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Opioid Treatment Providers of Georgia

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real help = real hope

Face mask protection KN95 or N95 and surgical masks for protection. Image by Igisheva Maria / Shutterstock. 2020.

2020 Virtual Conference Highlights

By Joelyn Alfred | OTPG Conference Chair
Lakeland Centres

Facing The Waves: Strong Together

Greetings Newsletter Family!! Did you miss us? We certainly missed you.

It's been quite a while since we have physically seen each other. We know the challenges are real, but believe us, we have not forgotten about you.

OTPG is still here and we are finding new and innovative ways to connect with each of you. Whether our connection is via a Zoom call, Facebook, Twitter, Go To Meeting or just a simple email, we are determined to honor our commitment to provide our OTPG family with relevant information, education and training opportunities. We want to "Face the Waves: Strong Together" and we believe that we have figured out a way to do it.

In the spirit of technology and virtual advancements, instead of hosting our annual onsite conference in November 2020, OTPG has opted to host a unique training event that will address some of the training needs that many of us have been craving.

It is our goal that our providers, colleagues and community affiliates receive a quality training experience that will quench the pallet of continued learning and expand on the elements of engagement. So how do we plan do that?

Through viable taped training sessions provided by our well known and captivating presenters, each of you will have access to information that will be relevant and applicable to our current state of events. We will fill the gaps of stagnation and promote a healthy mindset toward the many obstacles that we face today..

As we continue to strive for excellence, even in the most turbulent of times, OTPG is proud to announce the launch of our first OTPG Virtual Training Event in November 2020. Visit our website www.otpgeorgia.org and Register Today!!!

On behalf of your OTPG Family, Joelyn Alfred

How Politics Left Opioid Treatment Clinics Without PPE for Months

By Anastassia Gliadkovskaya

It was Monday, March 23, 2020, and Joelyn Alfred was about to submit her request for personal protective equipment (PPE) to the Georgia's Division of Public Health. As director of a small methadone clinic, she had been bracing for the coronavirus pandemic to hit her facility north of Atlanta for weeks. She knew Lakeland Centres, which has served its community for more than 30 years, couldn't take that risk. It needed to remain safe, but present.

Her usual provider of medical supplies, Georgia-based MedStat, had itself not been able to get face masks for weeks. One of Alfred's seven employees had been able to procure six surgical masks for her team, and they got another eight hand-sewn masks from a local group. But they had to be handwashed regularly and wouldn't suffice for long. At the time, the state had about 800 confirmed Covid-19 cases and 26 reported deaths. Gwinnett County, where Lakeland Centres was based, had 35 cases. Alfred had to tell her staff that if they didn't feel comfortable working, they could stay home, though no one did. Now, there was an opportunity.

"We're a health care facility. We're important," Alfred thought. "We should be able to get these supplies."

She filled out the online questionnaire where licensed providers could make official requests, and included a justification letter, which was required. The letter explained that as a medication-assisted treatment provider, Lakeland Centres had to serve patients with substance use disorder daily "despite the conditions that they may present with on-site," and it wanted to do so while keeping staff and patients safe. "We would greatly appreciate any help in this matter," the letter concluded.

After four days without a response, Alfred resubmitted her request on March 27. She didn't hear back until April 10. "The allocation team reviewed your request and is unable to allocate PPE to your organization at this time," was

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How Politics Left Opioid Treatment Clinics Without PPE for Months

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the brief response. "Please continue to work with your vendors, your local public health district and your healthcare coalition partners."

"In order to care for our patients, we also need to be cared for," Alfred said in a phone interview.

Lakeland Centres was not the only opioid treatment program in the state, or the country, denied. Amid what experts call a pandemic within a pandemic, access to treatment for substance use disorder has been strained by the coronavirus as providers struggle to stay open without putting themselves and their patients at risk. Since mid-March, advocates had to plead with two federal agencies to get two letters that recognized opioid treatment programs as essential—something that already seemed obvious. Only after the second letter, which came from President Trump's Office of National Drug Control Policy, did treatment clinics begin to gain access to previously unattainable equipment. Weeks of back and forth proved to be a detrimental delay that left scores of staff ill and clinics shuttered.

Preliminary data points to a worsening opioid crisis, driven by isolation due to mandated quarantine and shrinking access to treatment. Alcohol sales reportedly rose more than 25 percent in the span of two months from March to May compared to the same time last year. The University of Baltimore's Center for Drug Policy and Enforcement, which analyzes overdose data, noted in a June report that spikes were occurring nationally. Rehab.com, a referral service for addiction treatment that attracts thousands of users, said in an emailed statement in May that in the span of six weeks, its site traffic in users seeking treatment increased by nearly 400 percent. Mayors of cities like Dayton, Ohio, have publicly reported spikes in overdoses. John Shinholser, president and co-founder of a recovery nonprofit in Virginia, said in an interview in May he knew nearly a dozen program alumni, family friends, or newcomers at surrounding organizations who died in the span of a few weeks, some in detox, some from suicide.

Mary-Ellen Viglis lost her 19-year-old son to suicide in early April, just as the pandemic was starting to hit full-swing in the U.S. He had been in a recovery program for substance use disorder and being able to engage in-person with his community was critical to his well-being, his mother said in a phone interview.

When their area of Richmond, Virginia, received a stay-at-home order at the end of March, all program meetings and community engagements ground to a halt.

"Isolation is really bad for addiction because it feeds the disease," she said. "He hated the isolation."

People in recovery or getting treatment aren't the only ones in danger. Haymarket Center, a substance abuse treatment center in Chicago, was hit with at least 45 cases by mid-April, a third of which were infected staff, the Chicago Sun-Times reported. Two employees died. Lutheran Social Services of Illinois had to shutter most of its in-person behavioral health programs, including medical detox and rehab, due to the coronavirus. Local recovery advocate Tim Ryan said in an interview that Lutheran's closure was due to ill staff, though Lutheran Social Services could not be reached to confirm cases. Seven employees at another rehab center in Ohio tested positive, according to local news reports. The list goes on.

The National Alliance for Medication Assisted (NAMA) Recovery, an international patient advocacy group and the nation's largest, had been following these complaints for weeks. The group's president, Zac Talbott, said in a phone interview that the number of clinicians and staff NAMA Recovery heard from as the pandemic swung full-force was "unprecedented." Nurses called in threatening to resign over a lack of protective equipment at their facilities; others reported centers struggling to comply with social distancing rules. Talbott also received reports of Covid-19 patients who still had to come to facilities in order to receive treatment.

As the volume of complaints grew, Talbott worried that if treatment programs became a coronavirus hotspot, it would further the stigma around them.

"Our fear was that this could really do damage to the industry. A black eye, if you will," Talbott said.

Organizations have had to turn to fundraising on platforms like GoFundMe in order to buy face masks for employees. Behavioral Health Group (BHG), a network of opioid treatment and recovery centers that serves approximately 20,000 people across 13 states and D.C., had to get creative early on to get gear. It scoured Walmart, Amazon, and Etsy to stock up on masks for employees and patients, according to Marlin Martin, BHG's senior vice president of regulatory and clinical affairs. Meanwhile, two groups in Georgia sewed hundreds of masks that were sent to more than two dozen clinics in need.

Even the country's largest distributor of medical supplies to opioid treatment programs lacked access. MedStat serves approximately 800 treatment clinics around the country, including Lakeland Centres. After the pandemic hit, the distributor worked to also supply first responders and other medical facilities in the region. But from mid-February through May, MedStat had been unable to get masks, said MedStat President Jonathan Connell, leaving clinics to figure out alternative resources. In theory, licensed medical facilities like Lakeland Centres can buy directly from a wholesaler like McKesson instead of through a distributor like MedStat, but that requires bigger margins, Connell explained. MedStat's prices are wholesale; few treatment clinics can afford buying supplies directly.

MedStat had gone through rounds of unsuccessful attempts at ordering masks and other protective gear. His primary wholesalers like McKesson and Henry Schein were not shipping masks to him. Hopeful when the opportunity to get infrared thermometers arose, Connell put his faith in a Florida-based organization that had found a seller, but it turned out to be a scam.

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How Politics Left Opioid Treatment Clinics Without PPE for Months

By Anastassia Gliadkovskaya

After about a month with no face masks in sight, Connell turned to the American Association for the Treatment of Opioid Dependence (AATOD) for help, an organization that represents more than 1,000 treatment programs in the U.S. For weeks, AATOD had growing concerns about the safety of clinicians around the country, AATOD President Mark Parrino said in an interview.

In an effort to bring attention and urgency to the programs' protective equipment needs, Parrino asked the Substance Abuse and Mental Health Services Administration (SAMHSA) to formally recognize opioid treatment programs as essential. SAMHSA obliged, drafting a letter that was promptly delivered on March 25 to Parrino. The letter affirmed that the programs are "essential medical services" and their equipment need "is for a legitimate need and purpose."

Parrino forwarded that letter on to Connell, who was hopeful it would begin to spur shipments from his go-to wholesalers.

But no shipments of masks came in. "We were dead in the water at that point," Connell said.

While disappointing, the lack of response wasn't surprising, according to experts. In Talbott's view, SAMHSA just doesn't carry enough weight in the field. For instance, despite the agency issuing emergency exemptions meant to increase access to medication assisted treatment and the use of telemedicine for patients with substance use disorder, some states refused to comply with the new guidance. Manufacturers may not even realize what SAMHSA is, or its authority, according to Talbott. Short of the White House declaring opioid treatment programs to be essential services, "my concern was that it would be of little effect," Talbott said of the SAMHSA letter.

Parrino agreed, calling the problem a "perception of hierarchy" in the industry. Some state authorities attest to the dynamic. John McIlveen, who serves as Oregon's State Opioid Treatment Authority and works regularly with state and federal authorities like SAMHSA, knows first-hand how misunderstood treatment programs are. Though they are essential, they have often "not been adopted universally by folks throughout the medical system," he said. Even despite their efficacy, "they've always been seen as a separate entity."

Following the SAMHSA letter, NAMA Recovery and AATOD tried to get the White House's attention as treatment programs continued to flounder without adequate protective equipment.

"It's sort of like they've been doing a trapeze act without the net," Parrino said.

While Parrino sent a personal letter, Talbott did a callout via email to NAMA Recovery's 14,000 members, encouraging them to write letters to the White House, he said.

Because of the higher level of clearance required of any official White House communications, their letter took three weeks. On April 23, the Office of National Drug Control Policy (ONDCP) sent Parrino a letter that, nearly verbatim to SAMHSA, declared opioid treatment programs essential medical services and stated their equipment needs are legitimate.

"I trust that this letter serves as my endorsement that they too need to be protected during these trying times," the letter said. It was signed by ONDCP Director James Carroll.

The week after Parrino received the White House letter, MedStat received a shipment of 150,000 face masks and a pallet of Clorox disinfectant wipes. Connell doesn't know for certain whether any of his wholesalers saw the ONDCP letter. A spokesperson for Clorox denied knowing of its existence via email. The company cited "unprecedented" demand for its products, saying that it nevertheless has "made it a priority to get our disinfectant products to healthcare facilities in this time of need."

In an emailed statement in May, McKesson, one of MedStat's wholesalers that had not resumed shipping face masks at the time, said its "highest priority is providing supplies to frontline healthcare workers" and that its supply chain had been affected by production in China. McKesson said it stopped selling PPE that was in high demand to resellers like MedStat, and had stopped taking orders altogether from new customers.

The ONDCP letter got around. AATOD board member Stacey Pearce sent it to all the member clinics of the Opioid Treatment Providers of Georgia, she said by email, "in hopes that it would help clinics obtain PPE from the Department of Public Health." On April 27, four days after the letter had been written and more than one month after her initial request, Alfred decided to resubmit her request again for protective equipment to Georgia State, this time including the letter as an attachment.

"Please advise me on how we can obtain the items that I had previously submitted," she wrote. "I have attached a letter that confirms our needs from the Executive Office of President Trump."

Exactly one week later, Alfred received a voice message stating her equipment was ready for pickup from the county's health department. She received more than 100 masks of different kinds, multiple boxes of gloves, face shields, and coveralls.

On the one hand, Alfred was ecstatic to finally have sufficient protective equipment. On the other, she was "disheartened" because of the delay.

"We are an essential medical service and for way over 40 years we have been in the trenches and we've been put aside," she said. "We were recognized, but not recognized as essential and important for now."

Op ED-Carlton Report

By Carlton Knight LPC, CAADC, NCC

The past week has been overwhelming to say the least. Let me rephrase, the past several months have been overwhelming. As a counselor, I have found it is hard to avoid any conversation with clients that does not include the effects of the shelter in place policy due to COVID-19, the increase in economic strife due to unemployment, and the deaths of George Floyd, Breonna Taylor, and Ahmaud Taylor. People are living in a state of fear and are overwhelmed by the feelings of frustration and confusion based on how to find their place in a social construct that has been flipped upside down. I find myself being asked the same question on each call, "how is our society to become better?" This is an overpowering question and one that cannot be answered by one response.

What I remind my clients, and even myself, is that there are a number of aspects within our lives that we cannot change and have no control over, but we should focus on the things that we can control and the impact, whether big or small, that we can have using our personal talents.

Even though there appears to be a common goal, there is a misconception that people feel as though there is only one right way to make the change they want to see. Life is multifaceted and it has to have multiple interventions and objects. Knowing this we must ask ourselves a personal question; "are we also using our personal talents to move help move the needle". I have asked myself this question, and within the recent months and weeks, I find myself reflecting on it often. After years or trial and error, I understand that I can use my talents within the field of mental health and education to make an impact, it might not feel as grand as leading a protest or speaking in front of politicians, but it does have an impact.

As counselors we are regularly helping clients process or counteract irrational beliefs, specifically in terms of race. Some are conflicted with learned biases, while others comfortably make statements that disparage and even contradict our own beliefs. I am sure at some time or another counselors have encountered statements about race, the general African diaspora and those specific to you like "you're one of the good ones", "why would those people want to tear down their own community", the list goes on and on. It is important to remember that despite a client's beliefs or comments, we address those ideas in a safe space by providing historical context, and understanding the biases foundation that can help create a healthy dialogue for change. I take each opportunity as one to challenge clients to think more deeply, explore alternative perspectives and engage with them in a way that encourages communication. As I mentioned, a movement for change has to be multifaceted and this is just one facet.

Singer, Zach De La Rocha, said it best, "anger is a gift". The anger that is felt can be used as a motivating factor to aid in societal transformation. It is our duty to help move the goal post forward than back. Collectively, it is clear we want to see a world that future generations have less to worry about, but it is going to take all of us using our personal skills and talents to make this a reality. Use each opportunity as one to encourage, educate, and engage and in doing so we can potentially save our young brothers are sisters from the same fight our grandparents, parents, and even we are fighting today.

Anti Racism Resources

Activists, Authors and Academics to Follow and Books to Read

Rachel Cargle, Roxane Gay

Hood Feminism Mikki Kendall

Me and White Supremacy by Layla Saad, So You Want To Talk About Race by Ijeoma Oluo

Subtle Acts of Exclusion by Tiffany Jana and Michael Baren

The Souls of Black People by W.E.B. Dubois

(*Before you buy* consider putting your money where your values are and purchase from a Black owned book store! You can find resources on google to find black owned business all over the US. The same is true for all of your spending! Going out to dinner? Find and support a Black owned restaurant!)

Podcasts

About Race

Code Switch

The Nod

Resources for Therapists (Books to read and People to Follow)

Corazon Counseling (instagram)

Joy and Justice Collaborative (Instagram Account for two Anti-Oppression therapists)

Therapy for Black Girls (instagram)

LatinxTherapy (instagram)

@KameelahRashad (twitter)

My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies. By: Resmaa Menakem

Internalized Oppression: The Psychology of Marginalized Groups. Edited by: E. J. R. David

Oppression and the Body: Roots, Resistance and Resolutions. Editors: Christine Caldwell & Lucia Bennett Leighton

The Psychology of Oppression. By: E.J.R. David and Annie O. Derthick

Microaggresions and Marginality: Manifestation, Dynamics and Impact. Edited by: Deral Wing Sue

The Racial Healing Handbook: Practical Activities to Help You Challenge Privilege, Confront Systemic Racism and Engage in Collective Healing. By: Anneliese A. Singh

Healing The Hidden Wounds of Racial Trauma. By: Dr. Kenneth Hardy

The Anti-Racist Resource Guide

https://docs.google.com/document/d/1hpub-jkm9cLzJWqZSsETqbE6tZ13Q0UbQz--vQ2avEc/edit?fbclid=IwAR1Cn3tvijySO0BvTP9K-WHNjYK6jhNkTLwzwEkcY7RU96-UAiaPbZ5UPRI

The beauty of anti-racism is that you don't have to pretend to be free of racism to be anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself. And it's the only way forward.
__Ijeoma Oluo

real help = real hope

By Stacey Pearce | OTPG AATOD Board Delegate

Safe distanced hello to everyone! It's been so long since we've all been able to come together in person and I certainly miss the interactions with colleagues. There are many things to be thankful for, and I thought I'd take this opportunity to share a couple. In Middle Georgia, we had a wonderful and long spring that provided beautiful flowers for such an extended period of time that I thought we may just skip summer all together. I almost felt like it was Mother Nature's way of saying sorry for the quarantine! Of course summer did finally happen, and it sure was a nice hot one. I'm also thankful that so many people in our field stepped up and figured out how to provide continued comprehensive care to our patient population this year! I know it's been a challenge and we've had to do some very new things, but it's been wonderful to hear about providers showing up every day and making it happen. I hope this update finds everyone safe and well, and that we all have the patience to remain kind to one another in the world.

There's been a lot going on since COVID-19 became a thing we all began learning about in March. I know we've all spent a lot of time creating new policies, procedures, and forms, as well as learning how to provide quality, comprehensive treatment to our patients in the age of social distancing. While all of that was going on in our facilities and lives, the world around us has continued and there have been changes in other areas too. The first update I'd like to provide is in regards to our blanket take-home exception requests. Conversations between Mark Parrino at AATOD and leaders within SAMHSA/CSAT indicate that our federal regulators have begun having some conversations with SOTAs about what may to happen before the blanket exceptions are removed. It seems that since this is only in the beginning stages, we will remain status quo for a bit longer. Leadership at SAMHSA/CSAT have also indicated that they will provide at least thirty days' notice prior to the removal of the blanket exceptions. Stay tuned for updates on this, but I really hope the exception remains in place to allow our facilities to practice social distancing the best we can! A concern that Mr. Parrino expressed during one of the summer AATOD board meeting is that SAMHSA/CSAT mentioned they have received reports of clinics closing multiple days per week. SAMHSA is acting on this because the exceptions do not allow for closures outside of the ones allowed in our regulations. I have heard about this happening at clinics in Georgia, so I hope everyone now realizes it can't continue and they return to being open six days per week!

Another significant change that is impacting our field is the recent new final rules for 42 CFR Part 2, the confidentiality regulations for substance use disorder treatment. The rules changes went into place on August 14th, so make sure you are familiar with them so your organization can make the necessary changes. Here is a link to the HHS created fact sheet: https://www.hhs.gov/about/news/2020/07/13/fact-sheet-samhsa-42-cfr-part-2-revised-rule.html There are a couple of changes that are helpful for us, and a couple that may present challenges for our patients. These changes may also require adjustments to wording on release of information forms, as well as the release form for central registry. Some of the highpoints:

OTPs located in states that mandate reporting into the PDMP can now report patient data. HHS offered clarification that this reporting into a PDMP by an OTP can only be completed once a patient has consented in writing. In the past, Georgia Department of Public Health has not mandated OTPs to report to the PDMP. OTPG is working to make contact with DPH in hopes that this will continue.

Outside healthcare practitioners will be allowed access to our central registry system. Since Georgia collects more information that is allowed to be released under the central registry confidentiality rules, I'm not sure how this is going to look. OTPG has reached out to our SOTA, Vonshurri Wrighten, who is in charge of our central registry to discuss this situation and Brook Etherington has been advised that Mr. Wrighten is opposed to opening the registry to non-Part 2 providers. Unfortunately, I have heard that leadership at SAMHSA is advising SOTAs they must or should open the registries. As of the writing of this article, I am not aware of how this mandate is being handled in Georgia or if it impacts Mr. Wrighten's opposition.

Patients may consent to disclosure of treatment records to an entity (e.g., the Social Security Administration), without naming a specific person as the recipient for the disclosure. This is very helpful when working with patients that may have multiple contacts within an organization you need to communicate with regularly.

Now during a declared national disaster, such as a hurricane, we can release information without written consent. This will be very helpful when trying to arrange guest dosing for patients displaced by disasters, especially if the home clinic has lost power or phone service and can't receive the release of information.

During all of the excitement we've had so far this year, I hope that everyone remembers they can become approved Medicare providers. This is a huge benefit for our older population and one that can be removed if it's not demonstrated as a useful benefit. We really need to make sure that all OTPs are applying to become Medicare providers! The process is so much simpler and takes significantly less time than applying to be a Medicaid provider, so don't be scared off if you've heard horror stories about the Medicaid process. Also, the reimbursement rate is good and comes in the form of a bundled fee for services, so this part is also much easier than Medicaid! If you are experiencing any problems or issues, or have any questions please feel free to reach out to anyone on the Executive Committee and we may be able to help you!

Finally, I wanted to make sure everyone knows that the AATOD conference in 2021 is ON no matter what happens with COVID-19! AATOD has geared up and has been working hard to ensure that we can have a successful conference April 10-14, 2021, because we know it's so important to have an industry specific opportunity for education. I'm pretty excited about this new endeavor because we will be having a hybrid conference that allows for onsite attendance or virtual attendance. From what I'm hearing, your virtual option is going to allow you to have a very similar experience in the trainings as if you were on-site. You'll be able to ask questions in real time, and feel involved in the training. This option is going to allow smaller programs that normally can't afford to send a lot of staff, due to either needing them on-site or the expense of travel, to have more staff members educated and trained on things that a specific to our field. Also, you can register to go onsite and change it to virtual or vice versa based on how you feel about traveling as the event gets closer. I can't wait to see how many of the smaller programs who have never sent anyone to an AATOD conference get to register folks! For the folks that will be comfortable and able to travel, the onsite experience will be at the Venetian in Las Vegas. AATOD has secured a $200 per night room rate at a property that only has suites, such a great deal! Early registration ends November 1, 2020 so make sure you go to www.aatod.org to check it out.

Thanks again to the following OPTG conference sponsors for their support:

Please visit the OTPG Membership Booth

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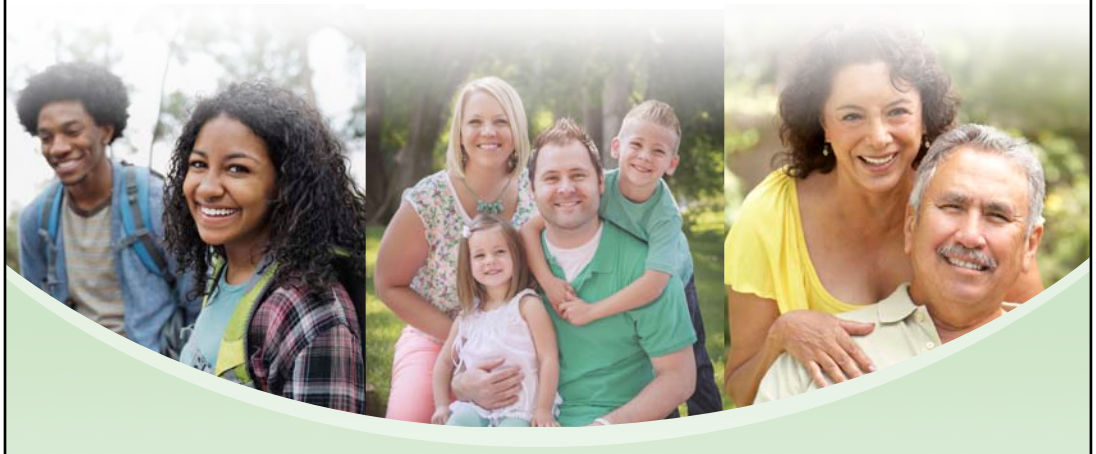

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