



Tulsa

Comprehensive Treatment Center
Opioid Use Disorder Program

Medication Assisted Treatment

Fighting Fentanyl.....Saving One Life at a Time

Today's discussion

- The Opioid Epidemic & Medication Assisted Treatment
- Understanding and Reducing Stigma Associated with MAT
- Increasing Collaboration between Providers
- Regulatory Agencies and the Law regarding MAT
- Comprehensive Treatment Centers (CTC) Approach & Outcomes
- Questions



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Our National Opioid Epidemic

A critical public health issue

Opioid misuse is a critical public health issue in the United States

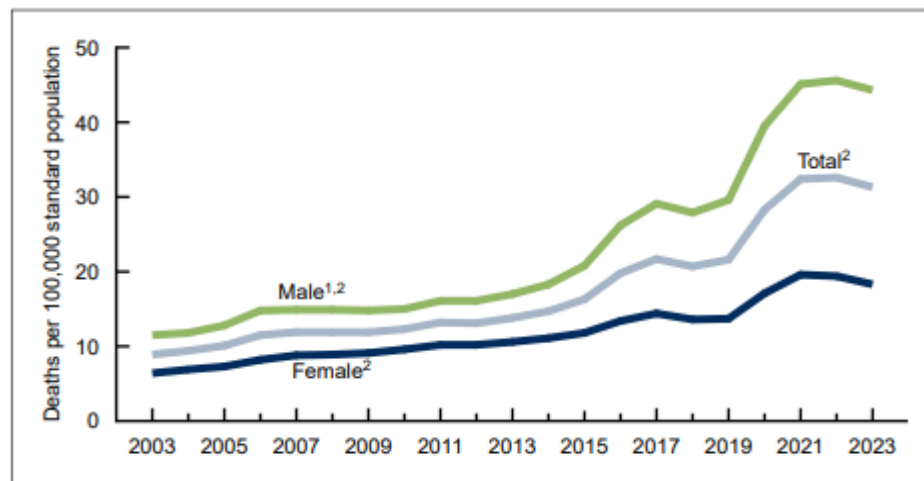
- 9M+ misuse opioids annually¹
- 2.7M struggle with Opioid Use Disorder (OUD)²
- 110K overdose deaths annually, 75k involving an opioid³

OUD patient needs are complex:

- 36% struggle with concurrent depression, anxiety or another behavioral health need⁴
- 60% also have a chronic condition (e.g. diabetes)⁵

National Drug-Involved Overdose Deaths

Figure 1. Age-adjusted drug overdose death rate, by sex: United States, 2003–2023



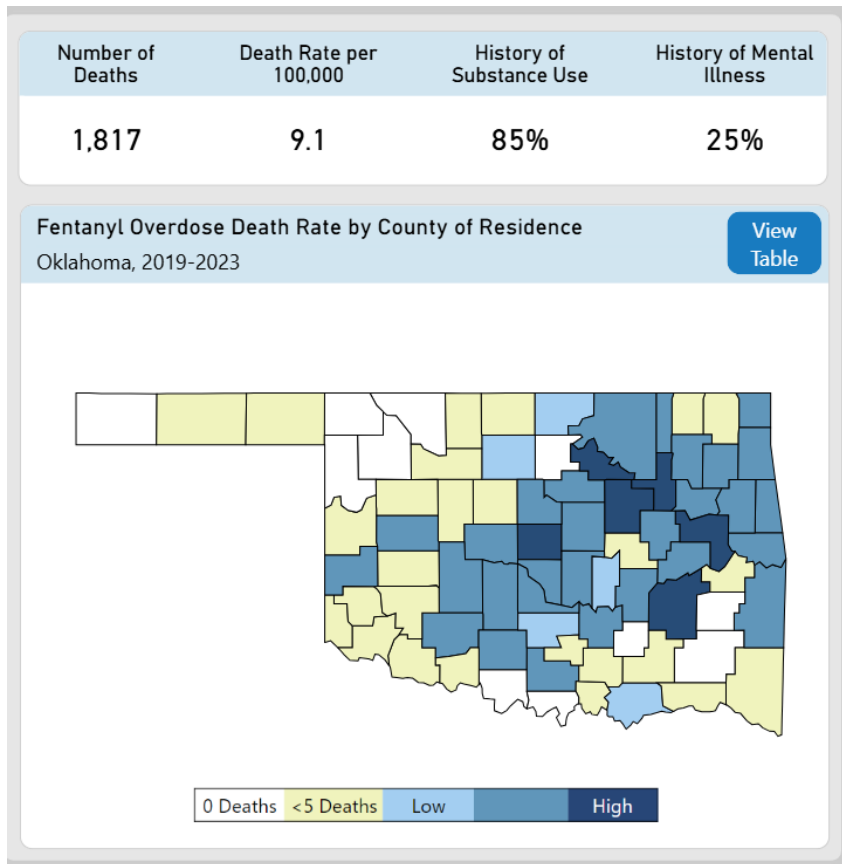
1. SAMHSA Results from the 2020 National Survey on Drug Use and Health, October 2021
2. Overview. National Institute of Health, U.S. Department of Health and Human Services, December 2021
<http://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview>
3. CDC's National Center for Health Statistics
4. Journal of Drug and Alcohol Dependence, 2022.
5. Milliman white paper on costs and comorbidities of opioid use disorder, 2019



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Oklahoma and Fentanyl



Fentanyl Overdose Deaths by Year Oklahoma, 2019-2023

Year	Number of Deaths	Death Rate per 100,000
2019	50	1.3
2020	127	3.2
2021	301	7.6
2022	609	15.2
2023	730	18.0

[1 Drug Overdose Data Dashboard](https://oklahoma.gov/health/health-education/injury-prevention-service/drug-overdose/data/drug-overdose-data-dashboard.htm) <https://oklahoma.gov/health/health-education/injury-prevention-service/drug-overdose/data/drug-overdose-data-dashboard.htm>



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Solutions?

As Treatment providers, what are we doing to be part of the solution?

What do we know about the solutions available?

Are we familiar with the options and do we provide these to OUD patients?

Let's Discuss what is available!



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What is MAT?

Medication Assisted Treatment or MAT

- Methadone
- Buprenorphine (Suboxone, Subutex)
- Naltrexone



These medications are used to assist OPIOID dependent individuals in embracing change and participating in the treatment program.

This is only a piece of the puzzle that makes MAT highly effective. Therapy, as in abstinence only treatment, continues to be the key to success.



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What is Methadone?

Methadone is an opioid medication that has been used for more than 50 years to treat opioid use disorder.⁶ It binds to and activates the same molecules on neurons (nerve cells), called mu-opioid receptors, as heroin, fentanyl, and other opioid drugs. However, methadone activates these receptors more slowly than those drugs and also remains in the body longer. As a result, methadone produces less intense feelings of pleasure in people with opioid use disorder while reducing their withdrawal symptoms and drug cravings.⁷

6 Mattick RP, Breen C, Kimber J, Davoli M. [Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence](#). *Cochrane Database Syst Rev*. 2009;2009(3):CD002209. Published 2009 Jul 8. doi:10.1002/14651858.CD002209.pub2

7 National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder, Manchur M, Leshner AI, eds. [Medications for Opioid Use Disorder Save Lives](#). Washington (DC): National Academies Press (US); March 30, 2019.



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What is Buprenorphine?

Buprenorphine is another opioid medication that is used to treat opioid use disorder. Buprenorphine also binds to and activates mu-opioid receptors in the brain, but to a lesser degree than methadone; it also can block other opioid drugs from attaching to those receptors. Like methadone, buprenorphine can reduce cravings and withdrawal symptoms without producing intense feelings of pleasure and intoxication in people who have opioid use disorder.

Several buprenorphine products are approved for treatment of opioid use disorder, including tablets that are placed under the tongue, extended-release injections, and implants. Other products contain buprenorphine together with the overdose-reversal medication naloxone, including tablets or film to put under the tongue or film to place in the cheeks.⁸

⁸ [Buprenorphine](#). Substance Abuse and Mental Health Services Administration. Updated March 28, 2024. Accessed March 2025.



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What is Naltrexone?

Naltrexone is another medication approved for the treatment of opioid use disorder; it is also approved for the treatment of alcohol use disorder. Unlike methadone and buprenorphine, naltrexone works solely by blocking opioid receptors so that opioid drugs can no longer cause feelings of pleasure.⁹ Evidence also suggests that naltrexone reduces opioid cravings.¹⁰

Naltrexone is available as a long-acting injection (Vivitrol®) that needs to be given once a month. Any health care provider can prescribe naltrexone. Naltrexone treatment is typically started after the person has completely stopped taking other opioid drugs; otherwise, the medication may cause withdrawal symptoms.¹¹

9 Ndegwa S, Pant S, Pohar S, Mierzwinski-Urban M. [Injectable Extended-Release Naltrexone to Treat Opioid Use Disorder](#). In: *CADTH Issues in Emerging Health Technologies*. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; August 1, 2017

10 Lee JD, Nunes EV Jr, Novo P, et al. [Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention \(X:BOT\): a multicentre, open-label, randomised controlled trial](#). *Lancet*. 2018;391(10118):309-318. doi:10.1016/S0140-6736(17)32812-X

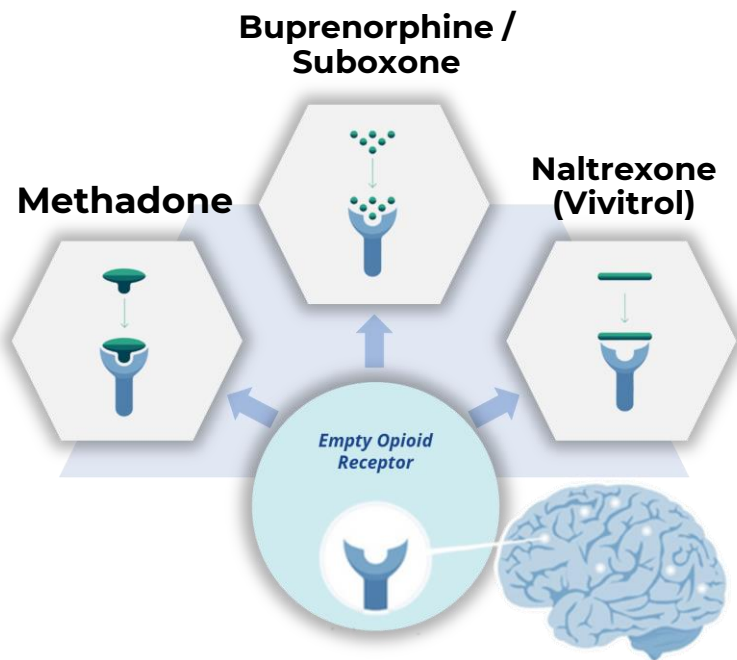
11 [Naltrexone](#) Substance Abuse and Mental Health Services Administration. Updated March 29, 2024. Accessed March 2025.



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Empowering Recovery Through Choice Available FDA-Approved Medications



Methadone

- Eliminate opiate withdrawal symptoms and cravings by fully engaging opioid receptors
- Administered in tablet or liquid form within our OTP setting
- Alleviates discomfort with no need for abstinence
- More effective for those with severe OUD, particularly those with high tolerance, significant misuse history, chronic relapses, etc.

Buprenorphine / Suboxone

- Eases withdrawal symptoms to a defined ceiling
- Available in several forms in OTP and OBOT settings: sublingual film, tablet, or injection
- Requires a period of abstinence

Naltrexone (Vivitrol)

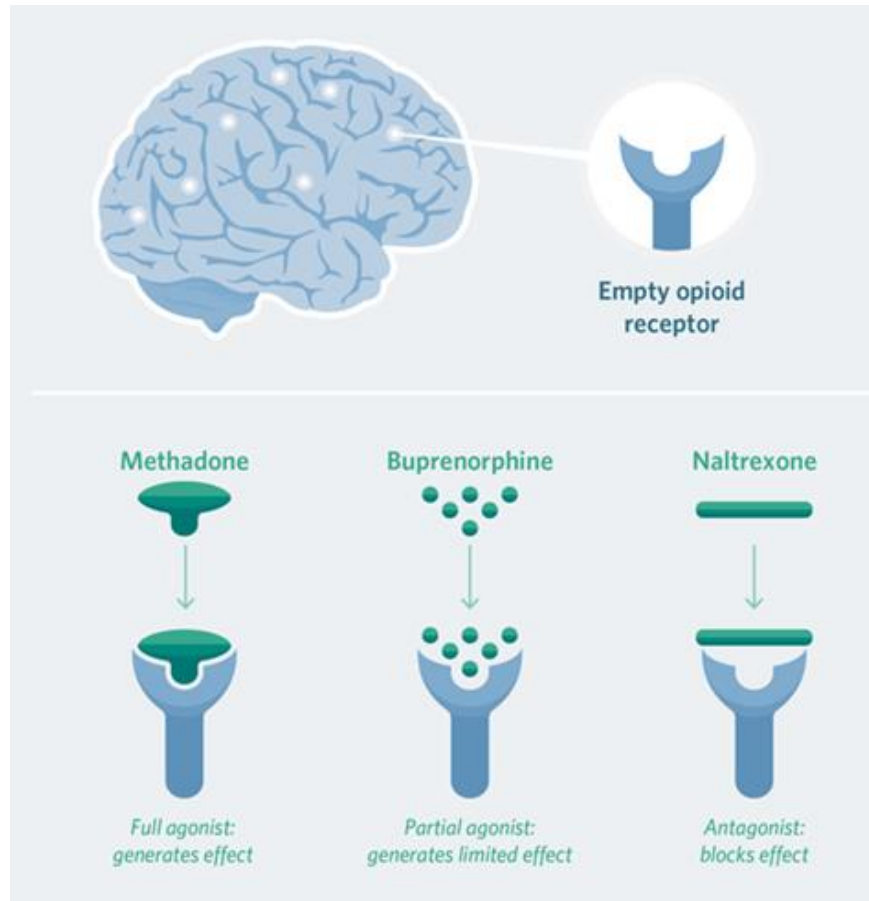
- Blocks euphoric and sedative effects of opioids
- Administered through monthly intramuscular injection or oral medication
- Requires a period of abstinence



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How it Works.....



12 <https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/MAT.html#:~:text=Medication-assisted%20treatment>



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An Evidence-Based Approach to Care Medication Assisted Treatment

Medication-Assisted Treatment (MAT) is an evidence-based approach to opioid treatment that helps improve relapse rates, reduce overdose deaths and enhance patient well-being



Reduced Opioid Use

80% of CTC patients are illicit opioid-free after six months, compared to the national average of **45%**¹³



Improved Treatment Retention

60% of CTC patients are still in treatment after 90 days as compared to industry estimates as low as 20%¹⁴



Diminished Overdose Deaths

The mortality rate for individuals with OUD is **8.2x** higher outside of MAT compared to those enrolled¹⁵



Curbed Hospital Admissions

A **35%** reduction in hospital admissions for patients diagnosed with OUD has reduced healthcare burden¹⁶



Increase in Employment

MAT is associated with a **49%** increase in employment status after six months in treatment¹⁷



Reduced Arrests & Recidivism

MAT-driven decreases in illicit drug use and criminal activity have supported a **44%** reduction in arrests¹⁸

13. Nat'l average 45% source

14. <https://www.recoveryanswers.org/research-post/factors-influence-retention-buprenorphine-methadone-treatment/>

15. D.A. Zania, G. E. Woody / Drug and Alcohol Dependence 52 (1998) 257–260.

16. CHCF: Why Health Plans Should Go to the “MAT” in the Fight Against Opioid Addiction

17. CMS Quarterly Report: <https://communitymedicalsolutions.org/wp-content/uploads/2020/05/CMS-QUARTLYREPORT.pdf>

18. Medication Assisted Treatment (MAT) <https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/MAT.html#:~:text=Medication-assisted%20treatment>



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"Clinic" vs. Clinic

Looking at the Differences in Services:

Medication Assisted Treatment – "Methadone Clinic"

* State and Federally regulated – Includes Counseling and Medication

Office Based Prescription Treatment – "Doctor Office"

* Less regulations – Usually no Counseling component only Medication

Behavioral Health Treatment – "Outpatient"

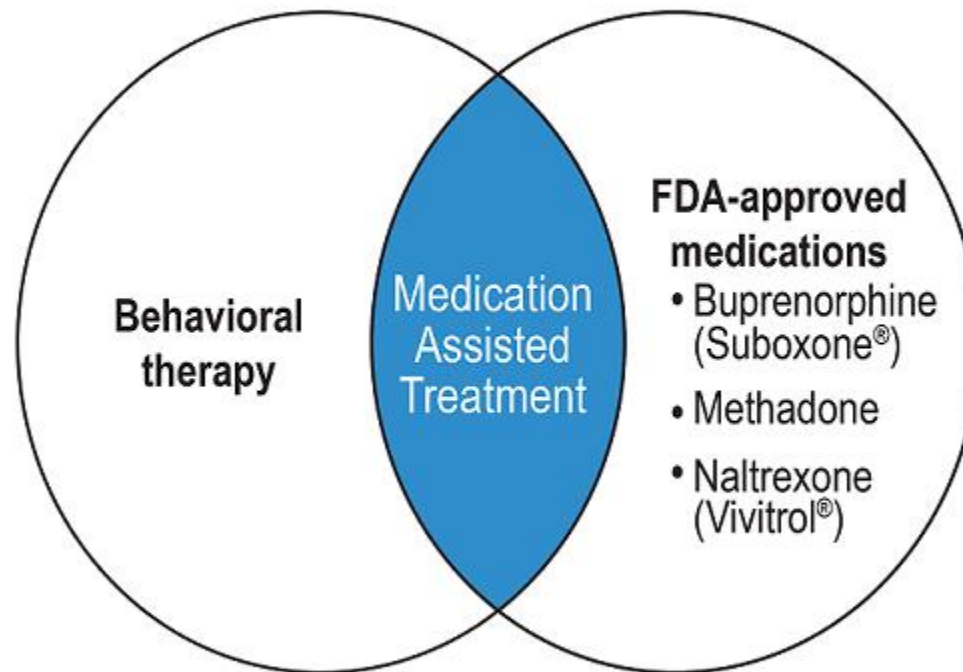
* State and some Federal regulations – Includes Counseling and sometime medication



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Evidence Based Approach – When Done RIGHT!



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Stigma? Myths? Truths?

How to direct our clients for best outcomes



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What people say about MAT

Do you give them
Methamphetamine in
here?
-Police Officer

You are not
“clean”
Stop telling
people you
are Clean!!
- NA Sponsor

“Aren’t they
just getting
high”
-Community
Member

“I can’t believe you
work there.....you are
just a legal drug dealer!
Aren’t you just in it for
the money”
-Counselor

“You’re not a
good parent
if you take
Methadone”
-DHS worker

“I don’t “believe” in
Methadone!”
-Physician

“Once you
start you can
never get off
Methadone!”
-Person in
active
addiction

“Oh I thought
you gave it to them in
IV form. I didn’t know
it was medicine”
- Police Officer

“Methadone gets in your bones and rots your
teeth”
-Patient (disgruntled)



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MYTHS ABOUT MAT

- ❖ "It's just trading one addiction for another"
- ❖ "You have to stay on it for the rest of your life"
- ❖ "It gets in your bones and effects your immune system"
- ❖ "If you're still using, you're not in recovery"
- ❖ "Methadone leaves you in a sedated state, unable to function normally"
- ❖ "There's no proof MAT is more effective than abstinence"
- ❖ "Since Methadone can also be used as an analgesic, people on methadone maintenance treatment don't feel physical pain."
- ❖ "People who take methadone become completely dependent on the drug's effects."
- ❖ "Methadone treatment can be used to treat other forms of drug addiction."

19. <https://www.methadonecenters.com/20-myths-about-methadone-maintenance-treatment/>



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FACTS ABOUT MAT

- ❖ MAT medications do not get a person high, instead they block the euphoric effects of opioids, they relieve cravings, normalize brain chemistry
- ❖ MAT medications allow patient to focus on building healthy behaviors and the goal is always to get the point where no medication is required.
- ❖ MAT is an evidence based first line treatment for OUD endorsed by many respected organizations
- ❖ MAT saves lives, especially in today's climate with the uptick of Fentanyl in the U.S.
- ❖ MAT does not treat pain patients, while some of the medications used in MAT can be used to treat pain the dose amount and schedule is not the same.
- ❖ MAT only treats individuals with Opioid Use Disorder, federal and state guidelines dictate who is eligible

20. <https://www.methadonecenters.com/20-myths-about-methadone-maintenance-treatment/>



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Treatment, not Substitution

- + Because methadone and buprenorphine are opioids, some people believe that treating addiction with these drugs simply substitutes one substance for another, this is not true.
- + Evidence-based treatment has proven that when patients take these medications as prescribed, they are more likely to maintain employment, avoid criminal behavior, and reduce their exposure to HIV by injection or substance-related high-risk sexual behaviors.
- + They are also more likely to engage in counseling and other behavioral interventions that improve their recovery. ²¹
- + Medication is used to assist the individual to decrease withdrawal symptoms and enables them to engage in therapy.

21. <https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/MAT.html#:~:text=Medication-assisted%20treatment>



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Different or the Same

Medication Assisted (CTC)

- + Licensed Therapist (LPC, LADC, LCSW)
- + Case Managers and CADC
- + Evidence Based Curriculum
 - CBT
 - Motivational Interviewing
 - Reality Therapy
 - Solution Focused Therapy
 - 12 step recommended
- + Daily/Weekly/Monthly sessions
- + Group and Individual sessions
- + In-person or Telehealth

Regular Outpatient

- + Licensed Therapist (LPC, LADC, LCSW)
- + Case Managers
- + Evidence Based Curriculum
 - CBT
 - Motivational Interviewing
 - EMDR
 - DBT
 - 12 step focused
- + Weekly/Monthly sessions
- + Group and Individual
- + In-person or Telehealth (if offered)



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In-house Services to Support Holistic Needs

24/7 Admission Scheduling

Intake staff are available around the clock to begin the admissions process and aid in streamlined access to care



Employment

Employment coaching and vocational support services help patients find work, training, or higher education



Case Management

Additional wraparound and case management services aid patients in connecting with local resources



Peer Recovery

Staff who have lived experiences with addiction and recovery help patients navigate a path to improved health

Same-Day Admissions

Admission can often be accommodated within the same day, ensuring access to support as soon as possible



Patient Transport Support

Transportation can be coordinated by the CTC through ride share or local transportation services



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A Typical Admission to the Program

- + Patient calls and speaks to our Scheduling line
- + In house representative calls and discusses possible admission date and time and takes brief history to ensure the patient qualifies (Admissions are generally scheduled within 24 hours of call, unless on Friday or weekend)
- + Patient appears for admission and completes initial demographic paperwork and given Orientation Handbook.
- + Patient screened by LPN or Licensed Counselor for appropriateness
- + Patients that are appropriate are seen by Nurse Practitioner or Medical Director for History and Physical.
- + Medical Director bases orders off of patients individual history and present condition. (Methadone, Buprenorphine, Suboxone)
- + Patient has admission session with Counselor and Case Manager to complete Biopsychosocial, Treatment Plan, Discharge Plan, Case Management Needs Assessment, Orientation and any relevant forms. Scheduled to return to see counselor for follow-up.
- + Patient given brief tour of facility and taken to dosing area.
- + Patient dosed with ordered medication.



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A Typical Day at the “Clinic”

Clinic hours are 5 am to 11 am for patients

Nurses are in clinic from 430 am to 1 pm

Counselors/Administration are in clinic from 5 am to 130 pm

Patients enter clinic starting at 5 am (WHY SO EARLY?)

*Most of our patients WORK!

Check in at Kiosk – the patient is assigned a number at admission that they use to enter into the Kiosk. This system gives the patient direction:

1. Must see Counselor before dosing
2. Must complete drug screen before dosing
3. Must see front office regarding payment or other needed documents
4. Green light – Go directly to dosing



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A Typical Day at the “Clinic”, continued

After checking in at Kiosk the patient will go to designated area and complete either:

Counseling

Group

Drug Screen

Payment

Nurse Meeting

Annual History and Physical with Doctor or Nurse Practitioner

Dosing Window



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A Personalized Patient Care Journey



Clinical Assessment

The journey toward recovery begins with a complete assessment, including an intake interview, physical exam, psychosocial evaluation, and toxicology screen



Tailored Care Plan

A team of trained professionals utilizes the initial assessment to establish an individualized care plan to help stabilize use, reduce withdrawal symptoms, and teach skills to resist relapse



Medication-Assisted Treatment

The patient then starts their treatment through daily assessments with their assigned clinician and receiving their medication dosing as outlined in their custom care plan



Comprehensive Counseling & Support

In conjunction with medications, the patient attends weekly in-person or virtual counseling sessions; some patients will also begin treatment for co-occurring conditions



Maintaining & Sustaining

Continuing the path to recovery with ongoing support, assessment intervals gradually extend while learning new skills and coping strategies; patients can also participate in vocational and rehabilitation programs



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6 Point Criteria for Phases

As we know, COVID changed a great deal in our society, including how MAT operates. SAMSHA loosened regulations surrounding Take homes and made the process more person centered and individualized

- 6 Point Criteria: (not 8 point)
 - (a) Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely;
 - (b) Regularity of attendance for supervised medication administration;
 - (c) Absence of serious behavioral problems that endanger the patient, the public or others;
 - (d) Absence of known recent diversion activity;
 - (e) Whether take home medication can be safely transported and stored;
 - (f) Any other criteria that the medical director or medical practitioner considers relevant to the patient's safety and the public's health.

*legal and employment no longer addressed specifically

COVID Brought Change to MAT

Pre Covid

Historically, Oklahoma had a six (6) phase system that determined how often a patient dosed at the clinic and in turn how many take home doses a patient was eligible to "take home"

- I. First 90 days of treatment – Must have 3 negative drug screens. (M-Sat)
- II. 180 days of treatment – Must have 6 negative drug screens. (M-F)
- III. 270 days of treatment – Must have 9 negative drug screens. (M-W-F)
- IV. 1 year of treatment – Must have 12 negative drug screens, meet all 8 point criteria (6 day take homes)
- V. 6 months after being in phase IV – Must have 18 months negative drug screens, Meet all 8 point criteria (13 day take homes)
- VI. Anyone after 2007 could not advance to this phase, prior to 2007, meeting all criteria a patient could receive 27 days of take home doses

Post Covid

SAMSHA changed the unsupervised take-home medication requirements in regards to 42 C.F.R. § 8.12(i). OTPs taking advantage of this exemption, may provide unsupervised take-home doses of methadone in accordance with the following time in treatment standards:

- In treatment 0-14 days, up to 7 unsupervised take-home doses of methadone may be provided to the patient
- Treatment days 15-30, up to 14 unsupervised take-home doses of methadone may be provided to the patient
- From 31 days in treatment, up to 28 unsupervised take-home doses of methadone may be provided to the patient

Some states chose not to align with these changes, however Oklahoma DID! Providing new freedom to those recovery from OUD



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Individualized Treatment

At Oklahoma CTC Clinics

- We approach the new regulations somewhat slower than allowed, but on an individualized basis.
- We individually staff person based on the 6 point criteria and determine their readiness for extended take-home medication.
- Primary focus is on assisting the person in stabilizing and progressing in their recovery
- While the following guidelines are used to determine progress, depending on individuals needs, these are somewhat fluid.
- The goal is always what is best for the Individual receiving services



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Take home Requirements (Phase Up)

PHASE UP REQUIREMENTS	
TAKE HOME SCHEDULE	PHASE UP REQUIREMENTS PER TULSA CTC
M-F	<ul style="list-style-type: none"> NEW TO PROGRAM
M-F	<ul style="list-style-type: none"> COMPLETED FIRST 60 DAYS CAN BEGIN TO STAFF FOR TAKE HOME INCREASE WHEN ALL REQUIREMENTS ARE MET
4 THS	<ul style="list-style-type: none"> NEGATIVE UAS ATTEND MINIMUM COUNSELING SESSIONS PER MONTH BASED ON LEVEL OF CARE PER CH. 70
5 THS	<ul style="list-style-type: none"> NEGATIVE UAS ATTEND MINIMUM COUNSELING SESSIONS PER MONTH BASED ON LEVEL OF CARE PER CH. 70
6 THS	<ul style="list-style-type: none"> NEGATIVE UAS ATTEND MINIMUM COUNSELING SESSIONS PER MONTH BASED ON LEVEL OF CARE PER CH. 70
13 THS	<ul style="list-style-type: none"> NEGATIVE UAS ATTEND MINIMUM COUNSELING SESSIONS PER MONTH BASED ON LEVEL OF CARE PER CH. 70
27 THS	<ul style="list-style-type: none"> 1 YEAR ON PHASE 5 WITHOUT ANY DIVERSION ISSUES OR POSITIVE UAS EXCEPTIONS CAN BE STAFFED



Levels of Care – Counseling Requirements at Tulsa CTC

- First 60 day – Orientation (Level 1A)
 - Patient seen twice a week by counselor (group and individual)
 - Attend Orientation group
 - Meet with Nurse to obtain proper dosing level
 - Level 1
 - First 90 days of attendance in program
 - At least 2 negative drug screens
 - Attend 4 hours of counseling per month (group and individual)
 - Level 2
 - 90 to 180 days of attendance in program
 - Attend 3 hours of counseling per month (group or individual)
 - Level 3
 - 180 to 270 days of attendance in program
 - Attend 2 hour of counseling per month
 - Level 4
 - 270 days to 1 year
 - Attend 2 hour of counseling per month
 - Level 5
 - 1 year of attendance in program
 - Attend 1.5 hour of counseling per month
 - Level 6
 - 2 years of continuous attendance in program
 - Attend 1.5 hours of counseling per month
- Chapter 70 Counseling requirements are less than CTC requirements



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The Process

☐ Adjustments

☐ Level of Care and Take-homes are adjusted due to

- ☐ Positive Drug Screens
- ☐ Excessive missed days of dosing
- ☐ Excessive missed counseling
- ☐ Failed Diversion (Call backs to count doses left in Take-home box)
- ☐ Medical or Psychological Instability

☐ Completion

☐ Patients are encouraged to continue program for 2 years before attempting completion

- ☐ Counseling encourages completion of Treatment Plan goals and all case management criteria met
- ☐ Medical encourages a slow decrease in medication dosage to ensure a stabilized recovery

☐ Readmission

☐ Patient may readmit to a program only twice per year

- ☐ Patients are encouraged to participate in an inpatient or higher level of care program if more than two admissions a year are required.



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MAT Post-Discharge Effectiveness

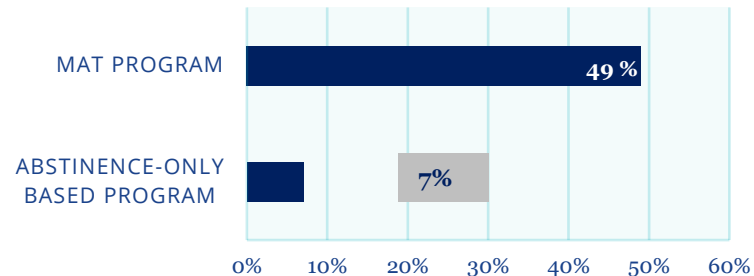
MAT Treatment Post-Discharge Delivers Better Patient Outcomes

OUD patients discharging from acute or residential abstinence-based settings will typically misuse at nearly the same rate as they did prior.

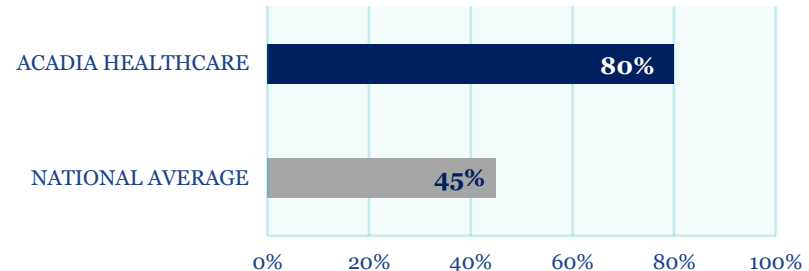
Patients transitioning to MAT exhibit lower relapse and overdose rates, ultimately saving lives.

Research consistently proves MAT after acute and specialty residential care to be superior to abstinence-only treatments.

Percentage of Individuals Able To Successfully Manage Their Opioid Dependence ¹



Percentage of Patients Who Test Negative for Opioid Use Six Months After Treatment²



1. The Prescription Opioid Addiction Treatment Study: What We Learned. Drug and Alcohol Dependence. <https://www.sciencedirect.com/science/article/pii/S0376871617300029>. April 2017
2. Nat'l average 45% source



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ASSESSING THE STIGMA And CHANGING THE CLIMATE

Questions?



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Collaborating with others

- + Hospitals
- + Inpatient Treatment Centers
- + Law enforcement
- + DHS
- + Social support agencies
- + Mental Health Hospitals
- + Courts
- + Veteran's Administration
- + Tribal
- + Community Outreach
- + Narcan Distribution



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Laws and Regulatory Agencies

- + OKDMHSAS – Chapter 70
- + OHCA - Medicaid
- + CMS - Medicare
- + CARF – Outpatient Treatment – Opioid Treatment Program
- + SAMSHA – Substance Abuse and Mental Health Services Administration
- + DEA – Drug Enforcement Agency
- + OBN – Oklahoma Bureau of Narcotics
- + CLIA – Clinical Laboratory Improvement Amendment
- + SOTA – State Opioid Treatment Authority



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Acadia Healthcare

Comprehensive Treatment Center CTC Division

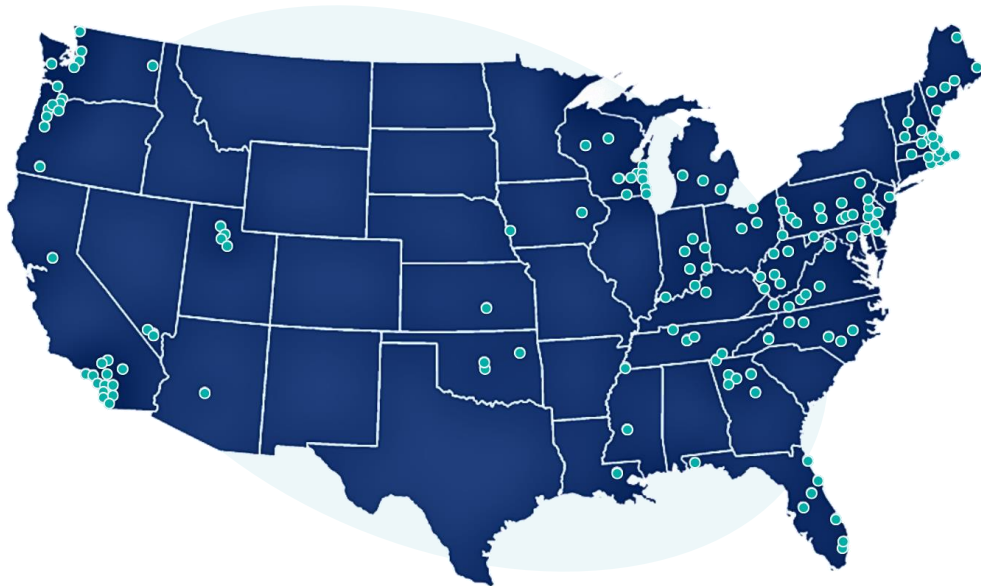


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Deep & Comprehensive Expertise CTCs Reach and Capabilities

157 Opioid Treatment (OTP) Locations Nationwide
as of 12/1/2023



By the Numbers



Present in **32** states



Over 67,000 patients in treatment
served daily



80% of patients are illicit opioid-free
after six months



150,000+ group counseling units
provided each month



250,000+ individual counseling units
provided each month



4.4 out of 5
Patient Satisfaction Score



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Comprehensive Geographical Coverage

CTC Presence in Oklahoma

Comprehensive Treatment Centers facilities are located throughout Oklahoma, serving communities in Oklahoma City and Tulsa.

3 OTP locations currently operate in the state.



Hefner

948 W. Hefner
Oklahoma City, Ok



Oklahoma City

1737 Linwood Blvd
Oklahoma City, Ok



Tulsa

5550 S. Garnett Rd.
Tulsa, Ok



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Care Environments Making Access to Care Easy



CTC Clinical Treatment Settings

Traditional CTC (OTP)

Under physician supervision, OTPs seamlessly blend medical services, counseling, and recovery support

Mobile Treatment Unit

CTCs offer 11 mobile treatment units in select areas nationwide which can be deployed to deliver vital care directly to communities

Medication Dispensing Unit

Convenience meets quality as these units bring medication to neighborhoods, often in collaboration with local partners

Office-Based Opioid Treatment (OBOT)

OBOTs provide opioid-based treatment through a trained OUD provider



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Specialized Care Correctional Partnerships

CTC partners with correctional facilities across the country to provide comprehensive evidence-based MAT

Incarcerated Individuals & MAT Interventions

- **65%** of U.S. prison population afflicted by a substance use disorder¹
- **<15%** of incarcerated individuals who would benefit from MAT services are actively participating in proper treatment²
- Individuals recently released from prison are **40X** more susceptible to death from opioid overdose³



Physician-led experts in MAT



Reduces risk of withdrawal-related medical emergencies and saves lives



Helps manage prison social environment & setting



Community-based MAT programs for parole and probation agencies



Improves inmate & staff interactions, as well as staff safety & satisfaction



Effective program for diversion, specialty courts & community corrections



Reduces recidivism by 10% and lowers the cost of incarceration⁴



Lowers overdose risk post-release by 50%⁵



Increases likelihood of continued treatment post release



CTC programs meet or exceed all NCCHC, ACA & community standards of care

1. Criminal Justice DrugFacts | National Institute on Drug Abuse (NIDA) (nih.gov)

2. Can Drugs Treat Addiction? Prisons Offer an Answer: The Wall Street Journal. <https://www.sciencedirect.com/science/article/pii/S0376871617300029>. December 2022.

3. Former inmates at high risk for opioid overdose following prison release - UNC Gillings School of Global Public Health

4. Effectiveness of Medication Assisted Treatment for Opioid Use in Prison and Jail Settings: A Meta-Analysis & Systematic Review

5. Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings (samhsa.gov)



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Specialized Care

Community Commitment & Partnerships

Community Commitment: Primary Prevention & Harm Reduction Efforts



Hygiene Kit
Distribution



Access to
Mobile Units



Harm Reduction
Vending Machines



Wound
Assessment
& Care Supplies



Narcan
Trainings

Example Community Partnerships



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Thought Leadership Driving Discussions to Improve Patient Outcomes



Recent CTC Thought Leadership	
Outlet	Topics
Whitepapers	Eliminating the X-Waiver
Podcasts	Creating a community playbook for utilizing opioid settlements
Interviews	FDA-granted Emergency Use Authorization for the opioid crisis
Op-Eds	Allaying trepidation about opening OTPs in communities
Local News	Reducing stigma surrounding addiction treatment

[Click here](#) to access Acadia's whitepaper: Eliminating the X-Waiver



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Acadia's Continuum of Behavioral Health Care



Our CTC clinics are part of Acadia Healthcare - the nation's largest stand-alone provider of behavioral health care supporting over 75,000 patients daily across a full continuum of care

- 10 Residential Treatment Centers
- 51 Acute Hospitals
- 37 Specialty Hospitals

157 CTCs



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Questions

**Comprehensive Treatment Centers
Tulsa – Hefner – Oklahoma City**

Angela Kouplen, LADC-S
angela.kouplen@ctcprograms.com
918-665-2501



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