**Washington State
Department of Social
& Health Services**

DBHR Division of Behavioral
Health and Recovery

SAMPLE FORM

OPIATE SUBSTUTITION TREATMENT PROGRAM
COMMUNITY RELATIONS PLAN

AGENCY NAME _____

Agency Administrator: _____**DATE:**_____
Mailing address: _____

Telephone: _____ **E-Mail address** _____

Proposed Site location: _____

This template is designed to comply with requirements in WAC 388-805-030, 42 CFR Part 8.12, and CSAT Guidelines for the Accreditation of Opioid Treatment Programs. The plan is separated into three parts:

- Part One – Initial Community Relations Plan
  The initial community relations plan must be completed before an application will be considered. It must be submitted with the application.

- Part Two – On-Going Community Relations Plan
  The on-going community relations plan outlines the agency on-going community relations efforts after the facility has opened. It must be submitted with the application.

- Part Three – On-Going Community Relations Concern Log
  The on-going community relations concern log is designed to document community concerns that may arise after the program is full operation and to use for future quality assurance data.

The last section of the document contains resource material to access documents pertaining to certification and accreditation.

Part One	INITIAL COMMUNITY RELATIONS PLAN

Pertinent Contacts	Telephone Number	E-mail Address
DBHR Representative: **DBHR Certification Policy Manager**	(360) 725-3716 Toll free: 1-877-301-4557 Fax: (360) 586-0343	
County Alcohol And Drug Coordinator:		

REGULATORY REFERENCE:
WAC 388-805-030 (1) Documentation the provider has communicated with the county legislative authority and if applicable, the city legislative authority, in order to secure a location for the new opiate substitution treatment program that meets county, tribal or city land use ordinances. Identify the legislative authority by contacting:
- County Alcohol and Drug Coordinator (Certificate Chemical Dependency Services Directory, Appendix A); DBHR website at: http://www.dshs.wa.gov/DASA/services/certification/Directory/Directory.shtml , or
- Washington Association of County officials (360) 943-1812, or
- Association of Washington Cities (360) 753-4137, or
- The Tribal Administrative office
- (If proposed site is on Tribal land, the county does not require notification)

Legislative Authority	Telephone Number	E-mail Address	Responsible Person
City:			
County:			

Tribal: (For tribal program only)			

After the legislative authority has been identified, schedule a meeting with the legislative authority to discuss the proposed site of the program and to obtain a list of all pertinent stakeholder groups in the area. Documentation of these meetings will be required

Communicated with identified legislative authority regarding securing site location; City: County: Tribal: (For tribal program only)	Meeting held on:	Attendees:	Documentation of meeting:

REGULATORY REFERENCE:

Discussion: Before a new program moves in and opens its doors, there is a strong need to educate all entities impacted by the program, including the medical community, neighborhood, and those who will be asked to provide support services.

CSAT Guidelines 2.C.(4).

For existing and/or new programs, to help minimize negative impact on the community, promote peaceful co-existence, and plan for change and program growth, programs develop and implement a general set up practices, policies, and procedures.

WAC 388-805-030 (2)

A completed community relations plan developed in consultation with the legislative authority or their designee to minimize the impact of the opiate substitution treatment programs upon the business and residential neighborhoods in which the program is located. The plan must include documentation of strategies used to:
 (a) Obtain stakeholder input regarding the proposed location.

CSAT Guidelines: 2.C.(4). Community Relations and Education.

b.   Elicit input from the community about the program's impact in the neighborhood.
     (Input can be obtained through educational events, public forum, meetings, and advisory groups.)

c.   Identify community leaders for the purpose of fostering good community relations, and establish interpersonal contact, and proactive associations with those identified people. For example:

STAKEHOLD GROUP	IDENTIFIED REPRESENTATIVE	CONTACT/MEETING HELD/EDUCATIONAL EVENTS	RESOURCE MATERIAL/ISSUES AND CONCERNS
Publicly elected representatives:	1. 2. 3.		Documentation:
Local health: **Substance abuse program** **Social and health services/agency directors,** **Physicians:** (potential referral sources)	1. 2. 3. 4.		Documentation:
Business organization leaders:	1. 2. 3. 4.		Documentation
Community and health planning agency directors:	1. 2. 3. 4.		Documentation
Grassroots community	1.		Documentation:

organization leaders; (neighborhood associations and schools)	2. 3. 4. 5. 6. 7. 8.		
Local police and law enforcement officials: (City Police, Sheriff, or Tribal Police)	1. 2.		Documentation
Religious and spiritual leaders:	1. 2.		Documentation

REGULATORY REFERENCE:

CSAT Guidelines: 2.C.(4) Community Relations and Education.
  (e)(v). Developing policies and procedures to effectively address or resolve community problems (including patient loitering and medication diversion), and ensuring that program operations do not adversely affect community life.

WAC 388-805-030(2)(b)
Address any concerns identified by stakeholders

List of Concerns To Be Addressed :	Suggested Mitigation Alternatives By Stakeholders	RESOURCE MATERIAL
1.		
2.		
3.		
4.		
5.		
6.		

MITIGATION TASK	ACTION	RESPONSIBLE PARTY	TARGET DATE	RESOURCE MATERIAL
1.				
2.				
3.				
4.				
5.				
6.				

REGULATORY REFERENCE:
WAC 388-805-030(1)….. meets county, tribal or city land use ordinances.

	Target Date	Responsible Person	Action	Resource Material
Meets county or city land use ordinance: City: County: Tribal: (For Tribal Programs Only)				Documentation in: Permit issued: Business license:

REGULATORY REFERENCE:
WAC 388-805-030:
§-030(3) A copy of the application for a registration certificate from the Washington state board of pharmacy.
§-030 (4) A copy of the application for licensure to the Federal Drug Enforcement Administration.
§-030 (5) A copy of the application for certification to the Federal CSAT SAMHSA
§-030 (6) A copy of the application for accreditation by an accreditation body approved as an opioid treatment program accreditation body by the Federal CSAT SAMHSA
The application will require completion of an American with Disabilities Act (ADA) checklist and a floor plan of the proposed site.

	Target Date	Responsible Person	Action	Resource Material
Obtain licensure from Drug Enforcement Administration (DEA)				License Number:
Obtain registration with Board of Pharmacy (BOP)				Registration Number:
Obtain certification with Federal CSAT – SAMHSA				Federal CSAT Number:
Identified Accreditation Body				Accreditation Number:

Part Two	ON-GOING COMMUNITY RELATIONS PLAN

REGULATORY REFERENCE:
WAC 388-805-030 (2)(c) Develop an on-going community relations plan to address new concerns expressed by stakeholders as they arise.

CSAT Guidelines 2.C.(4).(e)(i) ,(ii) and (iii)
Establish a liaison with community representation to share information about the program and community and mutual issues. Identify personnel who will function as community relations coordinator. Serving as community resource on substance abuse and related health and social issues, as well as promoting the benefits of medication-assisted treatment in preserving the public health

	REPSONSIBLE PERSON	**DUTIES**	Contact information
Community Liaison: (share information about the program and community and mutual issues)			Day Evenings
Community Relations Coordinator: (define goals and procedure of the community relations plan)			

REGULATORY REFERENCE:
CSAT Guidelines 2.C.(4) Community Relations and Education
   (e)(iii) Serving as a community resource on substance abuse and related health and social issues, as well as
       promoting the benefits of medication-assisted treatment in preserving the public health.

	Event	Presenter	Feedback/Training Evaluations
*Community educational opportunities:	Presenters/attendees 1. 2. 3.	1. 2. 3.	

		4.	4.	

CSAT Guidelines 2.C.(4). Community Relations and Education

   (f)   Document community relations efforts and community contacts, evaluate these efforts and contacts over time, and address outstanding problems and deficiencies.

COMMUNITY MEETINGS TO OBTAIN INPUT:	DATE	RESPONSIBLE PERSON	CONTENT	MEETING EVALUATION/INPUT
1.				Documentation located:
2.				Documentation located:
3.				Documentation located:
4.				
5.				
6.				
EDUCATION FORUM	**DATE**	**RESPONSBILE PERSON**	**CONTENT**	**TRAINING EVALUATION**
1.				Documentation located:
2.				Documentation located:
3.				Documentation located:

4.				
5.				
6.				

CSAT Guidelines 2.C.(4) Community Relations and Education
  (g). Devise communication mechanisms so that interested partied and potential patients may obtain general information about the program outside regular operating hours.

PLAN *(examples of communication mechanisms)*	TARGET DATE	RESPONSBILE PERSON	ACTION	OUTCOME/EFFECACY
1. *(website)*				
2. *(after hours answering message)*				
3. *(brochures in public locations)*				
4. *(brochures at chemical dependency programs, hospitals, and probation offices)*				
5. *(Newspaper article)*				

6.*(health fair)*				
7.*OTHER*				

CSAT Guidelines 2.C.(1) Life Safety Issues

(ii). **Provide a mechanism to address patient emergencies by establishing an emergency contact system to obtain dosage levels and other pertinent patient information on a 24-hour, 7-day per week basis, as appropriate under confidentiality regulations. Facility offices and waiting areas should display the names and telephone numbers of individuals (e.g., physicians, hospitals, emergency medical technicians) who should be contacted in case of emergency, or utilize 9-1-1 or similar local emergency resources.**

CSAT Guideline 2.C.(1)(b) Program Emergencies

(i) **Develops, maintains, and updates regularly a disaster plan that addresses maintenance of fire extinguishers, fire drills, emergency evacuation procedures, and that includes links to community agencies.**

TOPIC	REPSONSIBLE PERSON	ACTION	POLICY LOCATION
After hours medical emergency contact			
Transportation in poor weather			
Patients:			
Staff:			
Public transportation: *Accessibility*			

Closure due to weather: (notification)			
Patients:			
Staff:			
Closure due to disaster *(fire, earthquake, terrorist attack, tsunami)*			
Guest dosing:			
Patients:			
Staff:			
Patient loitering			Policy located:
Medication diversion plan			Policy located:

Safety/Security of patients and facility			

Part Three	**ON-GOING COMMUNITY RELATIONS CONCERNS LOG**

CSAT Guideline 2.C.(4) Community Relations and Education
    (f).   Document community relations efforts and community contacts, evaluate these efforts and contacts over time, and address outstanding problems and deficiencies.

ISSUE/CONCERN/ COMPLAINT	DATE ENTERED	RESPONSIBLE PERSON	ACTION STEPS, MITIGATION OR RESOLUTION (may include notifying DBHR, DEA, BOP, SAMHSA or Accreditation Body)	RESOLUTIO N DATE

Resource material:

CSAT TAPs – Technical Assistance Publications
- ♦ *TAP 14 – Siting Drug and Alcohol Treatment Programs: Legal Challenges to the NIMBY Syndrome.* http://www.treatment.org/Taps/index.html

CSAT TIPs – Treatment Improvement Protocol Series
- ♦ *TIP 43 – Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs – A Treatment Improvement Protocol, and*
- ♦ *TIP 40 – Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction*

http://www.treatment.org/externals/tips.html

SAMHSA. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) http://www.samhsa.gov/

SAMHSA/CSAT Guidelines for the Accreditation of Opioid Treatment Programs. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Division of Pharmacological Therapies, http://dpt.samhsa.gov/guidelines.pdf

SAMHSA's Application for Certification to Use Opioid Drugs in Treatment and Checklist, Form SMA-162.**.** http://dpt.samhsa.gov/SMA-162.pdf
SAMHSA's Opioid Treatment Program Certification. http://dpt.samhsa.gov/otp.htm

Washington State Division of Behavioral Health and Recovery (DBHR), Department of Social and Health Services
- ♦ DBHR Home page: http://www1.dshs.wa.gov/DBHR/

- ♦ DBHR Certification Application Forms on our website include:
  New agency application form with instructions, Background check form; ADA form; Sample Floor Plan
  http://www1.dshs.wa.gov/DBHR/services/certification/certificationFAQs.shtml
- ♦ Other forms: http://www1.dshs.wa.gov/DBHR/services/certification/certFORMS.shtml
- ♦ Adjunctive medications and OTP info
  http://www1.dshs.wa.gov/DBHR/services/certification/agencycertification.shtml#OTP

Washington Administrative Code (WAC) 388-805   http://apps.leg.wa.gov/WAC/default.aspx?cite=388-805
and WAC implementation Guide as one PDF file: http://198.239.150.114/pdf/hrsa/DBHR/CERTFORMS/WIG_7-04.pdf

Revised Code of Washington 70.96A http://apps.leg.wa.gov/RCW/default.aspx?cite=70.96A

42 CFR, Part 8.12 – *Federal opioid treatment standards.* http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr8_02.html
or http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/cfr_2002/octqtr/42cfr8.12.htm

21 CFR, Part 1301, _Section 71_– *Security requirements generally, and Part 1301, _Section 72_– Physical security controls for non-practitioners; narcotic treatment programs and compounders for narcotic treatment programs; storage areas.*
Drug Enforcement Administration, Department of Justice
http://www.access.gpo.gov/nara/cfr/waisidx_05/21cfr1301_05.html

DEA office Diversion Control (including DEA form 106 to report theft or loss of a controlled substance)
http://www.deadiversion.usdoj.gov/21cfr_reports/index.html

RCW 69.41.050 labeling requirements – Penalty. Washington State Department of Health, Health Professions Quality Assurance, Board of Pharmacy, Chapter 69.41 RCW – Legend Drugs – Prescription Drugs. The web site below has forms and application. http://apps.leg.wa.gov/RCW/default.aspx?cite=69.41

ASAM PPC-2R, American Society of Addiction Medicine, *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders.* http://www.asam.org

Diagnostic and Statistical Manual of Mental Disorders – DSM-IV-TR®, American Psychiatric Association, 1400 K Street N.W., Washington, D.C. 20005. http://www.psychiatryonline.com/

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