Providing Comprehensive Care in Opioid Treatment Programs: A Policy and Provider Perspective

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President, American Association for the Treatment of Opioid Dependence

Jennifer Seib, LMHC, CASAC
Vice President of Strategic Initiatives and Integration at BestSelf Behavioral Health

July 26, 2023
Housekeeping

- Today’s webinar is being recorded and all participants will be kept in listen only mode.
- The recording and slides will be made available on the PCSS website within 2 weeks.
- There will be an opportunity to ask questions at the end of the webinar, so we encourage you to submit your questions throughout the webinar in the Q&A box located at the bottom of your screen.

The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.
Today’s Speakers

Mark Parrino, MPA
President, American Association for the Treatment of Opioid Dependence

Jennifer Seib, LMHC, CASAC
VP, Strategic Initiatives and Integration at BestSelf Behavioral Health, Inc.

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Disclosures

- No disclosures to report

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Target Audience

The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.
Educational Objectives

- Examine current policy landscape for OTP’s.
- Discuss the value proposition of becoming an OTP.
- Identify strategies to provide comprehensive services in an OTP.
- Describe what services can be offered at an OTP.
Providing Comprehensive Care in an Opioid Treatment Program: A Policy and Provider Perspective

Mark W. Parrino, M.P.A.
National Council for Mental Wellbeing
They’re the most powerful painkillers ever invented. And they’re creating the worst addiction crisis America has ever seen.

By Massimo Calabresi
Heroin’s New Hometown
Narcotic Takes Hold on Staten Island

By J. DAVID GOODMAN AND MICHAEL WILSON

The 1980s have seen a large increase in the use of heroin by non-drug users. The death rate was high, and the city’s efforts to treat the problem were negligible. The amount of heroin sold by the Police Department on Staten Island has jumped more than 30 percent from 2013 to 2015, and the year shows a big increase in arrests. Through April 15, officers seized more than 1,000 pounds of heroin, up from about 1,200 bags seized the same period in 2015. That number does not include the 30 pounds seized on Wednesday and others on an ongoing street and the owner’s home.

Drug treatment facilities and health care providers who treat patients who take prescription painkillers to treat pain say that drug users have grown in number and are increasingly using heroin over prescription painkillers. Thirty-six people died from drug overdoses in 2013, the highest number in a decade, according to the most recent data.

SPORTS

Monday DI

Swat Sends Nets to Round 2
Paul Pierce blocked Toronto’s last shot, sealing the Nets’ 194-103 victory in Game 7. They face Miami next. PAGE DI

Penguins Shut Out Rangers
Hockey Lundqvist’s 32 saves were not enough as Pittsburgh’s 3-2 win tied the series.

Painkillers as a Gateway to Heroin

Prescription painkillers like Vicodin can create an appetite that leads to cheaper drugs.

BY BENEDICT CAREY

The use of a heroin addict in 1980 was not the same as it was 20 years ago, and the biggest difference is what some doctors call “heroin tolerance.” Prescription painkillers are more available than ever, and people who are more addicted to pain have more available than ever. They are more likely to take them than to use the needles and the heroin. Doctors told me they saw addicted men and women who had been addicted since the 1970s but had never seen anyone who had been addicted since the 1950s. The heroin addicts are back to the 1970s, and the people who sold them the heroin are now selling them the painkillers. The new addicts have been addicted to the painkillers since the 1950s.
SAMHSA Certified Opioid Treatment Programs

Source: SAMHSA, CSAT, OTP Database. April 2023
OTP Mobile Units Across the US

As of 5/22/2023
OTP Mobile Unit Application Process

SMA-162: Medication Unit

SAMHSA/CSAT Opioid Treatment Program Extranet
CSAT’s Division of Pharmacologic Therapies

Hello Test Program Sponsor
Addiction Treatment Services at Johns Hopkins Bayview ABC,
MD10001M

Submitted SMA-162s
New SMA-162
SMA-162 Instructions
Download Certificate

Note: The SMA-162 form may only be submitted by the Program Sponsor. View the Instruction page for the uses of the SMA-162 form and instructions on how to complete it.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
CENTER FOR SUBSTANCE ABUSE TREATMENT
Application for Certification to Use Opioid Drugs in a Treatment Program Under 42 CFR § 8.11

Form Approved: OMB Number 0930-0206
Expiration Date: 12/31/2021

DATE OF SUBMISSION: 8/10/2021

Note: This form is required by 42 CFR 8.11 pursuant to Sec. 303, Controlled Substances Act (21 USC § 823) and the Drug Abuse Prevention and Control Act of 1970 (42 USC § 275(a)). Failure to report may result in a recommendation for the suspension or revocation of the opioid treatment program registration.
Help is Available!

For problems in accessing your program’s account, call the OTP Extranet Helpdesk at: 1-866-348-5741 or email: OTP-Help@jbsinternational.com

For any other guidance or support please call your OTP Compliance Officer at (240) 276-2700 or email: DPT@samhsa.hhs.gov.
The first of our units – 27 foot long
Staffing Model and Services Provided

- Staffing configuration consists of a driver, a nurse, a provider either on call or in person, an advanced case manager and a peer recovery support specialist.

- **Services provided:**
  - storage and administration of methadone, buprenorphine induction
  - Administration of injectable naltrexone
  - Behavioral Health assessments
  - Physical/medical assessments
  - Comprehensive harm reduction services not inclusive of safe consumption spaces
  - Behavioral and medical referrals and facilitation of those services
  - Education and outreach regarding all social determinants precluding health and wellness
Monthly Maintenance Cost

- Propane monthly cost: $70.06
- Fuel monthly cost: $1,096
- Mobile wash monthly cost: $73.73
- Miscellaneous repairs monthly cost: $216.52
- Cell/Verizon monthly cost: $109.09
- Annual maintenance monthly cost: $625

Miles per gallon/ 6 to 10 (V10 engine)
## Considerations

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vehicle Location</strong></td>
<td>• Where the vehicle will be parked&lt;br&gt;• Will medication be taken off the vehicle at the end of each day&lt;br&gt;• Is there electric hook up available</td>
</tr>
<tr>
<td><strong>Vehicle Type</strong></td>
<td>• Maintenance&lt;br&gt;• Size&lt;br&gt;• Who can drive it</td>
</tr>
<tr>
<td><strong>Space</strong></td>
<td>• What services do you anticipate needing on the vehicle&lt;br&gt;• Consulting DEA NTP Guidelines</td>
</tr>
<tr>
<td><strong>Material Availability</strong></td>
<td>• Timeline of production will be based on the availability of items</td>
</tr>
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</table>
Counseling/ Provider Space
Medication Space
Heroin addiction is a devastating reality. It is also a treatable disease. According to the White House Office of National Drug Control Policy, there are more than 800,000 heroin dependent individuals in the United States. Drug Enforcement Administration data indicate that heroin is increasingly available at purer levels and the National Institute on Drug Abuse has cited an alarming increase in the number of young people using heroin in suburban and urban areas.

The New York State Division of Substance Abuse Services completed a study in 1991 and found that the annual per person cost of untreated heroin addiction amounts to $45,000.00. Another study was completed in California in 1994 and found that drug and alcohol abuse creates an annual cost to taxpayers in the amount of $3.1 billion with 35 percent of the costs being absorbed by the nation’s criminal justice system.
ANN ACT to amend the correction law, in relation to the establishment of a program for the use of medication assisted treatment for incarcerated individuals; and to amend the mental hygiene law, in relation to the implementation of substance use disorder treatment and transition services in jails.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1. Section 1. The correction law is amended by adding a new section 626 to read as follows:

2. § 626. Medication assisted treatment in correctional facilities. 1. For purposes of this section “medication assisted treatment” means treatment of a substance use disorder [chemical dependence or abuse] and concomitant conditions.

3. with medications requiring a prescription or order from an authorized prescribing professional.

4. 2. (a) The commissioner, in conjunction with the office of alcoholism and substance abuse services Addiction Services and Supports, shall establish a program to be adminis-

5. tered at correctional facilities within the department in the state, for the purpose of employing medication assisted treatment for incarcerated individuals in such facilities who are undergoing treatment for a substance use disor-

6. der. Such program shall include at least one of every pharmacological route of administration of every drug form of medication assisted treat-

7. ment approved for the treatment of a substance use disorder by the Federal Food and Drug Administration, including but not limited to buprenorphine, methadone, and injectable naltrexone and new drugs as they receive approval by the Federal Food and Drug Administration for treating a substance use disorder.

8. necessary to ensure that each individual participating in the program receives the particular drug and formulation found to be the most effective at treating and meeting their needs.

DRAFT

PRINTED ON RECYCLED PAPER
117th CONGRESS
1st SESSION

S.

To authorize the Attorney General to make grants to, and enter into cooperative agreements with, States and units of local government to develop, implement, or expand 1 or more programs to provide medication-assisted treatment to individuals who have opioid use disorder and are incarcerated within the jurisdictions of the States or units of local government.

IN THE SENATE OF THE UNITED STATES

Mr. Markey introduced the following bill, which was read twice and referred to the Committee on

A BILL

To authorize the Attorney General to make grants to, and enter into cooperative agreements with, States and units of local government to develop, implement, or expand 1 or more programs to provide medication-assisted treatment to individuals who have opioid use disorder and are incarcerated within the jurisdictions of the States or units of local government.

1 Be it enacted by the Senate and House of Represen-
2 tatives of the United States of America in Congress assembled,
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Connect with us @aatod1984
• BestSelf Behavioral Health, Inc., located in Buffalo, New York, was established in June 2017 after a merger of two existing organizations (Lakeshore Behavioral Health and Child and Adolescent Treatment Services)

• Also, in 2017 BestSelf became a CCBHC as part of the original demonstration project and currently has 13 CCBHC locations

• Late 2017 we began the process of opening an OTP, which opened in January 2019 with a capacity of 99 patients and co-located with a CCBHC location

• In January 2020, the capacity was lifted

• Currently in the process of starting a Mobile Medication Unit (MMU)
Our Journey – What We Had to Do

- Have a location with all DEA approved diversion-prevention protocols
- Apply for approval with SAMSHA and, for us, NYS Office of Addiction Services and Supports (OASAS) and State Opioid Treatment Authority
- Once approved, become accredited in your first year
  - BestSelf opted to have the entire organization, not just the OTP, accredited. We are Council on Accreditation (COA) accredited
Our Journey – Co-Located with CCBHC

- Our OTP and CCBHC are all in the same building
- The dispensary has a separate entrance and exit
- How it works:
  - OTP patients have a primary counselor who provides co-occurring care with a specialized focus on OUD and understanding of the OTP modality of care
  - OTP patients have access to all CCBHC services, as well. They are able to attend all groups provided in the CCBHC, meet with peers, targeted case managers, and psychiatric rehabilitation specialists, as well as psychiatric prescribers
Why OTP?

- Patient Care
  - Able to dispense both methadone and buprenorphine
    - Allows for people to get the right medication and/or the right treatment structure
  - Attend to whole-patient needs
    - Specialized attention to the individual with frequent touchpoints
    - Bloodwork, urinalysis, hepatitis testing and hepatitis C treatment
    - Pregnant and parenting women
    - Trauma and co-occurring mental health
Jail-Based Services

- Work with County Jails and New York State Correctional Facility
- Ensure that incarcerated individuals have access to methadone
- Erie and Niagara County Jails:
  - Provide counselors, peers, and case managers
  - Work with folks while incarcerated, reentry, and through their first year
- NYSDOCCS:
  - Collaborate with correctional health
Mobile Medication Unit (MMU)

- Ability to reach more rural areas
- Staffing and Service Requirements
  - Must provide dispensing and initial evaluations on the unit
    - Requires 2 nurses, one must be a RN, and a MD
      - Mid-level practitioners may perform initial evaluations with approved waiver
  - Must provide counseling and peer services
    - Can be provided from the unit or via telehealth
  - Must be able to conduct urinalysis on the unit, so need to have a bathroom and able to store collection materials
Mobile Medication Unit (MMU)

- Staffing and Other Requirements
  - Security – most have a security personnel on the unit, as well as being GPS tracked and connected to alarm company or local police
  - Driver
  - MMU must be stored either indoors or in a gated, locked area and must be alarmed at all times. Any place where the MMU is stored, must be approved by the DEA, as well
Mobile Medication Unit (MMU)

• Challenges
  • Staffing needs and travel time
  • The further "out" you go, the more costs associated with travel and the less opportunity to provide services
  • Makes it more difficult and more costly to get to the underserved areas
## Sample of MMU Schedule – 8 Hour Day

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>5 hrs and 45 mins (max) of an 8-hour day is spent working with patients</th>
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</thead>
<tbody>
<tr>
<td>6 – 7am</td>
<td>Vehicle to brick and mortar, transfer medication from safe to the unit, travel to location (30 min drive)</td>
<td></td>
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<tr>
<td>7am – 12:45pm</td>
<td>Provide OTP services</td>
<td></td>
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<tr>
<td>12:45 – 1pm</td>
<td>Close down the unit</td>
<td></td>
</tr>
<tr>
<td>1 – 2pm</td>
<td>Drive back to brick and mortar, transfer unused medication back into the safe, resolve inventory and return unit to storage</td>
<td></td>
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OTP – Changing People’s Lives

• Methadone is the best medication for many patients
• Being able to receive care from people who understand their challenges
• Non-judgmental space
• Whole care for individuals and individuals with specialized needs – pregnant women, incarcerated individuals, etc.
Thank You!!!

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Jennifer Seib
JSeib@bestselfwny.org
PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD).

- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.

- No cost.

For more information visit:
https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

<table>
<thead>
<tr>
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<th>American Society of Addiction Medicine</th>
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<td>Association for Multidisciplinary Education and Research in Substance use and Addiction</td>
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<td>Council on Social Work Education</td>
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<td>International Nurses Society on Addictions</td>
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<td>National Association for Community Health Centers</td>
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<td>American Osteopathic Academy of Addiction Medicine</td>
<td>The National Judicial College</td>
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<tr>
<td>American Psychiatric Association</td>
<td>Physician Assistant Education Association</td>
</tr>
<tr>
<td>American Psychiatric Nurses Association</td>
<td>Society for Academic Emergency Medicine</td>
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Educate. Train. Mentor

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