Positive Legislative Development in the State of Georgia
Written by Stacey Pearce - GA AATOD Board Delegate

There is so much going on in our field throughout the country, and Georgia is no exception. As many know, the Georgia State Legislature passed a law that created a moratorium on Narcotic Treatment Programs (NTP is the terminology used by the Georgia Department of Community Health to refer to opioid treatment programs). This moratorium is for a period of one year and began July 1, 2016 and will end June 30, 2017. The law also created the Narcotic Study Commission to research and determine if there are specific problems within Georgia that have allowed what some see as a large number of clinics to open within our state in a short period of time. The Northwest corner of Georgia has seen significant growth in the number and size of the facilities located within the area. This prompted an outcry from some community members, which reached the ears of local lawmakers. The result of which is the current legislation involving the moratorium and study commission. The Opioid Treatment Providers of Georgia have been fortunate enough to be involved in the process from the beginning with hopes to minimize the impact of the moratorium on medication assisted treatment patients within our State.

A Warm Welcome from Booth # 209
Written by Angelina Budija - AATOD Staff

We welcome you to AATOD’s newly designed and highly innovative pop-up booth. We wanted to ensure that AATOD’s longstanding mission statement, *Expanding Access to Quality Opioid Addiction Treatment Services*, was front and center when mapping out our exhibition booth plan. We hope the numerous educational resources, which are readily available to you at this booth and through our website, echoes our ambitious mission and further piques your interest.

Proposal to Increase Medicaid Utilization for OTPs
Are you aware that sixteen states do not provide Medicaid reimbursement for the treatment of opioid addicted patients through OTPs? Well, AATOD has battled this obstacle hands-on during this calendar year which has made possible through grant support from Mallinckrodt. The specifics of our Medicaid work can be found in the proposal handout. Researchers at Johns Hopkins recently published a report indicating that there is a 25% increase in service utilization when Medicaid reimbursement is provided to OTP’s. This report underscores the importance of such reimbursement policy and is in direct line with See Exhibition page 5.
Continued Challenges to OTPs in Maine

Written by Jennifer Minthorn, Maine AATOD Board Delegate

As the opioid epidemic reaches its pinnacle here in the State of Maine with fatal overdoses reaching a record number so far this year, efforts continue at the administration level to criminalize the problem. There has been a real focus on the enforcement side which we know from history that this “War on Drugs” approach has been a public policy failure. The Maine legislature approved monies last session to hire thirteen additional DEA agents and a small share of funds for prevention and abstinence-based treatment while the funding for the one treatment we know to be effective for opioid dependence, methadone maintenance, was left out of their equation to address the opioid crisis. The Governor of Maine has publicly come out to the media to say that he has been trying to close methadone clinics since he got into office. This has been evident given all of the legislation that has been brought forward over the last four years:

• Several bills were passed to reduce the State’s Medicaid reimbursement rate to OTPs which resulted in a 25% reduction in total.

• The Legislature passed a two-year lifetime limit on medication assisted treatment that requires a Prior Authorization (PA) approval process for patients to remain in treatment.

• Last year the State’s administration pushed to eliminate methadone maintenance treatment and attempted to get legislation passed that would force patients in a methadone clinic to detox from methadone and transfer to buprenorphine treatment at a physician’s office. Due to push-back from the medical providers and other advocacy efforts, this legislation did not pass.

• More recently, the administration is attempting to change the State’s Medicaid regulations to add additional requirements for OTPs that would put an undue burden on the methadone clinics as these regulations are not required under federal law nor are they required under the national accreditation standards OTPs must adhere to in order to keep their CSAT/SAMHA Certification as an OTP. The changes are currently being reviewed by the Attorney General’s Office. See Maine page 3

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The Narcotic Study Commission met for the first time on October 11, 2016 in Ringgold, Georgia. Presenters at the meeting included: Melanie Simon with Healthcare Facility Regulation in the Georgia Department of Community Health, Cassandra Price in Department of Behavioral health and Developmental Disabilities, Jonathon Connell and Brook Etherington with Opioid Treatment Providers of Georgia, Mark Peterson, MD and Jean Bonhomme, MD both Medical Directors at NTPs within Georgia, and Kristi Coroi, a patient advocate. The information provided by the presenters included opening and regulating NTPs in Georgia, history of MAT and the components of MAT in the clinic setting, review of all regulatory entities at state and federal level, the current opioid use epidemic, basic information about the disease of opioid use disorder, and how the medications used in MAT work in the brain to address the disease. The Study Commission members were also taken on a tour of a local NTP. From the comments and feedback during and after the clinic tour, which was the final agenda item, I believe the members found all the information to be useful and added to their understanding of MAT and what is going on in Georgia.

There is a second meeting of the Narcotic Study Commission scheduled for November 17. The Commission has invited Mark Parrino of AATOD to present information on MAT from a national perspective. This may include information concerning how moratoriums have impacted treatment in other states, different types of certificate of need or geographic-locating of facilities utilized by other states, and potential other topics. Other presenters may include a patient advocate and a representative from a surrounding state to discuss how that state sites and opens NTPs. The agenda has not yet been set, aside from Mark’s presentation, so this could change. Upon the completion of the second meeting, the Committee should determine recommendations for the industry and provide them to the governor by the end of the year.
Several of the methadone providers in Maine formed the “Coalition to Ensure Fair Access to Opiate Addiction Treatment” when these efforts to close methadone clinics started. Although the coalition has been able to prevent some legislation from being passed that would negatively impact methadone treatment, it has not been able to restore the funding back to this needed service. The coalition will continue to work at the state and federal levels to advocate for the needs of the patients they serve and hope to someday restore full access to opiate addiction treatment without any limits and with the proper funding to adequately provide the full array of services methadone maintenance treatment was intended to provide when it was created over a half of century ago.

New York State Expands OTP Treatment

As in most areas of the nation, there are parts of New York State where there is little or no access to Opioid Treatment Programs and patients travel miles to receive medically needed services. However, there is a deep rumbling that the tide is turning in New York State. Mark A. Raymond, MS, CASAC and Manager of the Crouse Hospital Opioid Treatment Program in Syracuse, NY recalls, “Central New York once had such a discrepancy between demand and available services that our waitlist grew to over 500 people and extended to about a one year wait. Due to the determined efforts on the part of NYS OASAS (Office of Alcoholism and Substance Abuse Services) to expand existing services and open new OTPs that wait list has been reduced significantly.”

New York’s Nyswander-Dole Award recipient, Robert A. Kent, General Counsel of NYS OASAS, has been instrumental in implementing this expansion and achieving this success. Mr. Kent explains, “In the midst of the heroin and opioid epidemic, the Governor and Commissioner have been determined to increase OTP access in areas of need across the state. That leadership, combined with community education, have enabled NYS OASAS to add more than 2,000 OTP treatment slots over the last few years.”

Eric A. Bresee, MS LMHC, Executive Director, Farnham Family Services discusses the resources available to new providers seeking to open new OTPs, “NYS OASAS and the Syracuse Regional Field Office have been extremely supportive of Farnham’s expansion to include an Opioid Treatment Program. The knowledge and assistance they have brought to the process, in addition to hearing and learning from experienced professionals in the COMPA network allowed us to fast track our application and move forward much more efficiently and effectively.”

COMPA works with Belinda M. Greenfield, Ph.D., NYS Bureau Director of Adult Treatment Services and NYS SOTA, to train new OTP providers. Conifer Park, Strong Memorial Hospital, Crouse Hospital, Mount Sinai Beth Israel, and others have helped to provide support to new OTPs across New York State.
Navigating the Challenging Waters of Medication Addiction Treatment
Written by Ann Jamieson, Oklahoma AATOD Board Delegate

The Oklahoma Association for the Treatment of Opioid Dependence (OKATOD) presents its Third Annual Conference: Navigating the Challenging Waters of Medication Assisted Treatment on April 21, 2017. Keynote speaker is Mark Parrino, President of American Association for the Treatment of Opioid Dependence. Additional plenary session by Ray Caesar, Director of Addiction Specialty Programs/ Oklahoma State Opioid Treatment Authority and a 2016 recipient of the Nyswander / Dole award. Educational workshops provided in comprehensive treatment for the unique needs of patient with Opioid Use Disorder including Treatment of Pregnancy and Other Medical Complications, Providing Culturally Competent Services, Effective Treatment for Co-occurring Disorders, and more. Visit us at okatod.org for more information about this upcoming conference.

OKATOD was created in 2010 for the purpose of educating the community regarding medication assisted treatment and coordinating services with the criminal justice system, medical community, and the behavioral health system. OKATOD’s main function is to create unique and ground-breaking educational experiences for its annual conferences. The upcoming conference will be held at the 21 C Museum Hotel in Oklahoma City, a boutique hotel, contemporary art museum, and cultural civic center. With dynamic speakers, a wide range of exhibitors, delicious food, and a beautiful venue, OKATOD’s Third Annual Conference promises to provide a unique and amazing learning and networking experience for all! NAADAC accreditation is being obtained for the conference, along with credits for LPCs and LMFTs.

Celebrating Effective Treatment
Written by Ed Ohlinger, Virginia AATOD Board Delegate

In 2016, the Virginia Association of Medication Assisted Recovery Programs, VAMARP celebrated its 10th anniversary. We will be hosting a 2-day conference in the spring of 2017, “Celebrating Effective Treatment”. The spirit of this event will focus on networking, professional support, training, and reflection on the many changes in the field of opioid treatment. We are building tracks that will provide insight and education about the individuals we serve, effective and efficient facility operations and compliance. The conference will be held in Richmond, Virginia, on March 27-28. Our opening speaker is William Gaertner, M.D. and Board Certified Addictionologist. We are also very excited to have Mark Parrino, President of AATOD, as our keynote speaker.

We are putting together a diverse menu of educational sessions focusing on multi-disciplinary topics. Some of those are pregnancy and MAT, group facilitation, relapse prevention, fighting stigma. We will also offer techniques for OTP Directors, producing quality documentation, crisis management and effective communication. Other areas of focus will be women’s health, family engagement and the roles of nurses in substance abuse treatment facilities.

VAMARP takes great pride in promoting effective treatment and advocating for individuals that have been affected by opioid use disorder. If you would like to learn more or to become a member please contact Judy Schmidt at JSchmidt@fccr-va.com.
AATOD’s mission in expanding access to all in need of quality opioid addiction treatment services. In 2016 alone, AATOD has forged a solid partnership with CMS/Medicaid to help remove impediments of Medicaid reimbursement, we have guided OTP directors within AATOD’s membership program to arrange meetings with their respective SOTAs and participated in a meeting with Secretary Burwell of the Department of Health and Human Services who has expressed that one of her major goals under her leadership at the Department is to increase MAT for opioid addiction. Furthermore, AATOD organized 2 webinars in which the presenters; comprised of State Directors, OTP directors and the Legal Action Center leadership, educated the attendees on how to utilize third party reimbursement and shared their reimbursement models of success.

If you missed out on the opportunity to join the Medicaid webinars, feel free to visit the webinar section of the AATOD website to gain access to the recordings and PowerPoint presentations. We are in the planning stages for a third webinar scheduled for November 30th, so please stay tuned for more details. We would like to keep the ball rolling in the upcoming year by undertaking the write-up of the successful Georgia model for guidance and then distribute to the field.

Utilizing PDMP Databases to Improve Patient Care in Opioid Treatment Programs
AATOD, through a grant provided by Reckitt Benckiser Pharmaceuticals (currently Indivior), conducted a first-of-its-kind study to encourage OTPs to access Prescription Drug Monitoring Program (PDMP) databases to enhance patient treatment within OTPs so that we would have a better understanding of what medications patients were using when they are admitted to treatment. Fifteen programs in 11 states accessed the PMDP databases on a quarterly basis and then completed an online survey created by the Institute for Treatment and Services of NDRI. Dr. Harlan Matusow, Project Director, has prepared this final report found at our Exhibit Booth. The most remarkable finding of this study is that 98 percent of the patients with discrepant PDMP reports were given extra counseling which supports our mission to expand access to quality opioid addiction treatment services.

Three White Papers
These three Whitepapers were organized by AATOD for SAMHSA. The goal of these papers is to educate OTPs and present models in how to fully integrate medication assisted treatment in a comprehensive hub setting whether working with drug courts, primary health care services, or setting up a health home. We hope that these forward thinking papers can be incorporated into your treatment services for better quality of treatment.

Meet our Board Colleagues
The AATOD booth will be manned by our Board of Directors throughout the Conference. Our Board is comprised of 29 state chapter members and Mexico. Our board colleagues will be on hand to discuss any of the prevailing issues of our field. Feel free to stop by and discuss your issues of concern about our field. The board members are also here to discuss AATOD’s mission, organizational activities and the benefits of joining our membership program.

Now onto the lighter side of things. Be sure to stop by our booth on Monday the 31st for some Halloween fun and treats. We will also be running a silent auction and Instagram contest at our booth throughout the entirety of the conference. Rules and prize information can be found in this newsletter on Page 3.

Post and Hashtag!

#aatod2016
Be sure to hashtag #aatod when you post your 2016 AATOD Conference photos to your Instagram account.

A $100 iTunes Gift Card will be given to the Conference attendee who has the greatest number of likes to his or her conference photo.

Deadline to post and hashtag is November 2nd. The winner will be notified on Monday, November 7th.

We look forward to seeing your photos! #aatod2016
Greetings from Ohio! Ohio, as are many states, is in the midst of an opiate epidemic. Overdose deaths are on the rise and strategies are coming from many partners.

Ohio’s legislature has been working on increasing capacity to Medication Assisted Recovery. Currently, to create an OTP in Ohio, an agency must have operated as an Ohio Mental Health and Addiction services provider for a minimum of two years and be considered a not for profit. Legislation creating waivers for both qualifications has been introduced. It appears that this will be addressed either in the last session before newly elected members take their seats or in the first quarter of 2017. This will enhance capacity for those suffering from opiate use disorder considerably. While Ohio has seen an increase in OTPs under the current system from 9 to over 20, there are still access issues.

Ohio will also be undergoing a change in reimbursement for Buprenorphine products. Similar to the daily reimbursement for Methadone currently received, Buprenorphine dispensing will carry a similar daily model. Details are being worked out but this is scheduled to take effect January 1, 2017. This shift will enhance access to additional Medication Assisted Recovery products while also bringing patients to the facility for appropriate counseling, and minimizing diversion opportunities.

Certainly there are many other strategies in the works including having each Mental Health and Addiction Services Board area having, or at least having access to, a more robust continuum of care. We are appreciative to all who have provided input of these strategies to provide education, prevention and treatment services for opiate addiction.

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The next national conference will be convening on March 10 to March 14, 2018 in New York City. AATOD produces conferences on an 18-month cycle. On behalf of AATOD, the 2018 National Conference will be hosted by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the Coalition of Medication-Assisted Treatment Providers and Advocates (COMPA).

Preparations for the 2018 AATOD Conference have already started in order to provide the latest information, evidence, and strategies to improve program development, patient care, and respond to the transformation of the healthcare systems in which we operate. The 2018 AATOD Conference will be held at the New York Marriott Marquis located in the heart of Times Square, with the best of Broadway and New York’s restaurants at your door, including a Broadway theatre located right inside the hotel.

Haynes, Associate Director of NYC Health and Hospitals Medical and Professional Affairs Office of Behavioral Health, has offered to reprise his role as Chair of the Hospitality Committee. Those of you who attended the 2009 AATOD Conference in New York City will recall that Haynes was truly remarkable in this performance. The talented Ms. Teri Friedman, Director of the Opioid Treatment Programs at Mount Sinai Beth Israel and Board Member of the Coalition of Medication-Assisted Treatment Providers and Advocates (COMPA) has been signed to Chair the Volunteer Committee for the 2018 AATOD Conference. In the words of the great theatre director Constantin Stanislavski, “there are no small parts, only small actors,” and there will be many parts for many great actors as we produce the upcoming conference in New York City.

The 2009 AATOD Conference in New York City chaired by the late Ira Marion, had the theme Treatment & Recovery: People and Outcomes. It is a testament to Ira Marion’s vision to think how frequently our conversations touch on this very theme. I look forward to seeing you all in New York City in March 2018.