**SAMPLE FORM**

**Attachment D**

**to Procedure CS-21**

**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 388-877B-0400 and -405, 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’s proposed 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 pertaining to certification and accreditation.

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| **Part One INITIAL COMMUNITY RELATIONS PLAN** |
| **Pertinent Contacts** | **Telephone Number** | **E-mail Address** |
| **DBHR Certification Policy Manager:****Jessica Blose**  | (360) 725-3716Toll free: 1-877-301-4557Fax: (360) 725-2279 | Jessica.blose@dshs.wa.gov |
| **BHO/MCO, if applicable**      |       |       |
| *REGULATORY REFERENCE:*WAC 388-877B-0405 (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:* 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 a tribal reservation or tribal trust 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:*See 2015 CSAT Guidelines, p. 16-17: Community Relations and Education for suggested activities.WAC 388-877B-0405 (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. |
| **STAKEHOLDER 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** **organization leaders**; (neighborhood associations and schools) | 1.      2.      3.      4.       |       | Documentation:      |
| **Local police and law** **enforcement officials**:(City Police, Sheriff, or Tribal Police) | 1.      2.       |       | Documentation      |
| **Religious and spiritual leaders:** | 1.      2.       |       | Documentation      |
| *REGULATORY REFERENCE:*See 2015 CSAT Guidelines, p. 16-17: Community Relations and Education for suggested activities.WAC 388-877B-0405(2)(a)(ii)Address any concerns identified by stakeholders. |
| **List of Concerns To Be Addressed :** |  **Suggested Mitigation Alternatives By Stakeholders** | **RESOURCE MATERIAL** |
| 1.       |       |       |
| 2.       |       |       |
| 3.       |       |       |
| 4.       |       |       |
| 5.       |       |       |
|  |  |  |
| **MITIGATION TASK** | **ACTION** | **RESPONSIBLE PARTY** | **TARGET DATE** | **RESOURCE MATERIAL** |
| 1.       |  |  |  |  |
| 2.       |  |  |  |  |
| 3.       |  |  |  |  |
| 4.       |  |  |  |  |
| 5.       |  |  |  |  |

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| *REGULATORY REFERENCE:*WAC 388-877B-0405(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 388-877B-0405(2)(c): (i) A copy of the application for a registration certificate from the Washington state board of pharmacy. (ii) A copy of the application for licensure to the Federal Drug Enforcement Administration (iii) A copy of the application for certification to the Federal CSAT SAMHSA (iv) A copy of the application for accreditation by an accreditation body approved as an opioid treatment program accreditation body by the Federal CSAT SAMHSAThe application will require completion of an American with Disabilities Act (ADA) checklist and a floor plan of the proposed site.  |
| 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 388-877B-0405 (2)(a)(iii): Develop an on-going community relations plan to address new concerns expressed by stakeholders as they arise.See 2015 CSAT Guidelines, p. 16-17: Community Relations and Education for suggested activities. |
|  | **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:*See 2015 CSAT Guidelines, p. 16-17: Community Relations and Education for suggested activities. |

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|  | Event | Presenter | Feedback/Training Evaluations |
| \*Community educational opportunities: | Presenters/attendees1.      2.      3.      4.       | 1.      2.      3.      4.       |       |
| See 2015 CSAT Guidelines, p. 16-17: Community Relations and Education for suggested activities. |
| **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.       |       |       |       |       |
|  |  |  |  |  |
| See 2015 CSAT Guidelines, p. 16-17: Community Relations and Education for suggested activities. |
| **PLAN***(examples of communication mechanisms)* | **TARGET DATE** | **RESPONSBILE PERSON** | **ACTION** | **OUTCOME/EFFICACY** |
| 1. *(website)*

      |       |       |       |       |
| 1. *(after hours answering message)*

      |       |       |       |       |
| 1. *(brochures in public locations)*

      |       |       |       |       |
| 1. *(brochures at chemical dependency programs, hospitals, and probation offices)*

      |       |       |       |       |
| *5. (Newspaper article)*      |       |       |       |       |
| *6.(health fair)*      |       |       |       |       |
| *7.Other*      |       |       |       |       |
| See 2015 CSAT Guidelines, p. 13-14: Risk Management for suggested activities. |
| **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** |
| See 2015 CSAT Guidelines, p. 16-17: Community Relations and Education for suggested activities. |
| **ISSUE/CONCERN/****COMPLAINT** | **DATE ENTERED** | **RESPONSIBLE PERSON** | **ACTION STEPS, MITIGATION OR RESOLUTION** **(**may include notifying DBHR, DEA, BOP, SAMHSA or Accreditation Body) | **RESOLUTION DATE** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |  |  |  |  |

**Resources:**

**CSAT TAPs –** Technical Assistance Publications

**CSAT TIPs –** Treatment Improvement Protocol Series

* *TIP 43 – Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs – A Treatment Improvement Protocol:* [*http://store.samhsa.gov/shin/content//SMA12-4214/SMA12-4214.pdf*](http://store.samhsa.gov/shin/content//SMA12-4214/SMA12-4214.pdf)
* *TIP 40 – Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction* [*https://www.ncbi.nlm.nih.gov/books/NBK64245/pdf/Bookshelf\_NBK64245.pdf*](https://www.ncbi.nlm.nih.gov/books/NBK64245/pdf/Bookshelf_NBK64245.pdf)

**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, <https://www.samhsa.gov/medication-assisted-treatment>

**SAMHSA’s Application for Certification** to Use Opioid Drugs in Treatment and Checklist, Form **SMA-162.** https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/apply

**Washington State Division of Behavioral Health and Recovery (DBHR)**, Department of Social and Health Services

* DBHR Home page: https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery
* General information about licensure/certification as a new treatment agency: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/licensing-and-certification-behavioral-health-agencies>

**Washington Administrative Code (WAC) 388-877B**<http://apps.leg.wa.gov/WAC/default.aspx?cite=388-877B&full=true>

**WAC 388-877** *(administrative regulations for licensed mental health, chemical dependency, and problem and pathological gambling agencies)* [*http://apps.leg.wa.gov/WAC/default.aspx?cite=388-877&full=true*](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-877&full=true)

***Revised Code of Washington 71.24*** http://app.leg.wa.gov/RCW/default.aspx?cite=71.24&full=true

**42 CFR, Part 8.12 *–***[*http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42cfr8\_main\_02.tpl*](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42cfr8_main_02.tpl)

**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

<https://www.deadiversion.usdoj.gov/21cfr/cfr/2101cfrt.htm>

**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>

**American Society of Addiction Medicine**, *The* *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related,and Co-Occurring Conditions*  <http://www.asam.org>

**Diagnostic and Statistical Manual of Mental Disorders – DSM-5*,*** American Psychiatric Association, 1400 K Street N.W., Washington, D.C. 20005. <http://www.appi.org/Pages/DSM.aspx>