



American Association for the Treatment of Opioid Dependence, Inc.

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Augmenting Opioid Service Delivery in Colorado

Written by Angela Bonaguidi - Chair of the Colorado Chapter

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AATOD/EUROPAD
Founding Organizing Partners
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Heroin related deaths have increased by more than 500% since 2006 in Colorado. More than 255,000 Coloradans abuse drugs and according to the latest public health data, overdose deaths from an opioid painkiller ranked higher than all homicides in Colorado in 2015 (SAMHSA 2014; CDPHE 2015 Vital Statistics). Because of this epidemic, emergency rooms (ERs) across Colorado are increasingly struggling with high numbers of patients showing up with signs of opioid overdose or a severe substance use disorder as they lack the resources to stabilize these patients in the ER and provide connections to treatment. Increasingly, other states are utilizing Patient Navi-

gators in hospital ERs to help address the surge in overdose related visits by directing patients who survive to community-based substance use treatment and providing ongoing resources and support post-discharge from the ER. A Narcotic Treatment Program, Behavioral Health Group will collaborate with a local hospital to integrate Patient Navigators into the ER. Patients will begin Medication Assisted Treatment in the ED and are then linked to community behavioral health programs.

In an epidemic of opioid addiction, Colorado is enhancing the opioid service delivery through a multifarious Hub and Spoke model as well as *See Colorado Page 2*

New Jersey's Response to the Opioid Crisis: The State Targeted Opioid Response Initiative

Written by Margaret B. Rizzo - NJ Board Delegate

In 2016, over 2000 people died from opioid overdoses in New Jersey, with the majority due to heroin and fentanyl. Fentanyl-related deaths have risen 2000% from 2013 through 2016. Under the direction of former Governor Chris Christie, the New Jersey Division of Mental Health and Addiction Services has rolled out several funding initiatives and programs to combat the opioid crisis and increase access to medication-assisted treatment. One of the first steps that

Governor Christie took in 2013 was to sign the Opioid Overdose Prevention Act, also known as the Good Samaritan Law, encouraging witnesses and victims of drug overdoses to seek medical assistance without fear of arrest and allowing non-medical individuals and first responders to carry and administer Narcan® (naloxone) to reverse an opioid overdose. As a result of the Good Samaritan Law, the Opioid Overdose Prevention Program (OOPP) was established to provide free training on recognizing the signs

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emergency department Patient Navigators. The Hub and Spoke model focuses on Narcotic Treatment Programs as comprehensive behavioral health treatment hubs. The Hub provides comprehensive addiction and mental health services, is designed to stabilize persons who are opioid addicted and relies on community medical practices to accept transfer of stabilized, less clinically complex, patients into their clinics to maintain opioid use disorder treatment; the Spoke. Due to the re-

lapsing nature of addiction, it is imperative to maintain coordination between the Hub and Spoke, as patients are

“Due to the relapsing nature of addiction, it is imperative to maintain coordination between high, moderate and low levels of care throughout their recovery journey.”

likely to transfer between high, moderate and low levels of care throughout their recovery journey. To protect the healthcare resources of the Spoke, the

Hub is committed to readmit an opioid use disorder patient at the request of the Spoke team. Successful, Hub and Spoke service integration provides a highly coordinated level of care for patients; additionally, this care model addresses treating patients' multiple needs including co-occurring medical and mental health diagnoses. By optimizing a comprehensive system of care, the greatest benefit to public health can be achieved. Participating Hubs include Narcotic Treatment Programs located at Denver Health, University of Colorado Anschutz Medical Campus and the Denver Recovery Group.

Medication Assisted Initiatives in Massachusetts

Written by Janice Kaufman, RN, MPH - Massachusetts Board Delegate

The Association for Behavioral Healthcare (ABH) is a statewide association representing more than eighty community-based mental health and addiction treatment provider organizations. Our members are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people.

ABH's OTP Provider Committee has been working to address four critical issues, as follows:

The MassHealth/Medicaid program in Massachusetts developed program regulations and established rates that allow for all licensed and accredited OTPs to administer all FDA approved medications for the treatment of opioid use disorders. The final program and rate regulations for this initiative were just finalized and posted by the state, and the OTPs are now working toward implementation of this new initiative.

Over the past few years, the OTPs and Blue Cross Blue Shield of Massachusetts (BCBSMA) has been working to develop a meaningful methadone treatment benefit for fully insured members, and to offer this benefit to self-insured plans as well. Although claims details continue to be addressed, the benefit requires no co-pays for the daily administration of methadone for BCBSMA members.

The ABH OTP Committee is also in the early stages of working with the Massachusetts Senior Care Association via a CMS Quality Improvement/Quality Outcomes Initiative to address the need for the continuation of methadone treatment to patients admitted to skilled nursing facilities and long-term care. This initiative is in the early stages of development, but the plan is to implement pilot programs that will address the medication administration needs of methadone treatment patients residing in these facilities.

Massachusetts is currently screening incarcerated individuals to receive injectable naltrexone prior to their release. Individuals are connected to a Recovery Support Navigator who meets with them behind the walls and in the community to engage in ongoing MAT. In addition, criminal justice reform legislation is currently pending that would require the provision of all FDA approved medications in Massachusetts prisons and jails.



New Jersey from Page 1

and symptoms of an opioid overdose, providing appropriate medical interventions, and administering naloxone to individuals experiencing an opioid overdose. Free naloxone kits are provided to all participants. Many counties in New Jersey have implemented protocols requiring a person revived by naloxone to be transported to the hospital by first responders. Unfortunately, this protocol identified a gap in engaging the individual in treatment services while at the hospital. To close this gap, the Opioid Overdose Recovery Project (OORP) was implemented. The OORP program deploys Recovery Specialists to hospitals to engage the patients, discuss treatment options and link them to care. Individuals are also connected with a Patient Navigator who provides additional case management services and follow-up. While the OORP's were having high success rates engaging patients who were seeking treatment, linking patients to care was hindered by the lack of access to "treatment on demand." This was due in part to inadequate funding and was a barrier that New Jersey needed to address.

Along with additional state dollars allocated to fight the crisis, New Jersey received \$12,995,621 annually for two years in SAMHSA/CSAT/CSAP's State Targeted Response (STR) funding and has used this to develop the State Targeted Opioid Response Initiative (STORI). The goals of STORI are to address the opioid crisis using a variety of strategies, increase access to treatment and reduce opioid-related deaths. While some of the programs funded under this initiative were already in place through state dollars,

the STR funding allowed for statewide expansion of programs such as the OOPP and OORP projects. These two programs which initially began as pilot programs in a few counties have now been implemented statewide. Additional STORI-funded activities include training for prescribing practitioner on

best practices for prescribing opioids; peer recovery supports; enhanced case management services; enhanced services for pregnant and post-partum women; and the expanded use of medication-assisted treatment.

Through the STORI Fee-For-Service treatment initiative, Opioid Treatment Programs (OTP's) are now reimbursed for all methadone, buprenorphine and Vivitrol® services with no cost to patients. Of the 32 OTP's licensed to dispense methadone in New Jersey, 19 are also currently dispensing buprenorphine and 8 are providing Vivitrol® treatment. Alleviating the barrier of high patient fees for MAT through the STORI FFS network and Medicaid Expansion has increased the use of MAT for the treatment of opioid use disorders from 38% in 2015 to 41.5% 2017. Over the last several years, New Jersey has made a concerted effort in increasing the awareness of the efficacy of MAT and reducing stigma. All state-funded residential facilities are required to have a Memorandum of Agreement (MOA) with an OTP to provide their patients with medication, and admission cannot be denied to a facility based on the patient's need for MAT. In his final term in office, Governor Christie allocated more than 200 million state dollars reclaimed from the budgets of eight state departments to target the opioid crisis through prevention and treatment services and 15 million dollars to reduce the stigma of addiction through a public service campaign. In recognition of

his efforts to battle the opioid crisis, Governor Christie is receiving AATOD's 2018 "Friend of the Field" award.

“Of the 32 OTPs licensed to dispense methadone in New Jersey, 19 are also currently dispensing buprenorphine and 8 are providing Vivitrol treatment”



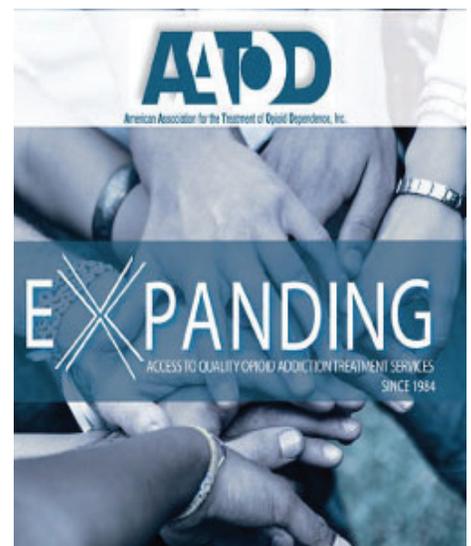
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Post & Hashtag

Enter to win a \$100 Amazon Giftcard by posting a conference photo & hashtagging AATOD2018 on Facebook, Instagram or Twitter.

#aatod2018

Winner will be announced at the Closing Plenary Session on Wednesday, March 14th. Winner need not be present.



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OTP Moratorium Lifted in Indiana and Medicaid Rate Implemented for OTPs

Written by Erin LaCourt - Indiana Board Delegate

Indiana's Opiate Treatment Providers are in process of utilizing the billing mechanisms now available with Medicaid and Medicaid-Managed Care Programs, established by the state's Family and Social Services Administration. These mechanisms cover the treatment medication of methadone and all treatment services needed to support the medication: counseling (individual and group), case management, urinalysis, physician appointments, and nursing follow-up. Nearly all opiate treatment programs will

be fully enrolled billing providers for methadone MAT, with any remaining providers enrolled to order, prescribe and refer patients with public insurance to appropriate billing providers.

In support of Medicaid and Medicaid-Managed Care Programs, Indiana recently received support from the federal government to expand the waiver insurance program that channels the Medicaid dollars into Medicaid-Managed Care known as Health Indiana Plan. In lieu of traditional Medicaid, this insurance is available for non-disabled 19 to 64 year

olds based on household income. The federal extension now goes through December 2020 for this consumer-driven health insurance program.

Further, Indiana's General Assembly has approved a bill (HB1007) to again lift the moratorium on Opiate Treatment Programs. The bill provides for the approval of nine additional licenses. Licensee applicants must be a Community Mental Health Center or hospital seeking to provide MAT and ancillary support.

AATOD Board Members Expand AATOD's Mission Through Published Work, Podcasts and Congressional Testimonies

Rhode Island

This December 29th OpEd piece entitled "My Turn: Michael Rizzi: More than 4,500 fight addiction in R.I." can be found in the *Providence Journal*. This was written by Mike Rizzi, AATOD Board member and President of the Rhode Island OTPs.



My Turn: Michael Rizzi: More than 4,500 fight addiction in R.I.
The Dec. 29 editorial ("The rising toll of overdoses") brings renewed attention to the tragedy unfolding in Rhode Island. While it is
PROVIDENCEJOURNAL.COM

solutions to the epidemic. This commentary will be published in the next issue of the NCMJ – which is dedicating their next entire publication to the opioid epidemic in NC.

Arizona

This news piece was written by one of our Board members, Nick Stavros, from Arizona. This guest commentary found in the *Arizona Capitol Times*. was written after Nick's testimony before the House and Senate Health Committees.



Misconceptions are plentiful over treatment of opioid addiction
In reality, the most effective treatment modality is a combination of many treatments tailored to each individual's needs. However, it is imperative, in the midst of this...
AZCAPITIMES.COM

demarc out there, this one specifically addresses the methadone issue in a way, through the use of a combination of science, policy and most powerfully, narrative, to combat stigma. Here's the link for easy listening: <http://americanhealth.libsyn.com/treating-opioid-addiction>

California

Dr. Jason Kletter, AATOD's California Board Delegate and President of Baymark Health Services, served as a witness testifying before the House Committee on Ways and Means on February 6, 2018. Dr. Kletter represented the California providers (COMP) and the OTP Consortium in his testimony. The testimony video



The Opioid Crisis: Removing Barriers to Prevent and Treat Opioid Abuse and Dependence in Medicare.

North Carolina

Submitted by Kenny House, NC Board Board Delegate

In North Carolina, NCATOD is beginning to get recognition around the table of groups working to solve the problems associated with the Opioid Epidemic in our state. As NCATOD Chairperson, I was asked by the *NC Medical Journal* (NCMJ) to co-author a commentary with our SOTA representative to discuss the epidemic and what licensed OTPs have to offer that bring both context and

Maryland

There is a new podcast produced by the Johns Hopkins Bloomberg School of Public Health (JHBSPH), entitled "The American Health Broadcast." Dr. Kenneth Stoller, AATOD's Maryland Board delegate and Director of Johns Hopkins Broadway Center for Addiction, is one of the speakers featured on the inaugural episode on the opioid epidemic. Although there are lots of webinars and podcasts on the epi-

link and the full written testimony can be found in the Legislative section of the AATOD website.

Welcome to New York, New York #aatod2018

Written by Mark W. Parrino, M.P.A. - AATOD President

On behalf of the American Association for the Treatment of Opioid Dependence, Inc. (AATOD), I am welcoming you to our Conference in New York City! I am grateful to Allegra Schorr for Chairing the Conference in addition to our Planning Committee members for developing such a content rich experience. I am also grateful to Commissioner Arlene González-Sánchez and her staff from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) for their sponsorship. I am also grateful to have had the support of COMPA, the Coalition of Medication-Assisted Treatment Providers and Advocates for being our host.

AATOD has been extremely active since we convened in Baltimore during 2018. We have worked with numerous federal and state policy partners throughout the past 18 months on an extraordinary range of innovative policy initiatives. It has been an unprecedented time of congressional activity in addition to policy making activity in the states, responding to the public health epidemic of opioid use disorder.

Benzodiazepine Guidelines

We released our Association's Benzodiazepine Guidelines to provide critical guidance to OTPs in treating patients, who are using benzodiazepines during treatment. It was our method of encouraging programs to retain patients in treatment through more intensive care.

Working with the Criminal Justice System

We also released a fact sheet "Medication-Assisted Treatment for Opioid Use Disorder in the Justice System" at the end of 2017 as a method of educating individuals in drug courts, correctional facilities and probation and parole offices. This fact sheet is available at our exhibit booth and you are encour-

aged to read it and share it with people that you interact with in the criminal justice system in your respective states.

Medicaid Expansion in the States

More states have added Medicaid reimbursement for Medicaid recipients participating in OTPs. Illinois, Indiana, West Virginia and Kentucky all added Medicaid benefits, which will reimburse OTPs. We expect a significant increase in the number of Medicaid eligible patients being treated in OTPs as a direct result of this expansion.

Medicare Reimbursement for OTPs

AATOD has been working with representatives from CMS Medicare and Congressional Committees as a means of developing a Medicare Part B reimbursement for OTPs when treating Medicare eligible patients. We have been working on developing such a benefit for many years and we are pleased to announce that there are two bills in Congress that are working to develop this reimbursement opportunity. In a recent survey among AATOD Board members, we estimate that there are approximately 25,000 Medicare beneficiaries, who would be able to benefit from a Medicare Part B reimbursement. This reimbursement would cover the use of the three federally approved medications to treat opioid use disorder in addition to the provision of a suite of comprehensive services, which are offered to patients in OTPs.

Summary

These are a few of our highlighted policy achievements since the last conference in addition to increasing our partnership with our colleagues in the World Federation for the Treatment of Opioid Dependence. A significant number of policy and treatment initiatives will be discussed during this Conference and all of our Conference plan-

ning partners hope that you enjoy the experience. Thank you for being here and we all hope that you enjoy your time in New York City!

Opioid Crisis: By The Numbers

Drug overdose is the leading cause of accidental death in the United States.

Opioids killed 42,000+ Americans in 2016: about 115 people per day; 5 times more than in 1999.

From 2000 to 2016, more than 600,000 Americans died from drug overdoses.

Between 2015 and 2016, the incidence of death from drug overdose increased significantly in the Northeast, Midwest and South Census Regions.

In 2015, about 3.8 million Americans misused prescription pain relievers; 2 million had a Substance Use Disorder involving prescription pain relievers.

Between 2005 and 2014, the rate of opioid-related ER visits increased 99.4%.

About 2/3 (66%) of drug overdose deaths are caused by opioids.

The economic cost of the opioid crisis in 2015 alone was: \$504 Billion, or 2.8% of the GDP

Please stop by the AATOD Exhibit Booth for additional opioid educational materials and for the opportunity to speak to our board members representing 30 states across the country.



Inside AATOD's Boardroom

Congratulations to Ann Jamieson who was elected to serve as AATOD's Second Vice President at last December's Board meeting. Ann brings a lot to the table in terms of executive leadership and opioid addiction expertise as the Director of Professional Development for Maric Healthcare. Furthermore, she provided the organizational leadership necessary to create the Oklahoma Association for the Treatment of Opioid Dependence in 2010 and was elected its first president and AATOD delegate. Ann also serves as an administrative surveyor for the Commission for the Accreditation of Rehabilitation Facilities (CARF). You will have the opportunity to meet Ann at the Awards Banquet on Monday evening. Ann serves as the Chair of the 2018 Awards Committee and will be seated at the dais welcoming you to the banquet and introducing members of the Awards Committee.

Please give a friendly welcome to Margaret Rizzo who is our newest AATOD Board member serving as the NJ Board delegate. Maggie is currently the Executive Director of JSAS Health-Care, Inc. and serves as Treasurer to

the New Jersey Association for the Treatment of Opioid Dependence (NJATOD). She continues to assist clinics throughout New Jersey to navigate and comply with state licensure regulations, federal regulations, and accreditation standards.

AATOD gratefully accepts contributions. We are a non-profit 501 (c)(3) tax-exempt organization.

Please visit the AATOD website for more details.



About AATOD

The American Association for the Treatment of Opioid Dependence (AATOD) was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive opioid treatment services throughout the United States. AATOD represents more than 1,500 Opioid Treatment Programs in the United States. AATOD has thirty state chapters and is also a founding partner in the development of the World Federation for the Treatment of Opioid Dependence, which represents another 600 treatment programs throughout Europe. The World Federation has special consultative status with the United Nations. Accordingly, AATOD actively works with the United Nations Office on Drugs and Crime and other agencies in order to provide access opioid addiction treatment wherever it is needed in the world.

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Expanding Advocacy Efforts in Georgia Achieves Success

Submitted by Brook Etherington, MA - President of the Opioid Treatment Providers of GA

2017 was a busy year for the Opioid Treatment Providers of Georgia (OTPG). Our organization has remained active in Georgia's legislative process, we successfully negotiated rule changes with the Department of Community Health, secured a contract with the Department of Behavioral Health and Developmental Disabilities to provide much needed education on medication assisted treatment to laypersons within Georgia, are currently negotiating Medicaid rates and bundling, and recently concluded another successful state conference, in which Mark Parino was the keynote speaker. That being said, we anticipate another, even more eventful and productive year ahead for our organization.

As the opioid crisis continues to gain steam, I believe that state organizations, such as OTPG, are now more important than ever. We are also perfectly poised to offer guidance as our nation struggles with this epidemic. Our organization's goals have been, and remain, to support the legitimacy of medication assisted treatment as a valuable treatment for opioid use disorder; to increase the availability of comprehensive treatment services to people in need of care; and to make the latest information available to the professionals in our industry so our patients receive the highest level of care possible. However, we now have another goal as an organization, one that expands upon our mission statement; to actively educate and advocate, on behalf of our profession and the individuals that we serve, at every necessary level. This includes the clerk at the corner store all the way to the top leaders of our government. Because **WE CAN** offer our country the necessary help to prevent more Americans from dying. If you are reading this, I encourage you to adopt the same mission.

Word on the Street

What is being said about AATOD ?

"AATOD is shining a light on the reality of Opioid Dependency in this country and worldwide. They are systematically deconstructing the stigma and addressing the needs of communities, families and individuals to succeed in the face of such a complex and challenging physical dependency."

"The rock stars of opioid dependence treatment convene at AATOD Conferences!"

We invite you to AATOD's Exhibit Booth (102) for copies of our latest policy statements and information on our leading initiatives

Medication-Assisted Treatment for Opioid Use Disorder in the Justice System Fact Sheet

We hope this Fact Sheet will guide representatives to better understand how federally approved medications are best used in treating opioid use disorder.

Recommendations in Siting New OTPs in the United States

These recommendations should be used as a guide for OTPs as new programs are sited throughout the country.

Guidelines for Addressing Benzodiazepine Use in Opioid Treatment Programs

It is our collective hope that these guidelines will serve as a resource to our membership and field.

5-Year Plan

This sets out a broad policy agenda, through working in close partnership with many organizations and individuals.

Effective Solutions to the Opioid Crisis

This is an educational overview of opioid use disorder. This packet includes a Powerpoint presentation and infographic which was created by the AATOD Legislative Committee.

Congressional Contact List Fact Sheet: Opioid Crisis and Addiction Management

Compiled by AATOD's 2018 Public Relations Committee to educate the media and serve as a guide to the Conference Press Release.

Happy and Healthy Retirement to Paul McLaughlin!

References provided by Darcie Boiano of Hartford Dispensary

This 2018 AATOD Conference marks the end of Paul McLaughlin's board appointment. Paul is also one of AATOD's founders and has been a long-standing AATOD board member for over 30 years fiercely representing the state of Connecticut. Mark Parrino, AATOD's President and friend and colleague to Paul, made this remark at Paul's retirement party, "As Paul will tell you, the mid 1980s was pivotal in our field's history. Throughout his long involvement with AATOD, Paul has been a consistent and thoughtful advisor through extremely challenging times."

Known as "The Man with a Mission" by his co-workers, Paul is "addicted" to secure treatment and wanted to care for all the patients at his clinics through the therapeutic family of administrators, psychiatrists, doctors, schedulers, nurses and other staff. Paul can be credited with a comprehensive knowledge of State and Federal regulations and managed and operated the Hartford Dispensary as a well-oiled machine, having attended to beyond the pharmaceutical and social supports for both the therapists and patients.

These are some of Paul's career highlights that have helped shape AATOD and the field of opioid dependence. Paul began his career in the field of addiction treatment in 1971 when he accepted a position with the Stamford (CT) Health Department as Administrator for its Narcotic Addiction Treatment Program. In 1977 he accepted a position with the Department of Psychiatry at Yale University as Associate Director of its Drug Dependence Unit. While most of his time at Yale was devoted to administrative and supervisory duties, it was there that he developed an appreciation for the role of research in the development of evidence-based clinical practices and treatment models. For thirty-three years he has served as the President/CEO of the Hartford Dispensary – a community-based organization that presently operates nine accredited outpatient opioid treatment programs that serve approximately 4,100 patients per day. He was also an active participant of NIDA's Clinical Trials Network.

As he will be greatly missed at AATOD, Paul is a lucky man spending his retirement like all of us dream about... quality time with his beautiful wife, daughters and grandchildren, golfing and exploring the world. We are

forever grateful for your work in our field and wish you nothing but great health, happiness and adventures as you embark on your next chapter.

Stay Connected...

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