

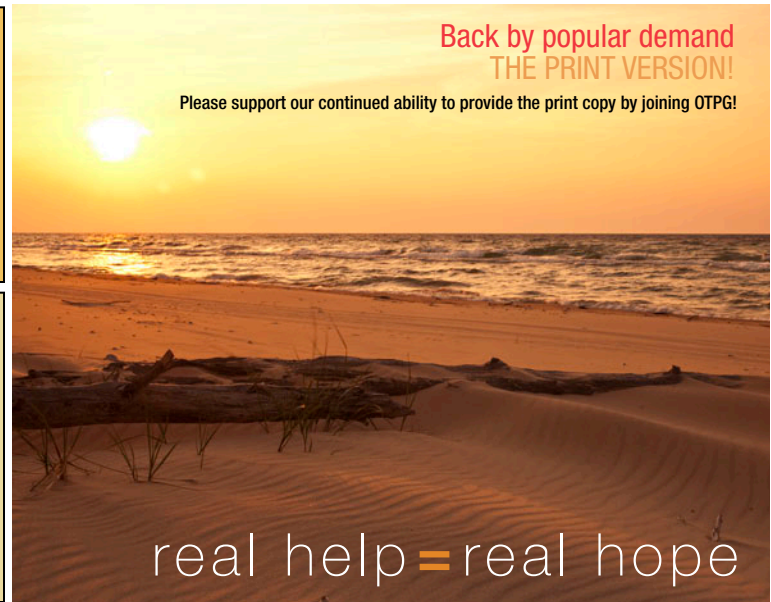
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The Next OTPG meeting for 2016:
July 21, 2016
11:00am - 2:00pm
MedMark, Savannah

Board Members:

Jonathan Connell President	Diana Harris Secretary
Brook Etherington Vice President	Stacey Pearce AATOD Delegate
Nat Nwizu Treasurer	Matthew Mote Parliamentarian



Relationships | His legacy continues in OTPG

By Jonathan Connell | President Opioid Treatment Providers of Georgia



As I ponder what to write about for this edition of the newsletter, I realize that there is a topic dear to my heart I'd like to share. I would like to take this time to talk about relationships. Many of you know in April we lost a special member, Ned Etherington. This loss has made me think about the relationships we build in our professional and personal lives. I recognize that some of us only think of each other as competitors and I am thankful that everyone has not taken

this approach. Many of the best relationships I have developed over the years are with other providers and I am thankful I have not missed out on these friendships.

In my opinion, Ned understood the value and power of relationships. I was very fortunate to call him both a friend and a mentor. If I had a question or just wanted to shoot the breeze, his door was always open and he was willing to help me. For example, when Private Clinic was making the transition to electronic records he invited me to his office so we could share ideas to move in that direction. Ned was all about relationships, both personal and in business. During a time I experienced a difficult personal situation, Ned was there as a friend. He was someone who did not call with answers, but instead listened and encouraged me. Ned gave me a special gift in his friendship.

I think that Ned embodied what OTPG is all about. He was about improving the quality of treatment for his programs as well as challenging and encouraging others to improve. Although some regard each other as competitors, I am thankful that Ned regarded so many of us as friends and wanted us to succeed. His legacy continues in OTPG. Even as I write this letter, we are receiving donations to OTPG in memory of Ned. Can you guess whom the donations are from?

You got it, friends of Ned, the people he has impacted through relationships during his life. I consider it an honor to have known Ned. I hope that we all follow his example in seeing each other as friends and competitors in the field. I would hate for anyone to miss out on a great relationship such as the one I, and many others, had with such a wonderful man. I am honored to have been able to call Ned a friend, and I am a better person from knowing him. For that I am forever grateful.



Ned Etherington Jr. ~ 1944 - 2016

The OTPG 9th annual conference at Lake Lanier Islands. September 23, 2016



A Special thank you to our Platinum, Meet & Greet, and Corporate Membership Sponsors

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Group Counseling at Private Clinic Columbus

By Courtney Coyle | CADC II | Private Clinic Columbus



It's hard to narrow it down to just ONE thing that I've learned from my experience with group counseling sessions at Private Clinic Columbus, but if I had to say one thing it would be this, The entire staff must promote groups to have the best outcome. Patients are going to want to go to group if YOU want to go to group too. If you act like you're too busy or inconvenienced by it, so will they.

We have monitored the correlation between licit drug screens and number of groups attended. We have found that 80% of our patients who have attended 10 groups or more have licit drug screens. The patients are also more likely to maintain negative drug screens as they continue a group counseling regiment.

Patients receive certificates of achievement after attending 10 groups, 25 groups, 50 group and 100 groups. To some it is just a piece of paper but to the ones who invest their time into making group counseling a part of their routine, it is so much more.

Group attendance started out slow with just a handful of patients, but as we've grown in census, so have the groups. We went from offering one to two groups a week to eight groups a week beginning as early as 6:20 am on Saturday's to 10:00 am groups throughout the week.



Each month, patients receive a copy of the group schedule with new topics and events. They are also asked to fill out a commitment slip of which groups they plan on attending.

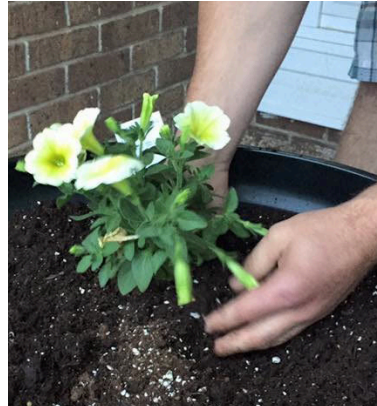
PCC offers a wide range of group topics and themes. We have a "Women's Group" every week where female patients can come together

and work on personal self-esteem issues and discuss specific topics related to women in recovery. We have a group that rotates weekly between an "Orientation Group", "Art Therapy" where patients are able to channel their inner artist through coloring mandalas, making Relapse Prevention key chains and more.

The "Newsroom" is where we discuss current events and "Tapering 101" for those patients interested in beginning to taper off of Methadone or Buprenorphine. We have a Family Group the 4th Friday of every month

and we invite patients to bring someone from their support system to PCC to learn about MAT and their recovery at PCC.

Twice a year we have a patient lead table that is set up in the lobby during dosing hours where established patients are able to make conversation with other patients who haven't quite bought in to the concept of group and to encourage them to try it out. Peer support is huge and having patients speak out about how groups benefit their recovery has shown to increase group participation significantly. On months that we do not (as a team) promote groups we notice a decline in participation.



We have recently started a "Grow Your Recovery" group where patients have planted their own flowers, basil, parsley, peppers and other vegetables. They are responsible for taking care of and nurturing their plant ensuring that is watered regularly and getting enough sunlight. Or, on the flip side, some participants have forgotten and neglected their plant and

have come in very disappointed to find it hasn't sprouted or grown at all. This has in turn given them even more motivation to take the time required to cultivate not only their peppers and marigolds, but more importantly, their recovery. "Grow Your Recovery" is an excellent avenue for patients to learn about responsibility and accountability for something that they care about. It has allowed them to view recovery on a deeper level and look beyond just the planted seed. They can see the bigger picture in their future. Treatment is more than coming to dose every day. It's Medication Assisted Treatment, not Medication Only Treatment. At PCC, the medication along with the consistent message of the importance of group counseling has improved over all morale for our patients as well as provided them with structure and routine. Through "Grow Your Recovery" they are able to share their progress with other patients which gives them fulfillment, purpose and a sense of accomplishment. Providing our patients with treatment, love and care is what PCC is all about and we find that a successful way to pass our motto on to others is through group counseling. Audrey Hepburn said it best, "To plant a garden is to believe in tomorrow."

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on-site training and education**

**So what are you waiting for?
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(770) 840-9912**

Uniqueness at Facility Level

By Linda Stephens | Preferred Treatment Center
Dublin, GA

My name is Linda Stephens and I LOVE my work! How many people can say that and really mean it? I am employed at Preferred Treatment Center, LLC in Dublin, Georgia. Dublin is located in what is referred to as the Magnolia Midlands. We are approximately 50 miles southeast of Macon, GA in the center of the state.

Preferred Treatment Center, or PTC, originally opened its doors in March of 2009 with about 60 patients and three counselors. Our patient population has grown and we now utilize five counselors, one of whom is a Doctor of Psychology.

We constantly search for ways to admit all persons seeking treatment, including those with challenging, co-existing issues. Our program provides opportunities for patients to engage in multiple groups and encourages the patient population to initiate topics and function as co-leaders in the discussions.

Staff members make a concentrated effort to educate stakeholders about the benefits of medication-assisted treatment, thus assisting in reducing the stigma associated with methadone and substance use disorder.

Staff members advocate for the patients and have even gone to court with them. All staff members make an extra effort to ensure that our patients' multifaceted needs are met. To assist in this, PTC maintains an ongoing list of referral agencies in our community as well as those offered by state and/or federal resources.

Preferred Treatment Center was recently surveyed by CARF for accreditation. The surveys identified areas where we needed to strengthen our organization, including a written analysis of critical incidents and a summary of formal complaints.

Our CARF surveyors gave the following synopsis of our strengths and weaknesses, both of which we are very proud. They stated that all staff members worked well together as a team, which in turn, is reflected in our customer service. The surveyors recognized that our facility had been under stressful issues due to proven errors on the part of both state and federal regulatory agencies regarding appropriate licensure.

In spite of this, the surveyors recognized, through patient interviews, that our patients feel very comfortable in our environment and credit our facility with helping them to stop drug use and begin a medically supervised maintenance or titration program.

PTC has earned two back-to-back 3-year accreditations, of which we are extremely proud. Accreditation means we can continue to influence our patients, their families, and the community as a whole while we continue to strive for excellence in compliance with all state and federal regulations and fulfill all CARF standards to the fullest of our abilities.

We credit most of our success to addressing all dimensions of wellness. In the industry it is common knowledge that addiction is only one aspect of the entire wellness range. Our staff emphasizes physical, mental and emotional wellness. In addition, our facility has incorporated Occupational and Environmental wellness and last but not least, Social and Spiritual wellness.

Every aspect of wellness affects every other aspect, meaning that holistic treatment must take place with each individual. There is an old adage, "Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime."

We believe this can be extrapolated in the substance use disorder environment. The first time a recovering addict experiences financial difficulties and is unable to meet an obligation, frustration sets in and the individual inevitably turns to drug use to escape the pressure. The drug use may, in turn, impact the patient's employment or home life. If the patient is employed and loses his/her job, mental and emotional health may be impacted. Continued difficulties may impact physical health as well.

Social wellness can be affected by multiple reasons including, but not limited to, social censure due to stigma associated with methadone use, unemployment or lack of finances, etc. Spiritual wellness brings an additional focus to certain individuals, including the fact that it usually represents a vast network of support.

We believe it is a combination of all these areas that assist our patients in being restored to a drug-free lifestyle, and being reintegrated into our community as valuable assets.



By Stacey Pearce | GPA Treatment of Macon, Inc.

I hope everyone is enjoying summer this year. I know in Middle Georgia it has been hot, humid, and dry. It's always amazing to me that it can be so muggy, yet the grass becomes crispy and brown! Well, weather-related chatter aside, let's get to the good stuff.

There are several important things going on so far this year at the national level. I've sent a steady stream of emails about making comments on several items, including the proposed change in the buprenorphine patient cap within SAHMSA regulations, changing the Federal confidentiality regulations, and most recently, contacting the members of the congressional opioid committee to provide information in regards to the current proposed legislation to increase the buprenorphine patient cap to 500. The buprenorphine patient cap issue seems to be taking on a life of its own as ASAM continues to lobby and have members contact their congressional representatives to push the number up to 500 patients. I don't think it is unreasonable that if the patient cap is raised to 500, there will be continued push to increase it in the future. The statements from some high up people at ASAM suggest that even illicit use should be considered therapeutic show an utter lack of regard or care for buprenorphine being sold on the streets; this attitude is dangerous. If patient caps are raised without consideration to provide even basic treatment services like counseling and drug screening to ensure people are taking the medication and not other illicit substances, how does this benefit anyone? We need to ensure that patients are receiving quality care, not just within our OTP system but in all modalities of Medication Assisted Treatment provision.

Recently there is significant interest in states that are not currently AATOD member states to begin the application process to become members. AATOD already represents 28 states, Washington DC, and Mexico. Increasing the number of states as members allows for a more coordinated national effort in addressing issues that impact our entire field. In this same vein, North Dakota should have its first OTP opening soon. That will leave Wyoming as the only state without an OTP.

Mark Parrino continues to meet with representatives at the DEA in regards to issues we are experiencing during site visits. The DEA has recently agreed to share their developed guidelines with SAMHSA and there will be a meeting with the Acting Director of CSAT, Kim Johnson, sometime in the near future. We hope the issues discussed are utilization of mobile vans, how to conduct failed dose recalls in a manner that is safe for patients and legal for us, and delivery of medications to outside facilities (i.e. jails, nursing homes, etc). Once the guidelines are shared, hopefully that will ensure equitable application of them throughout the country.

The Medicare update is not as positive. There does not seem to be a mechanism in place to allow for the billing of Medicare for our services in an easy way. It appears that if you have a physician who has a Medicare provider number, that physician can bill for the services he/she provides and can get reimbursed directly. There is no way for facilities to bill Medicare for our services. Mark Parrino continues to work on this issue and we are discussing the best manner in which to frame the issue to make progress.

The Legal Action Center continues to look for cases that violate the Americans with Disabilities Act regarding patients being told by judge, DFACS, probation, or parole that they must cease MAT. Unfortunately for us, Georgia is not one of the states they feel confident working in. There are limitations within Georgia that prevent us from being an ideal state to argue a case and then take it to appeal if necessary. While that is not good news, I do have a little ray of hope. The lawyer in charge of this initiative is willing to work with any lawyer representing a patient in a case such as this to formulate the best way to move forward and to provide information. If you have a patient that needs assistance or information, I can help provide the information to the patient's lawyer to facilitate contact.

Finally, the AATOD Medication Committee noted a lack of guidance from AATOD in matters of benzodiazepine use within MAT. The committee is currently reviewing studies, reports, and other documents to begin the formulation of a new AATOD policy. If you attend the open AATOD board meeting during the Baltimore conference you can hear more about this issue, as the first draft of the policy will most likely be discussed. **Don't forget to book your hotel and register for the conference, which is October 29 through November 2, 2016. It should be a great conference and I look forward to seeing many of you there.** In the meantime, try to stay cool in this scorching summer heat! Unless of course you live in the mountains, and then I'm just jealous!

Upcoming Training EVENTS

By: Chrissy Diamond | LMFT, CAADC | Alliance Recovery Center, Decatur

Chronic Pain, Depression and Addiction

View Point Health Systems
175 Gwinnett Drive Lawrenceville, Ga.
Friday July 15th, 2016 9:00 to 4:30
http://www.addictionsolutions.org/georgia_trainings.htm

Addiction 101

7/22/16 Integrated Counseling, Inc.
Patti P. Shipp- 770-540-8149
Gainesville, GA
<http://www.integrated-counseling.com>

Trends in Substance Abuse August 19, 2016
Avita Community Partners, Flowery Branch, GA
Diana Cortes-678-513-5718

The Ethics of TeleMental Health: The New Era of Technology-Assisted Media

August 26, 2016,
Becky Beaton
<http://www.stressmgt.net/workshops.htm>

Know Thyself: How Self Awareness and Diversity Experiences Inform Our Cultural Competence with Clients

Shatavia Alexander Thomas, DMFT, LMFT
August 26, 2016, 9:30 am - 4:00 pm
Ridgeview Institute
3995 S Cobb Dr, Smyrna, GA 30080
<http://www.ridgeviewinstitute.com/>

Come Join Us! become an OTPG member

The annual membership dues are listed below and are based on the current patient census of your facility.

- 0-149 patients: \$250
- 150-299 patients: \$500
- 300-499 patients: \$1,000
- 500+ patients: \$1,500

Please visit our web site for more information on membership.

OTPG 9th Annual Conference.
Lake Lanier Islands, GA
September 23, 2016
9:00A.M. – 5:00 P.M.
Conference CEC's are approved by NAADAC, GACA and ADACBGA



Get to know the OTPG board members visit www.otpggeorgia.org

The benefits available to members of OTPG:

- Four free one CEC trainings during 2016
- Access to free hotline maintained by Jackson-Lewis PC, labor and employment law specialists
- Membership with the American Association for the Treatment of Opioid Dependence (AATOD)
- Discounted education opportunities
- Affiliation with community organizations
- Updated state and federal information to include statistics, changes to regulations, available funds, etc.
- Chance to network within our industry
- Ability to purchase discounted copies of "Exploring the World of Opioid Addiction"