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OTPG Conference
 11/11/2022
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real help = real hope

OTPG QUARTERLY AUG. 12, 2022

ADACBGA Conference Highlight
 By Courtney Connell | OTPG Parliamentarian

Several members of the OTPG Executive Board had the privilege of representing OTPG at the 10th Annual ADACBGA Conference in June. This four-day event is one of the largest events of the year for addiction and recovery professionals. The days were packed full of speakers and educators like Joelle Puccio who discussed evidence regarding perinatal substance use and an overview of the theoretical framework of Reproductive Harm

Reduction touching on how to understand scientific literature, trauma informed care, inclusive language and more. We also had the privilege of hearing from Reverend Nontombi Naomi Tutu, a race and gender justice activist and daughter of Archbishop Desmond Tutu. Since OTPG attends as an exhibitor, it gives us the opportunity to have a conversation about medication assisted treatment to many individuals from a variety of different treatment

modalities about our field in hopes of fighting the stigma by educating the community, even if it is one person at a time.



Ben & Jerry's

By Courtney Connell | OTPG Parliamentarian

This story is shared with the permission of the patient.

I remember sitting down with Brandi during her intake process on March 26, 2019 and after providing her initial drug screen I told her something she was not expecting to hear. "Brandi, you're pregnant."

She was as motivated for treatment as she was shy and I can still recall it like it was yesterday when she told her partner who was also starting treatment about their news. His response to her was how proud he was that they chose to start treatment that day and how it was just further confirmation that they were doing the right thing for themselves and for their family.

Brandi stayed at home with her oldest daughter and was the guardian of her teenage brother while her partner was financially supporting them. Seven months later she welcomed another beautiful baby girl to the world. After continuing to take care of her family over the next two years she decided to give working in the corporate world a shot.

The longer Brandi was in treatment the better rapport we achieved and the more comfortable she became sharing during individual and group counseling all of which was preparing her for opportunities I don't believe she had yet dreamt of. When she told me she accepted an offer for a part-time job at Ben & Jerry's as an ice-cream scooper, her leap of faith spoke more to me than I can explain. She was ready to take on the world in a way she didn't even know she could.

Sweet, timid Brandi has gone from a part time employee, to shift lead, head of catering, then assistant store manager to store manager of Ben & Jerry's over the last year.

She reached out to me one day letting me know that Ben & Jerry's wanted to give back to medical facilities and their efforts during the pandemic. She said that others in her corporation chose hospitals and larger employers but that her heart felt called to choose her home clinic.

Choosing us meant that she would come and provide cups of ice cream (cookies n' cream to be exact) to all of the staff members of Private Clinic. She told me, "Sure I could pick a hospital like everyone else but what about the smaller businesses who change lives like you all do. Clinics like yours deserve that recognition too."

Brandi came in, ice-cream in tow on a Tuesday. She taught me how to scoop ice-cream like a pro and shared her story with all of our staff. She let us know that not only did she choose us, but that this opportunity opened a door for her to share her story with her co-workers and management team- that she shared her history of addiction and more importantly, her recovery.



I want this article to be more than a clinic highlight of their patient. I want it to be about the patient who worked treatment, who learned to believe in herself so much that she has grown into a career she didn't even know she wanted. I want it to be about employers like Ben & Jerry's, at least at this location, who not only gave back to the community but who gave sweet, quiet Brandi her time to shine, showing her nothing but grace in her recovery and is allowing her to excel and to be the best version of herself that she can be.

Peer Support

By Rebecca Wagner, CPS-AD, CPS-MH

It is truly a unique experience working as a Peer Recovery Specialist here at DM & ADR, Inc. Had you asked what my goals were, as a patient at an OTP back in 2013, I could have never envisioned such things for myself. Thank you to the DBHDD for realizing a viable need for such services and implementing them into OTP settings. My experience as a patient was full of ups and downs, triumphs and setbacks, utilization of both methadone and buprenorphine, and a pregnancy while receiving medication. Through the support of an amazing team of clinicians, I was able to persevere through these challenges, I now have almost nine years independent of the medication assisted portion of my recovery and free of all illicit opioids. Although my clinical team was compassionate and undoubtedly beneficial, there was always one very crucial missing ingredient: lived experience.

The therapeutic value of one peer helping another is without parallel. It is one thing for someone to tell you something clinically, and another for a peer to tell you as someone that has lived it in their own language. Had such services been accessible during my time in treatment, I can only imagine the impact it could have made. Luckily, today I get to be that area of compassion and support for others. Another amazing element of my role in an OTP setting is acting as an ambassador or liaison amongst clinical staff and the patients they serve. I am able to shed a bit of insight to the patient's perspective and help educate staff on the patient's needs. This creates a dynamic and intentional team. I implore all OTPs to consider the addition of a peer specialist on their team, if they do not have one. A Peer Specialist's role is vital and can greatly impact the patients you serve in their journeys to long-term recovery.

Hello everyone, I hope this newsletter finds everyone doing well and staying cool! I know many of us may be melting in this beautiful Georgia summer heat soon since we are having our mid-year board meeting in Savannah in July again. Maybe next year we can finally feel safe to go down for our April meeting. I hope I see a lot of you in person this month, and if not in Savannah, hopefully you'll be at our annual conference. This year we have a new venue and it's going to be exciting! Speaking of conferences and exciting, the AATOD Conference is happening October 30th through November 3rd in Baltimore, Maryland. The conference is at the Hilton Baltimore Inner Harbor, so we'll be right on the water, and the room rate is crazy low at just \$189 per night! Go to <https://www.eventscribe.net/2022/AATOD/> to find all the information you need to attend. Now on to some updates on things we've been following, some of them for many years!

DEA finally released the updated guidance to the field manual. As many of you remember, this has been in the works literally for years. If you haven't seen the manual yet, please visit [https://www.deadiversions.usdoj.gov/GDP/\(DEA-DC-056\)\(EO-DEA169\)_NTP_manual_Final.pdf](https://www.deadiversions.usdoj.gov/GDP/(DEA-DC-056)(EO-DEA169)_NTP_manual_Final.pdf)

The federal legislation that AATOD has been following and lobbying for or against has also seen some action. In the House, HR 6279 Opioid Treatment Access Act and HR 1384 445 Mainstreaming Addiction Treatment (MAT) Act were combined with other stuff into a large bill now known as HR 7666 Restoring Hope for Mental Health and Well-Being Act of 2022. Things in the final bill that impact our field include: directions to SAMHSA to study the impact of the COVID-19 methadone take-home exemptions, and study and revise the timeline for patients to receive take-home doses of methadone; allows for OTPs to operate mobile components without a separate DEA registration; eliminates the DEA X-Waiver program across the board, which results in removing all prescriber education requirements, the limits on number of patients treated by prescribers, patient drug screening and counseling referral requirements, and the data collection currently conducted by SAMHSA; and finally increased access to education and funding grant programs for education of buprenorphine prescribers. This bill has completed the process in the House and passed, so now the Senate has to take up action. In the Senate, there is no bill that reflects the final component of the House bill, so if the DEA X-Waiver abolishment remains in the Senate bill and no one introduces an amendment to include that final portion of the House bill, general practitioners will be allowed to treat as many individuals with buprenorphine as they want with

no education in substance abuse treatment at all. AATOD is currently scheduling and completing meetings with members of the Senate HELP committee to express our position in regards to S.445 Mainstreaming Addiction Treatment Act 2021 and S. 3629 Opioid Treatment Access Act.

As a result of the volume and importance of the legislation we see impacting our field, the AATOD Legislative Committee will be providing a session at the conference in Baltimore titled "MAT Policy, Advocacy, and Reform: Being a voice in a time of change" and will be offered Wednesday, November 2nd at 11:00am. This will be a fantastic opportunity for you to learn how you can be helpful at the national and state wide level to bring about change for our industry.

In Kentucky, Illinois, and Ohio, there are proposals that would allow sharing of PDMP data and the OTP Central Registry data. Since the change in 42 CFR Part 2 a couple years ago, this has been a looming issue that states could begin to do. There are some provisions in place within the new language that could protect patient data, but it is certainly a complicated matter. During our most recent AATOD Board Meeting, we discussed this issue and how we, in other states, can demonstrate this is unnecessary if our state wanted to explore this option. One solid way identified is for all OTPs to check the state PDMP on EVERY patient at intake and annually and document the results in the patient record. It would also include the need to follow-up on results that are concerning by coordinating care and documenting this as well. In Georgia, I know we've discussed this as a best practice in the past, but the situation in other states is a strong reminder that it is not only a best practice but could be much more important if we faced something like this in Georgia.

On a more positive note, on other state updates, many states are paying for programs to obtain mobile units and begin providing services in more rural areas that wouldn't support a brick-and-mortar clinic. These mobile units can cost \$300k or more, so funding and grants to obtain one are very helpful! Since the DEA has determined that the license for the clinic covers the mobile units, it seems that most states are treating these units as an extension as well and allowing them to operate under existing regulations. This is an area for advocacy and education in **Georgia since it appears that our regulatory body is in opposition to allowing mobile units. Seems like we all need to attend the AATOD conference and learn how to make a bigger impact!**

Upcoming Training EVENTS

Ethical Challenges in Clinical Supervision
8/26/2022
Contact website: www.carolynramp.com

Subpoena! AND Laws/Rules and in-person Consultations
9/16/2022
<https://www.lpcaga.org/>

From Virtual to Real Life: Effective Group Treatment
9/14/2022
<https://www.naadac.org/2022-july-september-webinars>

Effective and FUN Role-Plays
9/21/2022
<https://www.naadac.org/2022-july-september-webinars>

LPCA Workshop Challenges and Opportunities in
Mental Health Counseling
9/23/2022
<https://www.lpcaga.org/>

NADDI Conference
10/4/2022-10/7/2022
<https://www.naddi.org/>

AATOD Conference
10/30/2022-11/3/2022
<https://www.eventscribe.net/2022/AATOD/>

OTPG Conference
11/11/2022
<https://www.otpgeorgia.org/>

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.



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

The benefits available to members of OTPG:

- Four free one CEC trainings during 2021
- 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"