

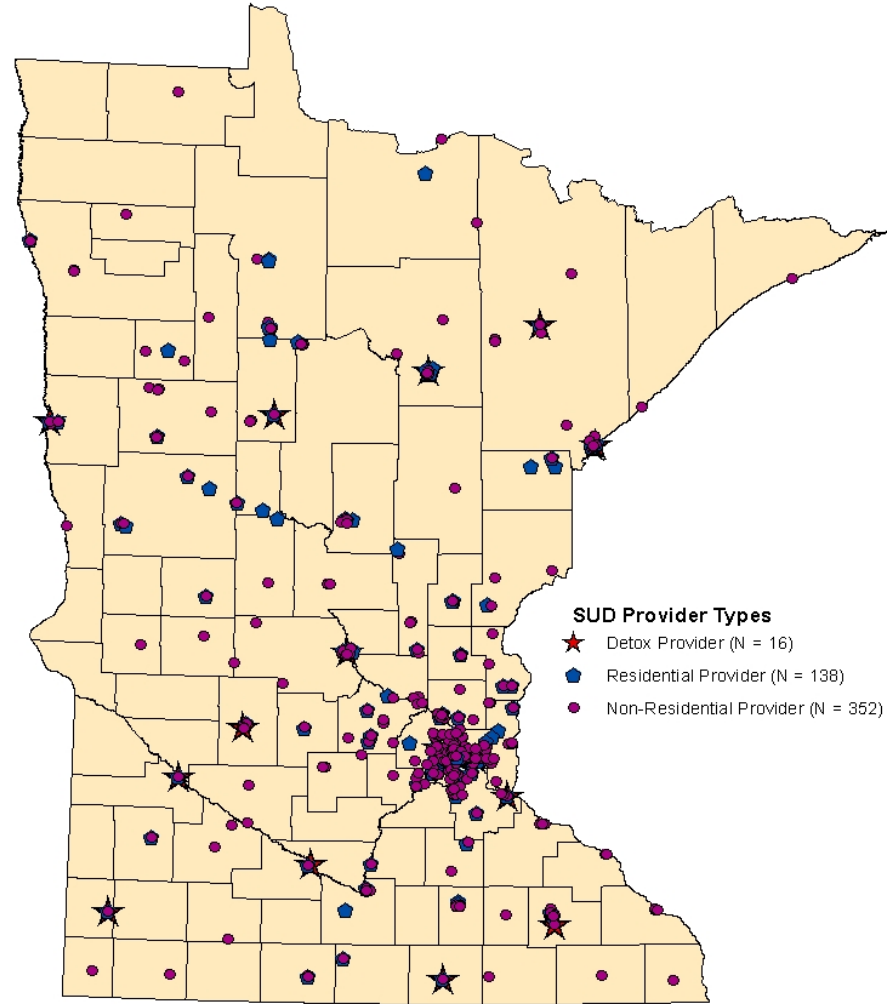


ECHO OTP review

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Substance Use Disorder Treatment Providers



Source: Minnesota Department of Human Services, ADAD (1/4/2017)

- **17 OTPs operating in Minnesota**

ClearPath Clinic

1402 East Superior St.
Duluth, MN 55805

Dakota Treatment Center

11939 West River Hills Drive
Burnsville, MN 55337

HCMC Addiction Medicine Program

914 S 8th Street
Minneapolis, MN 55415

Mercy Hospital Unity Campus

550 Osborne Rd NE
Fridley, MN 55432

**Minneapolis VA Health Care System
Addictive Disorders Services (116A4)
Methadone Maintenance Program**

One Veterans Drive
Minneapolis, MN 55417

Rochester Metro Treatment Center

2360 North Broadway
Rochester, MN 55906

St. Cloud Metro Treatment Center

524 25th Ave
St. Cloud, MN 56303

**St. Joseph's Hospital Chemical
Dependency Program**

69 West Exchange Street
St. Paul, MN 55102

St. Paul Metro Treatment Center

2311 Woodbridge
Roseville, MN 55113

Specialized Treatment Services

1132 Central Ave
Minneapolis, MN 55413

Specialized Treatment Services

7472 Lakeland Avenue
Brooklyn Park, MN 55428

Specialized Treatment Services

311 Spruce Street
St. Paul, MN 55101

Valhalla Place - Brainerd

2215 South 6th Street
Brainerd, MN 56401

Valhalla Place - Brooklyn Park

2807 Brookdale Drive N
Brooklyn Park, MN 55444

Valhalla Place - Minneapolis

3329 University Ave SE
Minneapolis, MN 55414

Valhalla Place - Woodbury

6043 Hudson Road, Suite 220
Woodbury, MN 55125

- Of those 17 OTPs:
- two are residential, hospital based
- 15 are out-pt
- Statewide capacity of about 7800, average weekly census 6760

- Combined jurisdiction of State and Federal authorities:
- Minnesota DHS as a 245G program (MS245G.22)
- Minnesota Board of Pharmacy or practitioner model
- Drug Enforcement Administration (Title 21 CFR)
- SAMHSA-DPT Certification (42 CFR 8.12)
- An Accreditation body chosen by SAMHSA (e.g: CARF, JCAHO, etc)

- Most of the day to day is 245G and 42 CFR 8.12
- DEA is interested in control of meds....
- SAMHSA-DPT and the Accreditation bodies utilize 42 CFR 8.12

- Admission (42 CFR 8.12)
- Maintenance or short/long term detox
 - all MN, OTPs are maintenance programs

- Patient admission criteria -
- (1) Maintenance treatment. An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment.
- (2) Maintenance treatment for persons under age 18. A person under 18 years of age is required to have had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period to be eligible for maintenance treatment. No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment.
- (3) Maintenance treatment admission exceptions. If clinically appropriate, the program physician may waive the requirement of a 1-year history of addiction under paragraph (e)(1) of this section, for patients released from penal institutions (within 6 months after release), for pregnant patients (program physician must certify pregnancy), and for previously treated patients (up to 2 years after discharge).

- Required services (42 CFR 8.12):
 - 1) general
 - 2) initial medical examination services
 - 3) special services for pregnant patients
 - 4) initial and Periodic services
 - 5) counseling services
 - 6) drug abuse testing services

- Patient/client stability:
- (i) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol;
- (ii) Regularity of clinic attendance;
- (iii) Absence of serious behavioral problems at the clinic;
- (iv) Absence of known recent criminal activity, e.g., drug dealing;
- (v) Stability of the patient's home environment and social relationships;
- (vi) Length of time in comprehensive maintenance treatment;
- (vii) Assurance that take-home medication can be safely stored within the patient's home; and
- (viii) Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

- Take home doses
- (i) During the first 90 days of treatment, the take-home supply (beyond that of [paragraph \(i\)\(1\)](#) of this section) is limited to a single dose each week and the [patient](#) shall ingest all other doses under appropriate supervision as provided for under the regulations in this subpart.
- (ii) In the second 90 days of treatment, the take-home supply (beyond that of [paragraph \(i\)\(1\)](#) of this section) are two doses per week.
- (iii) In the third 90 days of treatment, the take-home supply (beyond that of [paragraph \(i\)\(1\)](#) of this section) are three doses per week.
- (iv) In the remaining months of the first year, a [patient](#) may be given a maximum 6-day supply of take-home medication.
- (v) After 1 year of continuous treatment, a [patient](#) may be given a maximum 2-week supply of take-home medication.
- (vi) After 2 years of continuous treatment, a [patient](#) may be given a maximum one-month supply of take-home medication, but must make monthly visits.

- Medications:
- (i) Methadone;
- (ii) Levomethadyl acetate (LAAM); and
- (iii) Buprenorphine and buprenorphine combination products that have been approved for use in the treatment of opioid use disorder.

Questions?