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

Mark W. Parrino, MPA

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



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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*



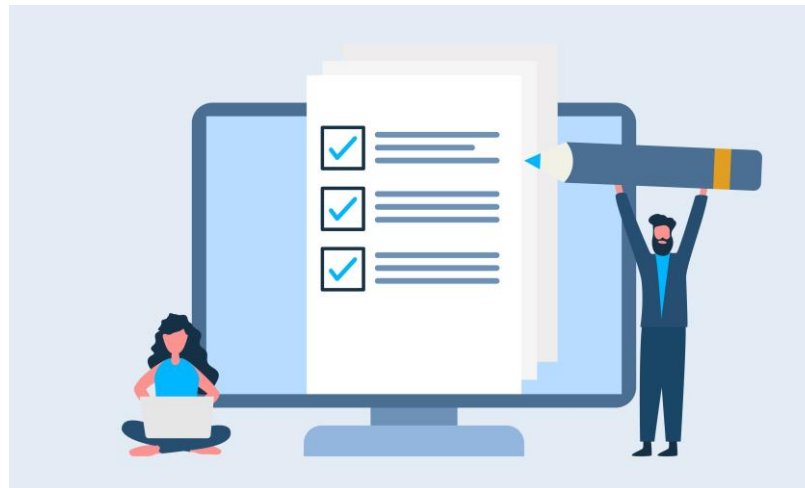
Jennifer Seib, LMHC, CASAC

*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



Heroin's New Hometown

Narcotic Takes Hold on Staten Island

By A DATED GOODMAN and MICHAEL WILLIAMS

The narcotics have a certain resonance to them: full of pain and regret, for they can also be struck by vitriolic denials and confusion. The deaths occurred at home, or at a friend's house, elsewhere on Staten Island. The deceased were often young and white, and although how they died was never mentioned, nearly everyone knew or suspected the cause.

A 22-year-old man, a college student in high school and the son of an elevator company vice president, died in March. A former high school hockey player who delivered newspapers died in 2012 at 22. Another 22-year-old man who was working construction died at home in July 2012. Family members and autopsy reports revealed that they died from heroin or combinations of drugs including heroin.

Staten Island, long a blue-collar bastion of police officers and other New York City workers, is confronting a heroin epidemic.

Thirty-six people died from heroin overdoses in 2012, the highest number in at least a decade, according to the most recent

available city health department records; the death rate was high at that, the city's office last tonight, but more in 10 years. The amount of heroin seized by the police department on Staten Island has jumped more than 400 percent from 2011 to 2012, and this year shows no sign of slowing. Through April 13, officers seized roughly 1,200 glassine bags of heroin, up from about 1,200 bags over the same period in 2011. That number does not include the 347 bags seized on Wednesday in raids at an auto-repair shop and its owner's home.

Drug treatment facilities and addiction programs brim with patients; informal support groups for addicts' relatives have had to find larger meeting spaces. And last month, the city authorized nearly all Staten Island police and emergency medical workers to carry naloxone, a drug to counteract heroin overdoses.

"You've got kids falling apart. You've got families falling apart," said William A. Fusco, the director of Dynamic Youth Commu-

Continued on Page A20

SPORTSMONDAY DJ-7

Swat Sends Nets to Round 2

Paul Pierce blocked Toronto's final shot, sealing the Nets' 104-102 victory in Game 7. They face Miami next. PAGE D1

Penguins Shut Out Rangers

Henrik Lundqvist's 32 saves were not enough as Pittsburgh's 3-0 win tied the

nomers traces the universe's evolution through its elements.

Described the dispersion of a new wave of learning how the universe evolved from the big bang to the modern cosmos.

Traditionally, astronomers study the early universe by looking back in time, using powerful telescopes and sophisticated computer simulations to study the chemical composition of very old stars, known as "fossil stars," in the Milky Way's halo, probing a wealth of information about the creation of elements and the formation

of the first chemical elements. These observations are the "fossil stars" that are the oldest in the universe. They are the first stars that ever lived, and they are the first stars that ever died. They are the first stars that ever lived, and they are the first stars that ever died. They are the first stars that ever lived, and they are the first stars that ever died.

According to the latest research, the first stars lived for only a few million years, and they died in a spectacular fashion, blowing away the gas around them and creating a new generation of stars.

about their life cycle. They are the first stars that ever lived, and they are the first stars that ever died. They are the first stars that ever lived, and they are the first stars that ever died.

The first stars were born in the early universe, when the universe was only a few million years old. They were born in the early universe, when the universe was only a few million years old. They were born in the early universe, when the universe was only a few million years old.

These observations are the "fossil stars" that are the oldest in the universe. They are the first stars that ever lived, and they are the first stars that ever died. They are the first stars that ever lived, and they are the first stars that ever died.

"How massive were first stars? How hot were they? How in where were they produced?"

These questions are the "fossil stars" that are the oldest in the universe. They are the first stars that ever lived, and they are the first stars that ever died. They are the first stars that ever lived, and they are the first stars that ever died.

Painkillers as a Gateway to Heroin

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

By BENEDICT CAREY

The life of a heroin addict is not the same as it was 20 years ago, and the biggest reason is what some doctors call "heroin bust." Prescription opiates. These medications are more available than ever, and relatively what an appetite that, once formed, never entirely fades.

Details are still emerging about the last days of Philip Seymour Hoffman, the actor who died last week at 46 of an apparent heroin overdose. Yet Mr. Hoffman's case, despite its uncertainties, highlights some new truths about addiction and several long-known risks for overdose.

The actor, who quit heroin more than 20

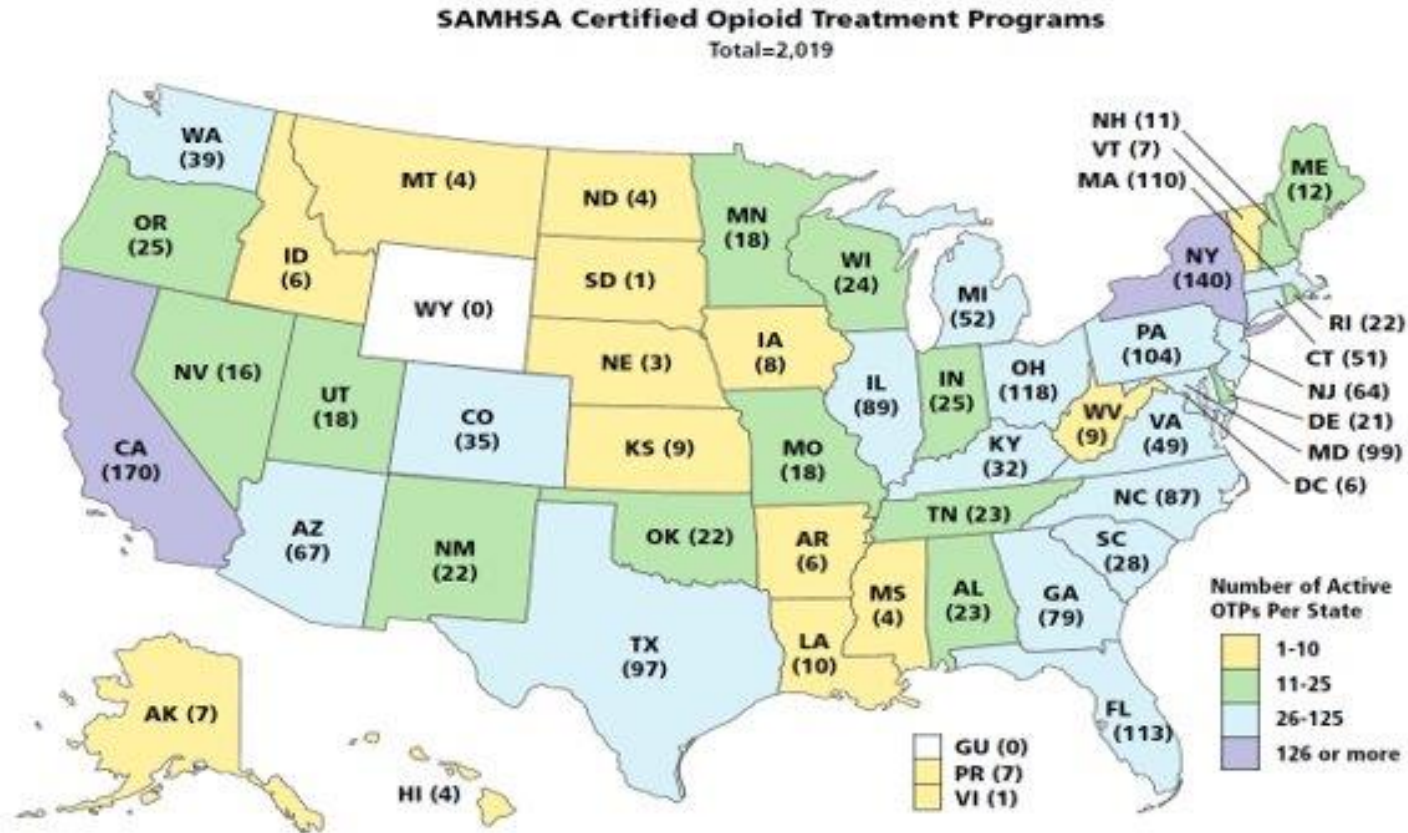


Doctors say they see addicts switch back and forth between pills and heroin.

years ago, reportedly prescription painkillers were in addition to heroin. The Vicodin epidemic — all eyes toward the heroin epidemic, in which the

"The addicts went just from around, with Stephen S. Drelich. In young, all sorts of heroin. The one

SAMHSA Certified Opioid Treatment Programs

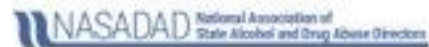


Source: SAMHSA, CSAT, OTP Database, April 2023



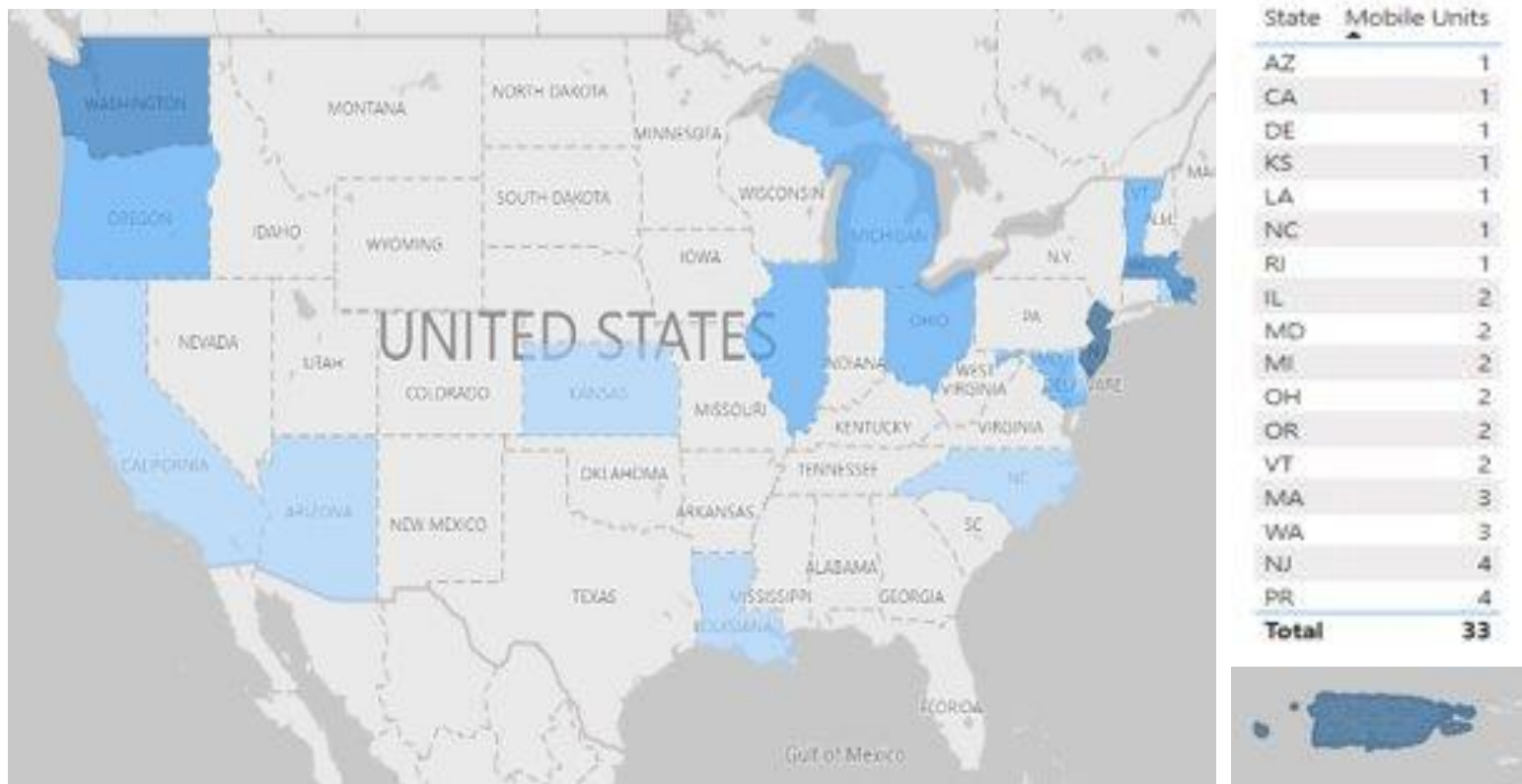
TECHNICAL BRIEF: CENSUS OF OPIOID TREATMENT PROGRAMS

September 2022



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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

Home Archived Exceptions **SMA-162s** Exceptions Manage Accounts My Account Help Logout

SMA-162: Application for Certification to Use Opioid Drugs in a Treatment Program

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	Form Approved: OMB Number 0930-0206 Expiration Date: 12/31/2021 OMB Statement
Application for Certification to Use Opioid Drugs in a Treatment Program Under 42 CFR § 8.11	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!

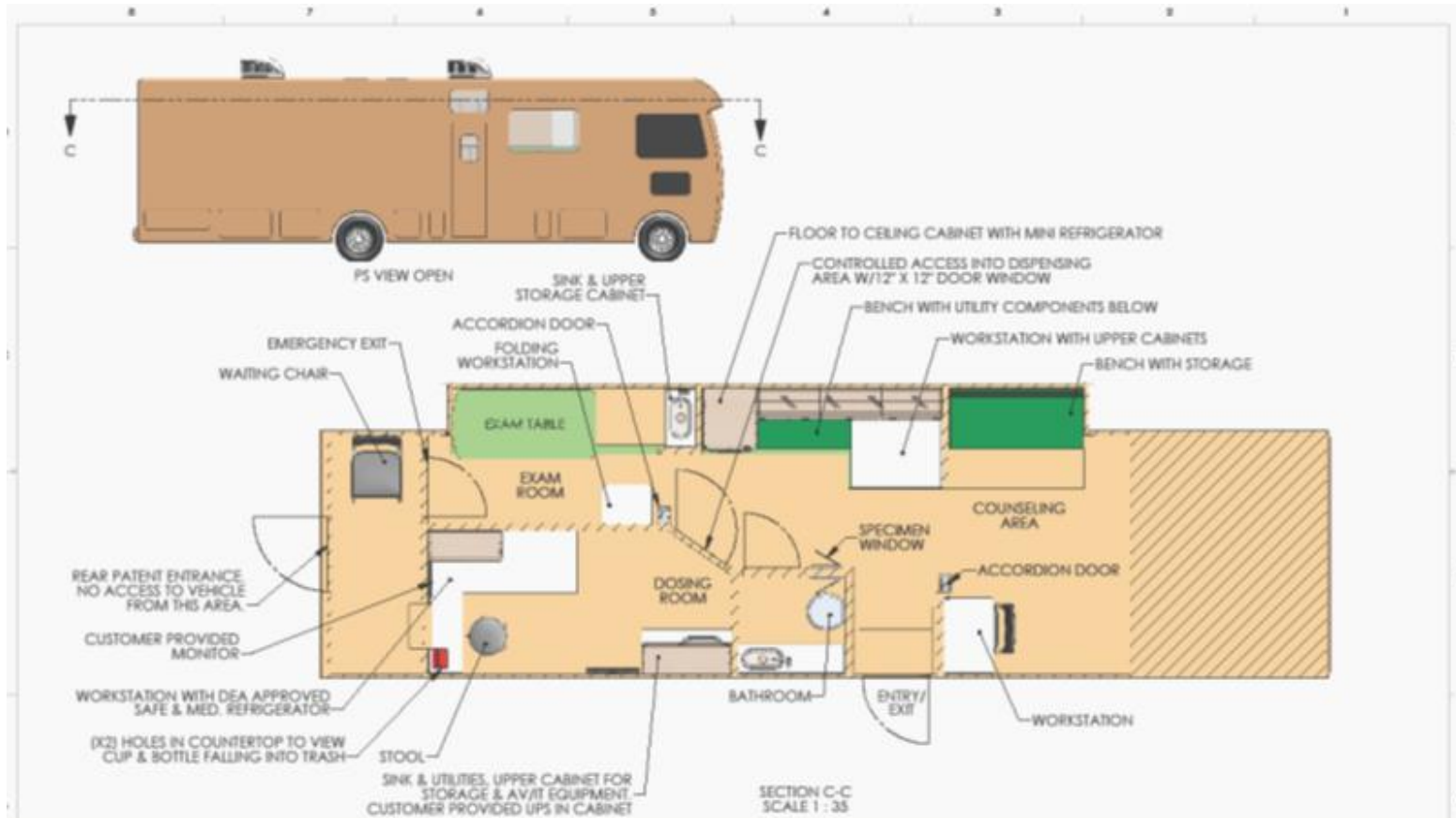
For problems in accessing your program's account, call the OTP Extranet Helpdesk at: 1-866-348-5741 or email:

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



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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)



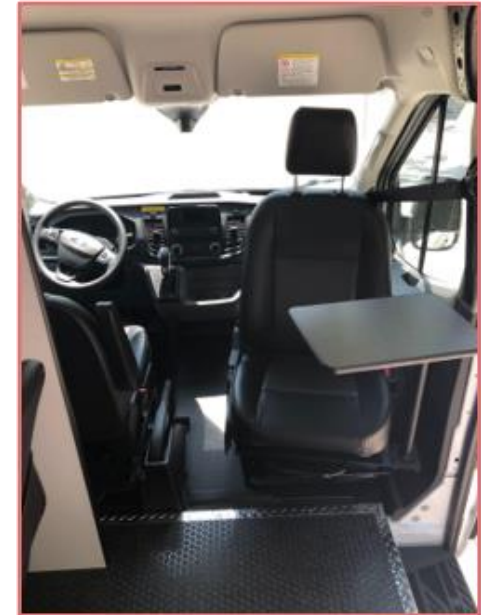
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Considerations

Vehicle Location	<ul style="list-style-type: none">• Where the vehicle will be parked• Will medication be taken off the vehicle at the end of each day• Is there electric hook up available
Vehicle Type	<ul style="list-style-type: none">• Maintenance• Size• Who can drive it
Space	<ul style="list-style-type: none">• What services do you anticipate needing on the vehicle• Consulting DEA NTP Guidelines
Material Availability	<ul style="list-style-type: none">• Timeline of production will be based on the availability of items



Counseling/ Provider Space



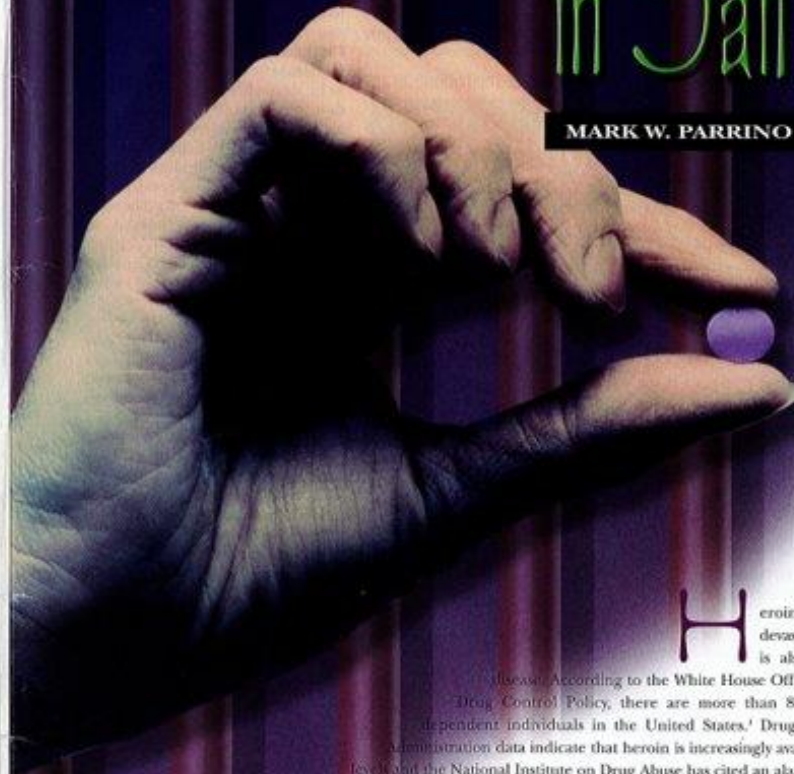
Medication Space





Methadone Treatment in Jail

MARK W. PARRINO



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.¹ 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 \$45,000.00.² Another study was completed in California in 1994 and found that drug and alcohol abuse creates an annual cost to taxpaying citizens in the amount of \$3.1 billion with 35 percent of the costs being absorbed by the nation's criminal justice system.³

AMERICAN JURY May/June 2000 • 9

STATE OF NEW YORK

533

2021-2022 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 6, 2021

Introduced by M. of A. L. ROSENTHAL, COOK, SIMON, LAVINE, DICKENS, TAYLOR, SEAWRIGHT, GOTTFRIED, J. RIVERA, WEPRIN, QUART, WALKER, PERRY, CARROLL, RICHARDSON, CRUZ, COLTON -- read once and referred to the Committee on Correction

AN ACT to amend the correction law, in relation to the establishment of a program for the use of medication assisted treatment for ~~inmates~~ 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
2 to read as follows:
3 § 626. Medication assisted treatment in correctional facilities. 1.
4 For purposes of this section "medication assisted treatment" means
5 treatment of a substance use disorder ~~chemical dependence or abuse~~
and concomitant conditions
6 with medications requiring a prescription or order from an authorized
7 prescribing professional.
8 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-
10 tered at correctional facilities within the department in the state, for
11 the purpose of employing medication assisted treatment for ~~incarcerated~~
~~individuals~~ inmates in
12 such facilities ~~who are undergoing treatment for a substance use disorder~~
13 ~~See~~. Such program shall include at least one of every pharmacological
route of administration of every ~~all forms of~~ medication ~~assisted treat-~~
14 ~~ments~~ approved for the treatment of a substance use disorder by the
15 Federal Food and Drug Administration, including but not limited to
buprenorphine, methadone, and injectible naltrexone and new drugs as they
receive approval by the Federal Food and Drug Administration for treating a
substance use disorder,
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.



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. MAHKEY 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 Representa-*
2 *tives of the United States of America in Congress assembled,*



American Association for the Treatment of Opioid Dependence, Inc.

Mark W. Parrino, M.P.A.

President

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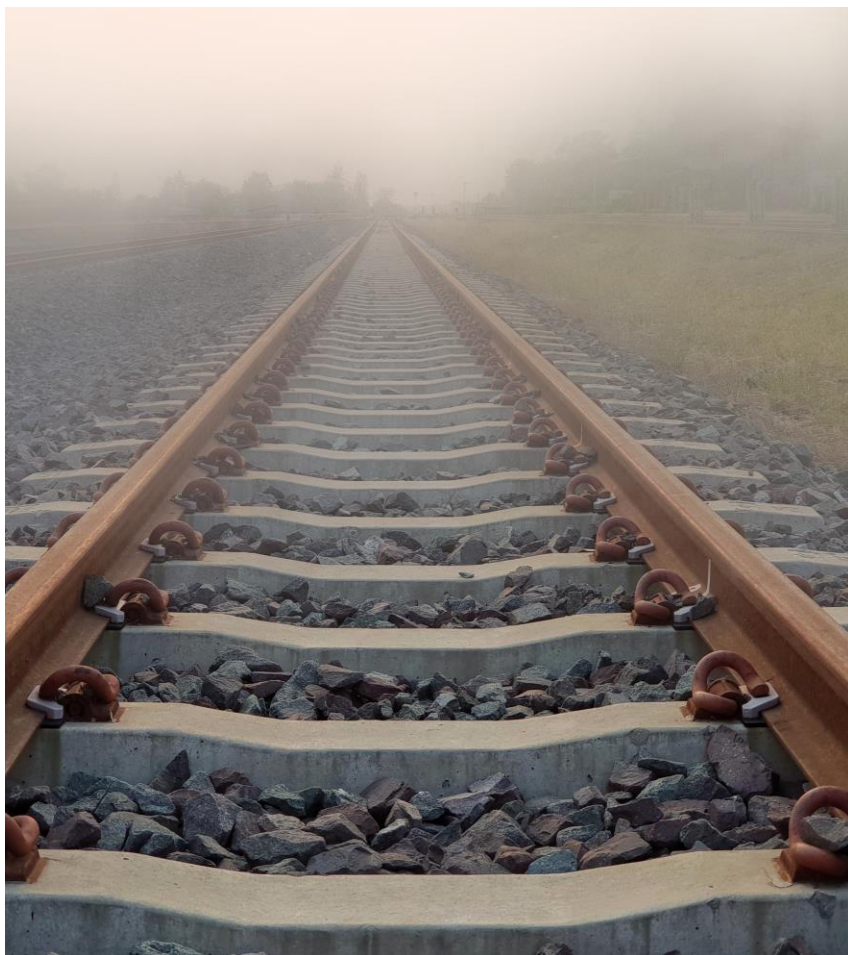
Connect with us @aatod1984



Our Journey

- 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

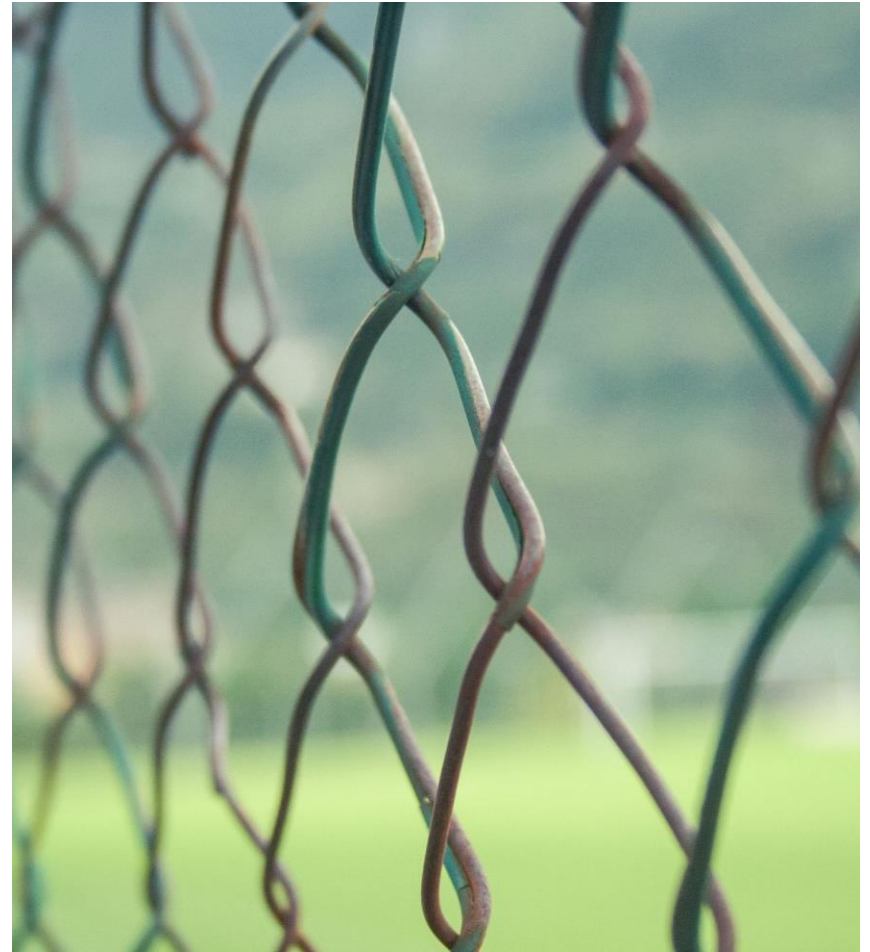
Why OTP?



- 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

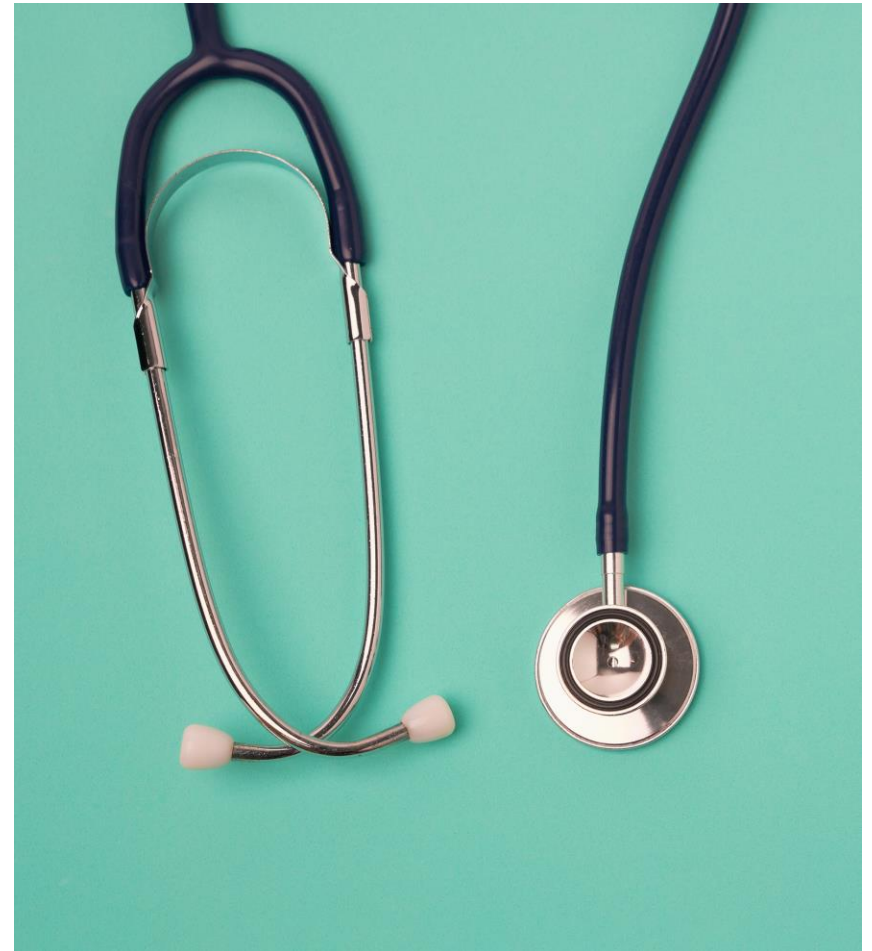
Jail-Based Services

- 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

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

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.

Questions?



Thank You!!!

Mark Parrino

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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>



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PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Mental Wellbeing
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine



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Educate. Train. Mentor



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