Guides (TAGs)" for the strategies outlined in the menus as well as accessing priority populations outlined in Section II.



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